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## 5. Conclusions

144. This report has discussed the context for rehabilitation in South Sudan, summarised agency activities, and looked into CARE's experiences with rehabilitation, particularly in Tambura County. The concluding section returns to the terms of reference for the study, set out above in the introductory section, focusing on the usefulness of the term rehabilitation, partnerships and social capital, and exit strategies. The second part of the conclusion considers principles for rehabilitation. And finally, next steps in the project are outlined.

### 5.1 Lessons for Rehabilitation in South Sudan

#### *Rehabilitation*

145. Rehabilitation in South Sudan has been described as 'opportunistic', in the sense that agencies have exploited 'windows of opportunity' to move beyond relief. These windows include exploiting the increase in donor funding and undertaking activities in the more secure and stable areas of South Sudan. A review of the history of rehabilitation suggests that there are still opportunities for undertaking rehabilitation activities:

- i) There has now been at least four years experience of rehabilitation in South Sudan. This gives an opportunity for each agency to assess progress made and define future assistance.
- ii) The rehabilitation activities currently underway make good use of the 'rehabilitation toolbox', which is seen as an important pre-requisite for undertaking effective rehabilitation.
- iii) 'Windows of opportunity' are constantly opening up for rehabilitation assistance. Recently, for example, Yei was captured by the SPLM/A, presenting new rehabilitation needs, as well as opportunities for neighbouring areas.
- iv) There has been a gradual improvement in the effectiveness and accountability of Sudanese institutions, including SRRA/RASS, SINGOs and CBOs, providing a stronger institutional base for rehabilitation.
- v) There is still a willingness on the part of some donors to provide funding for rehabilitation activities.

146. On the other hand, this report has pointed to several serious constraints to rehabilitation. These are summarised in Box 8, which also points to the limitations of conceptualising rehabilitation in terms of the relief-development continuum in the context of South Sudan.

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147. Section 4.1 discussed CARE's livelihoods framework. One area which could be explored as a useful entry point for rehabilitation is 'livelihood protection'. In the context of CARE's Tambura programme, for example, an emphasis could be placed on providing protection for merchants and petty traders to ensure that their property is not stolen at customs points and roadblocks. This might be a much more effective, as well as a cheaper way, of regenerating the local economy. Another area could be protection from violence and human rights abuses. At present, NGOs can fill out forms for the OLS/UNICEF Humanitarian Principles Office, drawing attention to human rights abuses.

#### *Partnerships and social capital*

148. CARE's experience in Tambura reveals many of the problems associated with building partnerships in the midst of a complex emergency. And agency experience more generally has been mixed. There have been some successes, however. There are several effective and accountable SINGOs with which international NGOs are partnering. And the capacity and effectiveness of the movements' relief bodies, particularly the SRRA, has improved in recent years.

149. One of the key lessons for agencies is that partnerships take investment in terms of resources, time and patience. The absorptive capacity of institutions should be recognised. I am not aware of any methods for assessing absorptive capacity: most agencies in South Sudan work on a trial and error basis, assessing institutional performance ex post and programming future resources on that basis. The possibility that communities will prefer not to establish institutions, for fear that they will be targeted or co-opted by the movements, should be recognised.

150. Social capital is a difficult issue in complex emergencies. It is apparent in South Sudan that many of the supposedly indigenous institutions are, in fact, externally created. A good example of this is co-operative groups. One of the big problems with these institutions is that, in the present context, they are reliant on external agencies for resources. In Tambura, for example, it is notable that the main responsibility of the coops,

and even the JRRC, is with CARE's programme. Work carried out by SCE (UK) in Bahr el Ghazal suggests that many institutional arrangements exist, such as reciprocal trade, marriage and barter relationships. SCFs approach is to provide training, in order to reinforce traditional institutions and communal decision-making. This may provide an effective alternative to working with externally created and dependent institutions.

### *Exit strategies*

151. Operating in South Sudan involves possibilities of forced withdrawal from projects, for security reasons and also because of funding constraints. CARE's experience suggests that exit strategies should be defined early in the project cycle. This enables weaknesses in project design to be revealed, as well as preparing agencies for the possibility of forced withdrawal.

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152. It should be noted that many activities in South Sudan are unsustainable because of limited options for cost-recovery, weak institutions and a lack of trade and currency. Most projects are entirely dependent on external resources. Rehabilitation should be limited, therefore, to those activities which do not require sustained resource inputs. Skill transfer is a good example: if a number of teachers, health workers and agricultural extension workers are trained, these skills can be used after the agency withdraws. And, importantly, the skill-base of South Sudan will be much better equipped when peace eventually does break out and development can begin.

### 5.2 Principles for Rehabilitation in South Sudan

153. This review of rehabilitation in South Sudan suggests four key operating principles for agencies in South Sudan.

- i) Rehabilitation should be limited to promoting and sustaining basic needs. It can be undertaken in the context of emergency programmes, for example in the form of training and building capacities of counterpart health and education structures.
- ii) Training and skills transfer are a potential entry point. Whereas institutions can collapse or be destroyed, particularly in the more insecure areas, individual skills are more sustainable. Education is defined as a key priority by many South Sudanese, particularly women and, again, educational achievements can be sustained. Training can be undertaken in a variety of sectors, including health and education, agriculture and veterinary health, and for income-generating activities.
- iii) Programmes should be flexible and should involve contingency plans in the event of insecurity. Exit strategies should be defined, not just from the point of view of ensuring effectiveness and sustainability, but also because agencies might be forced to exit. Resource inputs should be minimised, as they present a target for the more predatory movements. It is essential that participatory approaches are adopted, to ensure that community priorities take precedence over donor priorities and that a sense of ownership is promoted. To this end, the payment of incentives should be avoided.
- iv) Humanitarian principles should be followed, promoted and not compromised. Pressure should be maintained on the movements to adhere to the Ground Rules. And agencies should consider suspending projects and even withdrawing on matters of principle.

154. The inception report for this study proposed thirteen key lessons for rehabilitation. It was reproduced above as Figure 2. This report confirms the importance of the thirteen point charter. The only amendment suggested by this case study is the second point, to which the following sentence should be added. 'A comprehensive view of rehabilitation may not be possible during a complex emergency: here, windows of opportunity should be sought, where it is possible to move beyond relief delivery.' Points 5 and 6, dealing with windows of opportunity and absorptive capacity are particularly relevant to South Sudan.

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### 5.3 Next Steps

155. 147. As mentioned in the introduction, this report is part of a larger study on rehabilitation in the Greater Horn of Africa. A draft final report, which incorporates the findings of the four country case studies, will be produced by IDS by the end of September 1997. And a workshop on the overall study is planned to be held in November 1997.

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# Rehabilitation in the Greater Horn: Towards a Strategy for CARE

## Terms of Reference

1. This project is intended to help CARE prepare a strategy for its development and emergency work in the Greater Horn region; and particularly to contribute to such a strategy in the area of rehabilitation.
2. The overall strategy will reflect the importance of the region to CARE programmes world-wide, and the need for CARE to respond to the complex and rapidly evolving situation on the ground. It will also enable the organisation to make an appropriate contribution to the US Government's Greater Horn Initiative.
3. CARE International is currently working in all the countries of the Greater Horn Region, with the exception of Eritrea and Djibouti. These include North and South Sudan, Ethiopia, Kenya, Tanzania, Rwanda, Burundi, Uganda, and, to a limited extent, Zaire. Total expenditures in FY 95 totalled approximately \$US 32 m, with projects in agriculture and natural resources, primary health care, population, small economic activity development, food security, and emergency relief.
4. Emergency and post-emergency situations are a major focus of CARE in the Region, with a strong strategic focus on livelihood security, both as the ultimate goal of development in the region, and as a key conflict-prevention strategy. CARE programmes are involved in the all stages of the relief-development continuum, with activities in the areas of livelihood provisioning, protection and promotion.
5. Rehabilitation, after drought, conflict, or other emergency, is an essential step in making the transition from relief to development assistance, and in helping to build a long-term strategy for livelihood security. It is a relatively new area, however, and one which raises both conceptual and programmatic problems. First, can rehabilitation be promoted or sustained in communities subject to recurring shocks? Second, what balance should be struck, and what sequence should be followed, in different contexts, with respect to the main elements of rehabilitation assistance: short-term income transfers, rebuilding household assets, rebuilding community assets, and rebuilding community institutions? In particular, how can the paramount need to rebuild social capital best be managed? And what is the role of different inputs, including food? Thirdly, what kinds of partnerships should international NGOs establish, with international organisations, local NGOs, community-based organisations, and local government? And, in this context, how can institutional capacity for rehabilitation be assessed? Fourthly, what kinds of exit strategies should be adopted, to ensure the smooth transition to sustainable development programmes?
6. CARE has some experience of these questions, through its own programmes in the region. Other organisations (including governments) have also tackled similar questions, in the Horn and elsewhere (Central America, Bosnia, Sri Lanka, other places). There is also a growing academic literature on the subject, much of it drawing on field experience. CARE needs to synthesise this experience, however, and to take a critical look at its own programmes. It then needs to build the conclusions into its wider strategy for the Greater Horn.  
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7. The purpose of this consultancy is thus four-fold: first, to help CARE conceptualise rehabilitation; secondly, to help CARE draw lessons from the literature and from the experience of other organisations; thirdly, to help CARE examine critically its own experience with rehabilitation programmes in the Greater Horn; and, finally, to help CARE chart a way forward for rehabilitation, as it develops a strategy for the region as a whole.
8. More specifically, the consultancy will carry out the following tasks:
  - i. An initial review of rehabilitation concepts and experience. This review will take the form of a paper which:
    - (a) reviews the role of rehabilitation in the relief-development continuum, distinguishing different kinds of emergency situation and the role of rehabilitation in each; (b) provides a brief summary of rehabilitation policy and experience of different donors and NGOs; and (c) identifies and comments briefly on an initial set of conceptual and policy issues in rehabilitation, including, but not exclusively, the issues listed in para 5. above. The paper will not exceed 50 pages in length, plus appendices. There will be an extended, annotated bibliography.

- ii. A field review of rehabilitation experience in four countries or regions in the Greater Horn: North and South Sudan, Ethiopia, and Rwanda. In each case, the consultants will: (a) summarise CARE experience with rehabilitation; (b) identify the strengths and weaknesses of CARE activities; (c) draw comparisons, where possible, with the experience of other donors; and (d) explore the practical implications for CARE programmes and procedures in the country or region. Central to the field work will be the preparation, in conjunction with CARE colleagues, of project or programme case studies, chosen to represent different kinds of rehabilitation experience, in different situations, and both successful and less successful in terms of project relevance, effectiveness, efficiency and sustainability. The field reports will take the form of four working papers, not more than thirty pages in length, plus appendices.
- iii. The preparation of an overview report, combining the findings of the initial overview and the four field studies. This report will: (a) provide an overview of rehabilitation concepts and experience; (b) review the lessons of experience in the Greater Horn, by CARE and, to the extent possible, of other donors; and (c) set out options for the future work of CARE, including both policy and programmatic aspects, as well as further needs for research and analysis. This report will not exceed 50 pages, plus appendices.
- iv. Contribute to a symposium to be held in the region, for CARE staff and other participants, at which the overview report will be discussed. The symposium will last for two days and will be attended by a maximum of 50 people.
- v. Following the symposium, revise the overview paper and submit a final report.

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9. It is intended that the project should be completed by the end of September, 1997. For this to happen, the initial inception report should be completed by end-March 1997, and discussed by CARE by end-April 1997. Field work would then take place during the period May-July 1997, with the draft final report submitted by early August. The symposium would take place in early September 1997, and the final report would be submitted by the end of September 1997.
10. The project will be managed by a steering committee set up in CARE headquarters. The task manager will be Mr. Isam Ghanim, Deputy Director, East Africa Region.