

Quarterly Progress Report 4 of 2009 / Annual Report 2009

1 October - 31 December 2009

BSF-2 Basic Services Fund of the Government of Southern Sudan

Government of Southern Sudan

Department for International Development (DFID), UK

Government of the Netherlands (MINBUZA)

Government of Norway (NORAD)

Canadian International Development Agency (CIDA), Canada

www.bsf-south-sudan.org



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List of abbreviations

BMB MM	BMB Mott MacDonald, BSF's management consultant (Arnhem, the Netherlands)
BSF	Basic Services Fund
CIDA	Canadian International Development Agency
CPA	Comprehensive Peace Agreement
DFID	Department for International Development UK Government
EIA	Environmental Impact Assessment
EMIS	MOEST's Education Information System
GoSS	Government of Southern Sudan
GoNU	Government of National Unity
MDG	Millennium Development Goal
MDTF-S	Multi Donor Trust Fund – Southern Sudan
MinBUZA	Ministry of Foreign Affairs of The Government of The Netherlands
MoEST	Ministry of Education, Science and Technology
MoFEP	Ministry of Finance, and Economic Planning
MoH	Ministry of Health
MoWRI	Ministry of Water Resources and Irrigation
NORAD	Norwegian Agency for Development Cooperation
PHCC	Primary Health Care Centre (capacity 50,000 beneficiaries)
PHCU	Primary Health Care Unit (capacity 15,000 beneficiaries)
PTA	Parents Teachers Association
RWSSP	MDTF's Rural Water Supply and Sanitation Project
SC	BSF's Steering Committee
SDG	Sudanese pounds (introduced in 2007)

Summary and Recommendations

Project Name	Basic Services Fund of the Government of Southern Sudan - Phase 2
Launched	January 2009
Project Authority	GoSS Steering Committee chaired by Ministry of Finance
DFID contribution	UK £ 9,001,450
Dutch Government contribution	UK £ 6,500,000
Norway Government contribution	UK £ 3,720,000
CIDA contribution	UK £ 3,900,000
TOTAL donors contribution	UK £ 23,121,450
Grant component	UK £ 21,109,596
Technical Assistance component	UK £ 2,011,854
Location	Southern Sudan
Management Consultant; BMB Mott MacDonald	01 January 2009 – 31 August 2010

1. In January 2009 the Governments of Canada, The Netherland and Norway started to contribute to BSF. DFID became the lead donor instead of it sole donor as in Phase-1 (2006-2008). Also in January BSF started to close Phase-1 Grant recipients in Primary Education and Water and Sanitation. The Steering Committee decided earlier in December 2008 to extend all Phase-1 grants in Primary Health for 18 months from 1 January 2009 to 30 June 2010 in order to meet the need for more time to assure sustainable and effective handing-over of these facilities to local authorities; Crucial elements for effective exist strategy in Primary Heath are operational County Health departments and a standard and automated payroll for its staff.
2. On 31 December 2008, the end of Phase-1, the BSF Grants of CARITAS, MEDAIR and OXFAM-GB (Round 1) and HASS, IRC, SC-UK and World Relief (Round 2) closed down. These grants are in Primary education and Water & Sanitation. All other Grants- in Primary Health Care in Round 1 (AMREF, CCM, SC-US) and Round 2 (GOAL, MERLIN, OVCI, TEARFUND, MEDAIR) received an extension into phase-2 of 18 months from 1 January 2009 to 30 June 2010 (except SC-US that opted for only a 6 months extension). But these extended grants in Primary Health needed also to do an external audit at the end of Phase-1.
3. In quarter 4 the management consultant intensified its efforts and made progress in the Asset Management & Handing-Over and the external audits of the closed grants that got delayed. Except AMREF (no cleared external audit yet) and Hass (no Completion report), the closing down process is almost completed. But it is clear that closing-down of Phase-2 with a deadline of 31 August 2010 will have to start earlier.
4. GoSS's Census and Statistic Commission released the national census that took place in 2008 and these data can now be used for planning purposes.
5. Under the tutelage of MoH and in close cooperation with the Swiss Development Cooperation's Centre for Development and Environment (University of Bern, Switzerland), BSF's secretariat hosted a two day workshop in Juba in November to coordinate on-going mapping exercises and facilities. Participants concluded that there is a need for more coordination to avoid current overlap and make better use of the UN capacity.

6. In consultation with GoSS, in particular its Ministry of Finance & Economic Development, and JDO's Strategic Management Board, DFID decided to extend BSF ,after the end of Phase-2, into a BSF Interim Arrangement (2009/2010) with a 4th call of proposals initially planned to be launched in January 2010. DFID's incumbent management consultant, BMB MM, had its BSF contract extended for a maximum number of times and a therefore DFID launched a new tender for BSF-IA. The process for this international tender for the Management consultant started in December 2009 and is still ongoing and undecided before the first deadline of this report.
7. A second Mid-Term Review of the BSF took place from 16-25 August 2009. Its report is available on BSF's website. The review concluded that the fund had contributed to improved access to basic services in Southern Sudan, by between 5 and 10% overall. According to the reviewers the funds pilots an efficient and speedy mechanism for commissioning and managing non-state service providers. Its M&E work is generating important lessons about all aspects of basic service provision. In these areas, most commentators suggest BSF stands significantly ahead of the other pooled funds. But government ownership needs to become stronger to enhance sustainability.
8. On 30 June, 2009, in the wake of GoSS's 2009 budget crisis and continuing delays in MDTF's progress especially in investments in Basic Services, GoSS and its donor partners agreed, on what is called the COMPACT protocol, on a higher level of cooperation and commitment to make more progress in delivering peace dividends and improve the lives of the peoples of Southern Sudan; In particular to enhance fiscal responsibility, strengthen public finance management systems, and accelerate private sector-led development with economic growth and poverty reduction. An automated and standard payroll system is part of GOSS's COMPACT commitment. Donors, among other commitments will provide US\$ 600 per annum for the remaining years of CPA's interim period.
9. In a follow-up of the successful 2008 Peer Review that was wrapped up during a workshop in July 2009, the management consultant and the Grant recipients in Primary Health undertook a second Peer Review in 2009 in particular to create a platform for State and County officials and their non-state partners to expedite handing-over procedures, discuss drug supply and payroll issues.
10. Also in a follow-up of a MTR recommendation, the management consultant fielded a Special consultancy in Capacity Building that reviewed ongoing interventions and came to the conclusion that BSF's intervention in Capacity Building are concentrated at decentralized county level and less so at central level where GOSS has already a number MDTF financed interventions for example at MoH with LATH (human resources), Umbrella Health project (including performance based contracting to non-state actors, Data-base and GIS development, who and special training in procurement.
11. In 2009 the Steering Committee met four times and spaced quarterly as planned compared with nine meetings in 2008. The extra meetings in 2008 were for the preparation and selection of the 3rd round that started on 1 January 2009. It is expected that 2010 will also see more than the four quarterly-meetings because of the 4th call for proposals that is planned to take place in the first quarter of 2010 (point 6).
12. Inter-ethnic and other violence in 2009 got more intense and of a different nature than in the recent past. The number of incidences increased and women and children were often deliberately targeted. At the tail end of CPA's interim period (2005-2011), a year before the national elections and in the immediate run-up to the referendum, this cannot come as unexpected. In this context, BSF's management consultant forewarned all Grant recipients in Round 3b to be realistic with their target setting. Still, some might have to accept to see their grants reduced and share their Grant to assure that targets will be met in spite of these circumstances.
13. Several Grant recipients were directly affected by insecurity and had to temporarily evacuate. As much as possible, BSF supported grants recipients in their contingency plans. Affected grants included in particular;
 - GOAL in Upper Nile (temporary evacuation in September from Baliet due to ethnic conflict.)
 - CCM in Warrap State (Tonj East and Tonj North) evacuated for 3 weeks due to ethnic conflict. AMA's education and watsan activities in Warrap State were affected as well.

- World Vision; Tambura and Ezo County, Western Equatoria. Non accessibility to locations in Ezo, due to LRA threats. World Vision responds by relocating activities to safer sites.
 - IRD (Duk) and IMC (Akobo) programmes in Jonglei State have been constrained by insecurity. IRD's project team was evacuated in September from its base in Duk Payuel.
 - AVSI's programme activities in Ikotos County (eastern Equatoria) were constrained by reduced access to communities due to inter-ethnic conflict, starting from 21 October.
14. On 5 November, 2009 MoH held a World Bank sponsored workshop, on effective contracting-out for Health services and the Basic Package for Health Services (BPHS) delivery status, in which BSF Grant recipients and secretariat participated. It broke new ground in the public discussion on the development of Southern Sudan's medium-term health care system in particular the option for sub-Contracting by GoSS to non-state actors.
15. Implementation made good progress compared with 2009's third quarter; this is partly due to the improved security situation but can also be contributed to intensified field monitoring and subsequent debriefings and follow-up actions by the BSF secretariat team. Over 2009 a total of 550,000 beneficiaries, or thirty percent of BSF-2's target of 1.8 m, gained access to basic services to elaborate:
16. Primary education: By the end of 2009, and half way the grant period of 18 months, a total of 13 of the targeted 25 primary schools are completed and 10 of the targeted 63 schools are receiving services like books, furniture, blackboards, teacher training and management support. Enrolment stands at twelve thousand (40 % girls) of the 47,000 targeted, and attendance only at 7,000 of which a mere 2400 are girls. Although still behind, this record is much better than last quarter's mainly because of higher levels of field accessibility, combined with intensive monitoring support (field trips subsequently followed up by debriefing sessions).
17. Training & Capacity Building: Both of the targeted 2 teachers (male) are now in Pre-service teacher training and a total of 575 (of the targeted 1060) primary teachers trained "in-service". Forty of the targeted 67 received English language training. For the short-term training (max. 1 month) the record is as follows: by the end of the year a total of 127 teachers (35 female) and 78 head teachers (7 female) received their training as well as 309 PTA members (89 female). These training results cannot (yet) be compared with targets because these records are still incomplete.
18. Primary Health: Two of the 5 targeted PHCC to be build are completed and all 21 targeted PHCC for services are now included as planned. Five of the targeted 12 PHCU to be constructed are completed and 69 of the targeted 75 PHCU are now included as planned. Registered consultations stand at 500,000 (cumulative) but this record is still incomplete because Swiss Red Cross and COMPASS have not submitted complete data yet and IRD and World Vision just started (Annex 10).
- A total of 32 Health staff (4 female) completed their planned long-term training of at least one month. Half of those were Community Health Workers, who were all male (Annex 14). The record of 45% female participation in the short term training's (max 1 months) of the total of 2974 participants is much better.
19. Water & Sanitation: A total of 40 of the targeted new 138 boreholes + hand pumps have been completed and 22 of the 110 targeted-to-be-repaired are completed as well. The latrine construction is still behind schedule with only 48 of the targeted 270 constructed (institutional ones) and 283 of the targeted 1123 household latrines done.
- Training & Capacity building: A total of 6400 women participated (60% of the total) in Water & Sanitation training particularly of School hygiene & Sanitation clubs (1400 participants) Community mobilizers 11,000 participants).
20. It is widely accepted that a gap in the drug supply to MoH supported PHCCs and PHCUs has to be anticipated early 2010, this in spite of concerted efforts by the MoH, World Bank and USAID for contingency planning. BSF's MC will closely monitor the situation and invite BSF's Grantees to request budget revisions, if needed, to assure adequate drugs' provision at the clinics.

1 Introduction

1.1 Introduction

The purpose of the Basic Services Fund of the Government of Southern Sudan (BSF) is to increase the coverage, access and use of the population of Southern Sudan of Basic Services in Primary Education, Primary Health, and Water & Sanitation in a sustainable way and therefore including strengthening of communities and GoSS (central, county and state level) capacity to plan, monitor and co-ordinate this service delivery by non-state actors. This purpose is consistent with BSF's overall goal namely GoSS 's Poverty reduction agenda within the six year interim period of the CPA (2005-2011) between the signing of the CPA in January 2005 and the end of the post-referendum period in July 2011. BSF's main expected results are the establishment of operational primary schools, primary health clinics, drinking water points and latrines parallel to capacity building, including training, such as teacher and health professionals training and management training of local beneficiary groups, county authorities and Steering Committee, to ensure that the access gained by two million people (phase-2) will be maintained at minimum levels for the medium term(The logical framework in annex 1 refers).

Main stakeholders are the beneficiaries, members of the rural communities, with particular inclusion of vulnerable groups, women and children, IDPs and returnees. Stakeholders are also County, State and GoSS authorities of Ministry of Health (MoH), Ministry of Education, Science and Technology (MoEST) and Ministry of Water Resources and Irrigation (MWRI), local government, and BSF's international donors. BSF's approach is to contract NGO to channel the investments into the construction, training and management.

In January 2009 BSF closed down its Phase-1, which started on the 1st of January 2006. The first phase, with GBP 17.7 million financed by DFID, achieved the access of two million people to basic services. BSF-2 (1st of January 2009 -31 August 2010) is financed by DFID as lead donor, the Dutch Ministry of Foreign Affairs (MinBUZA), Norway (NORAD), and Canada (CIDA) (Table 1).

Table 1 Overview of the donor contributions into phase 2 of the BSF

Donor	Contribution in GBP
DFID contribution	9,001,450
Dutch Government contribution	6,500,000
Norwegian Government contribution	3,720,000
CIDA contribution	3,900,000
TOTAL donors contribution	23,121,450
Grant component	21,514,432

1.2 Background

The first BSF Steering Committee (Rumbek, 28 October 2005) launched the fund's first phase officially. During that same year, DFID engaged the Nairobi based NGO "Skills for Southern Sudan", assisted by the UK-based IDL group, to organize Round-1 in which 6 NGOs received grants. DFID next put out an international tender for the management of the BSF, which DFID awarded to BMB Mott MacDonald (BMB MM) who was appointed on the 19th of August 2006.

BMB MM then took over responsibility for all the contracts from DFID with the first round NGOs. During the second half of 2006, BMB MM organized a 2nd call for proposals, which led to the selection by the Steering Committee of 8 additional BSF Grant recipients who all signed grant contracts with BMB MM in January 2007. This first and second rounds constitute BSF phase 1. BSF-1's Completion Report is available on the website.

Phase-2 was introduced when DFID and the BSF's Steering Committee authorized Round-3 with an additional GBP 17 million. Preparation for Round-3 took place during the period of September-December 2008. In January, 2008 the SC selected 11 NGOs (Round 3a) and 6 additional NGOs to start as soon as CIDA funds through which 5 NGOs started on the 1st of May 2009. Thus the third round is financed by DFID, as lead donor, with contributions by the governments of the Netherlands, Norway (NORAD) and Canada (CIDA). Round-3 has a duration of 20 months, from 1st January to 31st August 2010, when the management contract will terminate.

To ensure the sustainability of BSF's investments, the SC authorized 18 month extensions, from 1 January 2009-30 June 2010, to the BSF Grant recipients in Primary Health, under the condition of detailed plans for handing over to be included in these extensions (Annex 6). Strategic developments in Primary Health Care delivery now take place. Examples are the implementation of MoH's payroll reform and gradual inclusion of health staff on MoH payrolls, and the rationalisation of drugs' distribution. Still most health staff are financially supported by NGO. In the absence of operational budgets to County Health Departments their capacity to take over and independently manage health facilities remains limited.

1.3 This report

This is BSF's annual report over 2009 and as such includes also the progress over Quarter 4 (1 October- 31 December 2009) . This report only deals with BSF-2 but includes an update on the BSF-1 closing down. BSF's Technical Assistance Team prepared this report. The data on the NGO's progress are based on narrative and financial progress reports, field monitoring reports by the TA, and peer review's lessons learnt. The structure of the report is based on BSF's log-frame with its deliverables (or expected results or outputs) as defined in BSF secretariat's Terms of Reference in its Project Memorandum) (Annex 1).

2 Review of Progress and Performance (1 January-31 December, 2009)

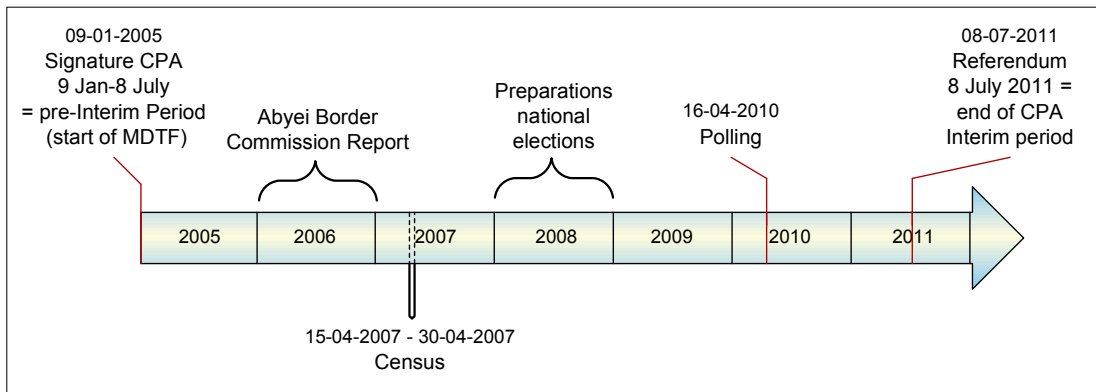
2.1 Policy and Programme Context

Main elements of BSF's policy-and programme context are the Comprehensive Peace Agreement (CPA), the Millennium Development Goals and GoSS' policies and programmes for basic services (Table 2-2). Since June 2009 the COMPACT protocol should be added to this context to elaborate:

2.1.1 Comprehensive Peace Agreement (CPA)

BSF operates within the overall context of Sudan's Comprehensive Peace Agreement (CPA) and its 6 year Interim Period between 2005 and 2011, at the end of which a democratically elected government should be in place (Table 2). In the National Elections Commission's time frame for the national elections, they are planned for April 2010. The registration is planned to start in November 2009 and campaigning will start at the first of December 2009.

Table 2 CPA Interim Period



2.1.2 Millennium Development Goals

Access to Basic Services is one of the central themes of the MDGs. The MDGs have 8 goals in total, as well as 18 targets that are linked to 48 indicators. Seven of the 8 Goals concern Basic Services (for example Goal 2: achieve universal primary education). Nine of the 18 Targets concern Basic Services; for example Target 6: reduce by three quarters between 1990 and 2015 the maternal mortality rate. Of the total number of 48 Indicators, 23 concern Basic Services; for example, Indicator 30 "proportion of population with sustainable access to an improved water source, urban and rural". All BSF Grant recipients contribute to improve Southern Sudan's MDG status record, which remains among the lowest, if not the lowest, worldwide. Southern Sudan's maternal mortality (number of pregnancy related deaths per 100,00 live birth) varies between the lowest in Jonglei (1861) and the highest in Western Equatoria (2327) (Southern Sudan Report on Sudan's Household Health Survey, 2006). The most relevant MDG indicators for the BSF are:

- Nr.6 net enrolment in primary education
- Nr 9 ration of girls to boys in primary education
- Nr.16 maternal mortality rate

- Nr.17 proportion of birth attended by skilled health personnel
- Nr.30 proportion of population with sustainable access to improved water sources
- Nr.31 proportion of population with sustainable access to improved sanitation
- Nr 34 proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to Basic Social services (primary education, primary health, nutrition, water & sanitation).

The Management consultant prepared a draft case study on BSF and MDGs at the request of DFID, which is currently under revision and will be published on the website in February 2010.

2.1.3 GoSS targets in Basic Services

The GoSS targets for the basic services are presented. It should be noted that only a relatively small part of these targets is provided for in GOSS's annual budgets (Table 3).

Table 3 GoSS 2011 Targets and Main Activities

Priority area	2011 Targets	Main Activities
Primary Health Care	<ul style="list-style-type: none"> ▪ Provide 50% with basic health services. ▪ Reduce infant and maternal mortality rates by 25%. ▪ Increase routine vaccination coverage from 30% to 90%. ▪ Increase awareness of HIV/AIDS from 5-10% to 90%. 	<ul style="list-style-type: none"> ▪ Provide basic health services to 6 million people. ▪ Reach 9 million people through vaccination campaigns. ▪ Increase stock of functioning health facilities by 10%. ▪ Train 4,000 health workers. ▪ Undertake HIV/AIDS awareness campaigns.
Basic Education	<ul style="list-style-type: none"> ▪ Increase the gross primary enrolment rate to 1,762 million children. ▪ Increase girls' enrolment to 40%. ▪ Increase primary school structures by 50%. ▪ Attain pupil-teacher ratio of 50:1 in primary education. 	<ul style="list-style-type: none"> ▪ Recruit 15,000 primary teachers and 5,700 AES instructors. ▪ Train 13,000 existing teachers. ▪ Rehabilitate / construct 500 primary schools. ▪ Provide school feeding to 200,000 pupils.
Water & Sanitation	<ul style="list-style-type: none"> ▪ Increase the proportion of rural population with access to clean water to over 40%. ▪ Provide new & rehabilitated schools and health facilities with access to safe water and sanitation. ▪ Increase awareness of hygiene amongst rural population. 	<ul style="list-style-type: none"> ▪ Construct 6,500 new boreholes. ▪ Maintain & repair 3,650 existing boreholes. ▪ Construct 4,550 latrines. ▪ Sanitation and hygiene awareness campaigns.

2.2 COMPACT

On June 30, 2009, in the wake of GoSS's 2009 budget crisis and continuing delays in MDTF's implementation, GoSS and its donor partners agreed on what is called the COMPACT protocol: a higher level of cooperation and commitment to accelerate progress in delivering peace dividends and improve the lives of the peoples of Southern Sudan in particular to enhance fiscal responsibility, strengthen public finance management systems, and accelerate private sector-led development with economic growth and poverty reduction. An automated and standard payroll system is part of GOSS's COMPACT commitment. Donors, among other commitments, will provide US\$ 600 per annum for the remaining years of CPA's

interim period (January 2005-July 2011). The COMPACT text should be published on BSF's website to assist GOSS and donors in disseminating agreed policies and assist monitoring of the agreement.

2.3 Progress towards Objectives

The purpose of the Basic Services Fund of the Government of Southern Sudan (BSF) is to increase the coverage, access and use of the population of Southern Sudan to Basic Services in Primary Education, Primary Health, and Water & Sanitation in a sustainable way and therefore including and parallel to the strengthening of GoSS capacity to plan, monitor and co-ordinate this service delivery by non-state actors. This purpose is consistent with BSF's goal namely GoSS 's Poverty reduction agenda within the six year interim period of the CPA (2005-2011) between the signing of the CPA in January 2005 and the end of the post-referendum period in July 2011. The main expected results are the establishment of operational primary schools, primary health clinics, drinking water points and latrines. These results are all accompanied by capacity building, such as management training of local beneficiary groups, county authorities but also Steering Committee to ensure that the access gained by two million people (phase-2) will be maintained at minimum levels to assure medium-term sustainability (The logical framework in annex 1 refers).

Primary education (Annex 8 and 15 for training)

By the end of 2009, and half way the grant period of 18 months, a total of 13 of the targeted 25 primary schools are completed and 10 of the targeted 63 schools are receiving services like books, furniture, blackboards, teacher training and management support. Enrolment stands at twelve thousand (40 % girls) of the 47,000 targeted, and attendance only at 7,000 of which a mere 2400 are girls. Although still behind, this record is much better than last quarter's mainly because of higher levels of field accessibility, combined with intensive monitoring support (field trips subsequently followed up by debriefing sessions).

Training & Capacity Building: Both of the targeted 2 teachers (male) are now in Pre-service teacher training and a total of 575 (of the targeted 1060) primary teachers trained "in-service". Forty of the targeted 67 received English language training. For the short-term training (max. 1 month) the record is as follows: by the end of the year a total of 127 teachers (35 female) and 78 head teachers (7 female) received their training as well as 309 PTA members (89 female). These training results cannot (yet) be compared with targets because these records are still incomplete.

Table 4. Consolidated targets Phase-2

Sector	Target
Primary Education	
School construction	25
School services	63
Primary Health	
PHCC construction	5
PHCC services	21
PHCU construction	12
PHCU services	50
Drinking Water	
Boreholes with hand pumps	138
Rehabilitation of boreholes & hand pumps	110
Sanitation	

Pit latrines	1,393
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Primary Health (Annex 10 & 11)

Two of the 5 targeted PHCC to be build are completed and all 21 targeted PHCC for services are now included as planned. Five of the targeted 12 PHCU to be constructed are completed and 69 of the targeted 75 PHCU are now included as planned. Registered consultations stand at 500,000 (cumulative) but this record is still incomplete because Swiss Red Cross and COMPASS have not submitted complete data yet and IRD and World Vision just started (Annex 10).

As reported in previous QPRs and Phase-1's Completion Report, AMREF is letting BSF down by very slow implementation (three years after it signed for the Grant, it still has not completed the construction of a PHCC) and very poor, at times even misleading, communication with its partners, including BSF's MC. To resolve the crisis BSF's secretariat continues to work closely with MoH and USAID (BSF's sister donor to AMREF) and the local authorities of the SSRRC to impose corrective measures to assure that the population of Tali, Tindilo and Rejong Payam's of Terekeka County (Central Equatoria State) are assured of access to primary health care. In close consultation with selected members of the SC, namely the chair and the member from MoH, MC reduced AMREF's Grant with GBP 195,900 and with this balance, on 5 December 2009, signed a contract with COMPASS (AMREF's former Sudanese partner, who is running a successful EPI programme in Terekeka County).

Training & Capacity Building (Annex 14 & 15)

A total of 32 Health staff (4 female) completed their planned long-term training of at least one month. Half of those were Community Health Workers, who were all male (Annex 14). The record of 45% female participation in the short term training's (max 1 months) of the total of 2974 participants is much better.

Water & Sanitation (Annex 15)

A total of 40 of the targeted new 138 boreholes + hand pumps have been completed and 22 of the 110 targeted-to-be-repaired are completed as well. The latrine construction is still behind schedule with only 48 of the targeted 270 constructed (institutional ones) and 283 of the targeted 1123 household latrines done. Training & Capacity building: A total of 6400 women participated (60% of the total) in Water & Sanitation training particularly of School hygiene & Sanitation clubs (1400 participants) Community mobilizers 11,000 participants).

2.4 Activities

The structure of the report is based on BSF's log-frame with its deliverables (or expected results or outputs) as defined in BSF secretariat's Terms of Reference in its Project Memorandum) (Annex 1).

2.4.1 BSF Secretariat

The secretariat has 5 main responsibilities:

- Support and supervision of BSF Grant recipients in implementation (monitoring, coaching, advice);
- Assist in financial reporting (completeness and correctness, transparency, timeliness)
- Assure timely disbursement
- Serve as secretariat for the Steering Committee;
- M&E GOSS contributions in terms of policy, staffing and salaries (policy and actual);

- Assure effective coordination with other stakeholders, donors (UN, NGO forum, NGO Health Forum, donor consultations for Primary education, Water & Sanitation and Primary Health).

The Secretariat, with its long-term TA team on location, is based in Juba. A number of senior consultants, notably BSF's project director, the project controller, and the database expert are based at BMB MM's headquarters in Arnhem, The Netherlands (Annex 2). Phase-2's TA budget is 3047 work-days, of which MC used 396 workdays in this quarter and 1648 cumulative over 2009 up till 31 December 2009; this is fifty percent of the total and therefore at par with BSF-2's elapsed time (12 out of 20 month or 60 %).

2.4.2 BSF Steering Committee

In 2009 the Steering Committee met quarterly (four times and spaced quarterly as planned) against 9 meetings in 2008. The extra meetings in 2008 were for the preparation and selection of the 3rd round that started on 1 January 2009. It is expected that 2010 will also see more than the four quarterly-meetings because of the 4th call for proposals that is planned to take place in the first quarter of 2010.

During this last quarter the Steering Committee met for the 22nd time on 20 October 2009. The next Steering Committee meeting is planned for 26 January 2010, subject to the launching of a BSF-Interim Arrangement with a 4th call for proposals.

2.4.3 Grant Recipients

Phase 1-Closing down

At the end of Phase-1 on 31 December 2008, the BSF Grants of CARITAS, MEDAIR and OXFAM-GB (round 1) and HASS, IRC, SC-UK and WORLD RELIEF (round 2) closed down. These grants covered Primary Education and Water & Sanitation projects. The main components in this ongoing closing down process are:

- last financial report with the list of all transactions, consisting of an internal audit by the management consultant of the grant recipients
- external audit of the lead agent's BSF Grant
- handing-over of assets.
- BSF Grant Completion Reports (narrative of implementation against Targets)

All financial reports are cleared, and all the external audit reports are in, with the exception of AMREF's Phase 1 audits. The handing-over of assets is still in process. The relevant asset categories for the Asset Management & Handing-over are:

- immovable assets, such as primary schools', PHCU and PHCC buildings and boreholes with fitted hand-pumps.
- all movable assets with individual value at time of procurement over GBP 1000 (for example a vehicle or a generator)

Grants in Primary Health Care in round 1 (AMREF, CCM, SC-US) and round 2 (GOAL, MERLIN, OVCI, TEARFUND, MEDAIR) received an extension into Phase-2 of 18 months, from 1 January 2009 to 30 June 2010 (except SC-US which opted for a 6 months extension only). Due to the closing down of books of Phase-1 and the start of Phase-2 these extensions needed new contracts and subsequently needed also to submit Individual Transaction Lists and External audits over phase-1. Except for AMREF all these have been submitted and cleared.

The post-grant ownership of the immovable assets follows GoSS policy. Boreholes with installed hand pumps basically belong to the communities, with a coordination role for government (MWRI) at County level and below (Payam).

The MC keeps an updated record of all movable assets with a procurement value of over GBP 1000, since these remain, as per contract, the property of the donor and need to be handed-over in consultation with the MC and authorized by DFID. Guiding principles of this asset management and handing-over are:

- The moveable assets remain property of DFID until handing-over is completed.
- The handing-over takes place in such a way that it maximizes the longevity of the asset and
- its service to the sustainability of the Grant's investment in Basic Services (e.g. a vehicle that is still used in the post-Grant period for O&M of primary school inspection (in the absence of a county education department).

Phase 2

Phase-2 (1 January 2009-30 August 2010) includes Round-3 and the Health extensions from Phase-1. Round-3 is divided into two; group 1 of 11 contracts started on 1st January 2009 (round 3a) and group 2 of 5 contracts could only start on the 1st of May, after CIDA funding became operational.

2.5 Resources and Budget Used

2.5.1 Phase 2 - budgets

In phase-2, like phase-1, 42 % of the total is allocated to primary health but capacity building has increased from 7% in phase-1, to 22% (Figure 2-1).

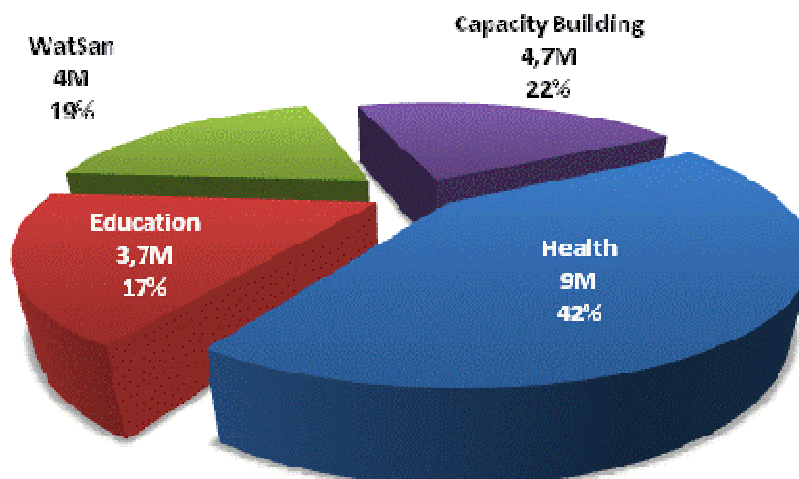


Figure 2-1 Phase-2 allocated budgets to the different sectors.

2.5.2 Phase 2-Disbursement health extensions

The Phase-2 Primary Health extension grants run for a period of 18 months, from 1 January 2009 to 30 June 2010, except for SC-US who opted for a six month extension only.

The elapsed time of the BSF Grant of the Primary Health extension is 50% (9 out of 18 months). CCM, GOAL and OVCI are on target with their expenditure (Figure 2-2); MERLIN, TEARFUND and MEDAIR are slightly behind. MERLIN is catching up; TEARFUND is on track with implementation but it faces delays in reporting and accounting due to senior staff changes. MEDAIR is behind, due to the introduction of new financial accounting systems. Since August 2009 disbursements to AMREF has stopped because it has declined to submit the requested individual Transaction list over Phase-1 and its external audit report raised questions which have not been cleared.

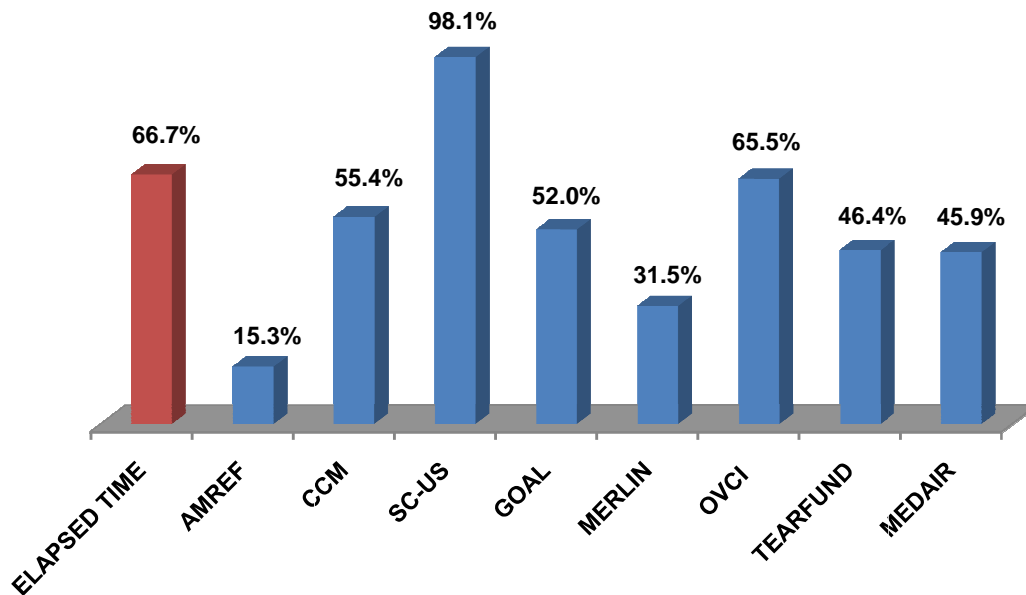


Figure 2-2 Disbursements health extensions as a percentage of the total budget of the grant recipient – 31 December 2009.

2.5.3 Phase 2 - Disbursement Round 3a

Round 3a received an 18 months contract from 1 January 2009 to 30 June 2010. They are now at 50% of the elapsed. AMA and OXFAM NOVIB spent slightly more than 50% of their budget, as OXFAM NOVIB's school construction activities are nearly completion and AMA has purchased a drilling rig. IRD is behind in investments, due to insecurity in the area and delay in construction; the secretariat is closely monitoring this. WORLD RELIEF is on target with teacher training, but it is behind with disbursement because of the construction. AVSI and Swiss Red Cross are behind schedule with their expenditure since both used other funding in the first quarters. AVSI now fully started to use the BSF grant and is expected to catch up. Swiss Red Cross will follow as soon as they will start in November to drill with BSF funding and construction in January. The Diocese of Rumbek is behind, due to the supplementary school feeding that was budgeted far too high (Figure 2.4). MC is consulting with DoT to agree on corrective measures.

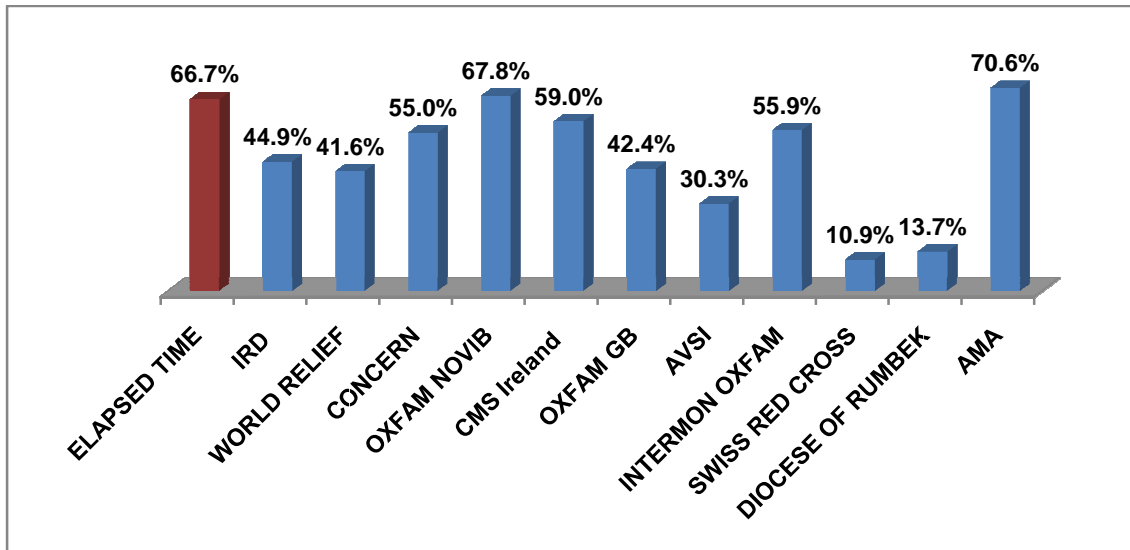


Figure 2-3 Disbursement Round 3a as a percentage of the total budget of the grant recipient (31 December, 2009).

2.5.4 Phase 2 – Disbursement Round 3b

Round 3b Grants received a 15 months contracts from 1 April-30,2009 to June 2010, but the actual implementation started May 15th, due to contractual delays, leaving an implementation period of only 13 ½ months. Therefore Round 3b is at 52% of the actual implementation period and at 60% of the contract period (Figure 2-5). HARD's three targeted schools are nearly completion ahead of the planning. IMC and World Vision's interventions were both affected by insecurity; World Vision counteracted this with a comprehensive contingency plan shifting activities to less-affected locations. At 28% of the contract-time, UMCOR and MEDAIR are slightly behind in their implementation schedule, however this is due to teething problems and it is envisaged that they will catch up.

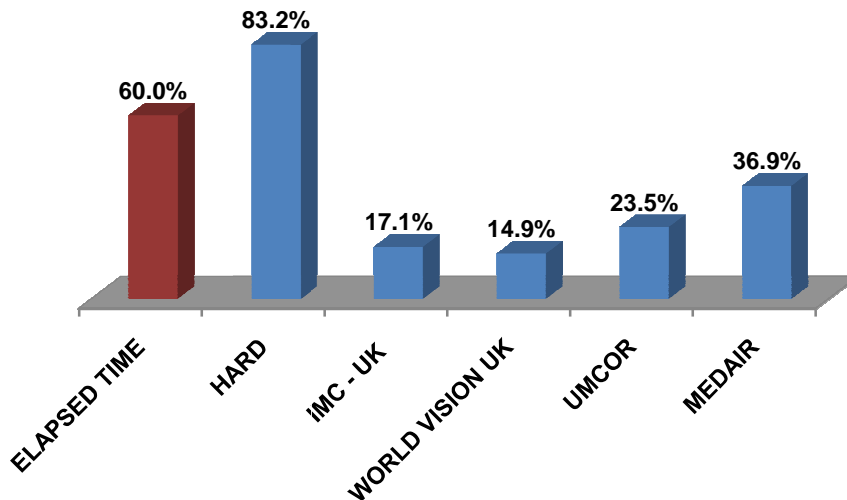


Figure 2-4 Disbursement Round 3b as a percentage of the total budget of the grant recipient (30 November 2009)

2.5.5 Phase 2 – Financial forecast

By the end of November 2009 grant recipients in total used 35.5 % or 7.5 m GBP and MC used 49.3% (1 m GBP rounded). In Quarter 1 of 2010, grant recipients will use another 34% of their budgets and the management agent another 19% (Annex 5).

2.6 Assumptions and Risks

BSF operates within the overall context of Sudan's Comprehensive Peace Agreement (CPA) and its 6 year Interim Period between 9 January 2005 and 8 July 2011, when a democratically elected government should be in place. The CPA is holding but the planned investments through its main investment vehicle are much delayed. The new COMPACT protocol needs to rectify this situation. The 5th Sudan population and household census took place between 22 April and 6 May 2008 and with a year's delay the results are now available. But the census results do not have a broad formal acceptance, and its use in planning processes may be contentious. More specific assumptions need to be made for the GoSS policies and budgets for the Basic Services, in particular those for Primary Education and Primary Health. Three main conditions on the way towards a successful exit strategy, in the case of Primary Health programmes, are:

- An operational County Health Department with adequate staff and own operational budget
- Staff salaries of core PHCC and PHCUs staff needs to be ensured.
- A regular drug supply needs to be guaranteed.

Even though the MoH has made much progress in establishing CHDs, the situation in most Counties is such that these conditions are not met, standing in the way of effective hand-overs. Hand over should be seen as a process, rather than a moment, with NGOs actively building the capacity of CHDs to be in a position to manage and maintain health services.

Security

Inter-ethnic violence is getting far more intense and of a different nature in 2009 than in previous years. The number of incidences is on the increase and women and children are deliberately targeted. At the tail end of CPA's interim period (2005-2011), a year before the national elections and in the immediate run-up to the referendum, this should not come as unexpected. In this context, BSF's management consultant has forewarned all Grant recipients in Round 3b to be realistic with their targets. Nevertheless, some may have to accept to share their grant to assure that targets will be met, due to these circumstances. This increasing conflict factor highlights the need for NGOs to strengthen the resilience of local partners, such as County Health and -Education Departments, but also local NGOs, to have a stewardship and caring role of local facilities, such as clinics and schools, also where these have not been formally handed over yet, and where local departments do not have the capacity to fully manage these facilities.

2.7 Monitoring Review and Evaluation Arrangements

BSF itself has been evaluated a number of times since its start in 2006. Two evaluations or annual review (in Jan. 2008 and August 2009) were specific for BSF. The respective reports are available on BSF's website (www.bsf-south-sudan.org). Two different studies include BSF in their "pooled-funding" analyses. The main concern of the reviews is the continuing "funding gap" in basic services, which is caused primarily by the planned investment through MDTF which is not forthcoming. This is attributed mainly to the long procedures in international tendering and "no -objections". BSF's second annual review is conducted in Southern Sudan from 16-28 August 2009.

2.7.1 Monitoring by TA

Over 2009 MC did a total of 40 field inspection visits (5 to AMREF alone). During this quarter alone the total number of visit was 13 (Table 5). The field monitoring visits are recorded in summary reports (not posted on the website but available on request) and these are used for subsequent debriefings with senior management if required to agree on corrective measures if required. The accelerated field inspections in the last quarter of 2009 with intensified follow-up have contributed to a better implementation and subsequent disbursement record.

Table 5. Overview of field visits in quarter 4, 2009

Date	GRANT RECIPIENT; State
7 - 8 October	MERLIN; Eastern Equatoria
8 – 10 October	AVSI; Eastern Equatoria
13 - 17 October	WORLD VISION; Western Equatoria
1-4 November	AMREF; Central Equatoria
4 November	OXFAM NOVIB; Western Equatoria
5-7 November	Exchange visit county health departments Katigiri and Lainya, Central Equatoria
16 – 18 November	CONCERN; Northern Bahr El Ghazal
16 November	UMCOR; Northern Bahr El Ghazal
21 and 28 November	DIOCESE OF RUMBEEK; Lakes
24 – 26 November	AMA; Warrap
2 – 4 December	IRD; Jonglei
4 – 9 December	CCM; Warrap
9 – 16 December	IMC; Jonglei

The management consultant does both financial and physical monitoring; the most important tools in the monitoring process are:

- financial invoices (most are monthly, budget revisions and contract extensions);
- field visits to site of construction, training, offices including those of county health and education departments
- frequent interaction by email and meetings at the secretariat in Juba,
- coordination forums

The monitoring of AMREF continues to take a disproportionate amount of time and effort not only of MC but also of MOH. Over 2009 a total of 5 of the total 40 field trips was to AMREF, not including 3 visits to AMREF's Nairobi office and numerous to their Juba office. With the benefit of hind sight the Management Consult concludes that AMREF should not have been selected into Round 1 because it had no presence on the ground in Tali (other qualified NGOs did) and because of its difficult management record that was well establish back in 2005 when pre-selection started.

Most MDG, its targets and indicators concern Basic Services. For Basic Services the most relevant MDG indicators are:

- Nr.6 net enrolment in primary education
- Nr.16 maternal mortality rate
- Nr.17 proportion of birth attended by skilled health personnel
- Nr.30 proportion of population with sustainable access to improved water sources
- Nr.31 proportion of population with sustainable access to improved sanitation

3 Work plan Quarter-1 of 2010 (1 January-31 March 2010)

This work plan does not address the planned BSF Interim Arrangement, BSF-IA (1 January 2010-29 February 2011) and its 4th call for proposals (1 June 2010-31 December 2011). The reason for this is that the international tender for BSF-IA's management consultant is still out.

Closing down of Round-1 and Round-2 (Phase-1) is complete except for AMREF who has not submitted an Individual Transaction list and its external audit has not been cleared by the BMB MM. To avoid similar delays as in Phase-1, BMB MM needs to start-up the Closing down procedure with the Asset Management & Handing-Over as soon as possible in 2010 (communicate with Grantees about deadlines for each report).

Accelerated field inspections will continue and its follow-up debriefings will become increasingly specific in proportion to the closing down date of 30 June approaching. In February the BSF-secretariat plans a workshop on Drinking water, in particular the water quality and the operational status of the boreholes and hand pumps financed by BSF.

In January the report of 2009 Peer Review in Primary Health will be completed. It should pay special attention to the position of the County Health Departments, the payroll exercise and the drug supply.

In a follow-up on the recommendation of the Geographical mapping workshop the secretariat will agree with UN how best to proceed to improve efficiency and effectiveness of data sharing.

Due to increased insecurity risks to programme implementation, the MC will intensify consultation with Grant recipients. The aim is in the first place to be well informed. Secondly it will still allow for time to take timely measures for corrective measures (to assure the targets). For example, IRD is getting very far behind and unless they take measures, the targets will not be reached by June 2010.

The corrective measures with AMREF continue to take up a disproportional amount of time from the MC, mainly due to an uncooperative stance by AMREF's senior management. A repeated request from the MC to appoint a crisis manager has so far gone unheeded, although there is now in principle agreement to reduce AMREF's grant and transfer the remainder to COMPASS (the national NGO that has been active in Primary Health in Terekeka County) with a number of vital programme activities to be carried out by COMPASS.

The management consultant plans a mission in Capacity Building to take place in November 2009. A second mission in Primary Health will also take place, to follow-up the second Health Peer Review. Another mission for a Water and Sanitation consultant is planned, to follow up on the previous Drinking Water "lessons learned" mission in February 2009, and to analyse the drilling reports of the grant recipients. Furthermore, the management consultant will organise a Geographical Mapping and Data Sharing Workshop, in consultation with the Ministries of Health, Water Resources and Irrigation and Education, in November 2009.

Annex 1 Logical Framework

Project Name						
Basic Services Fund Southern Sudan – Phase 2, 1 January 2009 – 31 August 2010						
GOAL	Indicator	Baseline	Milestone 1	Milestone 2	Target (Aug. 2010)	Assumptions
Poverty in Southern Sudan reduced	People living on less than a dollar a day	More than 90% of people in Southern Sudan live on less than a dollar a day (2000)			PRSP target ???	CPA holds and security levels are acceptable to implement projects
		Source GOSS statistics and PRSP updates				

List of Acronyms:

BSF	Basic Services Fund
BPHS	Basic Package of Health Services
CPA	Comprehensive Peace Agreement
DFID	Department for International Development
EMIS	Education Management Information System
GOSS	Government of South Sudan
HMIS	Health Management Information System
MDG	Millennium Development Goals
MDTF	Multi Donor Trust Fund
MoEST	Ministry of Education, Science and Technology
MoH	Ministry of Health
MWRI	Ministry of Water Resources and Irrigation
NGO	Non Governmental Organisation
PHCC	Primary Health Care Centres
PHCU	Primary Health Care Units
PTA	Parent Teacher Associations
SC	Steering Committee
UNDP	United Nations Development Programme
WB	World Bank

PURPOSE	Indicator	Baseline	Milestone 1	Milestone 2	Targets (Aug. 2010)	Assumptions
Communities in project areas have sustained access to primary education, primary health care and water and sanitation	Sustainable access to primary education	Gross primary enrolment rate : 23% (2003) Number of primary school structures: 1,600 (2003) Ratio of girls to boys in primary education: 36% (2000)			Increase the gross primary enrolment rate to 52% (1.762 m children) Increase primary school structures to at least 3,646 Increase girls enrolment to 40%	Government policies of basic services delivery budgeted and implemented as per target MDTF basic services projects are implemented according to target
	Source					
	UNDP Sudan Millennium Development Goals – Interim Unified Report, Dec. 2004 GOSS Budget Sector Working Group – Education 2008 EMIS (Education Monitoring Information System), MoEST					
	Indicator	Baseline	Milestone 1	Milestone 2	Targets (Aug. 2010)	
	Sustainable access to primary health	Population with access to primary health services: 25% (2000) Under-five mortality rate (per 1,000 live births): 250 (2001) Maternal mortality rate (per 100,000 live births): 1,700 (2000)			Provide 50% of the population with primary health services Reduce child and maternal mortality rates by 25%	
	Source					
	UNDP Sudan Millennium Development Goals – Interim Unified Report, Dec. 2004 GOSS Budget Sector Working Group – Health 2008 HMIS (Health Management Information System), MoH					
	Indicator	Baseline	Milestone 1	Milestone 2	Targets (Aug. 2010)	
	Sustainable access to safe drinking water and improved sanitation	Use of safe water source: 20% (2000) Access to improved sanitation: 15% (2000)			Increase proportion of rural population with access to safe water to over 40%; Provide primary schools and health facilities with access to safe water and sanitation	
	Source					
	UNDP Sudan Millennium Development Goals – Interim Unified Report, Dec. 2004 GOSS Budget Sector Working Group – Water and Sanitation 2008 WES (Water, Environment and Sanitation) database, MWRI					
INPUTS (£)	DFID in BSF (£)	GOSS/MDTF (\$m)	Others in BSF (£)	Total BSF (£)	DFID share in BSF (%)	
	9,000,000	education: 27.9 health: 58.7 water/sanitation: 24.9 total basic services: 111.5	14,321,450	23,321,450	38.59%	

OUTPUT 1	Indicator	Baseline	Milestone 1	Milestone 2	Targets (Aug. 2010)	Assumptions
Primary education facilities built and services maintained and operational in a sustainable way	Schools and classrooms constructed and/or rehabilitated	RALS (Rapid Assessment of Learning Spaces)			22 schools and 172 classrooms constructed	GOSS policies for free primary education budgeted and implemented as per targets
	Trained teachers				2,019 teachers trained	
	Trained PTA members				3,112 PTA members trained	
	MoU between NGOs and State/Country MoEST on handover of facilities				22 MoUs signed; 396 Payam and county education officers trained	
	Key GOSS decision makers aware of lessons learned from BSF education work				Quarterly SC meetings; Joint field inspections with State MoEST; Minimum of 1 lessons learned workshop	
Impact weighting 40%		Source				Risk Rating High
		NGO Quarterly progress reports; BSF Management information system Peer reviews with State MoEST officials				
INPUTS (£)	DFID (£)	Government	Others (£)	Total (£)	DFID Share (%)	
		GOSS budget for primary education		5,828,947		

OUTPUT 2	Indicator	Baseline	Milestone 1	Milestone 2	Targets (Aug. 2010)	Assumptions
Primary health facilities built and services maintained and operational in a sustainable way	Health facilities constructed and/or rehabilitated	MoH BPHS (Basic Package of Health Services) State Baseline			18 PHCCs constructed and/or rehabilitated; 52 PHCUs constructed and/or rehabilitated	GOSS policies for free primary health budgeted and implemented as per targets
	Health facilities provided with services (staff, drugs)				32 PHCCs provided with services (18 + 14 with services only); 94 PHCUs provided with services (52 + 42 with services only)	
	Trained health personnel and community health volunteers				417 health personnel trained; 783 community health volunteers trained	
	Trained village health committee members				345 village health committee members trained	
	MoU between NGOs and State/Country MoH on handover of facilities				70 MoUs signed (18 + 52)	
	Key GOSS decision makers aware of lessons learned from BSF health work				Quarterly SC meetings; Joint field inspections with State MoH; Minimum of 1 lessons learned workshop	
Impact weighting 40%		Source				Risk Rating High
		NGO Quarterly progress reports; BSF Management information system Peer reviews with State MoH officials				
INPUTS (£)	DFID (£)	Government	Others (£)	Total (£)	DFID Share (%)	
		GOSS budget for primary health		11,371,384		

OUTPUT 3	Indicator	Baseline	Milestone 1	Milestone 2	Target (Aug. 2010)	Assumptions
Drinking water and sanitation facilities, constructed, maintained and operational in a sustainable way	Boreholes with hand pumps constructed and/or rehabilitated	WES (Water, Environment and Sanitation) database			139 boreholes with hand pumps constructed; 127 boreholes with hand pumps rehabilitated	Spare parts and tools for hand pumps are available locally across Southern Sudan
	Alternative water sources constructed				15 alternative water sources constructed	
	Pit latrines constructed				1,245 pit latrines constructed	
	Trained village water committee members				1,263 village health committee members trained; 151 pump mechanics trained	
	Key GOSS decision makers aware of lessons learned from BSF water and sanitation work				Quarterly SC meetings; Joint field inspections with State MWRI; Minimum of 1 lessons learned workshop	
		Source				RISK RATING
		NGO Quarterly progress reports; BSF Management information system Peer reviews with State MWRI officials				High
Impact weighting 20%						
INPUTS (£)	DFID (£)	Government	Others (£)	Total (£)	DFID Share (%)	
		GOSS budget for rural water supply		4,355,255		

Annex 2 TA days planned and actual (31 December 2009)

Position	Name	Total allocation	Q-4 2009	Spent Cumulative 31 Dec. 09	Balance
Long term					
Team Leader	Klaziena LOUWES	455.0	66.0	277.0	178.0
M&E/MIS Officer	Geerte v/d MEIJDEN	455.0	52.0	265.75	189.25
Finance Manager	Serena BOSSI	201.0	0.0	199.5	1.5
Finance Manager	Gerard FISCHER	243.0	58.0	95.0	148.0
Office Manager	Sarah Baba LASUBA	455.0	72.0	303.0	152.0
Policy Dev. /M&E Officer	Wim GROENENDIJK	410.0	71.0	241.0	169.0
M&E Assistant	Nicholas RAMSDEN	340.0	14.5	14.5	325.5
Short term					
Commercial Manager	Dirk DOORN	20.0		12.0	8.0
Project Director	Ivo GIJSBERTS	100.0	5.0	53.0	47.0
Contract Director	Piet de WILDT	20.0		5.0	15.0
Health Specialist	Paolo OPERTI	50.0		15.0	35.0
Health Specialist	Anna VASSALL	10.0		0.3	9.7
Education Specialist	Charles GOLDSMITH	50.0		25.5	24.5
Cap. Building Specialist	Rob DENNY	50.0	30.0	30.0	20.0
Education Specialist	John SHOTTON	10.0			10.0
Project Controller	Erik HOLTUS	80.0	10.88	62.25	29.7
Drinking Water Specialist	Clarissa MULDER	18.0	7.88		10.12
Webmaster	Reinier BATTENBERG	30.0		13.0	17.0
Data Base Specialist	Wim ROMP	25.0	2.0	11.25	13.75
GIS specialist	Florent LASRY	25.0	7.0	25.0	0.0
TOTAL		3,047.0	396.26	1,648.05	1,403.02

Annex 3 Overview Steering Committee meetings

No.	Date	Place	Agenda	Participants
1	28 October 2005	Rumbek	BSF and TOR SC	n.a.
2	10, 11 January 2006	Juba	capacity building of SC and selection proposals	20
3	6, 7 April 2006	Juba	Update on progress and 2nd call for proposals	20
4	6, 7 September 2006	Juba	Evaluation of BSF NGOs, procedure for 2 nd call	18
5	17 October 2006	Juba	Pre-selection 2nd call	9
6	13 December 2006	Juba	Selection of short listed proposals	
7	7 May 2007	Juba	Progress on implementation	15
8	22 August 2007	Juba	Progress on implementation	14
9	6 December 2007	Juba	Progress on implementation	14
10	10 January 2008	Juba	Briefing MTR	15
11	19 January 2008	Juba	De-briefing MTR	20
12	14 May 2008	Juba	Progress on implementation and future of BSF	
13	27 May 2008	Juba	BSF and TOR SC	15
14	15 July 2008	Juba	BSF extension	12
15	19 August 2008	Juba	Planned	
16	15 September 2008	Juba	3rd round priorities (special session on planning)	12
17	4 November 2008	Juba	3rd round concept papers pre-evaluation	14
18	10 December 2008	Juba	3rd round proposal ranking	11
19	10 March 2009	Juba	Update on closing down Phase I, starting up Phase II	16
20	13 July 2009	Juba	Update on implementation and exit strategies	20
21	26 August 2009	Juba	Annual review debriefing	
22	20 October 2009	Juba	Progress on implementation and future of BSF	25
23	30 January 2010	Juba	Special session with Donor Consultation	<i>Planned</i>

Annex 4 Disbursement Overview Phase 2

Annex 5 Financial Forecast of BSF Grant Expenditure

Financial forecast in GBP

	Budget	Claimed up to November 2009	Q1 10	Q2 10	Q3 10	Total
Subtotal NGOs	21,359,683	7,574,885	7,369,226	4,485,690	1,866,954	21,356,556
BMB Mott MacDonald	2,011,854	992,127	380,000	350,000	289,727	2,011,854
Total	23,371,537	8,567,012	7,749,226	4,835,690	2,156,681	23,368,410

Notes:

1. The budget is slightly larger than the Total forecasted because Save the Children USA have not used their full budget (contract finished).
2. Assumed is that the financial reports/ claims of NGOs submitted in late November/December will be disbursed early January 2010
3. Consequently disbursements takes place 2-3 months after

Financial forecast in percentages of the total budget

	Budget	Claimed up to November 2009	Q1 10	Q2 10	Q3 10	Total
Subtotal NGOs	100.0%	35.5%	34.5%	21.0%	8.7%	100.0%
BMB Mott MacDonald	100.0%	49.3%	18.9%	17.4%	14.4%	100.0%
Total	100.0%	36.7%	33.2%	20.7%	9.2%	100.0%

Notes:

1. The budget is slightly larger than the Total forecasted because Save the Children USA have not used their full budget (contract finished).
2. Assumed is that the financial reports/claims of NGOs submitted in late November/December will be disbursed early January 2010
3. Consequently disbursements takes place 2-3 months after

Annex 6 Grant Recipient Overview Phase-2

	Lead agency	Consortium members	From	To	Month	Budget GBP
1.1a	AMREF	-	01.01.09	30.06.10	18	698,617
1.1b	COMPASS	-	05.12.09	30.06.10	07	195,900
1.3	CCM	-	01.01.09	30.06.10	18	931,018
1.6	SC-US	NIP, MRDO	01.01.09	30.06.09	06	162,154
2.1	GOAL	-	01.01.09	30.06.10	18	987,885
2.4	MERLIN	-	01.01.09	30.06.10	18	866,364
2.5	OVC	-	01.01.09	30.06.10	18	198,210
2.7a	TEARFUND	-	01.01.09	30.06.10	18	904,427
2.7b	MEDAIR	-	01.01.09	30.06.10	18	988,406
Totals health extensions		<i>(9 grant recipients)</i>				5,932,981
3a.01	AMA	-	01.01.09	30.06.10	18	1,237,525
3a.02	AVSI	DoT	01.01.09	30.06.10	18	967,720
3a.03	CMS Ireland	ECS	01.01.09	30.06.10	18	833,045
3a.04	CONCERN Worldwide	-	01.01.09	30.06.10	18	828,834
3a.05	DIOCESE OF RUMBEK	-	01.01.09	30.06.10	18	574,699
3a.06	INTERMON OXFAM	-	01.01.09	30.06.10	18	1,273,349
3a.07	IRD	JDSF	01.01.09	30.06.10	18	1,498,868
3a.08	OXFAM GB	-	01.01.09	30.06.10	18	1,454,853
3a.09	OXFAM NOVIB	MRDA, NSWF	01.01.09	30.06.10	18	1,018,892
3a.10	SWISS RED CROSS	Sudanese Red Crescent Society	01.01.09	30.06.10	18	539,441
3a.11	WORLD RELIEF	ECS	01.01.09	30.06.10	18	1,492,808
Totals 3A		<i>(11 grant recipients)</i>				11,720,034
3b.01	HARD	-	01.04.09	30.06.10	15	547,503
3b.02	IMC	NHDF, PRDA	01.04.09	30.06.10	15	1,155,000
3b.03	MEDAIR	Malaria Consortium, FYF	01.04.09	30.06.10	15	1,059,174

	Lead agency	Consortium members	From	To	Month	Budget GBP
3b.04	WORLD VISION	Diocese of Tambura & Yambio	01.04.09	30.06.10	15	825,174
3b.05	UMCOR	-	01.04.09	30.06.10	15	315,719
	Totals 3B	<i>(5 grant recipients)</i>				3,902,570
	TOTAL 3A and 3B	<i>(16 grant recipients)</i>				15,622,604
	TOTAL Phase-2	<i>(25 grant recipients)</i>				21,555,585

Annex 7 Beneficiaries – Phase 2

	Lead agency	Primary Education	Primary Health	Water and Sanitation	Total	State	County
1.1a	AMREF	-	161,533	-	161,533	Central Equatoria	Terekeka
1.1b	COMPASS	-	21,902	-	21,902	Central Equatoria	Terekeka
1.3	CCM	-	229,677	-	229,677	Warrap	Tonj East, Tonj North
1.6	SC-US	-	188,046	-	188,046	Upper Nile	Maiwut, Mabaan, Longuchuk
2.1	GOAL	-	100,691	-	100,691	Upper Nile	Baliet, Ulang
2.4	MERLIN	-	133,916	-	133,916	Eastern Equatoria	Torit, Lopa (Lafon)
2.5	OVCI	-	300,000	-	300,000	Central Equatoria	Juba
2.7a	TEARFUND	-	201,011	-	201,011	Upper Nile	Malakal, Fashoda, Manyo
2.7b	MEDAIR	-	79,500	-	79,500	Upper Nile	Melut
	Totals health extension	-	1,394,374	-	1,394,374		
3a.01	AMA	1,200	-	24,120	25,320	Warrap	Twic, Gogrial East
3a.02	AVSI	3,600	125,000	5,030	133,630	Eastern Equatoria	Ikotos
3a.03	CMS Ireland	800	80,000	4,550	85,350	Central Equatoria	Yei, Morobo, Lainya
3a.04	CONCERN Worldwide	-	125,000	-	125,000	Northern Bahr el Ghazal	North and West Aweil
3a.05	DIOCESE OF RUMBEK	800	-	-	800	Northern Bahr el Ghazal, Warrap, Lakes	Aweil East, Aweil West, Tonj North, Rumbek Centre, Yirol West
3a.06	INTERMON OXFAM	-	-	24,800	24,800	Western Bahr el Ghazal	Raga
3a.07	IRD	11,200	210,000	7,900	229,100	Jonglei	Duk
3a.08	OXFAM GB	-	-	29,700	29,700	Upper Nile	Mabaan, Longuchuk
3a.09	OXFAM NOVIB	10,400	-	120	10,520	Western Equatoria	East and West Mundri
3a.10	SWISS RED CROSS	-	65,000	10,445	75,445	Unity	Mayendit
3a.11	WORLD RELIEF	600	-	60	660	7 states	
	Totals 3A	28,600	605,000	106,725	740,325		

	Lead agency	Primary Education	Primary Health	Water and Sanitation	Total	State	County
3b.01	HARD	900	-	1,500	2,400	Western Bahr el Ghazal	Jur River, Wau,
3b.02	IMC UK	-	265,000	16,260	281,260	Jonglei	Akobo
3b.03	MEDAIR	-	180,000	12,500	192,500	Upper Nile	Manyo
3b.04	UMCOR	500	-	20,000	20,500	Northern Bahr el Ghazal	Aweil South
3b.05	WORLD VISION UK	4,400	530,000	10,060	544,460	Western Equatoria	Ezo, Tambura
	Totals 3B	5,800	975,000	60,320	1,041,120		
	TOTAL 3A and 3B	34,400	1,580,000	167,045	1,781,445		
	TOTAL Phase-2						

Annex 8 Summary Tables Targets and Cumulative Achievements – Primary Education

ID	Lead agency	School - construction and services				School – services ¹		Beneficiaries				
		Target		Progress	Completed	Target	Actual	Target (ALS)	Enrolment (ALS)		Attendance (ALS)	
		Schools	Classrooms	[%]					Total	Girls	Total	Girls
Round 3a												
3a.01	AMA	3	24	70	2	-	-	1,200	726	52	726	52
3a.02	AVSI	-	-	-	-	9	9	3,600	3,736	1,565	1,581	579
3a.03	CMS Ireland ²	4	22	63	1	-	-	800	751	309	514	199
3a.05	DIOCESE OF RUMBEK ³	1	20	35	0	1	1	800 (150)	1,995 (3)	824 (67)	1591 (3)	577 (67)
3a.07	IRD	3 ³	12	33	1	23	0	9,800 (250)	1956 (552)	799 (290)	487 (277)	138 (154)
3a.09	OXFAM NOVIB	6	48	100	6	20	0	10,400 (300)	1,173 (218)	951 (139)	705 (166)	316 (97)
3a.11	WORLD RELIEF	3	12	55	0	-	-	600	491	140	0	0
Round 3b												
3b.01	HARD	3	18	100	3	-	-	900	1410	443	1307	523
3b.04	UMCOR	1	3	50	0	-	-	15,150 ⁶	0	0	0	0
3b.05	WORLD VISION UK	1	8	70	0	10	-	4,400	253	91	225	75
Total		25	167	64	13	63	10	47,650 (700)	12,491 (773)	5,174 (469)	7,136 (446)	2,459 (318)

Assumption 1: all schools 8 classrooms and office (according to GoSS standards)

Assumption 2: 50 beneficiaries per classroom

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Assumption 3: 8*50 beneficiaries per school that receives services

¹ Kind of services to be provided differ and can range from delivery of school books, new furniture to school management and training of teachers

² Targets increased with another 6 classrooms (3 at 2 different schools), using same budget as unit costs were too high and human resources available.

³ The targets of Diocese of Rumbek are rehabilitation of 16 classrooms and construction of 4. So far, 7 classrooms and 2 offices are rehabilitated. They furthermore built a multipurpose hall that could serve as two classrooms, however it was agreed on that BSF can't fund this building. The diocese is in the process of a budget revision as not all planned classrooms are rehabilitatable.

³ Target adjusted to 3 instead of 5. Three is according to the original submitted proposal.

⁶ Providing scholastic materials and comfort kits to 15,000 pupils

Annex 9 Summary Tables Targets and Quarterly Achievements – Primary Education

ID	Lead agency	School - construction and services						School – services ¹				
		Target		Completed Schools				Target	Actual			
		Schools	Classrooms	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
Round 3a												
3a.01	AMA	3	24	0	0	2	2	-	-	-	-	-
3a.02	AVSI	-	-	-	-	-	-	9	0	0	9	9
3a.03	CMS Ireland ²	4	22	0	0	0	1	-	-	-	-	-
3a.05	DIOCESE OF RUMBOK ³	1	20	0	1	1	0	1	0	0	1	1
3a.07	IRD	33	12	0	0	0	1	23	0	0	0	0
3a.09	OXFAM NOVIB	6	48	0	0	1	6	20	0	0	0	0
3a.11	WORLD RELIEF	3	12	0	0	0	0	-	-	-	-	-
Round 3b												
3b.01	HARD	3	18	-	0	0	3	-	-	-	-	-
3b.04	UMCOR	1	3	-	0	0	0	-	-	-	-	-
3b.05	WORLD VISION UK	1	8	-	0	0	0	10	-	-	-	-
	Total	25	167	0	1	4	13	63	0	0	10	10

Annex 10 Summary Tables Targets and Cumulative Achievements – Primary Health

ID	Lead agency	PHCC - construction and services			PHCC - services		PHCU - construction and services			PHCU - services		Beneficiaries			
		Target	Progress [%]	Completed	Target	Actual	Target	Progress [%]	Completed	Target	Actual	Population		Consultations	
												Target	Actual	Total Q3	Total Σ
1.1a	AMREF	1	35	0	1	1	-	-	-	8	9	133,000	140,396	17,966	29,992
1.1b	COMPASS	-	-	-	-	-	-	-	-	-	-	20,000 ¹	21,902 ¹	0	0
1.3	CCM	1	100	1	1	1	-	-	-	7	7	310,000	367,936	41,715	116,006
1.6	SC-US	-	-	-	1	1	-	-	-	9	9	220,000	187,866	0	18,724
2.1	GOAL	-	-	-	2	2	-	-	-	4	4	160,000	133,054	17,119	35,880
2.4	MERLIN	1	70	0	1	1	-	-	-	2	2	95,000	205,901	8,893	22,277
2.5	OVC	-	-	-	4	4	-	-	-	-	-	200,000	372,413	25,878	77,372
2.7a	TEARFUND	-	-	-	3	3	-	-	-	9	9	250,000	201,011	23,904	70,702
2.7b	MEDAIR	-	-	-	1	1	-	-	-	5	5	125,000	49,242	12,588	32,208
3a.02	AVSI	-	-	-	1	1	-	-	-	5	4	125,000	84,649	14,511	27,625
3a.03	CMS Ireland	1	100	1	-	-	2	100	2	-	-	68,000	394,361	542	6,196
3a.04	CONCERN worldwide	-	-	-	1	1	2	100	2	5	5	166,299	295,344	14,302	36,926
3a.07	IRD	-	-	-	1	1	3 ¹	33	1	-	-	95,000	65,588	2057	2057
3a.10	SWISS RED CROSS	1	0	0	-	-	1	0	0	-	-	65,000	53,783	0	0
3b.02	IMC UK	-	-	-	2	2	-	-	-	11	5	69,316	136,210	13,767	21,102
3b.03	MEDAIR	-	-	-	2	2	2	50	0	-	-	130,000	38,010	8333	8351
3b.05	WORLD VISION UK	-	-	-	-	-	2	0	0	10	10	180,000	136,226	547	547
Grand Total		5	61	2	21	21	12	50	5	75	69	2,391,615	2,861,990	202,122	505,965

Annex 11 Summary Tables Targets and Quarterly Achievements – Primary Health

Quarterly progress PHCC's

ID	Lead agency	PHCC - construction and services					PHCC - services				
		Target	Completed				Target	Actual			
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
1.1a	AMREF	1	0	0	0	0	1	1	1	1	1
1.1b	COMPASS	-	-	-	-	-	-	-	-	-	-
1.3	CCM	1	0	0	0	1	1	1	1	1	
1.6	SC-US	-	-	-	-	-	1	1	1	1	1
2.1	GOAL	-	-	-	-	-	2	2	2	2	2
2.4	MERLIN	1	0	0	0	0	1	1	1	1	1
2.5	OVC	-	-	-	-	-	4	4	4	4	4
2.7a	TEARFUND	-	-	-	-	-	3	3	3	3	3
2.7b	MEDAIR	-	-	-	-	-	1	1	1	1	1
3a.02	AVSI	-	-	-	-	-	1	0	1	1	1
3a.03	CMS Ireland	1	0	0	0	1	-	-	-	-	-
3a.04	CONCERN worldwide	-	-	-	-	-	1	0	1	1	1
3a.07	IRD	-	-	-	-	-	1	0	1	1	1
3a.10	SWISS RED CROSS	1	0	0	0	0	-	-	-	-	-
3b.02	IMC UK	-	-	-	-	-	2	-	0	1	2
3b.03	MEDAIR	-	-	-	-	-	2	-	2	2	2
3b.05	WORLD VISION UK	-	-	-	-	-	-	-	-	-	-
Grand Total		5	0	0	0	2	21	14	19	20	21

Quarterly progress PHCU's

ID	Lead agency	PHCU - construction and services					PHCU - services				
		Target	Completed				Target	Actual			
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
1.1a	AMREF	-	-	-	-	-	8	9	9	9	9
1.1b	COMPASS	-	-	-	-	-	-	-	-	-	-
1.3	CCM	-	-	-	-	-	7	7	7	7	7
1.6	SC-US	-	-	-	-	-	9	6	6	9	9
2.1	GOAL	-	-	-	-	-	4	4	4	4	4
2.4	MERLIN	-	-	-	-	-	2	2	3	2	2
2.5	OVC	-	-	-	-	-	-	-	-	-	-
2.7a	TEARFUND	-	-	-	-	-	9	14	9	9	9
2.7b	MEDAIR	-	-	-	-	-	5	-	5	5	5
3a.02	AVSI	-	-	-	-	-	5	0	4	4	4
3a.03	CMS Ireland	2	0	0	2	2	-	-	-	-	-
3a.04	CONCERN worldwide	2	0	0	1	2	5	0	3	5	5
3a.07	IRD	3	0	0	0	1	-	-	-	-	-
3a.10	SWISS RED CROSS	1	0	0	0	0	-	-	-	-	-
3b.02	IMC UK	-	-	-	-	-	11	-	0	3	5
3b.03	MEDAIR	2	-	0	0	0	-	-	-	-	-
3b.05	WORLD VISION UK	2	-	0	0	0	10	-	10	10	10
	Grand Total	12	0	0	3	5	75	42	60	67	69

Annex 12 Summary Tables Targets and Cumulative Achievements – Water and Sanitation

	Lead agency	BH with hand-pump		Rehabilitated BH with hand-pump		Gravity scheme/ other water source		Beneficiaries	
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual ¹
1.1b	COMPASS	-	-	10	0	-	-	5,000	0
3a.01	AMA	48	24	-	-	-	-	24,000	12,000
3a.02	AVSI	-	-	-	8	5	0	2,500	4,000
3a.03	CMS Ireland	9	3	-	-	-	-	4,500	1,500
3a.06	INTERMON OXFAM	15	0	30	8	1	0	23,000	4,000
3a.07	IRD	-	-	15	0	-	-	7,500	0
3a.08	OXFAM GB	35	15	20	15	4	1	29,500	15,500
3a.10	SWISS RED CROSS	19	3	-	-	-	-	9,500	1,500
3b.01	HARD	3	3	-	-	-	-	1,500	1,500
3b.02	IMC	-	-	20	3	-	-	16,000	1,500
3b.04	UMCOR	4	0	-	-	-	-	2000	0
3b.05	WORLD VISION	5	0	15	6	-	-	10,000	3,000
	TOTAL	138	40	110	22	10	1	135,000	30,000

	Lead agency	Institutional latrines (stances)		Household latrines		Beneficiaries	
		Planned	Actual	Planned	Actual	Planned	Actual
3a.01	AMA	24	20	-	-	120	726
3a.02	AVSI	6	0	500	0	2,530	0
3a.03	CMS Ireland	10	0	-	-	50	0
3a.06	INTERMON OXFAM	40	0	350	0	1,950	200
3a.07	IRD	80	0	-	-	400	0
3a.08	OXFAM GB	40	4	-	283	200	1615
3a.09	OXFAM NOVIB	24	24	-	-	120	1640
3a.10	SWISS RED CROSS	-	-	189	0	945	0
3a.11	WORLD RELIEF	12	0	-	-	60	0
3b.02	IMC	10	0	60	0	350	0
3b.04	UMCOR	24	0	24	0	120	0
3b.05	WORLD VISION UK	16	0	-	-	80	0
	Total	270	48	1,123	283	6,845	3981

Annex 13 Summary Tables Targets and Quarterly Achievements – Water and Sanitation

Quarterly progress Drinking Water

Lead agency		Borehole with hand-pump					Rehabilitated borehole with hand-pump				
		Planned	Actual				Planned	Actual			
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
1.1b	COMPASS	-	-	-	-	-	10	-	-	-	0
3a.01	AMA	48	0	12	17	24	-	-	-	-	-
3a.02	AVSI	-	-	-	-	-	-	0	0	8	8
3a.03	CMS Ireland	9	0	3	3	3	-	-	-	-	-
3a.06	INTERMON OXFAM	15	0	0	0	0	30	0	0	8	8
3a.07	IRD	-	-	-	-	-	15	0	0	0	0
3a.08	OXFAM GB	35	0	9	15	15	20	0	1	6	15
3a.10	SWISS RED CROSS	19	0	3	3	3	-	-	-	-	-
3b.01	HARD	3	0	0	0	3	-	-	-	-	-
3b.02	IMC	-	-	-	-	-	20	0	0	0	3
3b.04	UMCOR	4	0	0	0	0	-	-	-	-	-
3b.05	WORLD VISION	5	0	0	0	0	15	0	0	0	6
TOTAL		138	0	27	38	48	110	0	1	22	40

Quarterly progress Sanitation

	Lead agency	Institutional latrines (stances)					Household latrines				
		Planned	Actual				Planned	Actual			
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
3a.01	AMA	24	0	0	20	20	-	-	-	-	-
3a.02	AVSI	6	0	0	0	0	500	0	0	0	0
3a.03	CMS Ireland	10	0	0	0	0	-	-	-	-	-
3a.06	INTERMON OXFAM	40	0	0	0	0	350	0	0	0	0
3a.07	IRD	80	0	0	0	0	-	-	-	-	-
3a.08	OXFAM GB	40	0	0	0	4	-	0	44	44	283
3a.09	OXFAM NOVIB	24	0	0	4	24	-	-	-	-	-
3a.10	SWISS RED CROSS	-	-	-	-	-	189	0	0	0	0
3a.11	WORLD RELIEF	12	0	0	0	0	-	-	-	-	-
3b.02	IMC	10	0	0	0	0	60	0	0	0	0
3b.04	UMCOR	24	0	0	0	0	24	0	0	0	0
3b.05	WORLD VISION UK	16	0	0	0	0	-	-	-	-	-
	Total	270	0	0	24	48	1,123	0	44	44	283

Annex 14 Summary Tables Targets and Cumulative Achievements – Long Term Training

Primary Education

	AVSI		CMS		DoR		IRD		ON		HARD		WR		UMCOR		WV		Total		Target	
	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F		T
Pre-service teacher training (18 months)	-	-	2	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	0	2
In-service teacher training (1 to 6 months)	0	0	40	0	-	-	25	0	80	25	0	0	430	61	-	-	-	-	575	86	1060 ¹	
English course (2 months)	0	0	-	-	-	-	-	-	40	?	-	-	-	-	-	-	-	-	40	?	67	
Target	57	10	42	-	-	-	70	-	80	30	50	20	820	-	-	-	-	-				

¹ Raised as the BSF secretariat previously did not include the in-service training of ECD teachers.

Primary Health

	AMREF		COMPASS		CCM		SC-US		GOAL		MERLIN		OVGI		TEARFUND		MEDAIR		AVSI		CMS		CONCERN		IRD		SRC		MEDAIR		IMC		WV		TOTAL		Target		
	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F		T	F
Clinical Officer															3	0	2	0																			5	0	
Nurse																																					0	0	
Midwife	1	1													3	3																					4	4	
Lab ass/ technician															2	0	1	0					1	0													4	0	
Pharmacy technician									1	0																											1	0	

	AMREF		COMPASS		CCM		SC-US		GOAL		MERLIN		OVCI		TEARFUND		MEDAIR		AVSI		CMS		CONCERN		IRD		SRC		MEDAIR		IMC		WV		TOTAL		Target					
	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T	F	T					
Dispenser														3	0																							3	0			
CHW																5	0					10	0																15	0		
TBA																																								0	0	
Target																																										

Annex 15 Summary Tables Targets and Cumulative Achievements – Short Term Training

Total Participant and Training Days per Grant Recipient (including targets)

ID	Lead Agency	Participants			Training days		
		Target	Total Σ	Female Σ	Target	Total Σ	Female Σ
1.1	AMREF	<i>No information received</i>					
1.3	CCM	180	105	1	900	588	7
1.6	SC-US	330	42	0	1,650	224	0
2.1	GOAL	500	376	179	2,500	1019	634
2.4	MERLIN	<i>No information received</i>					
2.5	OVC	1100	394	290	5,500	2129	1576
2.7a	TEARFUND	1750	703	316	8,750	4261	2189
2.7b	MEDAIR	990	962	399	4,950	3835	1379
3a.01	AMA	829	359	91	5,500	1420	364
3a.02	AVSI	1435	812	399	8,114	889	430
3a.03	CMS IRELAND	74	184	68	370	855	338
3a.04	CONCERN WORLDWIDE	295	184	68	735	855	338
3a.05	DIOCESE OF RUMBEK	37	420	416	158	2140	2136
3a.06	INTERMON OXFAM	3138	797	527	39,864	5467	2894
3a.07	IRD	152	83	9	1,806	1336	132
3a.08	OXFAM GB	91	8983	5444	6000	12808	6601
3a.09	OXFAM NOVIB	203	177	69	8794	1066	405
3a.10	SWISS RED CROSS	1222	90	29	1,690	270	87
3a.11	WORLD RELIEF		3311	1607		14035	5996
3b.01	HARD	29	32	7	135	160	35
3b.02	IMC UK	127	125	52	820	155	58
3b.03	MEDAIR		257	92		550	344
3b.04	UMCOR	52	220	87	395	534	158
3b.05	WORLD VISION UK	580	113	26	290	565	130
Grand Total		13114	18729.3	10176.1	98921	55161	26231

Total Participants and Training days per Sector

Sector	Participants			Training days		
	Total Σ	Female Σ	% Female	Total Σ	Female Σ	% Female
Capacity building – general	532	176	33	1821	440	24
Primary Education	4212	2153	51	18600	8759	47
Primary Health	2974	1343	45	13728	6715	49
Water and Sanitation	10942	6472	59	20377	10319	51
Grand Total	18660	10144	54	54526	26233	48

Total Participants and Training days per Training Category

Category/ Topic	Participants		Training days	
	Total Σ	Female Σ	Total Σ	Female Σ
Clinical Officers	40	18	330	162
Community health workers	346	39	1237	64
Community leaders	774	234	2425	557
Community mobilisation	10809	6580	11133	6892
EPI teams	183	76	951	419
Head teachers	78	7	1452	137
HIV/ AIDS	497	156	1455	386
Hygiene and sanitation	963	460	1329	617
Lab technicians	93	49	620	300
Midwives/ TBA	518	498	2563	2425
NGO Staff	57	11	129	27
Nurses	103	82	553	441
Nutrition Assistans/ extension workers	70	29	385	197
Pharmacy technicians	27	0	102	0
PHC staff	333	138	1613	570
Promoters/ Community mobilisers	48	16	247	62
PTA	309	89	1449	415
Public Basic Hygiene and Sanitation	78	48	780	480
Pump mechanics	201	28	2513	292
School Hygiene and Sanitation Clubs	1434	867	13302	7056
State Gov Civil Servants	32	7	201	35
Teachers	127	35	979	323
Village health committees	450	126	5226	2886
Village Health Motivators	423	217	5226	2886
Water committee members	654	332	2234	1160
Water Quality	13	2	13	2

Annex 16 Text Tables – Implementation Progress and Issues

Lead Agency & Consortium		State & Sector	Status 31-12-09	Training
ROUND 1				
1.1a	AMREF	Central Equatoria Primary Health Water & Sanitation	<ul style="list-style-type: none"> Health services delivered in 2 out of 3 targeted Payam's of Terekeka County with regular basic salaries' payment, drugs' deliveries, PHC supervision in 1 PHCC and 9 PHCUs. One of 2 targeted PHCCs is completed, the other one construction at stand still at windows' level (35 %). 6 existing PHCUs rehabilitated and 2 new built. 18 boreholes (out of 20 targeted) drilled / installed and 10 boreholes rehabilitated, but with inadequate O&M. 16, out of 500 targeted, household latrines installed. AMREF's contract is modified w.e.f. from 5-12-2009, with a new separate contract to COMPASS to address the EPI, water and sanitation, main construction, community mobilisation and -training aspects. 	<ul style="list-style-type: none"> 16 local CHWs were trained during 2008, but are not yet graduated / employed. Short refresher courses of CHWs and of TBAs (about 3 times/year for 2 to 3 days). Initial training of hygiene promoters in 2008 (but lacking follow up support).
1.1b	COMPASS	Central Equatoria Primary Health	<ul style="list-style-type: none"> W.e.f. 5-12-2009, COMPASS carries out integrated health and watsan services in 3 Payam's of Terekeka County, split from the AMREF contract. Ongoing EPI outreach in Dec. 2009 with outreach to hard-to-reach Boma's, cattle camps etc. Assessments and planning for programme activities, in coordination with County / Payam 	<ul style="list-style-type: none"> Preparation of work-plan for training of 12 Village Health Committees, 50 hygiene promoters, 30 HIV/AIDS peer educators, 90- water users' committee members including pump mechanics to be implemented Jan – June 2010.

Lead Agency & Consortium		State & Sector	Status 31-12-09	Training
			officials, MoH and COMPASS.	
1.3	CCM	Warrap State Primary Health	<ul style="list-style-type: none"> 2 new PHCUs built as per target, based on a design to upgrade to PHCCs, and two extensions and repairs of 2 PHCCs (Akop and Ngabagok) completed. All 3 PHCCs and 6 PHCUs supported with intensive PHC supervision, basic drugs' delivery, salary payments, EPI-system management etc. 	<ul style="list-style-type: none"> All 19 CHWs, 15 TBAs etc. regularly trained through short in-service courses. In-service training course of 6 laboratory assistants (3 months) in Kacuat. Training of Tonj East County leaders on health planning and management.
1.6	SC-US (NIP, MRDO)	Upper Nile Primary Health, Water & Sanitation	<ul style="list-style-type: none"> One of the 2 targeted PHCC completed (Maiwut) Target of 7 PHCU to be constructed reduced to 5 which have been completed, and 8 PHCUs supported. 4 out of 20 boreholes completed; funds for remaining subtracted from SC-US's BSF Grant. Project closed July 2009, with handing over process to County Health Departments in Counties going on. 	<ul style="list-style-type: none"> All 22 CHD staff trained (10 on supervision) 24 primary health staff (NIP and MRDO) trained in preventive health practice with regular in-service courses by Save's Facility Based Trainers. NIP & MRDO staff trained in admin. /finance.
ROUND 2				
2.1	GOAL (SAFORD, SDA)	Upper Nile Primary Health	<ul style="list-style-type: none"> The construction and rehabilitation of 2 targeted PHCC (Baliet and Ulang) and 4 PHCUs completed with comprehensive delivery to 6 intervention zones. Top up MoH salaries to staff (all health staff are on MoH payroll in 2009), drugs and material supplies etc. Training school of CHWs functioning. 	<ul style="list-style-type: none"> 16 CHWs did a 9 month training course at Baliet CHW training centre in 2009. All SMOH staff seconded to GOAL-supported facilities received refresher training. 6 facility management Committees as per target established and trained.
2.4	MERLIN (AVSI)	Eastern Equatoria	<ul style="list-style-type: none"> 2 PHCUs constructed and functional. 1 PHCC (Lafon) construction re-started up to roof-level; still operating as a PHCU developing as 	<p>Trained as per target;</p> <ul style="list-style-type: none"> 3 Health Committees, 2 Clinical Officers, nurses, 2 midwives, 24 MCHWs, 4 CHWs

Lead Agency & Consortium		State & Sector	Status 31-12-09	Training
		Primary Health	PHCC. <ul style="list-style-type: none"> 1 PHCC (Kudo) taken on in Sept. 2008 for clinical support, made operational in July 2009. Drugs' supply, EPI service delivery support etc. 	with in-service training (short courses). <ul style="list-style-type: none"> 2 CHWs in training, identification of other CHWs for training in 2010 ongoing.
2.5	OVCI (Catholic Diocese of Juba)	Central Equatoria	<ul style="list-style-type: none"> 3 PHCCs rehabilitated and extended with new departments, with an additional 1 PHCC rehabilitated, located in suburbs of Juba. 	<ul style="list-style-type: none"> Midwives and nurses trained (of several Juba health facilities), ongoing mentoring of PHCC managers
		Primary Health	<ul style="list-style-type: none"> Support with integrated PHC supervision, drugs' and materials, supplementing MoH support. 	<ul style="list-style-type: none"> 4 Clinical officers on ultrasound diagnostics nutritionists and EPI vaccinators.
2.7a	TEARFUND	Upper Nile	<ul style="list-style-type: none"> 3 PHCCs and 6 PHCUs build and rehabilitation of 3 other PHCUs (with comm. participation). PHC delivery in 3 PHCCs and 9 PHCUs, according to all main BPHS service elements. VCT and PMTCT service at Kodok, with integrated HIV/AIDS awareness program. 	<ul style="list-style-type: none"> Carry out training of 9 female CHWs in 2009 (of which one dropped out due to pregnancy). Mentoring of CMOH of Kodok County and various capacity support. Ongoing training of 9 Boma Health Committees.
2.7b	MEDAIR	Upper Nile	<ul style="list-style-type: none"> One PHCC and 6 PHCUs constructed and fully operational, providing all BPHS elements. Integrated facility-based nutrition rehabilitation. Integrated TB-control program, based at Melut PHCC with outreach programme. Integrated HIV/AIDS control program with VCT. 	<ul style="list-style-type: none"> Ongoing training (3 years) of 2 Clinical Officers and 1 Laboratory Technician. Training of 7 Boma Health Committees. Capacity building programme of Melut County Health Team.
ROUND 3a				
3a.01	AMA	Warrap	<ul style="list-style-type: none"> 2 out of the 3 targeted schools are completed and handed over to the MoEST on the 24th of November. delayed due to insecurity. 	<ul style="list-style-type: none"> 4 out of 7 targeted pump mechanics are in training (4 weeks training).
		Primary Education Water & Sanitation	<ul style="list-style-type: none"> 24 out of the targeted 48 boreholes drilled. Second drill in use in order to meet target in time. 	<ul style="list-style-type: none"> HIV/AIDS workshop conducted 2 PTAs trained and established 12 WUA formed and trained.
3a.02	AVSI (Diocese of Torit)	Eastern Equatoria	<ul style="list-style-type: none"> 5 PHCU (target 4) and PHCC services are ongoing. Services provided to all health units (EPI, in-service 	<ul style="list-style-type: none"> On the job training of health staff (63 health workers/ PHC staff)

Lead Agency & Consortium		State & Sector	Status 31-12-09	Training
		P. Health, P. Education Watsan	<ul style="list-style-type: none"> training, drugs, payment of salary/ incentives) Sensitization for latrine construction ongoing. 8 boreholes rehabilitated 	<ul style="list-style-type: none"> 706 people reached in 18 hygiene and sanitation awareness activities. 43 teachers trained on subject workshop
3a.03	CMS Ireland (ECS)	Central Equatoria Primary Education Primary Health Water & Sanitation	<ul style="list-style-type: none"> Construction of PHCC at Lainya is completed. Services will start as from January 2010.. Health services with a mobile clinic in 5 rural villages has been started from the 5th of October. Mobile outreach to Lainya IDP camps with motorbikes is ongoing. 4 out of the 9 targeted boreholes drilled. 1 of the 2 targeted schools completed, other is on 50%. Construction of 3 classrooms to two additional schools has started (above target, 1 at 40%, other at 0%). 	<ul style="list-style-type: none"> 10 (out of 12) targeted students receiving health assistant training (9 months) in Kampala to graduate in Nov. 09). 2 (out of 2 targeted) trainee teachers are in full-time course at Yei Teachers training college (18 months pre-service training,). 40 teachers received 40 days of teacher training, as per target. Community training on Water and Sanitation completed.
3a.04	CONCERN Worldwide	Northern Bahr el Ghazal Primary Health	<ul style="list-style-type: none"> 1 (as per target) PHCC in service. All targeted PHCUs in service 2 out of the 2 targeted PHCUs to be constructed are completed and handed over the CHD. 1 PHCU planned to be rehabilitated in 2010 Integrated facility-based nutritional services for adults and children EPI services and ANC provided at 6 facilities. 	<ul style="list-style-type: none"> 56 health & extension workers received refresher trainings 68 TBAs received refresher course 27 teachers trained on health education methodology 22 community leaders trained on community conversations 2 health workers completed 18 months midwifery training 1 health worker on lab technician course (18 months)
3a.05	DIOCESE OF RUMBEEK	Northern Bahr el Ghazal, Warrap, Lakes Primary Education	<ul style="list-style-type: none"> Reconstruction of 7 out of the 16 classrooms and 2 offices at Rumbek Comboni school completed. Proposal for budget amendment has been handed in for construction of another 11 classrooms. Supplementary school feeding programme ongoing. At Marial Baai, Comboni school, a multi-purpose hall 	<ul style="list-style-type: none"> 10 PTA members trained (out of target of 30). More training planned.

Lead Agency & Consortium	State & Sector	Status 31-12-09	Training
		<p>was built, instead of a 2 classroom block. DoR will construct a new 4 classroom block..</p> <ul style="list-style-type: none"> ▪ Girls' counselling and -mentoring ongoing for on average 70 girls. ▪ 102 adults enrolled in ALP. 12 ALP teachers paid. 	
3a.06 INTERMON OXFAM	<p>Western Bahr el Ghazal</p> <p>Water & Sanitation</p>	<ul style="list-style-type: none"> ▪ Target of 15 new boreholes: Activity to quarter 4 Geo Physics survey is scheduled to start in November and drilling shortly thereafter. 8 boreholes (out of 30 targeted) have been rehabilitated. ▪ 2 latrines' units at Raga Hospital completed. 16 blocks (of each 4 stances) are under construction. 	<ul style="list-style-type: none"> ▪ VTP training 8 week (3 hours per week) ongoing in villages. 258 (out of the targeted 800) recruited trainees so far of which 133 graduated, ▪ 80 women trained and women groups formed. ▪ 12 teachers trained in school hygiene promotion. ▪ 16 (out of targeted 18) pump mechanics trained. ▪ 9 (out of the 15 targeted) WASH committees trained. Another 3 established.
3a.07 IRD (JDSF, UNYMPDA, UNWWA)	<p>Jonglei</p> <p>Primary Education</p> <p>Primary Health</p> <p>Water & Sanitation</p>	<ul style="list-style-type: none"> ▪ 1 of 3 targeted schools completed. Construction second school started. Construction third school is planned to start in February ▪ 1 out of 4 targeted PHCUs completed. In consultation with BSF secretariat we will propose the SC to reduce target to 3 (as Commissioner can not guarantee safety at the forth location and community moved away) . Furthermore are the set targets very challenging. ▪ EPI outreach through the Lost Boys clinic ongoing. ▪ Boreholes for rehabilitation identified. ▪ Latrines built at 2 schools. ▪ The BSF secretariat is monitoring very closely in order that the grant recipient will reach its target. Meetings are ongoing. 	<ul style="list-style-type: none"> ▪ 40 teachers trained with one month training. ▪ 28 CHWs trained (4 days). ▪ HIV/AIDS program manager enrolled in VCT training. ▪ 16 ALP teachers trained, 8 centres opened, 552 adults enrolled

Lead Agency & Consortium		State & Sector	Status 31-12-09	Training
3a.08	OXFAM GB – Phase II	Upper Nile Water & Sanitation	<ul style="list-style-type: none"> ▪ 15 out of 35 boreholes drilled and installed; 1 unsuccessful borehole. ▪ 15 out of the 20 boreholes rehabilitated ▪ 1 of the 4 alternative water sources completed. ▪ 1 out of the 10 school latrines constructed. 283 household latrines installed. ▪ Extensive water quality testing at borehole and household (350 samples this quarter). ▪ 2 Payam-based hygiene structures established, carrying out village level sanitation action. 	<ul style="list-style-type: none"> ▪ 45 Water Point Management Committee members and 20 pump mechanics trained ▪ 3 school health clubs formed and trained; 16 boys and 20 girls. ▪ 10 community members identified for on-job training as RWD are not in place.
3a.09	OXFAM NOVIB (MRDA, NSWF)	Western Equatoria Primary Education Water & Sanitation	<ul style="list-style-type: none"> ▪ All 6 targeted schools are completed ▪ 316 girls received comfort kits ▪ 1 school received furniture; other furniture is still being made. 	<ul style="list-style-type: none"> ▪ 7 out of the 6 targeted PTA's trained. ▪ 24 trainers were trained on hygiene awareness and HIV/ AIDS ▪ 17 (target 14) ALS teachers trained. ▪ 18 CED supervisors trained. ▪ 218 adults (majority women) enrolled at 2 Adult Education Centres.
3a.10	SWISS RED CROSS (SRCS)	Unity Primary Health Water & Sanitation	<ul style="list-style-type: none"> ▪ 4 out of 19 boreholes drilled. Others planned next dry season. ▪ Pilot construction pit latrines not successful and therefore start with new pilot designs. ▪ SRC will engage a technical supervisor for the construction of the two BSF health facilities. 	<ul style="list-style-type: none"> ▪ 90 water committee members trained.
3a.11	WORLD RELIEF (ECS) – Phase II	7 states Primary Education	<ul style="list-style-type: none"> ▪ Construction at 3 out of the 3 schools started and is at currently at 70, 50 and 15%. ▪ Insecurity has been limiting access to both Yirol and Ezo sites. ▪ 5 community mobilisation campaigns on HIV/AIDS. 	<ul style="list-style-type: none"> ▪ 430 school teachers received training (fast track in-service course). ▪ 62 teachers trained at subject workshops ▪ 78 head teachers and 37 CED staff received management training. ▪ 200 teachers on average visited the resource centre in Juba per quarter. ▪ 6 REACH clubs formed and ongoing

Lead Agency & Consortium		State & Sector	Status 31-12-09	Training
				<ul style="list-style-type: none"> HIV/AIDS integrated in teacher training.
ROUND 3b				
3b.1	HARD	Western BEG P. Education Watsan	<ul style="list-style-type: none"> Construction of 3 Primary schools in progress, all 3 schools completed; will be handed over to MoEST in Jan. 2010. 3 boreholes drilled / installed at schools. 	<ul style="list-style-type: none"> Training of the PTAs of 3 supported schools. Training of 12 education officers in school monitoring (inspection). Teacher training prepared for 2010.
3b.2	WORLD VISION (Diocese of Tambura and Ezo)	Western Equatoria Health Education Watsan	<ul style="list-style-type: none"> Start of integrated service delivery to 10 PHCUs per 30-6-2009, 3 in Tambura, 7 in Ezo; Ezo has serious access problems due to insecurity. Facilitated transport of MoH to 20 health facilities. Building of Yangiri school (up to roof level). Borehole rehabilitation (10 repaired out of 15) 	<ul style="list-style-type: none"> Training of health committee members in facility management. Training of water user committees in collaboration with Tambura County Water department. Training of PTAs of 10 supported schools.
3b.3	IMC Worldwide (NHDF and PRDA)	Jonglei Health Watsan	<ul style="list-style-type: none"> Integrated service delivery to 11 PHCUs and 2 PHCCs in Akobo and Walgak areas (Akobo County) started in Oct. 2009, 4 facilities are IMC implemented others through NHDF and PRDA. Borehole repairs ongoing with local pump mechanics. Preparations of household latrine constructions. In general, delayed implementation schedule. 	<ul style="list-style-type: none"> Training of water users' committees carried. Training of health facility staff in treatment protocols of main diseases held in Walgak, area, planned in Akobo East.
3b.4	MEDAIR (Malaria Consortium and Fashoda Youth Forum)	Upper Nile Health	<ul style="list-style-type: none"> Rehabilitation of 2 PHCCs (Wadekona, Kaka) in progress. 2 PHCUs under construction (100 % and 60 %) Comprehensive service delivery to 2 PHCCs and 2 PHCUs since 1 May 2009 with joint supervision by CHD and Medair. EPI outreach programme. Capacity building programme (particularly in HMIS) of Upper Nile SMOH started by Malaria Consortium. 	<ul style="list-style-type: none"> Training of hygiene promoters in Wadekona from County (implemented by Fashoda Youth Forum). Capacity building programme with mentoring etc. and short courses of Manyo CHD. Training of Manyo County Health staff in HMIS with Malaria Consortium.

	Lead Agency & Consortium	State & Sector	Status 31-12-09	Training
3b.5	UMCOR	Northern Bahr el Ghazal Education	<ul style="list-style-type: none"> ▪ Building of 1 Primary school extension (50% ready) ▪ Educational material delivered to 15,000 pupils (County wide). ▪ Girls' education program (10 schools) through counseling, comfort kits etc. 	<ul style="list-style-type: none"> ▪ Training of PTA (12 members). ▪ Training of 12 hygiene promoters