



Minutes of the 20th BSF SC Meeting

Date: 13 July 2009
Venue: Beijing Hotel, 1.00 pm – 5.00 pm
Chair: Moses Mabior Deu
Minutes: BSF secretariat
Membership:

| | Member |
|---|--|
| 1 | Ministry of Finance and Economic Planning |
| 2 | Local Government Board |
| 3 | Ministry of Education, Science and Technology |
| 4 | Ministry of Health |
| 5 | Ministry of Water Resources and Irrigation |
| 6 | Ministry of Cooperatives and Rural Development |
| 7 | Ministry of Gender, Social Welfare and Religious Affairs |
| 8 | Bank of Southern Sudan |

Present:

| | Name | Organization | Position | Telephone | Email address |
|----|-------------------|------------------------------|-----------------------------|----------------------------|--|
| 1 | Moses Mabior | MoF | chair | 0477126466 | |
| 2 | Ben French | MoF | | | |
| 3 | Peter Saverio | MWRI | Technical Advisor | | |
| 4 | Gale Emmanuel | NESI | Program Manager | 0477243962 | nesinetwork@gmail.com |
| 5 | Peter Poul Luay | MWRI | Assistant Director | 0218071491 / 0477148806 | |
| 6 | Neil Elliot | GOAL / NGO Forum | Country Director | 0477110654 | cd@goalsouthsudan.org |
| 7 | Kate Foster | IRC / NGO Forum | Deputy Director | 0477183965 | katefoster@theIRC.org |
| 8 | Sarah Petrie | Co-sector lead health (NGOs) | | 0477245071 | sshealthcoordination@gmail.com |
| 9 | Miranda Gaanderse | Joint Donor Team | | | miranda.gaanderse@minbuza.nl |
| 10 | Rob Ower | DFID | | +249912534393 | r-ower@dfid.gov.uk |
| 11 | John Kennedy Jobe | BSF | | | okenyjohn@yahoo.com |
| 12 | Hege Magnus | Norwegian Embassy Khartoum | 1st Secretary - Development | 0912531991 | htm@mfa.no |
| 13 | Michael Callan | CIDA | Head of Aid -Counsellor | | michael.callan@international.gac.a |
| 14 | Kate Louwes | BSF | | | |

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|----|------------------------|------------|--------------------------|------------|--|
| 15 | Serena Bossi | BSF | Financial Manager | | serena.bossi@bsf-secretariat-sd.org |
| 16 | Marcel Otten | BSF | | | |
| 17 | Dirk-Jan Omtzigt | JDO | Economist | 0477232405 | djomtzig@gmail.com |
| 18 | Geerte van der Meijden | BSF | M&E / MIS | | |
| 19 | Wim Groenendijk | BSF | Policy Development, M&E | 0477255794 | |
| 20 | Dr Samson P. Baba | MoH -GoSS | Director General | 0477125799 | samson_baba@yahoo.com |
| 21 | Dr Utem K. Watba | | | 0917158843 | mukungo@yahoo.com |
| 22 | Dr John Alwar | MoH PHC | Public Health Specialist | | jackajuoga@yahoo.com |
| 23 | George Ali Steven | MoEST | Dep. Director | 0909091483 | george.ali@moest.gov.sd geo_alius@yahoo.com |
| 24 | Martin Luther Lukudu | MoEST | Dep. Director | 0477113118 | |
| 25 | Dr George O. Rae | MoH - GoSS | M&E Specialist | 0477113783 | otierae@yahoo.com |

Agenda

1. Opening and Introductions
2. Agenda
3. Minutes of the 19th BSF SC meeting
4. Update on implementation
 - a. Phase I (2006 – 2008)
 - b. Phase II (2009 – 2010)
5. Sustainability
6. BSF 2nd evaluation
7. Introduction to BSF's website
8. Any other business
9. Closure

The meeting started at 1:15 pm.

Opening and Introductions by the chair; Mr Moses Mabior Deu. He gave a short introduction on the current financial situation of the GoSS. The interim period will come to an end soon, and so as well the five pooled funding mechanisms. Next to that had the government last year a very difficult year with their own financial crisis. Therefore is the government asking their partners to assist Southern Sudan with the delivering of services to the people of Southern Sudan.

Agenda

No changes

Minutes 19th BSF Steering Committee

The meeting accepts the minutes of the 19th BSF Steering Committee, without any amendments.

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Update on implementation

Phase I

Phase I Grants of Caritas, Oxfam GB, HASS, IRC and World Relief have been closed.

AMREF, CCM, SC US, GOAL, Merlin, OVCI, Tearfund, and Medair received a health extension. The closing done of AMREF, Caritas, Medair, Oxfam GB, SC US, Merlin, SC UK and Tearfund is still in process. External Audit reports have been received and final payments have been done for the other partners. BSF secretariat is waiting for a proposal from the grant recipients regarding the hand over of the assets that are on the lists of assets.

Expenditure – Phase I

Three percent (equals GBP 464,424) of the total budget of Phase I is left. This amount may change as not all audits reports are received and not all expenditures may be eligible. The left over budget will be redistributed in BSF Phase II. The comment was made that, only partners with positive results should get additional funding out of the left over budget of Phase I.

Targets – Phase I

- 19 out of the 22 targetted PHCC's and 40 out of the 42 targetted PHCU's are operational.
- 219 out of the planned 239 boreholes are drilled. The target for borehole drilling for SC-US was in a early stage re-adjusted (from 20 to 3) and the resulting left over budget reallocated.
- 1193 pit latrines installed instead of the planned 783. The campaign of Medair was very successful and they installed 10 times as much as planned for. AMREF only installed 6, instead of 514 pit latrines.
- 17 out of the 20 targetted schools constructed. SC-UK is still in the process of constructing three schools out of own funding.

Phase II (see also Annex 1, presentation)

- 8 NGOs with an health component of Phase I, received an Health extension
- 8 new partners (round 3a and 3b) have an health component.
- 11 out of the 16 new partners have a water and sanitation component.
- 10 new partners have a primary education component.

It was mentioned that the current drinking water programmes should also include the sanitation part as a lack of sanitation can become a health hazard. Technical solutions to health hazards should become part of the programme (like pit latrines not close to borehole, etc).

Total expenditure – Phase II

- All partners submitted their quarterly disbursement forecast. Liquidity matching between expenditures forecast and donor commitments is under control.
- Compared to Phase I capacity building sector increased from 7 to 22% (excluding the health extensions this is even 25% for the budget of round 3a and 3b).
- By end of June expenditures for GBP 2,715,154 have been reported and reimbursed. This is 13% of total budget which compared to the elapsed time (23%) is unfortunately low. This is apparently only due to slow financial reporting start up, with very little, or no impact, on program side.
- According to partners quarterly forecasts the gap between elapsed time and funds spent will be filled in by the end of 4th quarter 2009.

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Monitoring of targets and involvement of ministries

A discussion started regarding the monitoring of especially the health partners and the involvement of all ministries.

- Line ministries would like to get the reports from all partners as they are supposed to have the oversight. BSF: all reports are available on our website and the aggregated report will be sent to all line ministries. All reports can be made available upon request.
- Are we as BSF using the right indicators? How to measure the impact. Is for instance maternal mortality coming down? BSF and NGO forum: it is not possible to link the impact of one programme in the field to one donor as many NGOs receive funding from several donors. MoH to take leadership in the M&E according to their health policy and to set priorities as most NGOs have problems to achieve the standards as set in the BPHS.
- Joint monitoring visits: Line ministries asked to be involved in the monitoring visits. The BSF secretariat can indeed organise this, however, in the past no reports were handed in by officers participating in these visits and that is one of the requirements, as BSF is a public fund. BSF secretariat encourages joint monitoring visits and will keep the line ministries informed on the planned monitoring visits.
- MoH would like to see in the next SC an overview of how and where money is spent in the health sector.
- The BSF secretariat was also advised to make a strong monitoring and evaluation unit, in coordination with the other donors. BSF secretariat is currently a member of several donor consultation meetings (WASHDoG, Health) and directly in contact with SHTP regarding the health projects and will in the future continue to coordinate with all donors.

Lessons learned

Education: A bench marking exercise is currently ongoing. The objective of this exercise is to improve the quantitative and qualitative understanding of the outcomes of BSF investments in Primary Education and to identify opportunities to build on and sustain BSF investments. The first draft results were presented during the meeting. The final report and findings will be distributed as made available on the website as soon as they are ready.

Health: A peer review of BSF health projects was conducted in November 2008. Final report has been circulated. By the end of the year a new peer review report will be published in order to combine the outcomes and see whether achievements have been made. Key outcomes of current peer review report:

- Not all post fulfilled at the CHD's (4 out of 6 in Upper Nile, 0 in Eastern Equatoria, 0 in Warrap,
- EPI: 75% of PHCU deliver by outreach
- No health unit does family planning
- Trained TBA assist delivery in 25% of PCHU – CMW in 9%
- Child health (ARI, CDD, malaria) delivered in 45% of PHCU
- Growth monitoring in 25% of PHCU
- 35% of partners reach 44 to 89% of the targets as given in BPHS, another 35% reach 33%, another 25% reach to 22% and 5% only reach to 11% of the targets as set out in BPHS.
- Staffing is a problem in most health facilities: The number of community health workers and dispensers is not enough. Very few community midwife's are working in the facilities. Number of facilities working up to the BPHS standards is not very high.

Sustainability

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The main issues discussed were the human resources challenges as it is very difficult to find people to train. Another issue is the establishment of the pay roll for both the education and the health sector. GoSS is however working hard to get the pay roll in place in the States. The states will report back to GoSS regarding the financial implications of the payroll. MoFEP strongly stressed the need to continue the fund until the end of the interim period. Furthermore it was mentioned that although donors can mention exit strategy and planned transition, this should be a planned exercise, a joint planned exercise and not the donor only to decide when the grant recipients should be ready to hand over. Although the grant recipients have their exit strategy and capacity building plans, this can only work as a) there is staff available at the relevant county departments, b) pay roll is in place and functioning and c) drug supply is constant and reliable. Having a strategy in place does not mean that transition can take place. Transition has to be done with all the realities being faced. The systems are just not yet in place for the ministries to take over all service deliveries.

Evaluation

From 16 till 27th of August an external evaluation of the BSF will take place. The BSF secretariat has drafted an itinerary and a list with field trip options, that has been shared with all grant recipients and involved ministries. ToR has also been drafted and sent around.

BSF Website

An introduction was given to the BSf website, which is available on www.bsf-south-sudan.org. Comments were: include GoSS logo, and prepare maps with no of people working at each facility.

Any Other Business

What are the possibilities of expanding BSF after 2010? There are a lot of talks going on and the donors are considering the possibilities. The issue is on their agenda.

Coordination issue: Every 6 or 8 weeks is the MoH going to call in all agencies involved in health projects in order to be able to monitor more closely.

Closure

The Chairman closed the meeting at 16:15 and thanked all for their constructive contributions.