

Quarterly Progress Report 4 of 2008

1 October – 31 December 2008

Basic Services Fund

Government of Southern Sudan

DFID

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List of abbreviations

BMB MM	BMB Mott MacDonald, BSF's management consultant
BSF	Basic Services Fund
CHASS	Christian Health Association South Sudan
CIDA	Canadian International Development Agency
CPA	Comprehensive Peace Agreement
DFID	Department for International Development UK Government
EMIS	MOEST's Education Information System
GoSS	Government of Southern Sudan
GoNU	Government of National Unity
LGB	Local Government Board
LGRP	Local Government Recovery Project
MDG	Millennium Development Goal
MDTF-SS	Multi Donor Trust Fund – Southern Sudan
MoEST	
MM	Mott MacDonald
NORAD	Norwegian Agency for development Cooperation
PHCC	Primary Health Care Centre (50 000 users)
PHCU	Primary Health Care Unit (15 000 users)
RWSSP	Rural Water Supply and Sanitation Supply Project
SC	BSF's Steering Committee
SDG	Sudanese pounds (introduced in 2007)
SRF	Sudan Recovery Fund
UK	United Kingdom

Summary

Project Name	Basic Services Fund of the Government of Southern Sudan
Launched	January 2006
Project Authority	GoSS Steering Committee steered by Ministry of Finance
DFID contribution of which	UK £ 18,387,643
NGO component	UK £ 16,621,447
Technical Assistance component	UK £ 1,766,196
Location	Southern Sudan
Management Consultant BMB Mott MacDonald	19 August 2006 – 31 December 2008 (to be extended to 31 August 2010)

1. After BSF's first round of proposals for GBP 8 m in 2005/06 (6 NGO) and its second round (2006/07) of 8 NGO with GBP 9 m, DFID and Steering Committee authorized a 3rd round with GBP 17m. The management consultant prepared this round in September-December 2008. In first instance BSF's Steering Committee selected 11 NGO and an extra shortlist when more funds become available. This third round is financed by DFID, as lead donor, with also contributions from the Governments of the Netherlands and Norway. The Canadian Government is preparing a contribution to become available at the start of their financial year on 1 March 2009. As part of the preparation to contribute to BSF, CIDA fielded 2 consultants, one for a BSF gender assessment and one for an environmental assessment and their reports are available on BSF's website (www.bsf-south-sudan.org).
2. BSF's third round is for 18 month from 1 January-31 August 2010 when the management contract ends after it has been extended to its maximum period-as per EC regulations (the original contract was for 20 month from 19 August 2006-30 April 2008 which DFID extended twice with a total of 8 months until 31.12.08). An external evaluation should take place no later than November 2009; this planning allows time to produce and publish the evaluation report and, if relevant, to re-tender the management consultant (six month) in time to avoid a funding gap in September 2010 (which would be at the start of the last dry season of the CPA's Interim period).
3. Six month after the census took place GoN did not yet publish the results. For the 2009 planned elections and for effective planning in general the census data are essential; this applies for Basic Services planning in particular to assure targeting priority areas and equitable distribution of services of primary health centres, primary schools and drinking water.
4. Sustainability of BSF's investments in Primary Health depends, among other factors, on implementation of GOSS MOH's payroll. It is for the first time that

GoSS' budget includes these salaries. MoH is expected to start its payroll in January 2009. Pending MoH's implementation of its payroll, SC authorized 18 month extensions (from 1 January-30 June 2010) of the BSF Grant recipients in Primary Health; the condition is that these extension's workplans contain detailed plans for handing-over the primary health facilities. The aim of these extensions is also to make maximum use of the 2008/09 Dry Season (Nov/June) which is the last but two in CPA's 6 year interim period (2005-2011) that comes to an end in 2011 with the referendum.

5. Priorities from now on will be the timely start of the 3rd round, monitoring the extended contracts in Primary Health to assure handing-over, and closing down the 1 and 2nd round BSF interventions. Monitoring should be re-directed to concentrate equally on the GoSS 's contribution in terms of salaries and staffing (county level in particular); the salaries of the primary school teachers and primary health staff and the appointment of qualified inspectors in primary education and primary health, as well as on NGOs performance. The Peer review in Primary Health (Nov 2008) will be followed up and repeated in 2009. BSF's secretariat will also organise a peer review in primary education.
6. For each sector, one for Primary Education, one for Primary Health and one for Drinking Water, a "Lessons Learnt" analysis has been prepared by external specialists. These analyses found again that Payroll in Primary Health and Primary Education are key issues for sustainability and future investments in primary health and primary education. In drinking water there is a need for intensified supervision at the drilling stage, better contracts, and consistency in record transfer to GoSS' ministry of water resources. These recommendations will be included in the next round of BSF interventions.
7. BSF targets 1.6 million (rounded) persons to gain access to basic services (ex training). In rounded figures: Primary Education stands at 22,000 persons or 127 % of the target; Drinking water contributed so far 170,000 or 124 % of the target. Based on the facilities' capacity (a population of 50,000 for one PHCC and 15,000 for 1 PHCU) Primary Health assures access of 1.7 million or 113 % of its target.
8. Under auspices of the UN, world leaders met again in New York on 27 September, 2008, in an Emergency MDG meeting: Basic Services are the central theme of the MDGs: in total the MDGs have 8 Goals, 18 Targets, coupled 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, maternal mortality rate. Of the total 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 assist in improving Southern Sudan's MDG record which remains among the lowest, if not the lowest, world wide.

9. Main issues for Quarter 1 of 2009 (1 January-31 March, 2009) are:
- Completion of contract for DFID and management consultant to extend the technical assistance and secretariat
 - Completion of contracts for the 2009/10 extensions
 - New contracts for the 3rd round
 - Mobilize new consultants for finance and M&E
 - Assure timely start of 3rd round implementation to avoid mistakes made earlier in 1st and 2nd round when start-up was delayed due to lack of supervision.
 - Assure timely invoicing and payment of all BSF Grant recipients
 - Prepare meetings steering Committee in particular the special session with the donor consultation to be held on 2 February 2009
 - Assist in NGO forum consultations in particular for Primary Health (payroll)
 - Organise Peer Reviews in Primary Education
 - Debriefing on Primary health lessons Learned (with NGO Health Forum probably in February 2009)
 - Debriefing on WES Lessons Learnt
 - Assist rigorous project implementation and disbursement to assure timely implementation with targets met;
 - Assist NGO Grant recipients in closing down the BSF Grant including completion reports.

1 Introduction

This report is a summary of BSF's progress up to and including the end of Quarter 4 of 2008 (1 October-31 December 2008).

The Technical Assistance Team prepared this report. The data on the NGO's progress are based on progress reports by the NGO and monitoring reports by the TA. The structure of the report is based on the deliverables of BSF secretariat's Terms of Reference (BSF project memorandum) and these are the same as the outputs of the logical framework (Annex 1).

2 Background

The first meeting of the Steering Committee (Rumbek, 28 October 2005) launched the BSF. Also in 2005 DFID engaged the Nairobi based NGO “Skills for Southern Sudan” to organize the first selection round in which 6 NGO received grants. On 19 August 2006 DfID appointed BMB MM as the BSF’s management consultant. For the first round NGOs (annex 2), BMB MM took over all the contracts from DFID. During the second half of 2006 BMB MM organized the 2nd call for proposals that led to the selection of 8 additional BSF Grant recipients (Annex 2) who signed grant contracts with BMB MM in January 2007.

DFID and Steering Committee approved extensions (Cost and No-Cost) of the first and second round NGO first until 30 September 2008 and next until 31 December 2008 and an extension of the management consultant’s contract until 31 December 2008. A total of £ 17.5 million (rounded) is committed (Annex 2 and 3).

After BSF’s first round grants for GBP 8 m (rounded) in 2005/06 (6 NGO) and its second round (2006/07) of 8 NGO with GBP 9 m (rounded), DFID and Steering Committee authorized a 3rd round with GBP 17 m inclusive the management consultants fee. The management consultant prepared this 3rd round in September-December 2008. In first instance SC selected 11 NGO and an extra shortlist when more funds become available (Annex 7). This third round is financed with by DFID, as lead donor, with contributions from the Governments of the Netherlands and Norway. The Canadian Government (CIDA) is preparing a contribution which would become available at the start of their financial year on 1 March 2010. As part of the preparation to contribute to BSF, CIDA fielded 2 consultants, one for a BSF gender assessment and one for an environmental assessment and their reports are available on BSF’s website.

BSF’s third round is for 18 month from 1 January-31 August 2010 when the management contract ends after it has been extended to its maximum-as per EC regulations (the original contract was for 20 month from 19 August 2006-30 April 2008 and DFID extended this twice for a total period of 8 month until 31 December 2008). An external evaluation should take place no later than November 2009; this will allow time to field this mission, produce and publish the evaluation report and, if applicable, to re-tender the management consultancy (such an international tender easily takes six month) in time to avoid a funding gap in September 2010 (which would be at the start of the last dry season of the CPA’s Interim period).

Eight month after Sudan’s census took place the results have not yet been published. For the 2009 planned elections and for effective planning in general the census data are essential; this applies for Basic Service planning in particular to assure targeting priority areas and equitable distribution of services of primary health centres, primary schools and drinking water.

To assure sustainability of BSF's investments and pending the implementation of MOH's payroll the SC authorized 18 month extensions, from 1 January 2009-30 June 2010, of the BSF Grant recipients in Primary Health under the condition that these extension include detailed plans for handing-over; the aim of these extensions is also to make maximum use of the 2008/09 Dry Season (Nov/June) which is the last but two in CPA's 6 year interim period (2005-2011) that comes to an end in 2011 with the referendum.

3 Review of Progress and Performance (1 October – 31 December 2008)

3.1 Policy and Programme Content

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 1). Eight months after the actual census the results of the census have not yet come out and are now expected in January 2009. These results are essential.

Table 1 CPA Interim period

9 January 2005	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011
Signature CPA			Census 15-30 April	National elections (November)		Referendum

MDTF-SS started during the CPA's pre-Interim period of six months between January and June 2005. Payments total USD 195 million (half of which for the Rapid Impact Emergency Project and the Transport and Infrastructure project-Juba hospital, Ministries, roads).

At the start in 2005/06 BSF was to stop gap investments through non state actors in Basic Services until the MDTF was operational. But it has become clear that the funding mechanism of MDTF is not conducive to this sort of small-scale investments to non state actors. Hence donors and GOSS have also setup SRF as MDTF's second window to accommodate this type of investment (<http://www.sd.undp.org/srf-ss.htm>). SRF started in September 2008 with interventions in Youth, Gender and Livelihoods.

Under auspices of the UN, Governments, foundations, businesses and civil society groups have rallied around the call to action to slash poverty, hunger and disease by 2015, by announcing to meet the Millennium Development Goals, at a high-level event at United Nations Headquarters on 25 September (www.un.org).

For the BSF 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

3.2 Progress towards Objectives

BSF's overall objective is increased and improved coverage of and access to primary education, primary health, drinking water, and sanitation for the population of Southern Sudan, particularly in under-served areas and including training. The main expected results are operational primary schools, primary health clinics, drinking water points, latrines and these results are all accompanied by Training through which in total a targeted 1.6 million people will gain and maintain access to these basic services (Table 5 of Annex 5).

In rounded figures Primary Education stands at 22,000 children gaining access or 127 % of the target; Drinking water contributed so far 170,000 or 124 % of the target. Based on the facility's capacity (a population of 150,000 for one PHCC and 15,000 for 1 PHCU) Primary Health assures access of 1.7 million or 113 % of its target.

But in Primary Health there are two ways of estimating the actual number of beneficiaries (Table 2): Actual 1, with a total of 1,728,476 for Primary Health is based on the Payam and/or county population estimates (one PHCC should have the capacity, including staff, to serve a population of 50,000 and one PHCU should have the capacity to serve a population of 15,000). Based on this capacity BSF has met its target. Actual 2 for Primary Health is based on the number of registered consultations in the facilities. Based on this BSF has reached fifty percent of its target in terms of persons who actually visited and registered their visit to a health facility. The access itself is the essence here of course, whether one needs to see a doctor or not, the facility is there. On the other hand the number of registered consultations is important also: it is an indicator of the facility's use and whether it functions as such (staffing levels and salary payments).

Table 2 Target and actual numbers of beneficiaries

	Beneficiaries		
	Target	Actual 1	Actual 2
Primary Education	6,080	22,381	22,381
Primary Health	1,480,000	1,728,476	571,274
Drinking Water	139,050	172,128	172,128
Sanitation	7,080	11,970	11,970
Sub- TOTAL	1,632,210	1,934,955	777,753
Training [participants]		18,046	18,046
Training [<i>training days</i>]		2,387	2,387
TOTAL	1,632,210	1,953,001	795,799

3.3 Activities

The structure of the report is based on the deliverables of BSF secretariat's Terms of Reference (BSF project memorandum) and these are the same as the outputs of the logical framework (Annex 1).

3.3.1 BSF Secretariat and Fund

The Secretariat, with its long-term TA team, is based in Juba (Table 2). But a number of senior consultants, notably BSF's project director and the project controller, are based at BMB MM's headquarters in Arnhem, Holland. The secretariat has 3 main responsibilities:

- Support and supervision for BSF Grant recipients in the implementation of their BSF-financed interventions;
- Assure timely invoicing by BSF Grant recipients and timely payment;
- Serves 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).

For the extension till 31 December 2008, DFID's contract with BMB MM operates under its 7th revision. On 31 December 2008, at 100 % of the duration of the management contract, the TA completed 99% of its allocated workdays (Table 3).

Table 3 TA days planned and actual

Position	Name	Total allocation	Spent Cumulative 30 Sep 08	Q-4 2008	Spent Cumulative 31 Dec 08	Balance
Long term						
Team Leader	Klaziena LOUWES	600.0	542.0	68.0	610.0	-10.0
Finance Admin.	George KIBUCHI	75.0	75.0		75.0	0.0
Finance Admin.	Mumbi NGETHE	185.0	178.0		178.0	7.0
Finance Admin.	Sarah Baba LASUBA	160.0	104.0	71.0	175.0	-15.0
M&E	Gino GAMA	648.0	620.0	51.0	671.0	-23.0
Short term						
Contract Director	Dirk DOORN	30.0	30.0		30.0	0.0
Project Director	Ivo GIJSBERTS	125.0	104.0	33.0	137.0	-12.0
Programme Coord.	Piet de WILDT	55.0	40.0	17.0	57.0	-2.0
M&E (WES)	Mike WOOD	144.5	144.5		144.5	0.0
Project Controller	Erik HOLTUS	260.0	196.9	21.6	218.5	41.5
M&E	John FOX	370.0	360.0		360.0	10.0
GIS&DataBase	Sjaak DIELEMAN	90.0	62.5		62.5	27.5
Webmaster/ Design	Reinier BATTENBERG	30.0	30.0		30.0	0.0
PE-Lessons Learned	Charly GOLDSMITH	18.0	18.0		18.0	0.0
PH	Anna VASSAL	20.0	3.0	9.0	12.0	8.0
PH	Steve HIND	26.0	26.0		26.0	0.0
WES	Clarissa MULDER	18.0	9.8		9.8	8.3
	Geerte van der MEIJDEN	45.0	21.6	23.9	45.5	-0.5
TOTAL		2,899.5	2,565.3	294.5	2,859.8	39.7

On 31 December 2008, disbursement for the 6 first round NGOs reached an average of £ 7.7 m or 90 % of the £ 8.7 m of the first round BSF Grant total with a high for CCM (99%) and a low for SC-US (60%) because SC-US's payments were delayed due to budget adjustments (Annex 2).

Disbursement for the 8 second round BSF partners and disbursement reached £ 7.7m or almost 88% of the available Grant (Annex 2).

All BSF Grant recipients have more than one donor; among these are Global Fund, Common Humanitarian Fund, RRP, HPP, USAID/OFDA, MDTF and SRF. Future disbursement assessments should include, when relevant, their management, in particular, disbursement record.

Originally the idea was that BSF should bridge with MDTF's Basic Services but these projects were delayed. Primary Health is a case in point: the first 4 states (in first instance MDTF did not receive qualified proposals for the other six states) for MDTF's Umbrella Health programme are Upper Nile, Central Equatoria (CE), Eastern Equatoria, and Jonglei. With well over a year's delay MoH signed contracts with IMA (Inter-church Medical Aid) and Norwegian People's Aid (NPA) and HLSP (Eastern Equatoria) is expected to sign in January 2009. With many month delay MoH also invited short listed companies for proposals for Warrap State but up till now no decision has been made public. Also under MDTF, LATH is now commencing work on the provision of Technical Assistance to the Health Priorities Programme (3 y) South Sudan (TAHP) of work in support of the Ministry of Health's (MOH) sector development plan (www.lath.com).

Extensions

The management consultant, in close consultation with DFID and SC, again extended all BSF grant recipients' contracts from 30 September until 31 December 2008. Of the first round only CCM (GBP 20,000) and Oxfam-UK (GBP 150,000) received at-cost extensions. CCM's extra budget is based on running costs; OXFAM's also reflects more people gaining access to drinking water (95,000 compared with the targeted 47,000). Of the second Round MERLIN (GBP 80,000) received a cost extension. The budgets of SC-UK and SC-US were reduced because SC-US (minus GBP 200,000) could not complete the boreholes and SC-UK's (minus 50,000) reduction reflects their long delays over 2007. All others received no-cost extensions (Annex 2). The cost-extensions are funded by an unallocated reserve. MC and BSF Grant recipients created this reserve at the start of the second round by rationalizing the original proposals' budgets.

A further extension for the BSF Grant recipients in Primary Health is under preparation (Annex 4). These extensions would be for 18 month from 1 January 2009 till 31 June 2010. The budget for this extension (GBP 6 m) comes from the new allocation of GBP 17 m (rounded) for the 3rd round.

Third round of proposals

After BSF's first round of proposals for GBP 8m in 2005/06 (6 NGO) and its second round (2006/07) of 8 NGO with GBP 9 m, DFID and Steering Committee authorized a

3rd round with GBP 17 m minus the management consultants fee. The management consultant prepared this 3rd round in September-December 2008. In first instance SC selected 11 NGO and an extra shortlist when more funds become available (Annex 7).

Details of the 3rd round procedures are documented in the proceedings and presentations of the 17th and 18th Steering Committee; these proceedings are available on www.bsf-south-sudan.org. The 3rd round's technical guidelines for the 3rd round are also available on this address.

3.3.2 BSF Steering Committee

During this quarter the Steering Committee met thrice (Table 4). The main topic was the future of BSF beyond 30 September 2008.

Table 4 BSF's 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 NGOs in BSF; Procedure and for 2nd 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	Special session with Donor Consultation	<i>planned</i>
20	20 June 2009	Juba		<i>planned</i>
21	21 September 2009	Juba		<i>planned</i>
22	22 November 2009	Juba	External review	<i>planned</i>
23	30 January 2010	Juba	Special session with Donor Consultation	<i>planned</i>

3.3.3 NGO Grant Recipients

All BSF Grant recipients needed extensions to complete their targets (Annex 2 and 5). But with these time extensions all could complete their intervention's target The

exception are AMREF, SC-UK and CARITAS; AMREF and SC-UK still have not completed their construction; to elaborate:

- AMREF received in total ten month extension (from 1 March-31 December 2008) and still 4 out of 8 PHCU are still not completed. Neither is it clear how many of the 500 PIT latrine slabs that were distributed were used.
- SC-US cannot do the more than 4 out of the targeted 20 boreholes; their budget is being adjusted to reflect this short fall.
- After 6 month extension (on a 24 month contract) SC-UK has completed 6 of the targeted 8 primary schools and one training centre.
- The remaining 2 schools (with consortium members SC-Sweden and SC-US) are still under construction after a ten months delay (back in 2007) in the tendering procedure and 2 will not be completed by 1 March 2009.
- CARITAS completes the remaining school before the end of 31 January 2009.

3.3.4 Lessons learned¹

Three so-called Lessons-learned short-term missions took place; one for each relevant sector namely Primary Education, Primary Health and Drinking Water The reports can be downloaded from www.bsf-south-sudan.org. In November the BSF Grant recipients in Primary Health did a peer review. These reports will also be made available on BSF's website.

One of the main lessons in WES is the need for more supervision of the actual drilling. In Primary education the main issue is still the salary payment of the teachers but MOEST is making progress in this respect. As part of the assignment for the Primary Health Lessons learnt the consultant drafted the proceedings of the 2nd GOSS Health Assembly that took place in Juba from 24-26 October 2006.

3.3.5 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 5th Sudan population and household census took place from 22 April and 6 May 2008. No results have been published yet.

¹ Lessons-learned (like the Logical Framework also) comes originally from the armed forces-to help to avoid repetition of the same battle-or strategy mistakes that can lead to loss of lives and equipment. Lessons-learned has now been adopted in management and in particular by the development sector. In development the lessons are often well known but fail to be applied effectively because circumstances beyond the project prevent this. For example: The management of a spare-parts supply for hand pumps is a case in point: the need for such stock of spare parts is a long-time Lesson learned. But, in the absence of a commercial sector and/or government services to manage such a stock, the application of this lesson learned is still a struggle.

This development is disastrous for investments in the Basic Services of Primary Education, Primary Health and WES. For the MDG there are 8 Goals, 18 Targets, coupled 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, maternal mortality rate. Of the total 48 Indicators, 23 concern Basic Services. For example Indicator 130 “proportion of population with sustainable access to an improved water source, urban and rural”.

But according to the Sudan Household Health Survey (SHHS), the infant mortality rate (102/1,000 live births) and the under-five mortality rate (135/1,000) is the highest in the world.

Child malnutrition is endemic, 32.98% of under-fives are underweight, 13.5% of them severely, another 22.04%, have moderate and 7.25% severe wasting; only 17.03% of under-fives are fully immunized.

Among the expectant mothers, only 23 % receive antenatal care from skilled health personnel and only 13.6% deliver in health institutions where only 10.02 % are cared for by skilled health personnel. Contraceptive Prevalence rate stands at 3.5%. Moreover, only 31.73% of mothers receive at least two doses of tetanus toxoid vaccine during pregnancy. All these lead to a high maternal mortality ratio of 2054/100,000 live births. Less than half (48%) of people in South Sudan use improved drinking water, and only 6.4% of the population uses sanitary means of excreta disposal. For example, recent government data show that 1,200 new safe water points need to be dug and another 700 rehabilitated per year to meet the projected need. The estimated cost for a borehole and hand-pump is about \$12,000. Technology for effective “siting” currently is being utilized is far from state-of-the-art. “Donors are reluctant to invest in costly water exploration, so we are left to drill according to trial and error, sometimes drilling as many as 10 holes before we strike water,” one humanitarian official told Refugee International (<http://www.refugeesinternational.org/content/article/detail/10144/> accessed on 9 April 2008)

3.4 Monitoring Review and Evaluation Arrangements

In preparation for the Sudan Consortium meeting in Paris (March 2008), a number of reviews took place. Most notably one for the MDTF, one on NGO's perspective of Funding Mechanisms and one of EU's co-financed RRP. None use the MDG as operational tools for planning. Under auspices of the UN, world leaders held an Emergency MDG meeting in New York on 27 September 2008.

3.4.1 External Evaluation

The BSF+20 month extension (from 1 January until 31 August 2010) will mean that the next external review will take place in November 2009.

3.4.2 Monitoring by TA

The management consultants kept up a more than usual level of contact with the BSF Grant recipients; first of all by email in particular to agree on cost and no-cost extensions until 30 September 2008; secondly by vetting and follow-up invoices, thirdly by field visits, fourthly by one-to-one meetings.

Data collection in Basic Services focuses on the MDG in particular to assist the responsible partners (GOSS, UN and World Bank) to obtain updated records. After all the MDG indicators have been agreed upon by all concerned stakeholders and 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 births 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

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

- regular financial invoices (most monthly, budget revisions and contract extensions);
- regular field visits to the site of the intervention
- frequent interaction by email and at the secretariat in Juba,
- coordination forums

3.5 Exit Strategy

GoSS policies in Primary Health, Primary Education and Water and sanitation

Monitoring will be re-directed to concentrate equally on the GoSS 's contribution and that of the BSF Grant recipients. Goss' contribution will concentrate on policies (plans, budgets and implementation), salaries and staffing (county level in particular); the salaries of the primary school teachers and primary health staff and the appointment of qualified inspectors in primary education and primary health are a case in point. The peer review in Primary Health (Nov. 2008) will be followed up and repeated in 2009. BSF's secretariat will also organise a peer review in primary education.

3.5.1 Handing over Assets

BSF TA team gives a broad interpretation to the all important exit strategy. In the first place this strategy is an integral part of the implementation. A successful exit strategy will lead to well planned and timely handing-over dates of the Basic Service facilities to the relevant authorities. Details of the planned handing-over (to whom, how and when) will also be recorded in the BSF Database.

3.5.2 Cost Recovery

For the members of the community the key issue for O&M is cost recovery or the answer to “ho to pay for repairs”. For Primary Education, O&M, including cost-recovery, is the responsibility of the Parent Teacher Association; for Primary Health it is vested with the Community Health Committee and for WES with the Water Point Committee. The experiences with these committees vary widely. This aspect of BSF’s exit strategy is mainly based on the success of these community groups. Much depends also on the training that is directed at these groups and therefore the secretariat makes a special effort to record and monitor all training.

4 Work Plan Q1 of 2009

Priorities from now on will be the timely start of the 3rd round, monitoring the extended contracts in Primary Health to assure handing-over, and closing down the 1 and 2nd round BSF interventions. Monitoring should be re-directed and concentrate equally on the GoSS 's contribution in policy and its implementation (sustainability) in terms of salaries (primary teachers) and staffing (county level, for example primary health and primary education inspectors); the salaries of the primary school teachers and primary health staff and the appointment of qualified inspectors in primary education and primary health, as well as on NGOs performance, in particular training. The peer review in Primary Health (Nov 2008) will be followed up by a peer review in Primary education.

Main issues for Quarter 1 of 2009 (1 January-31 March, 2009) are:

- Completion of contract for DFID and management consultant to extend the technical assistance and secretariat
- Completion of contracts for the 2009/10 extensions
- New contracts for the 3rd round
- Mobilize new consultants for finance and M&E
- Assure timely start of 3rd round implementation to avoid mistakes made earlier in 1st and 2nd round when start-up was delayed due to lack of supervision.
- Assure timely invoicing and payment of all BSF Grant recipients
- Prepare meetings steering Committee in particular the special session with the donor consultation to be held on 2 February 2009
- Assist in NGO forum consultations in particular for Primary Health (payroll)
- Organise Peer Reviews in Primary Education
- Debriefing on Primary health lessons Learned (with NGO Health Forum probably in February 2009)
- Debriefing on WES Lessons Learnt
- Assist rigorous project implementation and disbursement to assure timely implementation with targets met;
- Assist NGO Grant recipients in closing down the BSF Grant including completion reports
- Extend BSF's database to include 3rd round BSF Grant recipients

Annex 1 Logical Framework

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Risks and Assumptions
Goal			
Southern Sudanese people are healthy and educated.	By 2011, GoSS and its partners have ² : <ul style="list-style-type: none"> ▪ Provided 50% of the population with basic health services. ▪ Reduced infant and maternal mortality rates by 25%. ▪ Increase the gross primary enrolment rate to 1,762 million children. ▪ Increase girls' enrolment to 40%. ▪ Increase primary school structures by 50%. ▪ Increase the proportion of the rural population with access to clean water to over 40%. ▪ Provide new & rehabilitated schools and health facilities with access to safe water and sanitation. 	Data compiled by GoSS, SSCSE World Bank country office. Data in Sudan Household Survey 2006 compared with next survey data.	
Purpose			
Communities in project areas have sustained access to adequate and improving primary education and/or health care and/or water and sanitation.	Number of people (actual compared with targets) using basic services in BSF areas. All members of project communities are using basic services, including potentially excluded groups (e.g. returnees, women and girls, the elderly)	Statistics on usage. Baseline and follow up data on schools, health posts, boreholes and other service infrastructure in each project area. Data from BSF reports, MOEST, UNICEF, MoH, WHO, Ministry of International Cooperation.	CPA holds Successful BSF exit strategy: GoSS, SRF and MDTF-SS assures medium-term financing for project facilities post BSF GoSS, MDTF-SS, EC, SRF assure complimentary investments in basic services Service providers take a participatory and inclusive approach to the design and delivery of services in their project areas.

² Source:GoSS Expenditure Priorities (2008).

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Risks and Assumptions
Outputs			
<p>Output 1: Availability of basic services infrastructure in underserved areas enhanced (bricks, mortar and supplies). <i>Impact rating: 50%</i></p>	<p>Number of implementing partner contracts signed GBP amounts allocated and disbursed Number of BSF financed facilities in service in mid-2010. BSF projects include equipment, supplies, when appropriate. Most projects assessed to be in underserved areas.</p>	<p>NGO reports and BSF progress reports. BSF Management Information System. Data on returnees and IDPs.</p>	<p>Non-state service providers can deliver in a timely and efficient manner. Facilities sited and designed to match local needs. Funding disbursed in a timely manner especially over dry season. Local level conflict and insecurity does not prevent project implementation.</p>
<p>Output 2: Service providers deliver improving and demand-led services in project areas (human resources). <i>Impact rating: 15%</i></p>	<p>Capacity of service providers to deliver services improved in project areas. In project areas, communities better able to influence and oversee service provision. For health and education components – all services are provided free of charge to users.</p>	<p>Qualitative surveys of service providers and service users. NGO reports and BSF progress reports. BSF Management Information System. Qualitative analysis of communities' leverage and influence (e.g. through PTAs).</p>	<p>GoSS assures payment of salaries to medical staff in health facilities and teachers.</p>
<p>Output 3: Officials at the GoSS, state and county level better able to plan, monitor and manage service provision in project areas. <i>Impact rating: 15%</i></p>	<p>Ministries play active role in BSF Steering Committee to set strategic priorities for BSF. State / local governments provide information to Steering Committee and service providers to assist in prioritisation, monitoring and coordination.</p>	<p>Steering Committee minutes Feedback from ministries Independent evaluation</p>	<p>BSF Steering Committee attendance at a sufficiently senior level. Ministries' and local governments' capacity improve sufficiently to fill this role. Service providers work with overall GoSS strategies and are accountable to GoSS. Local Government Act clarifies local government responsibilities.</p>
<p>Output 4: Decision makers in government, civil society and development agencies understand the main lessons drawn from the BSF and its individual projects. <i>Impact rating: 10%</i></p>	<p>Key decision makers aware of good practice and lessons learned from the BSF.</p>	<p>Year one and year two qualitative review of the extent to which the BSF's main lessons have been communicated to and understood by key stakeholders. Lesson learning reports BSF completion report</p>	<p>GoSS, CSOs and development agencies have sufficient time and interest to absorb and implement lesson learned.</p>
<p>Output 5: Smooth transition to post-2011 financing and related support to BSF funded projects. <i>Impact rating: 10%</i></p>	<p>At completion of BSF in 2011, individual BSF-funded facilities and processes are either complete, handed-over or have secured future funding.</p>	<p>Project completion reports</p>	<p>SRF, MDTF and GoSS between them have the capacity and resources to support non-state provision of basic services.</p>

Annex 2 BSF Grant Recipients Overview

Table 2-1 Lead Agents with BSF Grants (round 1)

	Lead agency	Consortium members	From	To	Month	Budget GBP
1.1	AMREF	AquaFund,Accomplish	01.02.06	31.12.08	35	1,565,924
1.2	CARITAS	AVSI, Diocese Torit	01.02.06	31.12.08	35	2,093,959
1.3	CCM	NA	01.02.06	31.12.08	35	1,086,942
1.4	MEDAIR	NA	01.02.06	31.01.08	27	586,287
1.5	OXFAM	NA	01.04.06	31.12.08	33	1,962,990
1.6	SC-US	Gardos,NIP,MRDO	01.05.06	31.12.08	32	1,384,528
Totals						8,680,630

Table 2-2 Beneficiaries (round 1)

	NGO	Primary Education	Primary Health	Drinking Water	Sanitation	Total	State	County	Payam
1.1	AMREF		161,533	19,420	60	181,013	Central Equatoria	Terereka	Dari, Tindilo, Salama
1.2	Caritas	948	218,269	16,196	780	235,245	Eastern Equatoria.	Torit, Budi, Magwi, Ikwotos, Kapoeta	
1.3	CCM		449,438			449,438	Warrap	Tonj	
1.4	MEDAIR			13,350		13,350	Nothern Bahr-El-Ghazal	Aweil Centre, Renk, Khorflous, Ayoh	Awoda, Payour, Atar, Ayod
1.5	OXFAM			95,378	370	95,378	Eastern Equatoria, Jonglei, Upper Nile and Unity	Eastern Equitoria, Jongolei, Upper Nile and Unity	Torit, Akobo, Maban, Luakpiny, Maiwut, Mayendit, Leer
1.6	SC-US		190,000	1,450	400	191,850	Upper Nile	Mabaan, Maiwut	
Totals		948	1,019,240	145,794	1,610	1,166,274			

Table 2-3 Lead Agents with BSF Grants (round 2)

	Lead agency	Consortium members	From	To	Month	Budget GBP
2.1	GOAL	SAFORD, SDA	01.02.07	31.12.08	23	968,929
2.2	HASS	N.A.	01.01.07	31.12.08	24	1,154,056
2.3	IRC	UGWA	01.04.07	31.12.08	21	729,770
2.4	MERLIN	AVSI, CHIWESE	01.01.07	31.12.08	24	1,128,836
2.5	OVC	Juba Catholic Archdiocese	01.01.07	31.12.08	24	455,817
2.6	SC-UK	SC-US, SC-Sweden	01.01.07	31.12.08	24	1,713,057
2.7	TEARFUND	MEDAIR	01.01.07	31.12.08	24	2,428,696
2.8	WORLD RELIEF	ECS	01.02.07	31.12.08	23	366,398
Totals						8,843,497

Table 2-4 Beneficiaries (round 2)

	Lead agency	Primary Education	Primary Health	Water and Sanitation	Total	State	County
2.1	GOAL		100,691		100,691	Upper Nile	Balet, Adong, Galashel, Doma, and Akoka Corridor
2.2	HASS	2,240			2,240	Central Equatoria	Terekeka, Lainya, Kajokeji
2.3	IRC			23,324	23,324		
2.4	MERLIN		133,916		133,916	Eastern Equatoria	Torit, Lopa (Lafon)
2.5	OVC		300,000		300,000	C.E.	Juba county
2.6	SC-UK	40,000			40,000	Warap, Western BEG, Jonglei, Western Eq	Gogrial West, Abyei, Wau and Jur River, Twic and Bor, Mvolo
2.7	TEARFUND		267,841		267,841	Upper Nile	Makal ,Fashoda, Manyo
2.8	World Relief	20,000			20,000	Lakes, Central and West Equatoria, Jongelei, Warrap	Rumbek, Wulu, Juba, Terekeka, Lainya, Ibba, Ezo, Pochalla, Renk, Gogrial East
Totals		62,240	802,448	23,324	888,012		

ANNEX 3 BSF BSF ACCOUNTABLE GRANT CONTRACTS
BASIC SERVICES FUND FOR SOUTHERN SUDAN
(DFID Accountable Grant MIS Code 060 540 002)

Lead agency (1)	Contract no. (2)	Duration		Initial contract amount (GBP) (8)	Disbursed by DFID		Contract amount with BMB (GBP) (11) = (8-9)	Addendum 1 (GBP) (12)	Addendum 2 (GBP) (12)	New contract amount with BMB (GBP) (13)=(11+12)	Disbursed by BMB							
		From (6)	to (7)		(GBP) (9)	% (10) = (9/8)					Disbursement no. 1		Disbursement no. 2		Disbursement no. 3		Disbursement no. 4	
											Date	Amount (GBP)	Date	Amount (GBP)	Date	Amount (GBP)	Date	Amount (GBP)
AMREF	510004.020	01-02-2006	31-12-2008	1,565,924.00	303,248.00	19.4%	1,262,676.00			1,262,676.00	24-04-2007	82,979.00	22-05-2007	85,703.00	31-07-2007	60,000.00	16-08-2007	23,304.00
Caritas Switzerland	510004.010	01-02-2006	31-12-2008	1,731,959.00	216,495.00	12.5%	1,515,464.00	362,000.00		1,877,464.00	29-03-2007	338,857.00	16-08-2007	121,793.00	18-12-2007	210,753.00	11-12-2007	150,752.00
COMITATO COLLABORAZIONE MEDICA -	510004.019	01-02-2006	31-12-2008	857,922.00	321,089.00	37.4%	551,777.00	209,020.00	20,000.00	780,797.00	29-03-2007	77,432.70	07-06-2007	10,318.00	05-07-2007	117,215.00	31-07-2007	40,000.00
Medair	510004.012	01-02-2006	31-01-2008	586,287.00	41,679.00	7.1%	544,608.00			544,608.00	29-03-2007	52,121.00	21-06-2007	344,102.00	03-09-2007	96,451.00	11-12-2007	22,846.00
Oxfam GB	510004.013	01-04-2006	31-12-2008	1,674,392.00	241,853.00	14.4%	1,432,539.00	138,598.00	150,000.00	1,721,137.00	09-03-2007	72,593.00	29-03-2007	146,377.00	16-08-2007	121,108.00	18-12-2007	320,197.00
Save the Children Federation, Inc - USA	510004.011	01-05-2006	31-12-2008	1,581,642.00			1,581,642.00		-197,114.00	1,384,528.00	29-03-2007	210,949.00	07-05-2007	18,283.00	22-05-2007	58,232.00	28-06-2007	144,573.00
Sub total 1 - First Round				7,998,126.00	1,124,364.00	14.1%	6,888,706.00	709,618.00	-27,114.00	7,571,210.00		834,931.70		726,576.00		663,759.00		701,672.00
GOAL	510004.021	09-02-2435	31-12-2008	886,129.00			886,129.00	82,800.00		968,929.00	28-06-2007	27,052.00	03-09-2007	31,706.00	18-10-2007	68,817.00	18-12-2007	120,507.00
Humanitarian Assistance for South Sudan	510004.022	01-01-2007	31-12-2008	1,003,481.00			1,003,481.00	150,575.00		1,154,056.00	24-04-2007	72,517.00	07-06-2007	103,774.00	31-07-2007	60,000.00	03-09-2007	102,570.00
International Rescue Committee (IRC)	510004.023	01-04-2007	31-12-2008	591,245.00			591,245.00	138,525.00		729,770.00	03-09-2007	26,306.00	18-12-2007	29,799.00	11-12-2007	19,697.00	07-02-2008	8,514.00
MERLIN	510004.016	01-01-2007	31-12-2008	973,890.00			973,890.00	69,946.00	85,000.00	1,128,836.00	24-04-2007	1,696.00	07-05-2007	9,330.00	28-06-2007	23,284.00	16-08-2007	30,690.00
OVCI la Nostra Famiglia	510004.017	01-01-2007	31-12-2008	376,205.00			376,205.00	79,612.00		455,817.00	07-05-2007	66,821.00	07-06-2007	2,266.00	28-06-2007	33,022.00	31-07-2007	20,000.00
Save The Children - UK	510004.014	01-01-2007	31-12-2008	1,755,820.00			1,755,820.00		-42,763.00	1,713,057.00	21-06-2007	110,761.00	18-10-2007	47,433.00	11-12-2007	128,482.00	07-02-2008	51,552.00
TEARFUND	510004.018	01-01-2007	31-12-2008	1,763,105.00			1,763,105.00	665,591.00		2,428,696.00	28-06-2007	242,902.00	18-10-2007	361,273.00	11-12-2007	218,231.00	03-04-2008	230,481.00
World Relief	510004.015	01-02-2007	31-12-2008	245,325.00			245,325.00	61,248.00	59,825.00	366,398.00	07-05-2007	8,818.00	22-05-2007	7,992.00	28-06-2007	8,330.00	16-08-2007	19,006.00
Sub total 2 - Sec. Rnd				7,595,200.00			7,595,200.00	1,248,297.00	102,062.00	8,945,559.00		556,873.00		593,573.00		559,863.00		583,320.00
Total (1 + 2)				15,593,326.00			14,483,906.00			16,516,769.00		1,391,804.70		1,320,149.00		1,223,622.00		1,284,992.00
Budget Available							16,621,447.00			16,621,447.00								
Surplus							2,137,541.00			104,678.00								

BSF ACCOUNTABLE GRANT CONTRACTS
BASIC SERVICES FUND FOR SOUTHERN SUDAN
(DFID Accountable Grant MIS Code 060 540 002)

Lead agency (1)	Contract no. (2)	Disbursed by BMB																	
		Disbursement no. 5		Disbursement no. 6		Disbursement no. 7		Disbursement no. 8		Disbursement no. 9		Disbursement no. 10		Disbursement no. 11		Disbursement no. 12		Disbursement no. 13	
		Date	Amount (GBP)	Date	Amount (GBP)	Date	Amount (GBP)	Date	Amount (GBP)	Date	Amount (GBP)	Date	Amount (GBP)	Date	Amount (GBP)	Date	Amount (GBP)	Date	Amount (GBP)
AMREF	510004.020	01.11.2007	58,537.00	11-12-2007	142,822.00	19-03-2008	174,672.00	22-04-2008	44,020.00	26.06.2008	112,908.00	n.p.y.	333,490.00						
Caritas Switzerland	510004.010	06-03-2008	188,385.00	22-04-2008	23,159.00	12-06-2008	75,467.00	17-07-2008	75,848.00	26-08-2008	219,004.00	02-10-2008	67,430.00	02-12-2008	198,889.00	n.p.y.	52,819.00		
COMITATO COLLABORAZIONE MEDICA - Medair	510004.019	16-08-2007	24,008.00	01-11-2007	62,996.00	11-12-2007	14,485.00	07-02-2008	17,940.00	21-02-2008	50,264.00	06-03-2008	28,918.00	03-04-2008	26,668.00	22-04-2008	58,723.00	26-06-2008	20,094.00
Oxfam GB	510004.013	11-12-2007	289,916.00	03-04-2008	161,066.00	24-07-2008	303,453.00	n.p.y.	119,575.00										
Save the Children Federation, Inc - USA	510004.011	16-08-2007	9,469.00	03-09-2007	32,594.00	01.11.2007	109,045.00	18-12-2007	33,383.00	21-02-2008	34,027.00	06-03-2008	18,841.00	22-04-2008	16,670.00	03-07-2008	42,790.00	30-12-2008	261,136.00
Sub total 1 - First Round			570,315.00		422,637.00		677,122.00		290,766.00		416,203.00		448,679.00		242,227.00		154,332.00		281,230.00
GOAL	510004.021	03-04-2008	265,480.00	17-07-2008	238,856.00	26-08-2008	7,489.00	02-10-2008	47,602.00	n.p.y.	85,391.00								
Humanitarian Assistance for South Sudan International Rescue Committee (IRC)	510004.022	18.10.2007	154,674.00	01-11-2007	79,242.00	07-02-2008	29,213.00	06-03-2008	114,978.00	03-04-2008	21,404.00	22-04-2008	26,230.00	12-06-2008	112,335.00	24-07-2008	64,844.00	02-10-2008	182,531.00
MERLIN	510004.016	03-09-2007	25,328.00	01-11-2007	83,787.00	18-12-2007	35,696.00	11-12-2007	97,416.00	07-02-2008	31,831.00	21-02-2008	34,969.00	06-03-2008	16,528.00	22-04-2008	45,645.00	12-06-2008	22,737.00
OVCI la Nostra Famiglia	510004.017	03-09-2007	50,140.00	01-11-2007	9,646.00	18-12-2007	18,495.00	07-02-2008	21,638.00	22-04-2008	23,232.00	10-07-2008	48,648.00	26-08-2008	21,933.00	02-10-2008	32,377.00	30-12-2008	42,005.00
Save The Children - UK	510004.014	27-03-2008	330,075.00	12-06-2008	208,078.00	17-07-2008	95,940.00	26-08-2008	209,033.00	30-12-2008	277,689.00	n.p.y.	225,868.00						
TEARFUND	510004.018	02-10-2008	297,545.00	02-12-2008	501,939.00														
World Relief	510004.015	18.10.2007	9,800.00	01-11-2007	10,692.00	18-12-2007	9,056.00	11-12-2007	25,283.00	07-02-2008	13,550.00	22-04-2008	34,947.00	12-06-2008	12,056.00	24-07-2008	18,653.00	02-10-2008	23,725.00
			1,169,526.00		1,197,031.00		282,737.00		540,163.00		474,746.00		492,115.00		266,976.00		181,766.00		270,998.00
			1,739,841.00		1,619,668.00		959,859.00		830,929.00		890,949.00		940,794.00		509,203.00		336,098.00		552,228.00

Lead agency (1)	Contract no. (2)	Disbursement								Disbursed by BMB		TOTAL disbursed by DFID & BMB		Remaining Balance (GBP) (18) = (8+12-16)
		Disbursement no. 14		Disbursement no. 15		Disbursement no. 16		Disbursement no. 17		(GBP) (14)	% (15) (14/13) =	(GBP) (16) = (9+14)	as % of initial contract (17) = (16/(8+12))	
		Date	Amount (GBP)	Date	Amount (GBP)	Date	Amount (GBP)	Date	Amount (GBP)					
AMREF	510004.020									1,118,435.00	88.6%	1,421,683.00	90.8%	144,241.00
Caritas Switzerland	510004.010									1,723,156.00	91.8%	1,939,651.00	92.6%	154,308.00
COMITATO COLLABORAZIONE MEDICA - Medair	510004.019	10-07-2008	33,111.00	26-08-2008	72,030.00	02-12-2008	76,090.00	n.p.y	9,759.00	740,051.70	94.8%	1,061,140.70	99.5%	25,801.30
Oxfam GB	510004.012									515,520.00	94.7%	557,199.00	95.0%	29,088.00
Save the Children Federation, Inc - USA	510004.013									1,534,285.00	89.1%	1,776,138.00	98.0%	186,852.00
Sub total 1 - First Round			33,111.00		72,030.00		76,090.00		9,759.00	6,621,439.70	87.5%	7,745,803.70	89.0%	934,826.30
GOAL	510004.021									892,900.00	92.2%	892,900.00	92.2%	76,029.00
Humanitarian Assistance for South Sudan	510004.022	n.p.y	29,744.00							1,154,056.00	100.0%	1,154,056.00	100.0%	
International Rescue Committee (IRC)	510004.023									564,125.00	77.3%	564,125.00	77.3%	165,645.00
MERLIN	510004.016	24-07-2008	155,150.00	30-12-2008	277,313.00					891,400.00	79.0%	891,400.00	85.4%	237,436.00
OVCi la Nostra Famiglia	510004.017	n.p.y	19,961.00							410,184.00	90.0%	410,184.00	90.0%	45,633.00
Save The Children - UK	510004.014									1,684,911.00	98.4%	1,684,911.00	96.0%	28,146.00
TEARFUND	510004.018									1,852,371.00	76.3%	1,852,371.00	76.3%	576,325.00
World Relief	510004.015	02-12-2008	25,725.00	n.p.y	94,012.00					321,645.00	87.8%	321,645.00	104.9%	44,753.00
			230,580.00		371,325.00					7,771,592.00	86.9%	7,771,592.00	87.9%	1,173,967.00
			263,691.00		443,355.00		76,090.00		9,759.00	14,393,031.70	87.1%	15,517,395.70	99.5%	2,108,793.30
										14,373,031.70		15,517,395.70		2,188,793.30
														3045284

Annex 4 Primary Health Extension

BSF proposed cost extensions in GBP for BSF Grant Recipients in primary health. Up till 31 December 2008 Tearfund, as lead agent, and Medair, a consortium member operated under one contract but for the extension each will have its own contract.

Table 4-1 Overview of Health Extensions

		Costs 2006 - 2008 [GBP]			Duration 2006 – 2008 [months]			2009/10 Extension		PHCC	PHCU
		Contract	Extension	Total	Contract	Extension	Total	Cost	Duration		
1.1	AMREF	1,565,924		1,565,924	25	7	32	894,517	18	2	8
1.3	CCM	858,000	209,020.00	1,067,020	24	6	30	931,018	18	2	6
1.6	SC-US	1,581,642	-	1,581,642	24	5	29	162,154	6	1	6
2.1	GOAL	866,129	82,800.00	948,929	18	2	20	987,885	18	2	5
2.4	MERLIN	973,890	69,000.00	1,042,890	15	3	18	866,364	18	1	2
2.5	OVC	376,205	79,612.00	455,817	18	3	21	200,220	18	4	0
2.7	TEARFUND	1,763,106	665,590.00	2,428,696	18	3	21	1,892,834	18	4	6
	MEDAIR										
	Total							5,040,475		16	40

Annex 5 Implementation and Training

Table 5-1 BSF Implementation Update 31-12-2008

Lead Agency & Consortium	State & Sector	Status 31-12-08	Training (long-term)
AMREF, Aquafund, Accomplish	Central Equatoria Primary Health Water & Sanitation	<ul style="list-style-type: none"> ▪ One of the 2 targeted PHCC complete and second at 90% ▪ Four out of 8 targeted PHCUs complete and remaining to be completed before 31 December 2008 ▪ Of the targeted 30 boreholes 28 completed by WPC training ongoing ▪ 514 latrine slabs distributed; progress on pit latrine construction needs update 	<ul style="list-style-type: none"> ▪ All targeted 16 CHW trained (9 month) ▪ Training 30 WPC ongoing ▪ Training 30 pump mechanics ongoing ▪ Training 30 caretakers ongoing
Caritas (AVSI, Diocese of Torit)	Eastern Equatoria Primary Education Primary Health Water & Sanitation	<ul style="list-style-type: none"> ▪ Of the targeted 4 primary schools, 2 completed; the 3rd and 4th delayed but foundation completed and materials on site ▪ The one targeted PHCC is completed and equipped ready for handing over; ▪ All 6 targeted PHCC for services are on schedule ▪ Of the targeted 20, 18 boreholes completed ▪ One gravity scheme completed as per schedule ▪ 78 out of targeted 82 pit latrines completed 	<ul style="list-style-type: none"> ▪ All targeted 363 teachers training completed ▪ 48 TBA training completed (6d) ▪ 10 of 18 targeted WPC trained ▪ 10 of 18 pump mechanics trained
CCM	Warrap State Primary Health	<ul style="list-style-type: none"> ▪ Marial Lou hospital operational ▪ As per target 1 PHCC upgraded and complete ▪ All 3 targeted PHCU upgraded and complete ▪ 4 PHCU provided with services as per target 	<ul style="list-style-type: none"> ▪ 11 out of 19 CHD staff trained (treatment protocols, management, HIV) ▪ All 9 TBAs trained and ▪ All 19 targeted CHWs trained on IECHC ▪ 4 lab technicians (9 month)

Lead Agency & Consortium	State & Sector	Status 31-12-08	Training (long-term)
Medair	N.Upper Nile and Jonglei Water & Sanitation	<ul style="list-style-type: none"> All 15 targeted boreholes have been completed but some have low yield and are salty; All 5 shallow wells as per target rehabilitated Instead of the targeted 25, MEDAIR completed 1032 pit latrines (high community participation made it possible to increase the number of latrines) 	<ul style="list-style-type: none"> All 15 committees trained including 20 women for 5 days All 8 pump mechanics trained for 10 days All 38 hygiene-promoters trained across all 4 locations hygiene supervisor trained 1 local coordinator trained
Oxfam	N.Upper Nile and Jonglei Water & Sanitation	<ul style="list-style-type: none"> 97 of the targeted 100 boreholes completed 24 (against a target of 20) boreholes rehabilitated All targeted 37 latrines completed 	<ul style="list-style-type: none"> All targeted 100 sanitation motivators trained All targeted 100 management committees trained All 4 school hygiene and sanitation clubs started All targeted 70 pump mechanics trained
SC-US (NIP, MRDO)	Upper Nile Primary Health, Water & Sanitation	<ul style="list-style-type: none"> One of the 2 targeted PHCC completed Target of 7 PHCU to be constructed reduced to 5 which have been completed Only 3 out 20 boreholes completed and funds for remaining subtracted from SC-US's BSF Grant Of the targeted 	<ul style="list-style-type: none"> All 24 targeted health trainers have received on-the-job training All 22 CHD staff trained (10 d on supervision) All 24 primary health staff trained in preventive practices NIP & MCRDD staff (nr ?, length?) trained in admin and finance
Goal (SAFORD, SDA)	Upper Nile Primary Health	<ul style="list-style-type: none"> Conform targets: the construction and rehabilitation of 2 targeted PHCC completed the construction of 3 PHCU completed and one PHCU provided with services only 	<ul style="list-style-type: none"> As per target 25 CHWs did 9 month training course at Baliet training school. and 25 more have begun a second round of training All SMoH staff seconded to GOAL supported facilities received refresher training. 5 Facility management Committees as per target established and trained.
HASS	Central Equatoria Primary Education	<p>Of the targeted 8 schools to be constructed:</p> <ul style="list-style-type: none"> are complete Remaining 2 to be completed by 31 December 2008 Only one PTA trained 	<ul style="list-style-type: none"> Only 2 out of 7 Parent Teacher Associations trained

Lead Agency & Consortium	State & Sector	Status 31-12-08	Training (long-term)
IRC (UGWA)	Northern Bahr el Ghazal Water & Sanitation	Of the targeted 35 boreholes work completed stands at: <ul style="list-style-type: none"> 44 targeted new boreholes completed 19 boreholes rehabilitated Training Water Point Committees ongoing 	<ul style="list-style-type: none"> Of the targeted 54 Water point committees 5 received training Of the targeted 54 pump mechanics 5 received training
Merlin (AVSI)	Eastern Equatoria Primary Health	<ul style="list-style-type: none"> The one targeted PHCC to be constructed is at 90% complete The 2 targeted PHCU complete Support to Antenatel & Maternity clinic of Torit hospital ongoing All 10 targeted boreholes completed 	Trained as per target: <ul style="list-style-type: none"> Health Committees 2 assistant med.officers nurses 2 midwives 24 MCHW 4 CHW
OVCI (Catholic Diocese of Juba)	Central Equatoria Primary Health	<ul style="list-style-type: none"> As per target 4 PHCC rehabilitated and services being provided 	As per targets: <ul style="list-style-type: none"> PHCC Managers Trained 2 Lab Technicians Trained Refresher training for 4 clinical Officers, 40 TBAs. 5 Health Policy makers Trained
SC-UK (SC-US, SC-Sweden)	Western Bahr el Ghazal, Jonglei and Western Equatoria.	<ul style="list-style-type: none"> The target of 9 primary schools includes actually 8 schools and 1 teacher training centre: The teacher Training centre is completed Of the remaining 8 targeted schools 6 are complete Two more will be completed before 30 September The construction is 2 is still ongoing and this will not be completed 1 march 2009 	<ul style="list-style-type: none"> 372 teachers trained 35 Head Teachers trained for 7 days. 51 arabic pattern teachers trained in English Language. PTAs in 21 schools trained against target of 43
Tearfund (Medair)	Upper Nile; Primary Health	<ul style="list-style-type: none"> All 3 targeted PHCC to be constructed completed All 7 targeted PHCU to be constructed completed All 7 targeted PHCU provided with services 	<ul style="list-style-type: none"> 2 clinical officers trained (36 month duration) 12 Clinical assistants trained 19 members of EPI team Trained against a target of 53 2 Lab Technicians completed 30 month course 102 TBAs refresher trained as per target 17 new TBAs trained,as per target

Lead Agency & Consortium	State & Sector	Status 31-12-08	Training (long-term)
			<ul style="list-style-type: none"> 18 CHWs and 18 M/CHWs trained, as per target
World Relief (ECS)	Western Equatoria, Central Equatoria, Jonglei, Upper Nile and Warrap	<ul style="list-style-type: none"> On target 400 primary education teachers received training and 40 head teachers trained Juba Resource Centre for teacher operational 	<ul style="list-style-type: none"> 440 teachers (40 Head Teachers) and 20 community Volunteers Trained

Table 5-2 BSF Implementation Update 31-12-2008 – Short term training

Lead Agency	Training Days	Female	Male	Total participants
AMREF	6,487	3,919	1,961	5,880
CARITAS	12,644	4,557	8,087	12,644
CCM	534	280	254	534
GOAL	1,215	164	998	1,162
HASS	108	24	84	108
IRC	772	276	282	558
MERLIN	653	249	386	635
OVCII	6,060	3,138	1,642	4,780
OXFAM	4,151	5,228	4,139	9,367
MEDAIR-TEAR FUND	4,301	3,254	1,047	4,301
SC-US	2,694	2,575	2,308	4,883
SC-UK	13,420	5,412	7,262	12,674
WORLD RELIEF	21,274	3,838	17,436	21,274
Totals	74,313	32,914	45,886	78,800

Annex 6 Summary Tables Implementation Round 1 and 2

Table 6-1 Primary Health

Lead Agency	PHCC Interventions				PHCU Interventions				Beneficiaries		Consultations
	Construction & Services		Services Only		Construction & Services		Services Only		Target	Actual	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual			
Tear Fund	3	3	0	0	7	7	7	7	410,000	267,841	68,224
Ovci	4	4	0	0	0	0	0	0	200,000	300,000	48,349
Merlin	1	0	0	0	2	2	0	0	80,000	133,916	16,441
GOAL	2	2	0	0	3	3	1	1	110,000	100,691	18,435
SC-US	2	1	0	0	7	5	0	0	205,000	96,788	46,464
CCM	1	1	0	0	3	3	4	4	205,000	449,438	334,432
CARITAS	1	1	6	6	0	0	0	0	50,000	218,269	0
AMREF	2	1	0	0	8	4	0	0	220,000	161,533	36,929
Total	16	13	6	6	30	24	12	12	1,480,000	1,728,476	571,274

Table 6-2 Drinking Water

Lead Agency	Planned borehole with hand pump	Actual borehole with hand pump	Planned gravity scheme	Actual gravity scheme	Target users	Actual users
Merlin	10	10	0	0	5,000	6,156
IRC	44	44	0	0	22,000	23,324
SC-US	20	3	0	0	27,000	1,450
Oxfam	100	97	0	0	47,500	95,378
Medair	15	15	0	0	7,050	13,350
CARITAS	20	18	1	1	15,500	16,196

Lead Agency	Planned borehole with hand pump	Actual borehole with hand pump	Planned gravity scheme	Actual gravity scheme	Target users	Actual users
AMREF	30	28	0	0	13,500	19,420
Total	239	215	1	1	137,550	175,274

Table 6-3 Primary Education

Lead Agency	Primary school interventions								Students			
	Construction		Services only		Class rooms		Office blocks		Girls		Boys	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Target	Actual	Target	Actual
SC-UK	9	6	35	34	64	36	8	6	1,220	6,267	1,220	13,945
HASS	8	6	0	0	56	48	7	6	1,120	1,120	1,120	1,120
CARITAS	4	2	16	13	32	8	4	1	700	477	700	471
Total	21	14	51	47	152	92	19	13	3,040	7,864	3,040	15,536

Table 6-4 Sanitation

Lead Agency	Latrines		Users	
	Target	Actual	Target	Actual
SC-US	50	40	300	400
OXFAM	37	37	370	370
MEDAIR	100	1,032	1,000	10,320
CARITAS	82	78	820	780
AMREF	514	6	5,140	60
Total	783	1,193	7,630	11,930

Annex 7 Round 3

No.	State	County	Name Organisation	Name Partner	Sector	Duration	Approved Budget	Score	Title of project	Short Description of Activities
Extension of 1st and 2nd Call Health Projects approved by the SC							£5.93m			
1	CE	Terekeka	AMREF	ACCOM-PLISH, COMPASS	Health	18	£894,517	n.a.	Provision of Integrated and Sustainable Primary Health Care Services in Terekeka County	Implementation of basic package of health care services in this county according to full package of MoH standards, and build the local capacity of MoH. Service delivery in 2 PHCCs and 8 PHCUs.
2	W	Tonj East, Tonj North	CCM		Health	18	£931,018	n.a.	Strengthening and Developing the Primary Health Care Systems in Tonj East and North	Implementation of basic package of health care services in these 2 counties according to full package of MoH standards, and build the local capacity of MoH. Service delivery in 2 PHCCs and 7 PHCUs.
3	UN	Maiwut, Mabaan	Save the Children - US	NIP, MRDO	Health	6	£162,154	n.a.	Reaching Vulnerable Groups with Basic Health, Water and Sanitation Services	Continuation of the primary health care part of this project, through sub-grants with 2 local organisations, to provide a basic package of health care services in 1 PHCC and 6 PHCUs, until MDTF financing kicks in.
4	UN	Baliet, Ulang, Panyikang	GOAL		Health	18	£987,885	n.a.	Integrated Primary Health Care Services along the Sobat Corridor	Implementation of basic package of health care services in these 3 counties according to full package of MoH standards, and build the local capacity of MoH. Service delivery in 2 PHCCs and 5 PHCUs.
5	EE	Torit, Lopa	MERLIN		Health	18	£866,364	n.a.	Support to Health Care, Water and Sanitation Services across Torit and Lopa Counties	Implementation of basic package of health care services in these 2 counties according to full package of MoH standards, and build the local capacity of MoH. Service delivery in 2 PHCCs and 2 PHCUs.
6	CE	Juba	OVC		Health	18	£198,210	n.a.	Strengthening the Basic Health Care and Community Services in Juba County	Implementation of basic package of health care services in this county according to full package of MoH standards, and build the local capacity of MoH. Service delivery in 4 PHCCs.

Annex 7 Round 3

No.	State	County	Name Organisation	Name Partner	Sector	Duration	Approved Budget	Score	Title of project	Short Description of Activities
7	UN	Makal, Fashoda, Manyo	TEAR-FUND		Health	18	£904,427	n.a.	Primary Health Care and Capacity Building Programme in Shilluk, Upper Nile	Implementation of basic package of health care services in these 3 counties according to full package of MoH standards, and build the local capacity of MoH. Service delivery in 3 PHCCs and 9 PHCUs.
8	UN	Melut	MEDAIR		Health	18	£988,406	n.a.	Primary Health Care and Capacity Building Programme in Melut County, Upper Nile	Implementation of basic package of health care services in this county according to full package of MoH standards, and build the local capacity of MoH. Service delivery in 1 PHCC and 5 PHCUs
3th Call Projects Approved by the SC in its meeting of 10-12-2008							£11.72m			
9	J	Duk	IRD – International Relief & Dev.	JDSF, UNYMP DA, UNWWA	Health + Education + WatSan	18	£1,497,254 <i>(budget not yet approved)</i>	83.3	Community Health and Education Services for Southern Sudan (CHESS)	construction of 4 PHCUs, rehabilitation of 1 PHCU, water and sanitation at 10 PHCUs, BPHS in 10 PHCUs; establishment of teaching training centre in Mareng, distribution of books and school kits; organisation of PTAs
10	CE, EE, L, L/U, NBG WBG, WE	Mundri, Ezo, Ibba /Yirol/Wau, Jur/T ali, Terekeka, Rokon, Rejaf, KajoK eji/Pariang, Man kien, Abiemnom/ Kapoeta/Magwi/Aweil	World Relief	Episcopal Church of Sudan (ECS)	Education	18	£1,492,808	82.1	Developing Capacity for Child-Centered Education	Training of 2476 teachers, 300 head teachers, 360 payam, county, DEC officials, 1440 PTA members (including HIV/AIDS awareness); 240 PTAs established/ strengthened; 12 classrooms built; 120 sets of textbooks distributed; 10 school or community HIV/AIDS events held.
11	NBG	North Aweil, West Aweil	Concern Worldwide		Health	18	£828,834	80.0	Improved Health Service Delivery in Aweil West and North Counties, Northern Bahr al Ghazal	Implementation of basic package of health care services in these two counties, serving at least 132000 beneficiaries; includes construction of 2 PHCUs and rehabilitation of one PHCU, including incinerators and latrines; long-term raining of 8 SMOH staff.

Annex 7 Round 3

No.	State	County	Name Organisation	Name Partner	Sector	Duration	Approved Budget	Score	Title of project	Short Description of Activities
12	WE	East Mundri/ West Mundri	Oxfam Novib	MRDA, NSWF	Education + WatSan	18	£1,018,892	79. 3	Mundri Education Support Programme	Construction 48 classes, latrines in 26 schools, 18 school supervisors trained, 450 girls receive scholarship, provision textbooks and learning materials in 40 schools; 40 teachers in-service training, 120 fast-track course, 20 adult trainers trained, 200 women receive literacy training and material, community hygiene and HIV/AIDS awareness sessions; 30 officials trained in education management information system.
13	CE	Yei/ Morobo/Lanya	CMS Ireland	Episcop al Church of Sudan	Health + Education + WatSan	18	£833,044	78. 5	Health, Education and Rural Transformation Project (HEART)	3 mobile health care units + upgrade 1 PHCC in Lainya Town; construction of 2 primary schools + sponsor of teacher training; boreholes + pit latrines in village communities targeted by mobile health unit
14	UN	Maban/ Longachuk	OXFAM GB		WatSan	18	£1,454,854	78. 5	Access to Water and Sanitation Basic Services to vulnerable populations in Upper Nile	Drilling 35 boreholes, piloting 4 alternative water supply systems, rehabilitating 20 boreholes, constructing 10 blocks of school latrines, sanitation and hygiene promotion, establish 10 school health clubs, training 500 volunteers, establishing 6 public health structures, cap building to 5 counterparts and at least 1 local NGO, water quality testing.
15	EE	Ikwo	AVSI	CDOT	Health + Education + WatSan	18	£967,720	78. 2	Health, Education and Safe Water for All: An Integrated Approach to Basic Service Provision in Ikwo County	develop 5 new water sources, rehabilitate existing boreholes, construct latrines in 6 primary schools, provide 1500 wat/san kits, vaccinate 5000 kids < 5 yrs, de-worm 3221 pupils, provide in-service training to 100 health workers; provide scholastic materials + furniture to 9 schools, train 123 teachers, provide 1000 school uniforms, train 9 PTAs

Annex 7 Round 3

No.	State	County	Name Organisation	Name Partner	Sector	Duration	Approved Budget	Score	Title of project	Short Description of Activities
16	WBG	Raga	Intermon Oxfam		WatSan	18	£1,273,349	76.4	Support to the population in Raja County through provision of basic services in Water, Sanitation and Hygiene through capacity building to local authorities and local community	Construction 15 boreholes, rehabilitation of 30 boreholes, training of hand pump mechanics, sanitation and hygiene promotion and training, construction of 8 school latrines, 350 household latrines; 2 KAP surveys.
17	U	Mayendit	Swiss Red Cross	Sudansese Red Cross Society	Health + WatSan	18	£539,441	75.3	Community Managed Primary Health Care Project	build 4 PHCU and 1 PHCC (all including borehole, latrines, waste disposal and washing site), train 225 health volunteers, 22 boreholes and 189 latrines for household use, training pump technicians and water committees for 9 payams, hygiene promotion by volunteers. Cap building of SRCS.
18	NBG + W + L	Gordhim and Marial Baai, NBG + Marial Lou, Warrap + Rumbek and Mapuordit, Lakes	Diocese of Rumbek		Education	18	£574,699	75.1	Improved Basic Services in Diocese of Rumbek Schools	Constructing 1 primary school, rehabilitating 1 primary school, feeding 595 pupils, providing counselling to 100 girls, supporting 5 girls to pursue secondary education, train + pay salaries of 13 ALP teachers, providing learning materials
19	W	Twic/ Gogrial	AMA - Juba		Education + WatSan	15	£1,237,525	75.0	Provision of basic services to the underserved returnees in Gogrial and twic, Warrap state through interventions in the sectors of education, water, sanitation and	Construct 8*3 classrooms, drilling of 48 boreholes, mobilisation of 'Food for Recovery' WFP, HIV/AIDS awareness program in 3 schools, Training PTA, WUA. Cap building of AMA project staff and the LPC.

Annex 7 Round 3

No.	State	County	Name Organisation	Name Partner	Sector	Duration	Approved Budget	Score	Title of project	Short Description of Activities
									HIV/ AIDS	
Runner-up projects approved by the SC in its meeting of 10-12-2008 £8.36m (budgets not yet approved)										
20	WBG	Jur River, Wau, Raga/ Aweil Centre	HARD		Education	18	£756,333	75.2	Girls Go to School Project	Construction of 30 classrooms + provision facilities, train 10 local education administrators, train 50 teachers, construct boreholes at schools
21	WE	Ezo/ Tambura	World Vision UK	Tambura Yambio Diocese	Health + Education + WatSan	18	£1,398,150	75.9	Basic Services Improvement Project for Ezo and Tambura Counties	Rehabilitation 3 health facilities; provision supplementary drugs for 20 PHCUs, health personnel of 20 PHCUs trained; 2 schools built and equipped, 140 teachers in-service training; training PTA members, cap building county education department; 10 new boreholes drilled, 15 boreholes repaired, 6 blocks of latrines constructed, 30 water committees established and trained; 30 mechanics trained.
22	J	Akobo	IMC-UK	PRDA, NHDF	Health + WatSan	16	£1,484,375	73.2	Basic Primary Health Care and Sanitation/Hygiene Support Programme for Most Underserved and Vulnerable Populations of Akobo	Implementation of basic package of health care services through supporting 13 PHC facilities across Akobo County; serving a population of 200,000; includes repair of 32 boreholes, construction of 80 household latrines, training of hygiene promoters, formation of 10 WUAs.

Annex 7 Round 3

No.	State	County	Name Organisation	Name Partner	Sector	Duration	Approved Budget	Score	Title of project	Short Description of Activities
23	UN	Manyo	MEDAIR	Fashoda Youth Forum, Malaria Consortium	Health + WatSan	18	£1,430,000	78.4	Primary Health Care and Health Systems Strengthening Programme - Upper Nile	Improve structures of 2 PHCUs and 2 PHCCs, support delivery of BPHS, support to supply of drugs, establish and maintain health information system, distribute mosquito nest, 4 health staff on external training, train 60 HHP volunteers and 3 HHP supervisors, implement BSHP in 6 schools, 3 behaviour change workshops, training and cap building at village level, county level (train staff of CHD) and state level
24	NBG + CE	North Aweil/ South Aweil/ Morobo	UMCOR	MDCF + CDOR	Education + WatSan	18	£1,494,833	76.5	Integrated Community-Based Education Initiatives in North and South Aweil and Morobo Counties	training of 160 PTA + 100 WSC members, construction/rehabilitation 8 (1x3) classroom blocks, training of 180 teachers (fast-track), 11 new boreholes, 4 hand-dug wells, 1050 VIP latrines, training of 30 hygiene promoters
25	EE	Kapoeta South/ Kapoeta North, Ikwoto and Magwi	CARITAS	CDoT + SNV	Education + WatSan	18	£1,500,000	76.2	Bridging the Gap - Empowering Local Actors to Deliver Basic Services in Eastern Equatoria	drilling of 4 new boreholes, 6 solar-powered systems + rehabilitation of 20 others; 15 public latrine blocks, 50 hand washing facilities and 400 household latrines; construct + equip 2 primary schools; train 50 teachers (fast-track) + provision of scholastic materials to 10,000 students
26	W	Twic East	Inter SOS		Education	12	£316,457	69.4	Support to Basic Services - Primary Education in Twic East County	Built 1 school of 4 classrooms, incl teachers office, borehole, 3 latrines, and store. Training teachers, PTA members, school board management.