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**Learning from BSF:
Lessons from the Basic Services Fund, South Sudan, 2006 to 2012**

FINAL REPORT

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8th February 2013

Executive Summary

This review seeks to provide lessons to DFID and other stakeholders in the design of future pooled funds and coordinated delivery mechanisms, by drawing on the experience of the Basic Services Fund in South Sudan 2006-2012. It is not a comprehensive study: the results of many valuable lessons are available from the BSF web site¹.

BSF was launched in 2005, the year Sudan's Comprehensive Peace Agreement (CPA) was signed, and has been managed by BMB Mott Macdonald since 2006. What began as a short-term bridging fund to deliver basic services in health, education and WASH over 20 months has been renewed with a succession of short-term extensions, to the end of 2012.

Over this period, in a context where other programmes have been seen to struggle, BSF has developed a reputation for delivering outputs on the ground.

The review drew on external reviews and learning exercises conducted by BSF, and enquiries in November 2012, to research 7 areas of evidence, as shown below, generating lessons from BSF experience for the future.

Evidence Areas...	... generating Lessons from BSF experience for the Future		
	Lessons Identified	Extent to which addressed within BSF	Lessons for the Future
1. Stakeholders	<ul style="list-style-type: none"> • What did stakeholders come to realize was important, or needed to be addressed, that had not been known at the outset? 	To what extent was BSF able to address these issues, and how?	What has BSF demonstrated, that could usefully be incorporated in future programme design or implementation?
2. From Relief to Development		What were the issues that BSF was not able to resolve, or that may have been beyond the programmes' scope?	
3. Conflict			
4. Gender			
5. Performance	How did these understandings change and develop over time?	What remaining challenges should future programmes try to address?	
6. Value for Money			
7. Sustainability			

The findings of these are set in the main report. **A summary of the main lessons follows this Executive Summary.**

The report suggests a framework for considering funding Mechanisms, including

- The social, political and economic **Landscape** in which they operate
- The **Funding Mechanism** itself
- 3 key areas in which the funding mechanism needs to succeed
 - **Engaged Stakeholders**
 - **Performance for Outcomes**
 - **Sustainability**

¹ See Annex 4: Key documents

The Landscape

The social political and economic landscape for BSF and for many funds is insecurity and uncertainty, as well as hope and opportunity. The social legacy of conflict, neglect, poverty and expropriation of resources is complex and severe.

In this landscape, the growth of services and the capacity to deliver them is constrained by a host of factors, and their design requires deep understanding to respond appropriately to the specificity of problems.

1. Programme development should be informed by analysis of the specific drivers of conflict, and should address the problems arising from conflict.
2. Programme development should be informed by analysis of those population groups suffering particular exclusion and with specific service needs, for instance because of gender, disability, culture or poverty; for instance, gender analysis should include a baseline of women and girls' need and concerns, including gender based violence, and should address issues of women's ownership of service design and delivery.

Funding Mechanisms

Funding mechanisms are positioned between relief and development, sometimes leaning more to relief, sometimes more toward development. Their position is influenced by their objectives, design, stakeholders and length of operation.

Programme design cannot presume that society is making a one-way transition from a "relief" environment to a "development" environment. It needs to be able to adapt to setbacks such as renewed insecurity.

BSF demonstrated that short-term programmes can deliver service outputs. However, the short-term nature of the programme reduced the scope of the programme to develop local capacity to lead and sustain these.

3. Funding mechanisms need a clear theory of change² that shows how they will achieve their planned outcomes and outputs within the period of funding, and how they will adapt to setbacks in development. The theory needs to show not only achievable outcomes for service delivery; it also needs achievable outcomes for institutional capacity development.

Engaged Stakeholders

BSF shows that stakeholders can be engaged even in relief mode. Engagement of stakeholders cannot be contingent on a high level of developed structures, which are subject to setbacks and delays. They therefore need to help stakeholders build capacity and structures step-by step.

4. Funding mechanisms need to work within the strengths and constraints of all stakeholders, including emergent structures of government.

² A "Theory of Change" tests whether the processes, institutions and assumptions behind a development intervention are adequate to achieve its purpose. See Vogel I, "Review of the use of 'Theory of Change' in international development", DFID 2012

5. Funding mechanisms need to work towards fulfilling Government aspirations for control, whilst managing the inherent risks to service delivery and Value for Money.
6. Funding mechanisms therefore need to evolve explicit enabling steps to achieve the competencies and structures required for transfer of ownership, strategic and operational decision-making, and budgetary control, from the funder and NGOs, to local stakeholders.

Performance for Outcomes

BSF demonstrated strong performance in delivering outputs. However, whether short-term or long-term, performance needs to focus on outcomes as well as outputs.

The costs of short-term programmes remain high because it is hard for funds to address major cost drivers, such as skill shortages, inefficient supply chains, inappropriate materials, and duplicated management systems. Only strategic investment over the longer term can drive these costs down.

7. A funding mechanism's theory of change needs to show how performance in outputs of service translate into achievable and clearly measured outcomes
8. Performance assessment needs to embrace capacity development as fully as service delivery.
9. Funding mechanisms need to demonstrate the economic benefits of their outcomes, in order to assess value for money.
10. Funding mechanisms need to make longer term investments to break out of the high costs of short-term programmes. They need to address major cost drivers, particularly in human resources, supply chains, development technologies, and duplication of management.

Sustainability

BSF has demonstrated that even in challenging circumstances well-designed projects can promote engagement, ownership and sustainability, particularly at the local level. It has been hard, however, to set realistic exit strategies and handover plans within the timeframe of funding.

11. Funds need to identify realistic and sustainable resources for the future of the structures and services they have funded, by identifying public sources of funding and building the capacity of community institutions
12. Funds need to put less reliance on exit strategies, and more emphasis on staged development processes of local capacity throughout the programme.
13. Predictability and continuity of funding for basic services is essential for sustainability. Uncertainty risks loss of services, capacity and learning.

Lessons for the Future – A Summary

Stakeholder Engagement

BSF demonstrates

- BSF has demonstrated a sustained commitment to engagement with Government and other stakeholders at all levels, from the secretariat of the Steering Committee to the work of NGOs with local health and education committees. This has achieved important if limited improvements in ownership, planning, management and operations.

Additional challenges

- Programmes need to accept and work within the strengths and constraints of all stakeholders, including emergent structures of government
- Funding mechanisms need to evolve explicit steps to achieve a gradual transfer of ownership, strategic and operational decision-making, and budgetary control from the funder and NGOs, to both national and local government bodies, elected representatives and other local stakeholders.
- Support for stakeholder development must be supported by adequate resources, including staff and non-staff budgets, and technical support, in order for local government to participate effectively.

From Relief to Development

BSF demonstrates

- Services can be delivered on the ground, often in very challenging circumstances, using a mix of NNGOs or INGOs with large contingents of local staff, working in collaboration with embryonic local government at county and state level.
- Such approaches can be swift, effective and cost-effective.
- More developmental approaches require longer term programmes than are feasible with short-term funding.

Additional Challenges

- As well as ensuring effective delivery, funding mechanisms need to provide deeper support for Government capacity than training staff within inherently weak Government systems
- Even short-term funds can allocate a percentage of funds for short developmental steps.
- Funding partners need to acknowledge Government aspirations for control, whilst managing the inherent risks to service delivery and VfM.
- Funds must be able to respond to unforeseen interruptions and reversals in capacity development, and not allow these to frustrate the commitment to service delivery or capacity development.
- Long-term predictable funding is a pre-condition for working towards Government aspirations, and for transforming fragmented and supply-driven services into a strategic response to need.

Conflict

BSF demonstrates

- Close support to NGOs with strong local experience has enabled BSF to deliver sensitively designed projects responding to the needs of IDPs and host populations without causing or exacerbating conflict.

Additional Challenges

- Programmes should be informed by a deep analysis of the specific drivers of conflict in the particular context, and should include indicators of progress in

- conflict prevention and peacebuilding
- Programmes should respond to problems arising from conflict, such as gender-based violence, needs of former child soldiers, mental health and interrupted education.

Gender

BSF demonstrates

- BSF has delivered a ‘general good’ in health, education, and WASH, which broadly benefits women and girls, and has demonstrated gender sensitive practices in programme delivery.

Additional challenges

- Programme design should be informed by in-depth gender analysis, including a baseline of women and girls’ needs and resources, their access to services, employment and engagement in decision-making.
- Programme design should address issues of women’s ownership of service design and delivery.
- Programmes should use gender-specific measures of outcome, service delivery, employment and engagement.

Performance

BSF demonstrates

- Despite insecurity and many other obstacles, BSF has achieved a productive and responsive grant-making process, delivering substantial volumes of service output. To achieve this, it has been efficient, flexible, responsive, resourceful and prompt; it has also been exacting in its requirements of service providers.
- The BSF approach has merits as a realistic way of maximising outputs, in the transition from relief to development.

Additional Challenges

- Funds need a clear theory of change, and indicators that show how output performance (facilities built, training completed) translates into positive outcomes.
- The assessment of performance needs to embrace capacity development as fully as service delivery
- Strategies for service delivery need to represent appropriate responses to the scale of local and national demand

Value for money

BSF Demonstrates

- Funding mechanisms can provide Value for Money, even within the constraints of short-term funding and difficult conditions, by using an efficient provider with reducing overheads, committed to cost effectiveness and the quality of its own service to NGOs

Additional Challenges

- Funding mechanisms need to demonstrate the economic benefits of their outcomes.
- Funding mechanisms need to make longer term investments to break out of the high costs incurred by short-term programmes. They need to work with their partners in government and service delivery to address major cost drivers through, e.g.
 - Human resource interventions to address skill shortages;
 - Reform of supply chains to provide reliable and affordable equipment and

- supplies;
- Investment in technologies that maximize use of sustainable local resources and “software”, rather than standard solutions used by relief programmes
 - Reducing duplication of management by integrating the fund within national and local government
 - Increasing direct contracting by local NGOs and other local suppliers.

Sustainability

BSF demonstrates

- Funding mechanisms can demonstrate good practice in helping NGOs and projects promote sustainability at local level, but the extent of success is unknown.

Additional Challenges

- Funds need to identify realistic and sustainable resources for the future of the structures and services they have funded, by identifying public sources of funding and building the capacity of community institutions
- Funds need to put less reliance on exit strategies, and more emphasis on staged development processes of local capacity throughout the programme. .
- Predictability and continuity of funding for basic services is essential for sustainability. Uncertainty risks loss of services, capacity and learning.

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Acronyms

BC	Business Case
BPHS	Basic Package of Health Services
BSF	Basic Services Fund
BSF-1	Basic Services Fund - Phase 1
BSF-2	Basic Services Fund - Phase 2
BSF-IA	Basic Services Fund - Interim Arrangement
BSF-IAe	Basic Services Fund - Interim Arrangement extension
CEC	County Education Centre
CEO	County Education Officer
CHD	County Health Department
CPPB	Conflict Prevention and Peacebuilding
CSO	Civil Society Organisation
DFID	Department for International Development, UK Aid
DHIS	District Health Information System
ELT	English Language Teaching
GoSS	Government of Southern Sudan (to 2011)
GRSS	Government of the Republic of South Sudan (since July 2011)
IDP	Internally displaced people
INGO	International NGO
INSET	In-Service Training
JAM	Joint Assessment Mission
MDTF	Multi-Donor Trust Fund
MM	BMB Mott MacDonald
MoE	Ministry of Education
MoFEP	Ministry of Economics, Finance & Planning
MoH	Ministry of Health
MTR	Mid-Term Review
MWRI	Ministry of Water Resources and Irrigation
NBEG	Northern Bar El Ghazal
NGO	Non-Governmental Organisations
NNGO	National NGO
PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
PM	Project Memorandum (DFID design document used for BSF-1, BSF-2, BSF-IA)
PRESET	Pre-Service Training
PTA	Parent Teacher Association
QPR	Quarterly Progress Report
SPLM	Sudan People's Liberation Movement
STHP-2	Sudan Health Transformation Project Phase II
TBA	Traditional birth attendant
USAID	United State Agency for International Development
VfM	Value for Money
WASH	Water supply, Sanitation and Hygiene

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This review represents the views of the authors, and not those of DFID, BSF or the Government of South Sudan

1 Introduction

This review seeks to provide lessons to DFID and other stakeholders, in South Sudan and other countries, in the design of future pooled funds and coordinated delivery mechanisms. It draws on the experience of the Basic Services Fund in South Sudan 2006-2012, and may be most relevant to countries experiencing or recovering from conflict. It is not a comprehensive study: the results of many valuable lessons are available from BSF³.

BSF was launched in 2005, the same year in which the Comprehensive Peace Agreement (CPA) was signed, with the first meeting of the BSF Steering Committee (Rumbek, 28th October 2005). This was the outcome of a series of workshops beginning in 2004, that drew together the Sudan Peoples Liberation Movement (SPLM), Civil Society Organisations (CSOs) and Non-Governmental Organizations (NGOs), together with the United Nations and donor representatives, to discuss how best to support basic services provision for the Southern Sudan. At the time, BSF was seen as a short-term bridging fund, prior to the Multi-Donor Trust Fund (MDTF) coming on stream.

BMB Mott McDonald (MM) was appointed as the Service Provider for BSF on 19th August 2006, taking over management of the first round of NGO contracts from DFID. In 2010, DFID re-appointed MM after a second international tender for the BSF fund manager of BSF-Interim Arrangement (BSF-IA), which was again extended (BSF-IA extension) for a final year, in 2012. In this way, what began as a short-term bridging fund to deliver basic services, was carried through a series of further short-term extensions, ultimately enduring for nearly seven years.

Over this period, in a context where other programmes have been seen to struggle, BSF has developed a reputation for having delivered outputs on the ground, often in difficult and challenging circumstances – even though the scope of these outputs may have been relatively narrow, and each successive funding period relatively short.

The purpose of this review is to: *‘provide lessons to DFID and other stakeholders in the design of future pooled funds and coordinated delivery mechanisms, taking account of evidence on:*

1. the interaction with a range of different **stakeholders** including bodies of the Government of the Republic of South Sudan in the design and implementation of the Programme
2. how far the historical design and implementation of the programme has supported the **transition from relief to development**, specifically the systems strengthening component
3. whether the Programme ‘did no harm’ in geographical areas prone to **conflict**

³ See Annex 4: Key documents for examples of learning exercises undertaken by and for BSF, or the BSF website, www.bsf-south-sudan.org

4. the **gender sensitivity** of the Programme
5. Programme **performance** in meeting targets; accomplishing key objectives; and achieving intended programme impact. This will include reasons for over- or under-performance.
6. the **value for money** achieved by the Programme
7. the **sustainability** of BSF supported facilities and systems following the conclusion of BSF support⁴

The period considered by this 'lesson learning' exercise spans the inception of BSF-1 (2006) to the mid-term point (30th June 2012) of the third extension, known as BSF-Interim Arrangement extension (BSF-IAe).

1.1 Method

The review draws primarily on existing analyses, particularly, but not limited to: External Reviews of BSF (2008, 2009, 2011), a series of learning exercises conducted by or on behalf of BSF between 2008 and 2012 and the BSF programme design documents and reports (See Annex 4: Key documents).

Consultations were carried out over 5 days in November 2012 in South Sudan, with particular emphasis on conferring with those involved with the programme from its inception, including:

- Steering Committee member institutions;
- Government of South Sudan (GoSS) line ministries at State and County levels;
- DFID and co-donors;
- stakeholders engaged in the design of the BSF and MDTF
- NGOs engaged in programme design and delivery

Fieldwork took place in two counties (Aweil East, Northern Bahr el Ghazal and Malakal, Upper Nile) where BSF projects have been provided, to meet with state, county and other stakeholders, and in Juba, to meet with national and funder stakeholders.

Questionnaires were sent to all 37 NGOs reported as funded by BSF (and 14 responses were received). Questionnaires were additionally sent to stakeholders who were unable to meet the consultants.

Group discussions included

- Discussions with District, County and NGO representatives in the counties selected
- Discussion with NGO Health Forum representatives
- Review meeting with BSF Steering Committee

The review was carried out by 3 evaluators, covering Health, Education, and WATSAN, with fieldwork carried out by Health and Education evaluators only.

For each of the seven evidence areas identified in the Terms of Reference, the

⁴ Terms of Reference: Objects (p1)

review team focused upon three themes

1. lessons identified through the BSF programme
2. the extent to which these were addressed within BSF
3. the lessons available for future programmes.

Evidence Areas...	... generating Lessons from BSF experience for the Future		
1. Stakeholders 2. From Relief to Development 3. Conflict 4. Gender 5. Performance 6. Value for Money 7. Sustainability	Lessons Identified What did stakeholders come to realize was important, or needed to be addressed, that had not been known at the outset? How did these understandings change and develop over time?	Extent to which addressed within BSF To what extent was BSF able to address these issues, and how? What were the issues that BSF was not able to resolve, or that may have been beyond the programmes' scope?	Lessons for the Future What has BSF demonstrated, that could usefully be incorporated in future programme design or implementation? What remaining challenges should future programmes try to address?

Terminology

Project and Programme

From the perspective of this review, BSF is a *Programme*, combining a group of *projects*. Each of BSF's contracts with an NGO as a "*project*".

However, from the perspective of DFID, BSF is just one project in a larger national and global programme. It refers to BSF as a "*project*" both in the ToR for this review, and in the term "*Project Memorandum*".

Outcome and Outputs

This review distinguishes between outcomes and outputs.

Outcomes are the changes or benefits that result from the project or programme. So, improved health or improved literacy are outcomes.

Outputs are the specific, direct deliverables of a project or programme, for instance the number of classrooms built or the volume of service delivered. Outputs provide the conditions necessary to achieve the Outcome.

This use of the terms outcomes and outputs follows current DFID usage⁵. Previously, DFID referred to "purpose" with a similar meaning to "outcome".

The "impact" of the project or programme is its contribution to a wider change, often at a national level. So, an outcome of improved health in children under 5 in the project area, contributes to a wider impact of achieving of the Millennium Development Goals.

⁵ Guidance on using the revised Logical Framework, DFID How to note, DFID 2011

2 BSF in Context

2.1 Historical context

For two centuries, the history of Southern Sudan has been bound up with the struggle by local and international parties for economic and ideological dominance over Africa, the Middle East and each other.⁶ During this period, South Sudan, and indeed all parts of the Sudan region, have experienced conflicts, population movements, slavery, epidemics, economic collapse and simple neglect. There is no single author for these misfortunes, though Ottoman, Egyptian, and British interests have played their part, as have the dominance of some Northern tribes, and the pursuit of Arab, religious and nationalist ideologies.

The Comprehensive Peace Agreement of 2005, providing a basis for peace between north and south, and the creation of an independent and secular state, has to be seen in this context. Its peace is not absolute, as indicated by the recent conflict between Sudan and South Sudan over oil resources in Abyei. Nor is there a complete resolution of all Sudan's geographical disputes in Darfur and Nuba Mountains. Nor is there complete peace between and within the many Dinka, Shilluk, Nuer and other tribes of the South.

While the security of peace remains uncertain, the socio-economic legacy of the period is more definite: recurrent domination and neglect, warfare and expropriation of human and natural resources have resulted in a poverty of economy, services and human development well documented elsewhere. It would be over-optimistic to assert that these are solely problems of the past: in 2012, South Sudan has had to deal with internal and external disputes, arrival of over 100,000 displaced people, and the collapse of revenue following the suspension of oil flows.

2.2 History of BSF: a succession of bridges

Each phase of BSF has been seen as a temporary bridge to a more permanent, strategic or developmental solution to the provision of basic services and building underlying capacity for these.

Stakeholder discussions involving SPLM, NGOs, CSOs, the United Nations, donors and other service delivery stakeholders to consider the establishment of basic services began in 2004. BSF was intended as a bridging fund, building on services provided by NGOs during the civil war and pending establishment of a Multi-Donor Trust Fund (MDTF) and a more strategic approach to public service. Over 80% of primary health services in South Sudan's rural areas were widely reported to be supported by NGOs or Faith Based Organisations.

After an initial selection round, DFID appointed BMB Mott Macdonald (MM) as Service Provider of the fund in 2006. BSF was extended into BSF-2. MM won a second tender to manage the BSF-Interim Arrangement (BSF-IA) in 2010. This was again extended in 2012⁷.

GRSS and DFID decided to extend BSF-IA to provide a further bridge to future funding mechanisms for primary health services funded by BSF. This was intended to avoid loss of staff and assets.

⁶ See Annex 3: Southern Sudan Timeline

⁷ See Annex 7: BSF Phases, financial envelope and dates

Although BSF's purpose has always been to expand the coverage, quality and use of basic services, this was refined to focus on primary health care, education, and water, sanitation and hygiene to communities recovering from conflict in BSF-2 and BSF-IA. BSF-IAe primarily focused on health: existing education projects were funded through to completion; and no new WASH interventions were approved apart from components of health and education projects.⁸

⁸ See Annex 6: Evolution of Logical Framework of BSF Programmes

Findings

3 Stakeholder Engagement

3.1 Lessons identified

BSF has sought to engage with GRSS at all levels. It identified the importance of MOFEP's Aid Coordination Directorate, whose Director has chaired the BSF Steering Committee, the prime instrument for BSF to engage Government at the programme level. However, the Steering Committee was found to have a limited role: having selected partner NGOs in 2008, there were few subsequent strategic or operational decisions made by the Steering Committee, and therefore little sense of ownership by GRSS.

BSF has also always wanted projects to engage with and be accountable to beneficiaries and their communities as well as with emerging government structures at all levels.

However, at both the programme and the project levels, government resource limitations have made engagement and accountability difficult.

BSF has also engaged with all the development partners supporting the BSF, (Netherlands, Norway, Sweden, Canada and the European Union) though in most cases, donors have expected DFID to have the primary involvement, as the designated Lead Donor.

BSF and reviewers, as well as GoSS itself, have sought a wider role for Government than just a formal committee presence. 2008 Review recommended that the Steering Committee should contribute more to management, implementation and policy as one of the ways that lessons from BSF should be transferred to GoSS. Likewise, the 2009 review proposed that BSF take the initiative to provide more informal briefings⁹. In BSF 2, BSF proposed to support capacity building at state and county level, and mentoring of local NGOs by INGOs¹⁰, improving ownership by engaging stakeholders and imparting "to" them the lessons of BSF.

3.1.1 Health

BSF has always sought to work with the Ministry of Health, though involvement has been limited in practice. The Steering Committee frequently meets without MoH representation, although primary health is the largest sector of BSF work. A health sub-committee of the Steering Committee was established in 2010, but has met infrequently.

BSF has sought and used guidance from MOHS, particularly the 2009 Basic Package of Health Services (BPHS), although in practice its specification of "basic" services was so wide that it was widely regarded as unrealistic.

BSF increasingly saw State Ministry and County Health Department ownership as essential to the transfer of planning monitoring and management of service provision. BSF has been aware of the problem for CHDs of working with large numbers of health NGOs with low accountability. BSF has sought to support CHDs, to bring

⁹ BSF Review 2009

¹⁰ Project Memorandum BSF-2

NGOs together into more local accountable frameworks, and to reduce the number of NGOs in each county. However, resources for CHDs, including public health, management and supervision skills, and budgets for staffing, housing, and transport have all been major problems.

Community ownership was also important to BSF¹¹ but Boma Health Committees had a stronger role in the management of the lowest level Primary Health Care Units (PHCUs) than the larger Primary Health Care Centres (PHCC), and were more engaged with the maintenance of the physical facility and to some extent community health education, than with wider management.

Ownership is not solely through direct state management. The role of non-state providers in health needs further analysis in South Sudan. Church-supported health facilities, some supported by BSF, have a long tradition, and are likely to continue as a component of the health system. Other private sector providers, from local druggists to urban providers also need consideration.

3.1.2 Education

BSF established joint mechanisms for planning and monitoring with education stakeholders, including:

- Monthly Education Co-ordination Meetings allowing all stakeholders to share challenges, and identify solutions collaboratively.
- Quarterly narrative reports from education partners to BSF.

Interviews and BSF Reviews show that through BSF, NGOs and State and County MoEs have been able to collaborate and work together well in:

- identifying sites for school construction,
- selecting teachers for training, and
- Monitoring and evaluating construction and training, through joint fieldwork.

State and County MoE representatives unanimously report a strong sense of participation and ownership over the allocation of resources for school construction. For each construction site, a joint *Project Technical Unit* was established, comprising of:

- An MoE construction engineer
- An NGO construction engineer
- The local construction contractor

The *Project Technical Unit* carried out site visits, before and during construction, agreeing any necessary adaptations to the standard government design (e.g. in response to local soil and climate conditions, risk of flooding, typical day-time temperatures), and maximising the involvement and ownership of the community, through:

- identifying / providing an appropriate construction site,
- clearing the site ready for construction,
- contributing local construction materials (e.g. sand), and
- in some instances, contributing labour to construction, e.g. digging latrines, putting up fences.

The early and pro-active engagement of the community was a pre-requisite for

¹¹ Peer Review 2009, BSF Review 2008

school construction through BSF, intended to increase subsequent ownership of the school through the PTA.

But there was also acknowledgement that all education partners wanted to develop MoE capacity, particularly at county level, to participate fully and more autonomously in

- Monitoring and inspection, and
- Delivery of training.

At present, State or County MoEs' involvement is severely hampered by the lack of budget to support field visits, although there have been some improvements in the involvement of County Education Officers in training delivery.

3.1.3 WASH

At national level, BSF established good working relationships with MWRI and contributed training and other inputs to improve performance in the sector. MWRI officials were always offered the opportunity to accompany BSF staff on field trips, but were constrained by funding for this.¹² Engagement at state and lower levels of government has also been accomplished by BSF and the NGOs, although it is seriously constrained by lack of staffing at lower tiers of government¹³. Early in BSF it was limited to information-sharing and consultation rather than co-planning¹⁴.

The BSF Review 2011 found that “capacity building generally consists of involvement of the local government staff in the selection of project villages, field visits, monitoring and short-term training, and in some case, provision of equipment”.

The engagement of communities in developing water supplies leading to “ownership” has been variable. For example, for installation of water points often sites were selected without consultation with communities, so possibly decreasing the chances of usage and of building good provider/user relations and associated accountability mechanisms¹⁵.

3.2 Extent to which these were addressed by BSF

BSF has not been able to enhance ownership by national or local stakeholders as much as it would like.

Although BSF is accountable through the Steering Committee, and established sub-committees for education, WASH and health from 2010 there is a clear view that GoSS is still not “driving the car” by directing the flow of BSF aid which is properly the property of the people of South Sudan.

This reflects a structural reality of BSF funding:

- BSF provides for the transfer of funds from BSF to NGOs, rather than directly to government. This process is on a “parallel” track to government, so transferring “ownership” from the NGO to a local community or government requires a deliberate strategy to move funding and control, probably by stages, from the BSF track to GRSS

¹² BSF Review 2011

¹³ BSF Review 2009

¹⁴ BSF Review 2008

¹⁵ Cleaver 2011

- Programme design is primarily “supply-led”, based on the offers put forward by NGOs. Both BSF and the NGOs they fund have been mentioned by local officials showing better practice than many NGO, particularly “relief” NGOs, that come and go without engagement or authorisation by local authorities. BSF has ensured that NGOs conduct needs assessments, take account of sector development plans, and also obtain approval from the appropriate authorities. Even so, their plans are not primarily driven by demands from County State or Federal levels.
- The short duration of each BSF fund has made it difficult for the Steering Committee to set strategic objectives beyond the current or at most the next funding round.

The lack of ownership also reflects the fact that national and local structures have not evolved to the degree and in the manner to allow BSF to transfer management and resources in the manner that it may have envisaged. BSF correctly identifies key factors that would have to have been built up to achieve this ownership: M&E frameworks, comprehensive budgets, control of payroll and staff incentives

3.2.1 Health

BSF has supported NGOs where possible in engagement with County Health Departments and other government bodies, providing technical and management support, transport, supervision, including in some cases a dedicated officer from the NGO¹⁶. But CHDs remain seriously short of skills and resources. Only 9 out of 31 Counties reported receiving a visit from the State MoH in 2012.

However, establishing or transforming CHDs was always beyond the scope of BSF, and the training and other resources provided by NGOs under BSF grants have been relatively minor. CHDs and NGOs have expressed frustration that they were unable to achieve the effective transfer of ownership to community and local government.

Despite what both may wish, NGOs are still the budget holders for facilities, rather than CHDs; and these contracts are for provision of selected facilities, rather than for the population of the whole county. Practice falls short of a population-based model, whereby the governmental stakeholders, at each tier of government, deploy either public or private providers to provide clinical and public health services that meet the needs of the whole beneficiary population. Yet, while CHD capacities and systems for managing facilities, supplies and staff remain so limited, the model of ownership that both desire is necessarily elusive. It remains likely that at least one of the funds currently being planned to take over from BSF will still fall short of that model, at least initially.

At least in the Counties where BSF operates, there has been no clear improvement plan for CHDs either within or beyond BHS, to give stakeholders the ownership that they aspire to. Both NGOs and CHDs have commented on the difficulty of knowing how to engage with each other to improve these competencies, and few instances are reported of widespread planned improvements, such as the DHIS.

3.2.2 Education

Education partners spoke of the need for transparency between donors, NGOs and

¹⁶ 2011 MTR and questionnaires

MoEs around budget availability, targeting of resource, implementation and monitoring, and expressed a view that this had been achieved well through BSF. State MoE and County MoE executives all spoke positively of their sense of control over budget allocation, in terms of targeting school construction or teacher training resource to meet needs identified at County level.

As State and County MoEs currently have only salary budgets¹⁷, they have no capacity to carry out fieldwork independently, and are dependant upon NGOs. Both NGOs and MoEs identified a need for a separate budget line, to provide direct funding to County MoEs, for example, to provide vehicles for field visits to construction or training centres, and to supplement community efforts to maintain school infrastructure. During BSF-IAe, some CEDs were provided with motorbikes, to enable education officers to visit schools within the district.

Over the later years of BSF, there have been some improvements in involving County Education Officers in the training that takes place through BSF.

3.2.3 WASH

The engagement of communities in developing water supplies leading to “ownership” has been variable. In many cases, sites were selected without consultation with communities, decreasing the chances of building good provider/user relations and associated accountability mechanisms¹⁸.

In terms of capacity building in WASH, BSF developed a good relationship at senior levels in MWRI and supported it to improve standards and technological approaches as part of capacity. On field visits, BSF always started with meetings with the local authorities. Beyond that, it was constrained in taking a more strategic approach by the nature of the BSF’s remit, and in particular by the shortage of staff at local government.

Development of better software procedures with minimum standards for community involvement was not addressed – this was left up to the individual NGOs.

3.3 Lessons for the future

BSF demonstrates

BSF has demonstrated a sustained commitment to engagement with Government and other stakeholders at all levels, from the secretariat of the Steering Committee to the work of NGOs with local health and education committees. This has achieved important if limited improvements in ownership, planning, management and operations.

Additional challenges

- The importance of each stakeholder is not conditional on the current capacities of its office. Programmes need to accept the strengths and constraints of all stakeholders, including emergent local and national structures of government, and work with stakeholders to overcome these constraints.

¹⁷ BSF-IA Review, 2011

¹⁸ Cleaver 2011

- As Government structures emerge, funding mechanisms need to evolve explicit enabling steps to achieve the competences and structures required for a transfer of ownership, strategic and operational decision-making, and budgetary control from the funder and NGOs, to both national and local government bodies, elected representatives and other local stakeholders.
- Support for stakeholder development must be supported by adequate resources, including staff and non-staff budgets, and technical support, in order for local government to participate effectively.

4 From Relief to Development

4.1 Lessons Identified

BSF began just 10 months after the Comprehensive Peace Agreement (CPA) 2005, in the immediate post-conflict recovery phase, when needs were very great, but government capacity to meet them was very weak. Peace and stability have not been complete, and nor can they be expected. Relief is still required to address the consequences of instability, conflict and population movements, in very challenging physical and economic circumstances.

In such a context, there were specific challenges around the timing and balance between the urgent and on-going, needs for service delivery (relief), and the longer term goals of building sustainable structures and capacity within the emerging nation state (development), for example¹⁹:

- *Time Frames*: relief requires rapid responses to short-term needs, where development depends on a strategic approach towards long-term goals.
- *Relationships with GoSS*: relief agencies (INGOs and NNGOs) are often forced to operate more independently of government than development agencies which must work with government and build its capacity.
- *Delivering the Peace Dividend*: CPA success was seen as depending upon tangible peace dividends, in the form of improved services which were unlikely to be achieved sufficiently rapidly through development approaches.

BSF appeared to offer an opportunity to work along twin tracks²⁰:

- delivering a peace dividend as rapidly as possible along a relief-track,
- paralleled by a slower development-track working to build capacities.

BSF was initially devised as a short-term measure to deliver basic services "while long-term measures [such as MDTF] come on line"²¹. Despite the short-term period of funding, the initial expected outcomes of BSF-1 were ambitious; perhaps overly so. As well as *increased coverage and access to service delivery*, BSF was expected to

- provide strengthened systems and structures,
- incorporate community-based, state and non-state provision;
- improve policy, procedures, and standards for sector-based services through government agencies,
- improve coordination and coherence in service delivery.²²

Yet in practice, given the short funding period, it was inevitable that actual capacity-building measures would be limited and narrowly time-bound. The formal programme "outputs" in the logframe were very modest: the establishment of a Steering Committee; a body of successful projects in service delivery; and monitoring and evaluation "with a particular focus on lessons learning and dissemination within BSF"²³.

The management cost averaged 7.8% over the period²⁴. This management fee may have been insufficient to do much more than basic administration of the fund – the

¹⁹ BSF-1 Review 2008

²⁰ BSF-1 Review 2008

²¹ Inception Report BSF-IA Final, 2010

²² BSF-1 Project Memorandum

²³ See Annex 6: Evolution of Logical Framework of BSF Programmes

²⁴ **Error! Reference source not found.**

implication is that the change in approach and associated capacity building should be incorporated in the NGO projects. The short funding periods for grants, however, made it difficult for the NGOs to move out of 'emergency mode', and staff contracts had to be kept short resulting in high staff turnover.²⁵ This high turnover is characteristic of relief workers compared with development workers.

The final report of BSF-1²⁶ found that MDTF funding was still delayed, creating a requirement for extension. The reviewers of BSF-1 questioned whether the BSF model could be copied and scaled-up to help GOSS expand access to basic services substantially? They believed it was possible, but it would depend on a more structured approach to commissioning work, and on finding service-providers willing to undertake larger programmes and to work to requirements defined by the programme, rather than by their own specialisms.²⁷

Throughout the BSF period, longer term aid instruments were expected to be just around the corner, and this was the essential justification for BSF-1, BSF-2, BSF-IA, and BSF-IAe, each as a bridging mechanism to something more long term that would address the move to development. Development of state institutions has also been frustrated by many events affecting this fragile young state, such as the collapse of oil revenues in 2012.

4.2 Extent to which these were addressed by BSF

BSF-1 favoured an approach that sought to integrate relief to development into a single track: delivering a measurable improvement in basic services, as a contribution to the peace dividend, at the same time as disseminating lessons within government to direct and manage those services. Yet over its repeated iterations, BSF moved from these lofty but poorly defined objectives for capacity building, to more specifically defined but limited outputs (BSF-2 and BSF-IA), eventually coming to focus its formal programme design exclusively on outputs for service delivery, with no outputs for capacity development at all (BSF-IAe)²⁸. It did not take up the challenge or ideas proposed by the BSF-1 review for more structured commissioned work.

The reduction in declared ambition does not reflect unwillingness or effort to conduct capacity building. The latest phase, BSF-IAe funded one of the most concrete examples of capacity building, by supporting the implementation of the District Health Information System at CHDs). However, the reduction in planned capacity development outputs is a reflection of growing scepticism within BSF about what it could actually achieve at a programme level, given the limited potential for capacity building within short-term projects, and the limited funding for programme management. Nevertheless, a more ambitious programme might have argued to funders for funds to support a more pro-active approach to capacity development.

Although conceived as a 20 month bridging project, the pace of the MDTF and other initiatives that were supposed to lead to a more developmental approach was slower than expected.

²⁵ BSF-2 Review 2009

²⁶ BSF QPR 4 2007 and QPR 1 2008 served as the final report for BSF-1.

²⁷ BSF-1 Review 2008

²⁸ See Annex 6: Evolution of Logical Framework of BSF Programmes

4.2.1 Health

At the programme level, primary health services in 2012 face many of the same challenges for improving GoSS capacity as in 2006. Human resources, drug management and CHD capacity are recurrent issues in all BSF reviews and management reports. BSF and its partner NGOs have certainly been willing to engage in developing the systems and structures required at local and higher levels. Since 2011, and following the recommendation of the 2011 report, it has also made available more technical resources in health than hitherto.

However, long-term training, capacity in drug management, and addressing the skill shortage have remained beyond BSF's control as a provider of funds for facilities and short-term operations. Likewise, although many NGOs have sought to support the work of CHDs and describe a positive working relationship, the functioning of CHDs remains variable and sometimes very low²⁹

BSF has sometimes been more able to support the transition to development at the project level. There was a strong increase in funding for training and capacity development between BSF-1, Round 1 and BSF-2, from 5% to 23%.³⁰ From the NGO perspective, an NGO was able to claim that it had changed from an emergency relief operation to an "integrated primary health care and capacity building project".

4.2.2 Education

In relation to both school construction and teacher development, BSF has operated primarily in a 'relief' modality, in that services have been delivered primarily through NGOs, rather than through disbursement of funds through State and County MoEs. However, BSF education partners have shown significant evidence of working collaboratively, with shared ownership, particularly relating to decisions about resource allocation. It is likely that both the role of NGOs, and the pro-active involvement of State and County ministries, have been significant factors in BSFs' positive performance in service delivery. But not disbursing funds directly through state systems limits the extent of capacity and ownership longer term.

For teacher development, some teacher training was delivered through County Education Centre (CEC) facilities. Improvements from 2010 have been reported in the participation of County Education Officers (CEOs), with ELT teacher educators being appointed jointly between NGOs and State MoEs, and State MoE 'trainers of trainers' being used to train PTAs. However, there is no GOSS budget to sustain ongoing training activities through CECs.

WASH

Overall, a more in-depth study is required looking at levels of inclusion and accountability to communities being served by water schemes before conclusions can be drawn regarding links with wider state- and peace-building.

Cleaver (2011) addresses the shortcomings of the predominately relief approach and the changes needed:

“Given that the main mode of delivery of water in Southern Sudan to date has been one of humanitarian assistance, government structures are frequently bypassed and there is little attempt to involve the community on a sustainable

²⁹ Hutton, 'Review of support provided by BSF grantees to County Health Departments', BSF 2012

³⁰ BSF Review 2009

basis. Switching to a developmental mode of service delivery will involve changing expectations of both providers and water users, and adopting different principles: community engagement; long-term sustainability, and water as a service rather than a hand-out.”³¹

4.3 Lessons for the Future

BSF demonstrates:

- BSF has shown that services can be delivered on the ground, often in very challenging circumstances. These have been delivered largely through a ‘relief’ modality, using a mix of NNGOs or INGOs with large contingents of local staff, working in collaboration with embryonic local government at county and state level. Its approach has enabled BSF to implement more swiftly, effectively and cost-effectively than many programmes in South Sudan.
- BSF has learned to work within its own limitations, recognising that more developmental approaches, emphasising capacity building, and delivery *through*, as well as *with* local government, require longer term programmes than are feasible with short-term limited funding.

Additional Challenges

- As well as ensuring effective delivery, funding mechanisms need to provide deeper support for Government capacity. Capacity development for transition requires more than adding training to inherently weak government systems. It also requires change in approach by NGO service providers, including development-oriented and experienced staff on longer term contracts.
- Even short-term funds can make a start on this by allocating a percentage of funds for short developmental steps, commissioning these from specialist organisations alongside service delivery projects.
- Funding partners need to acknowledge Government aspirations for control over funds, such as utilising Government payrolls and systems. Governments and their partners therefore need to work together to fulfil at least some of these aspirations over the life of a fund, whilst managing the inherent risks to service delivery and VfM.
- Funds must be able to respond to unforeseen interruptions and reversals in capacity development, and not allow these to frustrate the commitment to service delivery or capacity development.
- Long-term and predictable funding is a pre-condition for working towards Government aspirations, and for transforming fragmented and supply-driven services into a strategic response to need.

³¹ Cleaver 2011

5 Conflict

5.1 Lessons identified

Conflict sensitivity was necessarily one of BSF's core principles: "Employ a conflict-sensitive approach to service delivery projects and programmes; at a minimum, 'do no harm' by not exacerbating existing tensions; ideally basic service provision will build on conflict analysis to reinforce security and stability"³².

The overall conclusion of the *Multi-donor Evaluation of Support to Conflict Prevention and Peacebuilding Activities in Southern Sudan 2005-2010*³³, which included BSF, was that:

"Support to conflict prevention and peacebuilding [CPPB] has only been partially successful. Donor policies and strategies did not fully take into account key drivers of violence resulting in an overemphasis of basic services and a relative neglect of security, policing and the rule of law, which are essential in state formation. Ongoing insecurity compromised effectiveness and sustainability of basic services and livelihood development. Supporting state building in Southern Sudan requires an inclusive approach."

More specifically, the Evaluation makes two important points:

"Donors have re-configured the term [marginalised] to emphasise 'lack of development and services', and by doing so have implied that this is a major cause of conflict. Local conflict may arise from disputes over access to resources, but these can escalate either because of historical factors or because of political manipulation. Lack of development might, at most, be a cause of disaffection that contributes to tension in such cases but it cannot be cited as either a sole or significant cause of conflict.

"A dominant 'theory of change' resulting from this conceptual assumption is that 'all development contributes to CPPB', encapsulated in the term 'peace dividend'. The logic seems to be that development is not only a reward for peace (the CPA) but that failure to deliver a 'peace dividend' could lead to conflict. The evidence for such a claim is derived from studies on CPPB conducted in other parts of the world, but the causal link between delivering services and abating violence is not found in Southern Sudan, despite this being the dominant paradigm that informs the aid operations. In Southern Sudan a more precise identification of the causes of conflict is needed."

5.1.1 Health

No evidence was found of conflict arising from BSF interventions.

As well as BSF's increasing focus on displaced people at the programme level, NGOs show awareness of conflict in project design and execution. NGOs emphasised the importance of listening to a range of tribal, community and political interests in the consultation process, and care in balancing recruitment between tribes.

Threatened or actual conflicts at several levels have disrupted construction, service delivery, resulted and resulted in loss of materials and facilities: inter-clan disputes, militia and cross-border activities have all been cited as causes. Strengthening health

³² BSF Application Guidelines, third round 2008

³³ J.Bennet *et al.* Policy Brief, 2010

services has also been reported as a driver for reconciliation efforts.

The BPHS has been criticized for the absence of services addressing sexual and gender-based violence³⁶ possibly because they are less cost effective than other interventions. There is evidence that violence against women is exacerbated in war-torn areas; and because of their status in society women's health is influenced by gender-based violence³⁷. This is closely linked to consideration of the need and potential for basic services to address mental health needs following conflict and emergencies³⁸. These are areas where, in other settings, NGOs have been effective in both analysis and response³⁹.

5.1.2 Education

No evidence was found of conflict arising from BSF interventions in education.

There was an increasing focus on displaced peoples at the programme level, and NGOs worked closely with State and County level MoE personnel, in dialogue with local communities, to prioritise the very limited resources for school construction to the communities where the need was perceived to be greatest. Within this process of dialogue and planning, MoE and NGOs took account of returnee populations.

5.1.3 WASH

As well as taking account of locations where dislocated populations will settle, decisions about the location of water infrastructure may also partly determine patterns of resettlement. Whilst donors may see increased provision of basic services as a peace dividend⁴⁰, there is little evidence that increased service provision correlates with reduced tribal conflict⁴¹. In addition, studies in other countries have shown that provision of water supplies for pastoralists can lead to concentrations of people and animals, resulting in overuse of the water resource and environmental degradation from over-grazing, both of which can be a cause of conflict.⁴²

The BSF-IA Review found that the actual numbers of users of boreholes in several places may be much higher than assumed, "sometimes more than 1,000. ... It was reported that such high usage generates arguments and conflict."⁴³

5.2 Extent to which these were addressed by BSF

NGOs and BSF have responded well to changing needs. BSF showed flexibility in increasing funding to NGOs responding to increased demand from returnees and IDP.

³⁶ Roberts, Guy, Sondorp and Lee-Jones 2008

³⁷ (Pavlish and Ho, 2009a and 2009b)

³⁸ Mental Health and Conflicts: Conceptual Framework and Approaches, F Baingana, I Bannon and R Thomas, World Bank, 2005

³⁹ Mental and social health during and after acute emergencies: emerging consensus?, van Omeron et al 2005, Poverty and mental disorders: breaking the cycle in low-income and middle-income countries, C Lund et al, The Lancet 2011

⁴⁰ (Bennett et al., 2010) quoted by Cleaver 2011

⁴¹ (Cleaver, 2011)

⁴² Reference to be identified

⁴³ BSF-IA Review 2011

5.2.1 Health

Both in guidelines and in practice, BSF and NGOs have sought to respond to the needs of internally displaced people and host populations in these areas. BSF-IA specifically focused health interventions in these areas. BSF has responded well to opportunities identified by NGOs to respond to health and other needs (e.g. a borehole) of IDPs. Conflicts, and the need to respond to them, are on-going and ever-changing. Well-positioned NGOs in long-term service provision have been able to provide important intelligence for humanitarian NGOs arriving to address emergencies.

While this sensitivity is important, there has been less consideration of the design and response of health services to address social or individual needs arising from conflict. The Peer Reviews do not consider conflict in relation to ownership, or the delivery of services.

5.2.2 Education

In BSF-IA and BSF-IAe, "...interventions of school construction and additional English language training have specifically targeted this policy [of integration] by providing host-communities with permanent schools.... and providing returnee teachers with the language skills they require to fit into South Sudan's Anglophone education system"⁴⁴.

Teacher training in English predominantly targeted Arabic-speaking teachers returning from Sudan, having reached some 428 teachers in BSF-IAe, through NGO delivered ELT training. By comparison, the scale of school construction for returnee populations, and host communities, was limited. BSF-IA-e aimed to construct only 48 classrooms... equivalent to six schools of the GoSS pattern.

The scale of school construction was extremely modest in relation to need: "...In 7/10 states, there are over five hundred school-aged children per classroom...In order to meet 50:1 ratios, South Sudan will need 24,000 new classrooms Challenges are likely to be exacerbated in areas with increasing numbers of returnees"⁴⁵ The actual BSF response could therefore only be seen as a very partial response to the enormous needs of IDPs and their host communities. That the relatively sparse investment in educational infrastructure, in a context of such great need, does not appear to have caused conflict, is a testament to the participatory and inclusive processes developed by BSF, NGOs and State and County MoEs, in planning and delivering outputs.

5.2.3 WASH

The location of waterpoints was left to NGOs to determine. In some cases they ensured provision of waterpoints for returnees, and some provided water for cattle to prevent conflict between settled people and pastoralists.

5.3 Lessons for the Future

BSF demonstrates:

- Close support to carefully selected NGOs with strong local experience has enabled BSF to deliver good practice at the project level in primary health and

⁴⁴ BSF-IAe QPR 3

⁴⁵ BSF-IAe Business Case 2011

education, where sensitively designed projects have responded to the needs of IDPs and host populations without causing or exacerbating conflict. This has been achieved despite the very modest resources available.

Additional Challenges

- Fund programmesFunds should be informed by a deep analysis of the specific drivers of conflict in the particular context rather than assuming generalisations from elsewhere. They need to work with Government and service providers to realise the strategic potential of basic services in preventing and responding to conflict and other emergencies. Programme design needs to include indicators of progress in conflict prevention and peacebuilding⁴⁶
- The design of services should respond to problems arising from conflict. Basic services are likely to need to be adapted to address such issues as gender-based violence, needs of former child soldiers, mental health and interrupted education.

⁴⁶ Policy Brief from Aiding the Peace: A Multi-donor Evaluation of Support to Conflict Prevention and Peacebuilding Activities in Southern Sudan 2005-2010

6 Gender

6.1 Introduction

Gender is an important dimension of inequality and exclusion from basic services in health, education and WASH. Other dimensions of inequality result from conflict, disability, including disability from armed conflict, displacement, nomadism, rural and urban disparities⁴⁷, and cannot be addressed fully in this report.

When CIDA conducted a gender equality assessment of BSF, it concluded: “Despite the lack of gender expertise and effective tracking mechanisms, there are indications of attention given to gender equality results with positive gender mainstreaming outcomes.”⁴⁸ This finding was echoed in the BSF Review of 2009.

An understanding of gender-specific needs must lie at the root of any gender strategy, so that actions take account of specific gender issues, whether relating to health, education, WASH, or underlying social and cultural factors, including nomadism and conflict. The Gender Equity Assessment of 2009 noted the lack of a gender baseline, and recommended that this be undertaken.

6.2 Lessons identified

6.2.1 Health

Health programmes were not designed from a strongly gender-specific perspective. Nor were gender-specific indicators widely reported by BSF initially. However, both BSF and NGOs stress that women are principal beneficiaries of primary health programmes, with activities strongly focused on maternal and child health. Some NGOs reported that men felt that they had less to gain from primary health programmes. The health benefit to women has been hard to demonstrate: reductions in maternal mortality cannot be demonstrated over a short period, neither without a clear methodology and baseline⁴⁹.

Women were also reported to be actively involved in hygiene groups, community groups, though the 2010 Peer Review found that only 20% of Health Committee members were female.

BSF recorded training by gender, but it is unclear whether BSF was able to help women advance in nursing, midwifery, management or other health careers. Most courses were very short, less than 4 days for a community health worker. The focus of many NGOs on training traditional birth attendants and community midwives was at odds with GoSS policy, which – realistically or not – demanded higher level professionals, of whom BSF was able to train very few.

6.2.2 Education

Improving girls’ participation in education.

BSF promoted a number of ‘girl friendly’ approaches intended to change attitudes within schools and communities, to girls’ participation in education. These included gender dimensions to PTA training, provision of ‘comfort kits’, uniform, feeding programmes and counselling for girls.

⁴⁷ Fitzgerald, 2002; Breidlid, 2005????

⁴⁸ Salih M K, 2008

⁴⁹ Case Study – Millennium Development Goals Southern Sudan, BSF 2009

The proportion of female teacher participants in BSF INSET and PRESET training is low (for example, a 15:85 gender ratio was reported for teachers participating in ELT INSET in NBEG⁵⁰). To some extent, this may reflect the low representation of females within the teaching population, which in turn reflects the low representation of females within the education system more generally. Additionally, state education directors identified provision of childcare as a major obstacle to female teachers' participation in teacher development programmes. There is also some suggestion that the long time period (four years) required to complete the GoSS INSET curriculum may be problematic for women⁵¹.

6.2.3 WASH

It has been noted that in contexts where many men migrate with cattle, the importance of creating space for women's voices to influence planning. Management of water resources goes beyond issues of representation and participation alone, to being critical in achieving sustainable impact through water governance.⁵²

There is insufficient evidence of community consultation in planning, or participation in implementation, of water resource management through BSF, and the extent of pro-active approaches to enable women's voices to be heard is less clear. Some NGOs ensure up to 50% representation by women on committees and participation in hygiene behaviour change, but the effectiveness of this is not clear.

6.3 Extent to which these were addressed by BSF

Cleaver argues that "fraught gender relationships seem to be a major social fault-line in the post-conflict situation in Southern Sudan, and yet service provision on the whole is apparently planned with gender as something of an 'add-on'"⁵³

The 2009 BSF Review noted the lack of any explicit mandate to address gender in the Call for Proposals of 2009. This was seen as a "missed opportunity".⁵⁴

At each stage, however, there have been limits to the action available for BSF. It would have been hard to justify the cost of a gender "baseline" gender study for BSF, as recommended in the 2008 Gender Equity study, when BSF was due to close in mid 2010.

When considering how BSF evolved to address gender issues, we also need to consider what was feasible within the constraints of a temporary programme.

6.3.1 Health

BSF continued to rely primarily on the assumed public health benefit to women of health improvement. However, it quantified these, setting explicit targets for women attending Ante-Natal Care, and for attended births. The latter is proving most difficult to achieve.

Possibly, if BSF had focused on attended births or other gender-specific indicators in 2006 rather than 2012, it might have advanced further. However, recording

⁵⁰ interview 6th October 2012

⁵¹ BSF-IAe Q3 Report

⁵² Cleaver 2011, from analysis based on various authors

⁵³ Cleaver F, 2011

⁵⁴ BSF Review 2009

performance does not necessarily improve it. Women's confidence in delivering at a facility or with a skilled attendant is linked to service access, quality and communication, which in turn depend on the availability of skilled staff, facilities, medicines and effective referral systems.

In practice it is hard for NGOs on short-term contracts to address these long-term factors, particularly the availability of skilled midwifery staff. Short term interventions, such as the proposal of the BSF Gender Equality Assessment that BSF should work more with TBAs, would have gone against GoSS policy. However, GoSS had not turned its policy into a workable HR Plan, so it was impossible for BSF to win: short term solutions such as training of community health workers, community midwives, TBAs and other health cadres were criticised as being against GoSS policy, but in order for BSF or NGOs to train staff successfully, GoSS would have need to provide a national training plan for them to slot into.

BSF has not focused on improving women's participation in project management and communication with a clear programme of activities and outputs. Although there is evidence of good practice in committees, hygiene groups and community facilitation, the evidence remains anecdotal, rather than systemic.

6.3.2 Education

Construction

BSF School construction and improvement programmes considered gender requirements regarding dormitories, staff accommodation, and segregated washing areas. Earlier evaluations recommended increasing the number of latrines to two per classroom (one male and one female), so that appropriate numbers of latrines were available for use during short breaks⁵⁵. However, the extent to which such considerations could be implemented was somewhat limited by the standard GoSS school construction specification.

Teacher Training

Female only Per Diems were used to encourage participation of women teachers in some ELT INSET programmes, but were not widely adopted due to the tensions this created between male and female participants.

State Education Directors in NBEG suggested a number of further approaches to enable female participation in future teacher training, including provision of additional per diems to enable female teachers to bring child minders with them for residential training; keeping training within the County, to reduce travel times and concerns over unaccompanied women travelling or being away for extended periods; increasing the presence of female tutors at training courses, and considering the possibility of female only training courses.

6.3.3 WASH

It appears that issues of gender in WASH were largely left to the NGOs to address, many of which have policies on gender in WASH.

⁵⁵ BSF-IA Review, 2011

6.4 Lessons for the future

BSF demonstrates:

- BSF has delivered a 'general good' in health, education, and WASH, which broadly benefits women and girls. In doing this, BSF has also demonstrated gender sensitive practices in programme delivery, such as the formation of *Hygiene Groups* in Health, provision of *Comfort Kits* in education, and in training of female artisans in community based WASH programmes and equal numbers of men and women for WUCs.

Additional challenges

- Funds need in-depth gender analysis, with subsequent input to policy and practice for service design and delivery.
- In order to progress on gender and other inequalities, a future fund needs a baseline of women and girls' needs and resources, their access to services, employment and engagement in decision-making
- Programme design should address issues of women's ownership of service design and delivery, with programmes that provide incentives and reduce barriers to women's participation.
- Programmes should use gender-specific measures of outcome, service delivery, employment and engagement.

7 Performance

7.1 Lessons identified

BSF has focused on coverage of and access to water and sanitation, education and primary health services. Water and sanitation was not addressed in BSF-IAe (except for infrastructure in schools and primary health facilities), (due to the financial restrictions, low priority and lack of a WASH advisor in the lead donor, DFID, and increasing WASH activity from European donors) which only addressed primary health and education.

When BSF was established, donors typically focussed upon 'outputs' when monitoring project performance. Over the life of the BSF mechanism, there has been a global shift in emphasis from monitoring 'outputs' to 'outcomes'. BSF has attempted to respond to such changes. (See Annex 6: Evolution of Logical Framework of BSF Programmes(See Annex 6: Evolution of Logical Framework of BSF Programmes).

There is a widespread perception by reviewers, observers and stakeholders of strong performance in service delivery. NGOs attributed this to

- close monitoring, with responsive support by BSF staff
- monthly reporting by NGOs: although this was found to be burdensome, punctual monthly reports (performance and expenditure) received equally punctual funding.
- Flexibility and re-allocation of unspent funds to meet changes in needs and opportunities

7.1.1 Health

Initially BSF reported only outpatient consultations and the number of facilities built, rehabilitated or supported. The services provided were not specified so there was hard to assess what services were delivered, their quality or their contribution to health. However, even this limited information was far beyond what was available from any other primary health facilities.

BSF sought to understand the quality as well as quantity of services, with effective use of Peer Reviews in 2008 and 2010. These identified major issues in

- Quality and access to facilities
- Level of service utilization
- Scope of service delivery, with NGOs typically delivering only 50-60% of the BPHS
- Lack of trained staff, particularly in midwifery
- Dependence on NGOs, especially for staff incentives and drug supplies
- Weakness of CHDs and lack of plans for CHDs to take over facilities

Unfortunately there is no recent comparative information about non-donor supported facilities. It is likely that many facilities without donor support were performing much worse than those reviewed.

7.1.2 Education

Monitoring of education so far has been essentially quantitative, at an output level (e.g. How many schools built, how many teachers trained). There is a need to develop more qualitative monitoring and evaluation criteria for education programmes, particularly in relation to teacher development.

7.1.3 WASH

Throughout the BSF, numbers of beneficiaries for water supply were estimated for both planning and reporting, initially at 500 per water point based on the SPHERE⁵⁶ indicators for emergency response, and subsequently at 250 per water point in accordance with MWRI's Technical Guidelines. Actual number of people with access to the waterpoints was not assessed. The numbers of beneficiaries for household latrines was estimated at 5, which is reasonable as it is based on family size; actual usage has not been assessed or reported.⁵⁷

Regarding household latrines, both planned and achieved targets were only a small fraction of the actual numbers of users for water supply – about 15% in BSF-IA. This was despite GoSS's requirement, and the generally accepted principle internationally, that programmes of supply and sanitation should achieve equal coverage.

Weaknesses in quality were found in borehole construction due to: lack of control of construction contracts; water quality, in particular due to chemical parameters; and the processes for development and implementation of water supply projects and hygiene promotion.⁵⁸

7.2 Extent to which these were addressed by BSF

7.2.1 Health

BSF has built on its early success in delivery, from 743,000 consultations a year under BSF 1⁵⁹, to an estimated 1,440,000⁶⁰ primary health consultations in 2012 based on NGO targets. BSF has facilitated, rather than driven delivery, through clear and punctual funding mechanisms, positive monitoring and support.

BSF has been unable to address fundamental limitations of its design that limit its capacity to focus on health improvement rather than service delivery:

- Service design is facility-based, not population-based, partly because of constraints within the County Health structure
- The consultation rather than the impact of the intervention is the focus, partly as a result non-standard health provider reporting
- The focus is short-term service delivery, rather than long-term health improvement, as a result of BSF's own short term design.

Measuring health outcomes remains problematic. A programme over 5-10 years is more likely to demonstrate changes in child or maternal mortality, making it more suitable for state or federal surveys in line with GoSS's Health Sector Development Plan.

CHDs still suffer a severe lack of qualified staff, resources or guidance⁶¹. BSF grantees have provided a variable range of training and support inputs, in which the most consistent component was support for implementation of the district health

⁵⁶ The SPHERE Project: Humanitarian Charter and Minimum Standards in Humanitarian Response, <http://www.sphereproject.org/handbook/>

⁵⁷ Reviews of BSF-1, BSF-2 and BSF-IA

⁵⁸ Reviews of BSF-1, BSF-2 and BSF-IA, BMB Mott MacDonald (2009).

⁵⁹ 742,000 consultations over 21 months, BSF-IAe QPR3

⁶⁰ BSF-IAe Inception Report

⁶¹ Review of support provided by BSF grantees to County Health Departments, June 2012 ,

information system, but there has been a lack strategic objectives to drive a significant contribution to address local skill shortages.

7.2.2 Education

Construction

Overcrowding within newly constructed schools, in years immediately following construction, was likely to significantly impact quality of teaching and learning, and mitigate against teachers' being able to implement pedagogical practices developed through INSET or PRESET effectively. However, this was not monitored systematically.

Teacher Training

Lack of English language competence was thought to have limited teachers' ability to benefit from the INSET programme, which used English as the Medium of Instruction.

BSF tried to organise teacher development such that teachers first completed ELT training, before going on to complete training in the INSET curriculum. The extent to which this happened in practice is unclear. There remains no obvious large-scale, low-cost method for assessing communicative English Language Competence, which might have been used to assess teachers' learning gains from the English Language training, or their readiness to participate in INSET or PRESET programmes delivered through English medium.

There were moves with schools to look at attendance instead of enrolment, but in terms of teacher training, there were no standard assessment instruments (in terms of curriculum knowledge), or monitoring / evaluation instruments (in terms of classroom practices). Therefore, training outcomes tended to be measured in terms of completion.

7.2.3 WASH

The timing of BSF Phases was determined by the donors, so BSF was not able to adjust timing to fit with the seasonal dependence for construction activities. BSF addressed this problem by allowing flexibility so that construction was carried out very late in the funding phase, but during appropriate seasons for construction.

This illustrates a very positive aspect of BSF – rather than just funding NGOs, the donors allowed BSF the scope to intervene and provide additional support to improve the activities and outcomes of the NGOs.

BSF addressed issues of quality by developing construction standards in collaboration with MWRI and organising seminars and training.

7.3 Lessons for the Future

BSF demonstrates:

Despite insecurity and many other obstacles, BSF has achieved a productive and responsive grant-making process, delivering substantial volumes of service output. Important features of its practice include

- Efficient management of competitive award contracts,

- Flexibility and responsiveness in redirecting funds to, projects and opportunities where progress is possible, when environmental, security or capacity issues block progress elsewhere
- Good understanding of NGO projects and concerns, based on frequent, well-reported monitoring
- Providing specialist resources where needed, e.g. construction, reproductive health
- Prompt disbursements to NGOs and reporting to donors
- High expectations of delivery and reporting by service providers, and support to enable them to achieve it

BSF has harnessed available NGO capacity to deliver outputs where and when this has been possible. Although this model can be criticised, as in the 2008 review, as 'NGO proposes, funder disposes', it nevertheless has merits as a realistic approach to maximising outputs, in the transition from relief to development.

Additional Challenges

- Funds need a clear theory of change, that show how performance in delivering outputs (facilities built, training completed) translates into positive outcomes in health, education and WASH, and clear indicators for monitoring outcomes.
- The assessment of performance needs to embrace the institutions and their capacity to support development, as full as service delivery.
- Although need is initially hard to quantify, programmes strategies for service delivery need to be realistic responses to the scale of local and national demand, so that service delivery is not degraded by overuse, for instance by overuse of boreholes, or made irrelevant by the inadequacy of its scale, for instance in high cost training projects for small numbers of teachers.

8 Value for money

8.1 Introduction

Value for Money is the result of the *economy* in the use of resources, using them *efficiently*, and ensuring that they are *effective* in delivering project outputs and outcomes.

BSF has consistently emphasised financial accountability: providing payment in arrears, working hard to achieve an efficient and accountable use of resources. NGOs praise the promptness of BSF's payments, and have generally reported regularly and reliably.

MM provided BSF with technical and management expertise at moderate cost. The management cost shown by BSF at the outset was 9.6% of total cost, reducing slightly, to provide an average of 7.8% over the period.⁶² BSF is a small, hard-working and dedicated team. However, BSF has remained a parallel system to government administration over 7 years.

8.2 Lessons identified

8.2.1 Health

The 2008 review challenged the affordability of primary health services, arguing that the annual cost of \$14 per head was double the 2005⁶³ estimate. The 2011 Review found that the BSF component of costs was only \$6 per head, though this excluded Government expenditure. BSF expenditure rose to \$11⁶⁴ during South Sudan's economic crisis following the loss of oil revenues in 2012, when the Austerity budget affected government payrolls and drug supplies, and fuel costs tripled. Recurrent costs therefore remain vulnerable to economic instability.

Construction costs in health were lower in BSF-IA than in the previous phase (e.g. weighted average PHCU cost down from £36,975 to £30,530⁶⁵. and significantly below costs indicated in the 2005 Joint Assessment Mission⁶⁶ However, the value for money of these units depends on their specification and longevity. Facilities continue to vary in specification, and building lifetime and maintenance costs remain unclear.

It is hard to form a useful assessment of the efficiency of primary health programmes:

- NGO reports have been in diverse formats, and based on facilities rather than populations;
- district health information systems are still being established;
- diversity of geographical conditions, instability, pastoralism, population density and mobility make comparisons between facilities difficult

The focus of BSF's health programme was largely determined by NGOs' own programmes and therefore not necessarily focused on the most cost effective interventions. Many highly cost effective interventions are available in reproductive

⁶² See Annex 8: BSF Management Cost

⁶³ Joint Assessment Mission Sudan 2005, World Bank and United Nations

⁶⁴ BSF communications 2012

⁶⁵ BSF-2 Completion Report; BSF-IA Completion Report. The weighted average cost takes account of variations in cost of access, building materials and techniques between areas.

⁶⁶ data from United Nations Office for Project Services, UNOPS, in BSF-IA MTR 2011

health, child health, malaria, immunisation, control of malaria⁶⁷ and neglected tropical diseases⁶⁸. Highly cost effective public health interventions are also available, particularly in water and sanitation.

Here the focus of each major donor-funded programme, largely operating in different states and counties is different. It can be argued that all these approaches are consistent with emerging Government policy. However, BSF's documentation did not provide a strong rationale, economic or otherwise, for the of one approach rather than another.

- BSF: broad range of primary care, including construction and rehabilitation
- USAID: seven high impact health interventions.⁶⁹
- MDTF: government capacity for monitoring and evaluation and other "back-end" functions⁷⁰.

8.2.2 Education

School Construction

National NGOs were found to offer significantly better VfM for school construction than International NGOs, lowering costs, whilst enabling construction in some of the more challenging geographical and security environments. BSF construction costs were reportedly amongst the lowest for any construction project (government or donor) in South Sudan.⁷¹

Teacher Training

There were significant challenges around teacher retention within the school system, which may have some impact upon VfM from teacher training. Low retention was thought to be linked to uncertainties around level and regularity of remuneration for teachers. During the oil pipeline closure, austerity rates were less than 1/4 of the normal (already low) salary. Teachers sometimes went unpaid for several months. Qualified teachers, post-austerity budget, may have been paid as little as 200 South Sudanese Pounds (~£38) per month⁷² Teachers finishing their PRESET courses also went onto a lower pay grade than they may have anticipated, as the final 4th module of the GoSS teacher education curriculum was not finalised.

There were also concerns over the efficiency of some of the INSET delivery, in which:-

- some teacher educators were paid for a full day, but only had a few hours contact per day with teachers,
- some teachers regularly spent a significantly greater proportion of time travelling to and from training, than participating in it.

⁶⁷ See World Health Organisation, WHO-CHOICE: Choosing cost effective interventions in health www.who.int/choice/

⁶⁸ The Global Programme to Eliminate Lymphatic Filariasis: Health Impact after 8 Years, E A Ottesen and others, PLOS Neglected Tropical Diseases, 2008

⁶⁹ South Sudan Health Transformation Project Phase II, End of Project Performance Evaluation, USAID

⁷⁰ Delivering Results 2011 Annual Report, Multi Donor Trust Fund

⁷¹ BSF-IAe QPR 3

⁷² BSF-IAe QPR 3

8.2.3 WASH

Although the BSF costs were in line with other programmes, early reviews considered future affordability for GoSS a major cause for concern. There was wide variation between NGOs in the costs of drilling boreholes, some due to geographical and geophysical differences, but mainly due to different contract arrangements (bill of quantities or lump sum).⁷³ Costs increased significantly in BSF-2, again with wide variation mainly due to the different type of contract⁷⁴. Taken together with BSF more recent review⁷⁵, the evidence on variation in costs due to contract type is inconclusive.

The predominant technology for water supply has been new boreholes fitted with handpumps, with little consideration for alternatives such as hand-dug wells and traditional sources. The alternatives have the advantage of being cheaper and easier to maintain, with more of the construction cost contributing to the local economy, albeit at some risk to the reliability of the water quality. It is, however, difficult to assess the value for money of individual components for water supply due to wide variation in geographical and hydrogeological conditions.⁷⁶

It is not clear in BSF reports whether recent rehabilitations are restoring boreholes that were newly constructed in earlier phases of BSF. If this is the case, it substantially lowers the value for money. This relates to one of the most critical parts of value for money: sustainability. Software processes for development of water supplies and hygiene behaviour-change are a foundation for sustainability. Without adequate funding, the value of the infrastructure will be lost.

On institutional sanitation, where the whole cost of the latrines is provided through the BSF funding, the average cost has remained the same, with increases and decreases depending on the soil type. Only one NGO reported on the costs of household toilets.

8.3 The extent to which these issues were addressed by BSF?

8.3.1 General

BSF has maintained and improved its disbursement of funds, keeping closer to plans for construction and delivery of service than many funds, both in South Sudan and elsewhere. Despite maintaining a modest management cost, it also provided additional technical support for construction under BSF-IA, and for health in BSF-IAe.

However, the scope for major improvements in repeated programmes of 12-20 months is much smaller than for a 5 year programme. There is a tendency to repeat previous ways of working, rather than innovate. Thus, in 2012, 12% of BSF contracts were led by NNGOs, which were found to have lower costs in classroom construction. This is barely higher than the average for the whole programme of 9%⁷⁷. There is no process for developing NNGOs so that they might be equipped to bid as a lead contractor in a year's time.

⁷³ BSF Review 2008

⁷⁴ BSF Review 2009

⁷⁵ BMB Mott MacDonald (2012)

⁷⁶ BSF Review 2011

⁷⁷ BSF-IAe QPR 3

8.3.2 Health

In response to the need to demonstrate effectiveness, BSF now monitors many more aspects of health service delivery. This does not tell us, however, whether effectiveness has improved, or provided a means for improving it.

BSF has been unable to make strong advances in reducing the cost of consultation, whether by economy or efficiency. Many of the reasons for this have been beyond BSF's control: efforts to rationalise and integrate GRSS and NGO human resource costs have not yet produced savings; the underlying shortage of skilled staff increases reliance on non-local staff, and necessitates intensive supervision to achieve quality; drug supply remains very dependent of NGO supplies; and the weakness of County Health Departments further increases NGO costs.

Within the context of a short-term programme, BSF has done what it can, but small numbers of short courses in county administration or community health are quite inadequate for the challenges of building competent CHDs and trained clinical staff.

8.3.3 Education

BSF Monitoring included financial management indicators, time efficiency indicators, and assessments of how closely NGOs have worked with County and State MoEs. In education, NNGOs, and INGOs with high proportions of national staff, performed relatively well on these indicators. In particular, the best performing NGOs (spending against forecasting) all had South Sudanese Project managers.⁷⁸

School Construction

The investment by BSF in building NNGO capacity for project management administration and systems, together with rapid disbursement mechanisms, enabled some NNGOs to participate in BSF, without dependence upon INGOs as intermediaries. As capacity within NNGOs was built, school construction times were greatly decreased in BSF-IA and BSF-IAe, compared to BSF 1 & 2, whilst construction costs were minimised.

Teacher Training

BSF was not able to improve the productivity of tutors, or find a more effective and efficient model of operation, although they did explore the possibility of tutors using the school hours of each day, to visit student-teachers in their schools.

Issues of teacher retention (including payroll reform and the completion of the GoSS teacher education curriculum) were beyond the scope of BSF.

8.3.4 WASH

BSF has supported MWRI in major efforts to reduce the cost of drilling new boreholes, by working on improving technical standards for borehole construction, including geophysical survey to reduce the rate of dry boreholes, and by the use of Bill of Quantity type contracts for the for drilling of boreholes. These efforts were coordinated with government partners and other agencies, and included seminars and guidelines.

⁷⁸ BSF-IAe QPR 3

There has not been any significant effort to address the cost of household latrines, or to incorporate current international trends on the financing of sanitation to more effectively target the use of subsidies.⁷⁹

8.4 Lessons for the future

BSF Demonstrates:

- BSF shows that good funding programmes can provide Value for Money, within the constraints of a short-term funding model operating in difficult economic, political and geographical conditions. BSF has used an efficient management agent with reducing overheads, committed to cost effectiveness and the quality of its own service to NGOs.

Additional Challenges

- In order to assess their value, programmes should provide a clear economic appraisal of the expected social, economic and institutional benefits of their outcomes, and monitor progress against these.

Funding programmes need to make longer term investments to break out of the high costs incurred by short-term programmes. They need to work with their partners in government and service delivery to address major cost drivers through, e.g.

- Human resource interventions that go beyond small scale short-term training to address the skill shortages that inflate the costs of basic services
- Reform of supply chains to provide reliable and affordable equipment, materials and medical supplies
- Investment in new technologies for delivery, maximizing the use of sustainable local resources and “software”, rather than the standard solutions used by relief programmes
- Reducing duplication of management systems by integrating the fund within national and local government structures,
- Increasing direct contracting by local NGOs and other local suppliers.

⁷⁹ See, for example, Evans, B., C. v. d. Voorden, et al. (2009). *Public Funding for Sanitation: the many faces of sanitation subsidies*. Geneva, Water Supply & Sanitation Collaborative Council

9 Sustainability

9.1 Lessons Identified

At the field or community level, BSF has made significant investments to engender and support community ownership of outputs, particularly in relation to built infrastructure, such as health facilities, schools and water-points. At this level, sustainability may be considered in relation to communities' ability to maintain the benefit of these structures, once external funding and NGO support is withdrawn.

Sustainability may also be considered in terms of the ongoing expansion of basic services provision, post-BSF, and of the ability to retain the insights into effective ways of working that have been developed through BSF's 7 years of practice. The BSF 2008 review noted that GoSS did not have independent budgets to maintain the infrastructure that BSF had constructed, nor to continue the expansion of this infrastructure: "while immediate delivery has been good, sustainability and broader coherence between sectors has been poor⁸⁰."

9.1.1 Health

The concern by BSF and Reviewers about the lack of exit strategy was most acute for the health sector. Without funding for salaries and supplies, primary health facilities close. The Project Memorandum for BSF-2 acknowledged the challenge of sustainability, which was to be expected in a post-conflict fragile state. It required an exit strategy for all projects, even though this could only be achieved with Government support, which was still far from realisation.

9.1.2 Education

In education, sustainability has mainly been framed around developing community ownership of school infrastructure. There are as yet no GOSS budget lines to further support maintenance of school infrastructure, or to support ongoing training through CEDs.

9.1.3 WASH

Apart from the original construction quality, two critical factors for sustainability are: the software process for working with communities. In BSF and in MWRI there is no standard approach for the process of introducing and developing a water supply in a village. NGO practices varied widely – the more limited approaches are unlikely to achieve sustainability.⁸¹

- Maintenance support systems, including supply chains for replacement parts for handpumps. Support to communities is unlikely to be achieved until the local government system is adequately strengthened. Market based sustainable supply chains will not be achievable while UNICEF continues to provide free parts.⁸²

The BSF-IA Review found wide variation in the approach and quality of hygiene promotion. "Changes in sanitation and hygiene behaviour are unlikely to be sustained without further reinforcement of promotion."⁸³

⁸⁰ BSF-2 Project Memorandum.

⁸¹ BSF-IA Review

⁸² BSF-1 Review, BSF-IA Review

⁸³ BSF-IA Review

9.2 Extent to which these were addressed by BSF

There is at present no hard evidence of the sustainability regarding construction (health facilities, schools, bore-holes), nor is this easy to get. Anecdotal evidence is mixed; reviewers and previous reviews show some instances where constructed resources remain relatively well maintained and functional, through community ownership and maintenance, and others where resources have quickly fallen into disrepair. There is no hard evidence on the relative frequencies of these two outcomes, or of how these change over time.

There have been some advances in public sector health structures, including a national health sector development plan in 2011, and the installation, with support from MDTF and BSF, of a District Health Information System. However, the 2012 Austerity Budget demonstrates that funding shortages for primary health are still critical, and have required BSF to increase funding for staff, transport and medical supplies. BSF has not been able to improve medical supply chains: Government medical supplies continue to be operated on a “push” system, which takes no account of levels of demand from facilities. South Sudan remains critically short of health staff with appropriate levels of skill in adequate numbers, and this remains the most critical factor for sustainability.

The handover process itself now seems critical for success. NGOs are concerned that although preparation by GoSS and BSF started over a year before the planned end of BSF-IAe, much still remains to be done. The award of new contracts, uncertainty about ownership of assets and payment of salaries could seriously damage projects, particularly in health.

There remains no commercial supply chain for maintenance or construction of WASH resources.

9.3 Lessons for the Future

BSF demonstrates:

- NGOs funded by BSF have demonstrated good practice in helping their projects to achieve sustainability at local level, but the extent of this success is uncertain.

Additional Challenges

Funds need to identify realistic and sustainable resources for the future of the structures and services they have funded by

- Identifying public and private sources of funding
- Fostering, engaging and building the capacity of community institutions

Programmes need to rely less on unrealistic “exit strategies” and “handover plans”. Instead all partners need to put more emphasis on staged processes of developing local capacity throughout the life of the programme. There must be allowance for the risks that capacity will be imperfect. It cannot be assumed that Governments will acquire all the capacities, whether in strategy, staffing, supplies, systems or supervision, for successfully underpinning delivery.

Project handovers need to be based on realistic assessments of the effectiveness of community management to sustain resources; this also need independent follow-up, evaluation and mechanisms of support.

Predictability and continuity of funding for basic services is essential for sustainability. Uncertainty increases the risk of losing staff, resources and ownership; it damages public confidence and service utilisation. Poorly managed handovers also jeopardise the learning built up by service providers, fund managers and government officials.

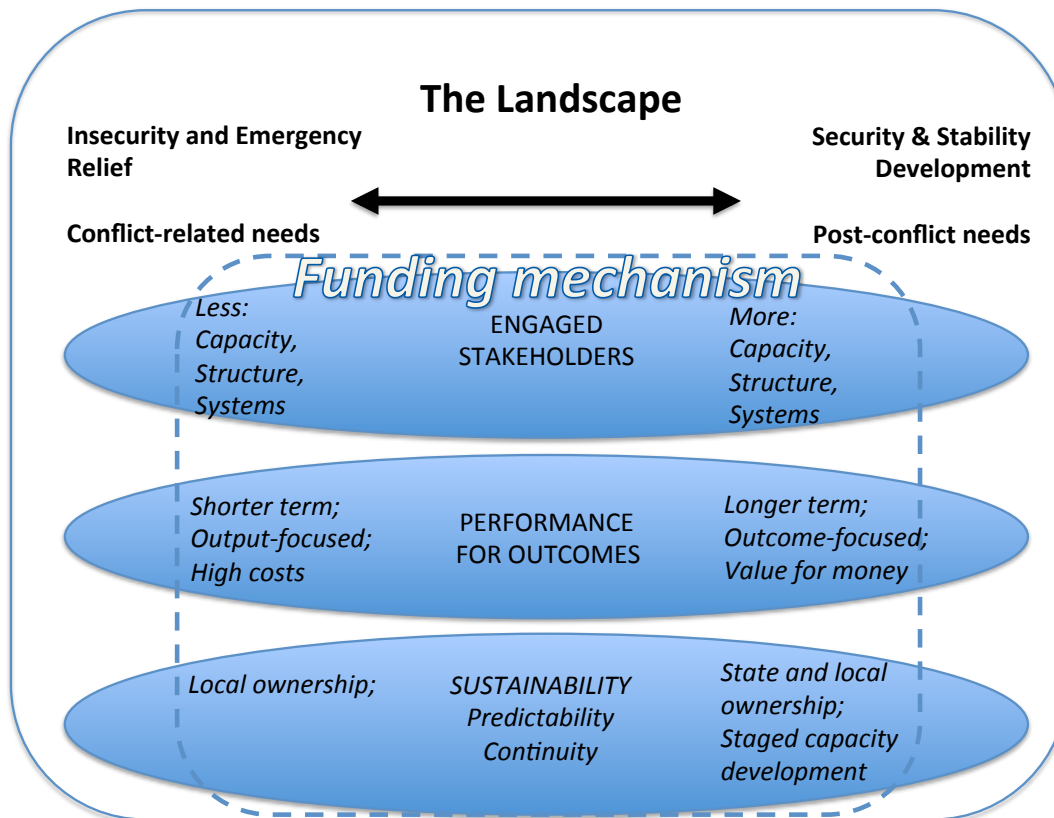
10 Provisional Conclusion

This report cannot convey the wealth of learning accumulated by BSF and its partners in Government, NGOs, communities and funding agencies. It can only suggest broad lessons in the design of pooled funds and other coordinated delivery mechanisms, referred to here as “funding mechanisms”.

We offer the diagram below for considering this.

- The **Landscape** is represented by **the whole diagram**, and is context for the funding mechanism. The landscape is one of more or less security and stability. The two-way arrow shows that levels of security may change, and with that the appropriateness of relief or development.
- The **Funding Mechanism** is **the dotted box** that covers part of this landscape. Depending where it is positioned on the landscape, it may be better suited for relief or development.
- The evidence areas examined in this report indicate that funding mechanisms need to succeed in three important ways, represented by the ovals:
 - **Engaged Stakeholders**
 - **Performance for Outcomes**
 - **Sustainability**

(As an example, a funding mechanism positioned on the right of the diagram may be designed to perform well by using strong government structures, whereas one positioned on the left may work well where structures are weak, by using its own staff and supply chains.)



Understanding the Landscape

The landscape for BSF and for many funds is insecurity and uncertainty, as well as hope and opportunity. In South Sudan, the landscape is marked with conflicts, past, actual and potential, as well as the prospect of new resources and independence. It is important to resist the temptation to identify the insecure/relief period with particular historical times, such as the Interim Period between the Comprehensive Peace Agreement in 2006 and the Referendum in 2011: as 2012 shows, the risk of insecurity in the years after conflict remains high⁸⁴.

The social legacy of conflict, neglect, poverty and expropriation of resources is complex and severe, resulting in very low levels of participation in education and health services, especially among women.

In this landscape, the growth of services and the capacity to deliver them is constrained by a host of factors, including: the poor educational and health status of the population; diversity of language and ethnicity; economic and geographical adversity; the weakness of existing services and structures; and the limited capacity of often new public administration.

While the need for basic services in health education and WASH may be obvious, it requires deep understanding to respond appropriately to the specificity of problems of very low participation in education and health, or to address the ways that they affect women, disabled people, child soldiers, nomads or other groups that suffer

⁸⁴ See, for instance, P Collier *The Bottom Billion*, 2008 on evidence for the persistence of the “conflict trap” following peace.

endemic exclusion.

Much of this analysis is unlikely to be available at the outset of a programme, which therefore needs to set baselines and also deepen its analysis as the programme develops.

Funds like BSF need to strengthen stakeholders, performance and sustainability, whether stability or insecurity reigns.

1. Programme development should be informed by analysis of the specific drivers of conflict, and should address the problems arising from conflict.
2. Programme development should be informed by analysis of those population groups suffering particular exclusion and with specific service needs, for instance because of gender, disability, culture or poverty; for instance, gender analysis should include a baseline of women and girls' need and concerns, including gender based violence, and should address issues of women's ownership of and decision-making in service design and delivery.

Funding Mechanisms

Funding mechanisms (represented by the dotted outline in the diagram) are positioned between relief and development, sometimes leaning more to relief, sometimes more toward development. Their position is influenced by their objectives, design, stakeholders and length of operation. BSF demonstrated that short-term programmes can deliver service outputs. However, the short-term nature of the programme reduced the scope of the programme to develop local capacity to lead and sustain these.

Programme design cannot presume that society is making a one-way transition from a "relief" environment to a "development" environment. It needs to be able to adapt to setbacks such as insecurity.

3. Funding mechanisms need a clear theory of change that shows how they will achieve their planned outcomes and outputs within the period of funding. The theory needs to show not only achievable outcomes for service delivery; it also needs achievable outcomes for institutional capacity development.

Engaged Stakeholders

BSF shows that stakeholders can be engaged even in relief mode. Engagement of stakeholders cannot be contingent on a high level of developed structures, which are subject to setbacks and delays. They therefore need to help stakeholders build capacity and structures step-by step.

4. Funding mechanisms need to work within the strengths and constraints of all stakeholders, including emergent structures of government.
5. Funding mechanisms need to work towards fulfilling Government aspirations for control, whilst managing the inherent risks to service delivery and Value for Money.
6. Funding mechanisms therefore need to evolve explicit enabling steps to achieve the competencies and structures required for transfer of ownership,

strategic and operational decision-making, and budgetary control, from the funder and NGOs, to local stakeholders.

Performance for Outcomes

BSF demonstrated strong performance in delivering outputs. However, whether short-term or long-term, performance needs to focus on outcomes as well as outputs. Measuring outputs in terms of teachers trained, patient consultations and waterpoints constructed does not demonstrate improvements in education, health or hygiene, which depend on other factors including analysis of need, ownership, supporting systems. Nor is it possible to assess the value for money provided without understanding the economic value of outcomes.

The costs of short-term programmes remain high because it is hard for funds to address major cost drivers, such as skill shortages, inefficient supply chains, and inappropriate materials. International NGOs and the funding mechanism itself can also result in duplication of government management systems. Only strategic investment over the longer term can drive these costs down.

7. A funding mechanism's theory of change needs to show how performance in outputs of service translate into achievable and clearly measured outcomes
8. Performance assessment needs to embrace capacity development as fully as service delivery.
9. Funding mechanisms need to demonstrate the economic benefits of their outcomes, in order to assess value for money.
10. Funding mechanisms need to make longer term investments to break out of the high costs of short-term programmes. They need to address major cost drivers, particularly in human resources, supply chains, development technologies, and duplication of management.

Sustainability

BSF has demonstrated that even in challenging circumstances well-designed projects can promote engagement, ownership and sustainability, particularly at the local level. It has been hard, however, to set realistic exit strategies and handover plans within the timeframe of funding.

11. Funds need to identify realistic and sustainable resources for the future of the structures and services they have funded, by identifying public sources of funding and building the capacity of community institutions
12. Funds need to put less reliance on exit strategies, and more emphasis on staged development processes of local capacity throughout the programme.
13. Predictability and continuity of funding for basic services is essential for sustainability. Uncertainty risks loss of services, capacity and learning.

Annex 1: Extracts from Terms of Reference

HISTORICAL REVIEW OF THE BASIC SERVICES FUND (BSF)

DfID South Sudan
30th September 2012

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Objective

The purpose of this review is to:

Provide lessons to DFID and other stakeholders in the design of future pooled funds and coordinated delivery mechanisms. The lessons will take account of evidence on

- the interaction with a range of different stakeholders including bodies of the Government of the Republic of South Sudan in the design and implementation of the Programme
- the gender sensitivity of the Programme
- how far the historical design and implementation of the programme has supported the transition from relief to development, specifically the systems strengthening component
- programme performance in meeting targets; accomplishing key objectives; and achieving intended programme impact. This will include reasons for over- or under-performance.
- whether the Programme 'did no harm' in geographical areas prone to conflict
- the value for money achieved by the Programme
- the sustainability of BSF supported facilities and systems following the conclusion of BSF support

The recipient

The primary recipient of this technical assistance (TA) will be DFID who will seek to learn lessons from this review for the preparation of similar pooled funds and co-ordination mechanisms for service delivery. Other stakeholders will include the Government of the Republic of South Sudan (at central, State and county levels- particularly the Ministry of Finance and Economic Planning, and responsible line ministries; co-donors of the Basic Services Fund; the Fund Managers BMB Mott MacDonald; NGOs engaged in service delivery, and community organisations representing the recipients of basic services on the ground. The Review report will also be made publicly available on the central DFID web site

Scope

The Review will span the implementation from its inception in January 2006 to the mid-term point of the current final one year extension (30 June 2012).

Method

The study will draw on existing analysis and the findings of focused learning exercises with stakeholders.

The consultancy will be provided by evaluators for the education, WATSAN and health sectors. Visits to South Sudan will undertaken by the education and health evaluators only.

The consultants will:

Conduct a summary desk review of all relevant project, sector and GRSS documents with a particular focus on preparatory documents, annual and project completion reports produced by the Fund Manager; and DFID annual reviews and case studies. The BSF-IA mid-term

review may also be used as a source document

Conduct a survey based on a questionnaire of the grant recipients of BSF-1,2, IA and IAe .

Engage with the following stakeholders, as far as possible engaging those involved in the programme from its conception, in the context of the CPA and the MDTF:

- all Steering Committee member institutions;
- relevant line ministries at State and County levels;
- DFID and the co donors over the duration of the Programme;
- Other stakeholders engaged in the design of the BSF and MDTF, including Government/SPLM and UN organisations
- NGOs engaged in programme design and delivery
- Selected representatives of community organisations engaged in programme design and delivery

Engagements with stakeholders should include

- An initial meeting with Steering committee Chair
- a visit to two counties in two States where BSF projects have been provided, for meetings with state, county and other stakeholders, but not including project visits
- a workshop or discussion with up to 18 national stakeholders
- A meeting with the Steering Committee meeting for feedback, discussion and summary (Friday am)

Individual interviews will focus on a small number of key stakeholders, whose views cannot be adequately gained in group settings.

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Outputs

Outputs will include but not be limited to the following:

- A report of up to 30 Pages (not including attachments) providing an analytic overview of Fund's performance over the duration of the Programme focusing on the Objective above, and a summary of conclusions on lessons that could be applied to the reparation by DFID or other donors of other pooled fund programmes
- A power point of not more than 12 slides summarising the conclusions of the report.

Reporting

The consultants will report to Simon Williams, Deputy Programme Manager DFID South Sudan Basic Services Team. Caroline Wangeci Dale (Results adviser), Dr Jay Bagaria (senior health adviser) and Richard Arden (senior Education adviser) should also be copied in on reports.

Timeframe

The initial assignment will be for up to 30 days. There will be a field visit between 4 to 9 November. Final products (See Outputs above) will be submitted no later than 8 February 2013. This will assist DFID with the production of a Project Completion Report by 31 March 2013.

The evaluation team will be invited to present the conclusions of the Review to DFID South Sudan and the Fund Manager and the BSF Steering Committee in power point format before the formal conclusion of the assignment.

DFID coordination

Simon Williams will act as the lead DFID officer for this assignment. For more

detailed discussions on compliance with DFID procedures, the consultant should work closely with Simon Williams and other members of DFID South Sudan Programme Team.

DFID with support from Mott Macdonald will be responsible for logistics, including transport, meeting arrangements and invitations, research documents and contacts for the survey, in discussion with the consultants.

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Annex 2: People met

Moses Mabior	Director	Ministry of Finance and Economic Planning
Charles Chol	Deputy Director	Ministry of Finance and Economic Planning
John	•	Ministry of Education
George	•	Ministry of Education
Hamish Falconer	Programme Manager	DFID, South Sudan
Simon Williams	Deputy Programme Manager	DFID, South Sudan
Jay Bagaria	Health Advisor	DFID, South Sudan
Moses Kamanga	Assistant Programme Manager	DFID, South Sudan
Richard Arden	Senior Education Adviser	DFID, South Sudan
Wim Groenendijk	M&E Primary Health	BMB Mott MacDonald
Caroline d'Anna	M&E Primary Education	BMB Mott MacDonald
Kate Louwes	Team Leader	BMB Mott MacDonald
Patricia Schwerzel	Senior Health Adviser	BMB Mott MacDonald
Geertruid Kortmann	Health Consultant	BMB Mott MacDonald
Fiona Bailey	Database Administrator	BMB Mott MacDonald
Hannan Yousif	Senior Health Adviser	BMB Mott MacDonald
Lucie Leclert	WASH Monitor	BMB Mott MacDonald
Nick Helton	Coordinator	NGO Forum
Ruth Goehle	Coordinator	NGO Health Forum
Claudia Futterknecht	Country Director And NGO Forum Steering Committee representative	CARE International
Fay Ballard	Assistant Country Director, Programmes	GOAL
Alan Glasgow	Head of Business Development	GOAL
Wycliffe Kyamanya	Area Coordinator, Malakal	Tearfund
Sarah Williams	Health Transition	Tearfund
Lawrence Owich	Assistant Area Health Manager	Goal
Doboul Gatluak Kuosh	Executive Director	Kodok
Onoic Adyeng Kathiken	Clinical Officer	CHD Fashuda
Arben Oyay Mayik	District Coordinator	RRC Fashuda
John Joshua Dok	Medical Director	CHD Balliet
Shadrack Nduati	Deputy CST Leader	IMA
Rita Akwod Ayong	Acting Director General	State Ministry of Health, Upper Nile
Mayak Maluk	CHD Officer	CHD Melut
Joseph Akouckak	CHD Officer	CHD Manyo
Derek O'Rourke	Area Coordinator, Sobat	GOAL, Baliet
James Amum	CHD	CHD Manyo
Baibin Joseph	Health Coordinator	IMA Manyo/Melut
Keleta Abraham	Programme Manager	Oxfam, Upper Nile
Tewodros Gebremichael	Country Director	Merlin

Annex 3: Southern Sudan Timeline

Politics and Government	Selected events	BSF
1885 Mahdi drives out Ottoman-Egyptian rule and declares Islamic state	1892-4 Famine, conflict and epidemics kill half population	
1899 British and Egyptian forces replace Mahdi with Condominium		
1955 Northern Sudanese take over South after mutiny		
1956 Sudanese independence: First North-South civil war		
1972 Addis Ababa Agreement ends first civil war		
1983 New civil war following Islamic Revolution; 1987, 1995-9, 2003-4 Darfur rebellion,	1983-4 Northern Famine 1988-9 Southern Famine	
2001 Peace negotiations win relation to Darfur, Nuba Mountains and South	2000 deaths in localised conflicts, mainly Jonglei	2004 Workshop for BSF
2005 Comprehensive Peace Agreement: start of agreed 6 year Interim Period until 2011 referendum . Continuing conflict in Darfur 2007 Line ministries initiated 2007 Ministry of Health established		2006-8 BSF-1
2009 Local Government Act starts decentralization 2010 Election of Salva Kir as President of Southern Sudan		2009-2010 BSF-2
2011 Referendum and Independence for South Sudan		
2011 Sudan bombs and occupies Abyei		2010-2011 BSF-IA
2012 Austerity budget following interruption of oil exports	2012 over 100,000 refugees and IDPs arrive in border	2012-2012 BSF-IAe

Annex 4: Key documents

Reviews of BSF

Morton J Denny R, 'Review of the Basic Services Fund, South Sudan', Triple Line 2008 (BSF Review 2008)

Morton J Denny R Lisok R, 'Review of the Basic Services Fund, South Sudan, Triple Line 2009 (BSF Review 2009)

Ockelford J, R Johnson R, Power T, 'Basic Services Fund Interim Arrangement Mid-Term Review' (BSF Review 2011), DewPoint 2011

BSF Learning Exercises

'Capacity Building and Basic Services in Primary Health, Primary Education and Water & Sanitation', BSF, Mott MacDonald 2010

Hutton, 'Review of support provided by BSF grantees to County Health Departments', 2012

'Case Study – Millennium Development Goals Southern Sudan', BSF 2009

Salih M K, 'Gender Equality Assessment of the Basic Services Fund (BSF) in Southern Sudan Phase II', CIDA 2008

'Draft Report on the Second Government of Southern Sudan Health Assembly 'Building Effective Health Systems'', BSF 2008

Operti P 'Consolidated Report on Peer Review of BSF-Grant Recipients in Primary Health, BMB Mott MacDonald, 2009

Operti P 'Consolidated Report on 10 Peer Reviews of BSF-2-Grant Recipients in Primary Health Care, BMB Mott MacDonald, 2011

BMB Mott MacDonald (2009). Borehole siting, borehole drilling, borehole rehabilitation and borehole contract management: Evaluation of Best Practices in BSF Project Area, Southern Sudan – Draft, Basic Services Fund (BSF) for Southern Sudan.

BMB Mott MacDonald (2012). 'Status Review of BSF's borehole drilling component in South Sudan (2006-2012)', Draft Report

BSF Programme Design

Project Memorandum Basic Services Fund (BSF) for South Sudan (BSF-1 PM) DFID

Project Memorandum for the Basic Services Fund (BSF-2 PM) DFID

Project Memorandum Basic Services Fund Interim Activities (BSF-IA PM), DFID

Business Case and Intervention Summary; South Sudan Basic Services Fund 2012', (BSF-IAe BC)

Progress and Completion Reports

'QPR 4 of 2007 and QPR 1 of 2008', BSF 2008 (BSF-1 Completion Report), BSF 2008

'Completion Report Southern Sudan: Fund Management of the Basic Services Fund Phase 2, 2009-2010' (BSF-2 Completion Report), BSF 2010

'BSF-IA Completion Report', BSF 2012

'BSF-IA Extension Quarterly Progress Report 3 of 2012 1st July-30th September 2012', (draft) BSF 9 November 2012 (BSF-IAe QPR3), BSF 2012

'BSF-IAe Inception Report', BSF 2012

Government of South Sudan

'Basic Package of Health Services' MoH 2009

'Priority Indicators for Routine Monthly Report 2011' MoH 2011

Context

Natsios A S, *Sudan, South Sudan, & Darfur What everyone needs to know*, OUP 2012

J Bennet *et al* 'Aiding the Peace: A multi-donor evaluation of support to Conflict Prevention and Peacebuilding Activities in Southern Sudan 2005-2010', ITAD 2010
'Joint Assessment Mission Sudan' Volumes I-III, World Bank & United Nations, 2005

Maxwell D *et al*, 'Livelihoods, basic services and social protection in South Sudan Working Paper 1' Feinstein Centre 2012

Downie R, 'The state of Public Health in South Sudan, Critical Condition', CSIS 2012

Baingana F, I Bannon and R Thomas, *Mental Health and Conflicts: Conceptual Framework and Approaches*, World Bank, 2005

van Omeron *et al*. 2005, 'Mental and social health during and after acute emergencies: emerging consensus?', ,

C Lund *et al*. 'Poverty and mental disorders: breaking the cycle in low-income and middle-income countries', The Lancet 2011

Cleaver F, 2011, *Case Study: Southern Sudan*, in *State-Building, Peace-Building and Service Delivery in Fragile and Conflict-affected States*, Practical Action, Save the Children, CfTB