

I. Introduction

South Sudan is in a critical period in history implementing the Revitalised Agreement for Resolution of Conflict In South Sudan following two deadly conflicts of 2013 and 206 that has displaced internally and outside the country nearlyIPDs and Rfugies. For decades Southern Sudan was at war with successive regimes in Khartoum from 1955 to 2005, when the Comprehensive Peace Agreement (CPA) was signed ushering in new phase of peace. A short lived calm and peace was also experienced in Southern Sudan between 1972 and 1983 following the signing of Addis Ababa agreement bringing to an end the first Anya nya ¹ war.

In July 2011, South Sudan became independent and succeeded from Sudan, and in December 2013, the country descended in violence resulting from political difference in the leadership. For many years, a regional Peace talks mediated by Inter-Governmental Authority for Development and the international community conducted between the warring parties, has helped to stop active fighting and allow the country settle issues through political dialogue.

Basic health services are delivered by the non-governmental organisations, and supported by external donors—there appears to be donor fatigue but despite that major contributors to humanitarian and life-saving support continue to flow to South Sudan. The country is divided into 2 geographical funding zones led by DfID in a pooled funding mechanism supporting 8 out pf the 10 states and the World Bank funding supporting the remaining two. Basic health services in WesternEquatoria, Central Equatoria, Eastern Equatoria, Western Bahr El Ghazal, Lakes, Warrap, Northern Bahr El ghazel and Jonglei States falls under the Health Pooled funding with limited support for maternal health services in few select secondary levels. The county hospitals in Tombura, Yambio and Maridi are running at bare minimum due to inadequate support from government.

I.1 Avongara Association

AVONGARA ASSOCIATION is a local organisation recently initiated and registeredto implement social service initiatives across WES. The organisation operates across several thematic areas including: Health, Education and sustainable Livelihoods (Rural Community Development). AVONGARA ASSOCIATION partners with several International and local organisation to provide life-saving assistance, social services and initiatives for long-term development. AVONGARA ASSOCIATION places emphasis of its programmes on the most vulnerable and marginalised groups in society and adopts a community level approach to its work. AVONGARA ASSOCIATION has a very close relationship with communities in WES and its reach is both wide and deep

I.2 Yambio secondary health services

Western Equatoria State has one State and four county hospitals which are barely functioning to required standards. Within the state, Yambio State hospital provided the most advanced and quality level services supported by, since, following a brief period of State Government management from 2009-2010. From 1998-2009, Yambio hospital was fully supported and managed by the Catholic Diocese of Tombura Yambio through the funding of Cordaid, which phased out in September 2009. During government’s period in charge, the hospital experienced various challenges in management, supplies, and in human and financial resource making the running of the hospital difficult at requires standards. The MSF responded to these gaps providing support in;

¹ Anya nya is name of the first southern rebellion that lasted 17 years (1955-1972)

- Supervision and training of the MoH staff and filling human resources and supply gaps.
- Full management of Paediatrics in Patients and Out Patient departments (OPD), Maternity, provision of WASH support, 24/7 power to the hospital and other infrastructural support and agreed construction.
- increased its integrated activities with SMOH as: Ante Natal Care (ANC), Post Natal Care (PNC) , Prevention of Mother To Child Transmission (PMTCT), Family Planning (FP), and Expanded Programme for Immunization (EPI)

After four years of running Yambio State hospital services, MSF has begun a to its 4 steps phase out plan, and in March 2015, the first range of services which include : handover of all Primary Health Care services (Paediatrics OPD, Maternal and Child Health)phased out. This process of stage by stage phase out will continue and by the end of 2915, MSF would have completed exiting Yambio hospital.

2 Situation analysis

2.1 Snap shot of general health situation

South Sudan has one the worst global indicators for Maternal and Child Health.

- South Sudan has the highest maternal mortality in the world (2054/100,000)² and
- Western Equatoria maternal mortality is the highest in South Sudan
- Under 5 child mortality is 105/1000 live birth³,
- Routine immunization coverage is very low with only 13.8% of children under one year fully immunized.⁴
- Majority of diseases and mortality are preventable if early interventions are provided: often malaria, pneumonia, acute watery childhood diarrhoeas, with underlying malnutrition are the main causes.
- Malaria, pneumonia, and acute diarrhoeas remain the top killers of children under-fives in Yambio and its catchment area. Malaria is common and endemic affecting children all year round. Death results from complications such as anaemia, cerebral malaria (complicated malaria). The leading morbidity malaria, can be treated or prevented if early detection and management of fever can be achieved.

2.2 EPI

Immunization programme continues to underperform in South Sudan. Between 2006 and 2010, immunization full coverage remained unchanged at 13.8% (2006, 2010). Routine immunization provided in Yambio State hospital is supported by the State Ministry of health, and WHO. However the hospital faces many challenges in running and managing the immunization services, these includes unmotivated health workers, poor understanding and participation of community in immunization programmes and breakdowns of cold chain due to poor management and lack of technician to respond quickly.

KEY MEDICAL INDICATORS	2011	2012	2013	2014	Totals
EPI	0	0	15,342	22,734	38,076

² South Sudan house hold survey 2010

³ South Sudan house hold survey 2010

⁴ South Sudan house hold survey 2006

⁵Table: 1 Yambio hospital Childhood routine EPI

Before 2011, there was low EPI activities in the hospital, this however improved significantly when MSF took over the responsibility of the hospital as shown by the table above. These gains are at a threat with the pulling out of MSF, as the general situation of government has deteriorated significantly since the outbreak of violence in late 2013.

2.3 Outpatients

The outpatients has been serving a significant number of children saving lives of children. Between 2011 and 2014, a total of 120,420 general consultations were made including children under the age of five. The OPD provide services for basic infectious and non-infections cases that are managed at home. These include uncomplicated malaria, upper respiratory tract infections, and mild pneumonia, gastroenteritis, acute watery diarrhoea among children and many more other conditions afflicting the communities of Yambio.

KEY MEDICAL INDICATORS	2011	2012	2013	2014	Totals
OPD consultations	20992	35878	40,878	22,672	120,420

Table 2: OPD consultation in Yambio State hospital

2.4 Admissions

Yambio hospital offers the best admission services in the whole State, servicing a catchment town population of 130,220⁶. Key areas includes surgery and accidents, medical and ophthalmological departments, managed by South Sudanese medical doctors and under direct responsibility of State government. The paediatric and maternal health services was supported directly by MSF and included services like skilled birth deliveries, caesarean section and child admissions. While these services were offered with direct government support, the level and quality of services were low due to inadequate hospital management, shortages of drugs and supplies and low level of qualified hospital workers who had low staff motivation and were poorly managed

KEY MEDICAL INDICATORS	2011	2012	2013	2014	Totals
OPD consultations	3,392	3,888	4,719	3,539	15,538
Maternity admissions	2,571	3,019	3,607	3,012	12,209
Total deliveries	1,327	1,891	2,556	2,291	8,065

Table 3 admissions services Yambio State Hospital⁷

3 Proposed programme

The diocese of Tombura-Yambio has vast experience working in different thematic areas of service provision such as health, education, WASH and agriculture in wider area of Western Equatoria. From 1998-2009, the Diocese gave direct support to Yambio hospital with service provision, hospital management, human resource, training of mid-level health care workers, and drug and medical supplies. Currently Nzara hospital about 24km west of Yambio operates under the health department of the Diocese management and run by the Comboni missionaries.

⁵ MSF Yambio State hospital

⁶ MSF Yambio state Hospital data.

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The Diocese proposed programme is based on its past and current experience in delivering health services both at higher and primary health care levels. The diocese will implement service in paediatric ward of Yambio hospital based on the basic package of health and nutrition services for the government of Southern Sudan. These will be focused on key three areas of Child health thematic areas as described below.

3.1 EPI

Strengthen routine immunization services targeting u-1 and under 5 children vaccine preventable diseases. The following approaches will be used;

- Build on current level of immunization services left by MSF, continuing to sensitize Yambio community to come for routine immunization.
- Use radio Anisa, a Diocesan based radio with “wide preference and listenership” to continue to sensitise communities of Yambio about immunization programme.
- Ensure that vaccines and supplies are available and viable for vaccination activities. There will be a continuous liaising with State EPI department and WHO.
- Ensure that the cold chain continues to function and is maintained to ensure quality of vaccines.
- Maintain a well-qualified and motivated staff to run services. The Diocese has trained d about 12 registered midwives and nurse in the Catholic Health training institute in Wau. About 8 of these candidates have graduated and posted to various health facilities including Yambio State hospital.

3.2 Outpatients

Outpatients’ remains a critical department for child care where treatment of mild cases of diseases and conditions can be conducted to prevent development of complications and death among the under 5 years. The service will be organised through the provision of triage where children with mild, moderate and severe cases of disease conditions will be separated and treated accordingly.

Services will be offered in accordance with the basic package for health and nutrition services and includes;

- Childhood routine vaccination and growth monitoring
- Vitamin A supplementation and deworming of under five year olds
- Treatment of acute watery diarrhoea with no or mild dehydration using ORS
- Treatment of common condition such as uncomplicated malaria, upper respiratory tract infections and mild pneumonia
- Health education and promotion of positive health behaviours.
- Serving as an important referral centre for catchment primary health care centres and units for paediatric cases.

3.3 In-patients

Paediatric inpatient is essential for managing complicated childhood conditions and disease such as severe malaria, anaemia, child convulsions, and severe challenges in child breathing resulting from severe pneumonia, severe dehydration due to prolonged and chronic childhood diarrhoeas and other conditions requiring admissions.

The Diocese shall ensure that in patients services that were provided and supported by MSF continue to run to give much needed care for children. The Diocese will maintain a range of highly motivated clinical nursing and medical staff to man and provide child care 24/7 by maintaining and recruiting new personnel. Together with her partners, AVONGARA ASSOCIATION will provide

and supply essential lifesaving paediatric medicines, for malaria, pneumonia, diarrhoea and other key childhood illnesses.

4 Budget

4.1 Operations

4.2 Medicines and supplies

4.3 Human resources

Service	Position	Staff number	Year average salary x Position	Total (Without Tax)	Tax x Position	Total Tax	Total X Position (Salary + Tax)	Total Cost	Total Cost in EUROS	Training	Medical costs
IPD Paediatrics	CLINICAL OFFICER	5	30,576	152,880	5,198	25,990	35,774	178,870	40,448	809	243
	DOCTOR	1	32,929	32,929	5,598	5,598	38,527	38,527	8,712	174	52
	DRUG DISPENSER	0	15,301	0	2,601	0	17,902	0	0	0	0
	NURSE	13	19,128	248,668	3,252	42,274	22,380	290,941	65,791	1,316	395
	NURSE ASSISTANT	8	13,285	106,276	2,258	18,067	15,543	124,343	28,118	562	169
	NURSE MANAGER	0	13,285	0	2,258	0	15,543	0	0	0	0
	NURSE SUPERVISOR	1	28,772	28,772	4,891	4,891	33,663	33,663	7,612	152	46
	TOTAL	28	153,275	569,524	26,057	96,819	179,332	666,344	150,680	3,014	904
LABORATORY	LABORATORY TECHNICIAN	4	21,132	84,526	3,592	14,369	24,724	98,895	22,363	447	134
	TOTAL	4	21,132	84,526	3,592	14,369	24,724	98,895	22,363	447	134
OPD	CLINICAL OFFICER	2	30,576	61,152	5,198	10,396	35,774	71,548	16,179	324	97
	DRUG DISPENSER	1	15,301	15,301	2,601	2,601	17,902	17,902	4,048	81	24
	NURSE	2	19,128	38,257	3,252	6,504	22,380	44,760	10,122	202	61
	NURSE ASSISTANT	4	13,285	53,138	2,258	9,033	15,543	62,171	14,059	281	84
	NURSE SUPERVISOR	1	28,772	28,772	4,891	4,891	33,663	33,663	7,612	152	46
TOTAL	10	107,061	196,619	18,200	33,425	125,262	230,044	52,020	1,040	312	

Pharmacy Logistics	NURSE SUPERVISOR	0	28,772	0	4,891	0	33,663	0	0	0	0
	PHARMACIST	1	19,214	19,214	3,266	3,266	22,480	22,480	5,083	102	31
	PHARMACIST ASSISTANT	1	19,214	19,214	3,266	3,266	22,480	22,480	5,083	102	31
	INFORMATION, EDUCATION AND COMMUNICATION SUPERVISOR	1	22,224	22,224	3,778	3,778	26,001	26,001	5,880	118	35
	TOTAL	3	89,423	60,652	15,202	10,311	104,625	70,962	16,047	321	96
TOTAL		45	370,891	911,321	63,052	154,925	433,943	1,066,246	241,110	4,822	1,447
Hospital Management Team	ADMIN ASSISTANT	1	21,710	21,710	3,691	3,691	25,401	25,401	5,744	115	34
	MATRONE (Part of MoH)	0		0	0	0	0	0	0	0	0
	MTL	0	40,000	0	6,800	0	46,800	0	0	0	0
	SMO (Part of MoH)	0		0	0	0	0	0	0	0	0
	TOTAL	1	61,710	21,710	10,491	3,691	72,201	25,401	5,744	115	34
TOTAL		46	432,601	933,031	73,542	158,615	506,144	1,091,646	246,854	4,937	1,481
IEC	HEALTH EDUCATOR (Data clerk)	1	14,703	14,703	2,500	2,500	17,203	17,203	3,890	78	23
	INFORMATION, EDUCATION AND COMMUNICATION SUPERVISOR	1	22,224	22,224	3,778	3,778	26,001	26,001	5,880	118	35
	TOTAL	2	36,927	36,927	6,278	6,278	43,204	43,204	9,770	195	59
Hospital Logistics	CLEANER	10	11145	111455	1895	18947	13040	130402	29488	590	177
	CLEANER ENVIROMENTAL	6	11145	66873	1895	11368	13040	78241	17693	354	106
	CLEANER LAUNDRY	6	11145	66873	1895	11368	13040	78241	17693	354	106
	COOK	2	12532	25064	2130	4261	14662	29325	6631	133	40

	FOOD DISTRIBUTOR	1	12838	12838	2182	2182	15020	15020	3396	68	20
	GUARD	0	12838	0	2182	0	15020	0	0	0	0
	HEAD OF CLEANERS	1	11310	11310	1923	1923	13233	13233	2992	60	18
	LOGISTICIAN ASSISTANT	1	23771	23771	4041	4041	27811	27811	6289	126	38
	LOGISTICIAN MANAGER	0									
	WASTE OFFICER	1	13527	13527	2300	2300	15826	15826	3579	72	21
	TOTAL	28	120,250	331,709	20,443	56,391	140,693	388,100	87,761	1,755	527
	TOTAL	30	157,177	368,636	26,720	62,668	183,897	431,304	97,531	1,951	585
	GRAND TOTAL	76	589,778	1,301,667	100,262	221,283	690,041	1,522,950	344,385	6,888	2,066

5 Sustainability

5.1 Government

The onus of health services provision rest with government. AVONGARA ASSOCIATION intervention is intended to address immediate gaps in the paediatric wing of the hospital, to avoid a catastrophe due to MSF phase out.

6 Monitoring and evaluation

6.1 Health Management Information System (HMIS)

Monitoring and evaluation will be based on services data forms in in-patients, outpatient and EPI programmes entered and collated using standardized government HMIS registers. The following forms will be used.

- Under five outpatient register,
- In patient paediatrics register
- Daily Drug register and
- EPI registers.