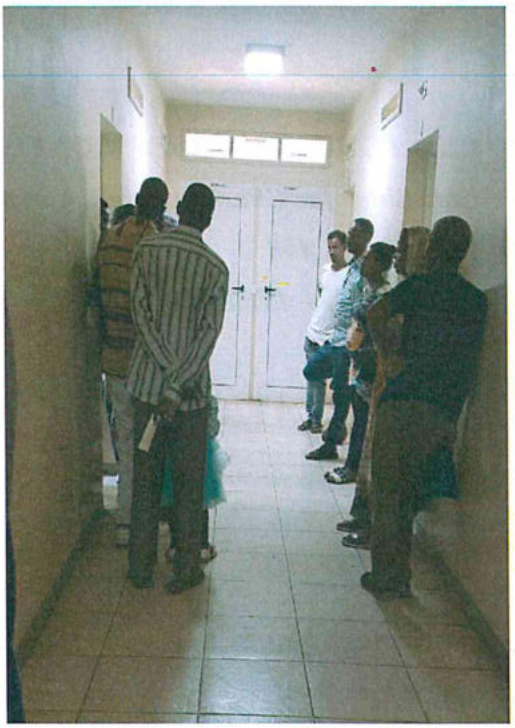
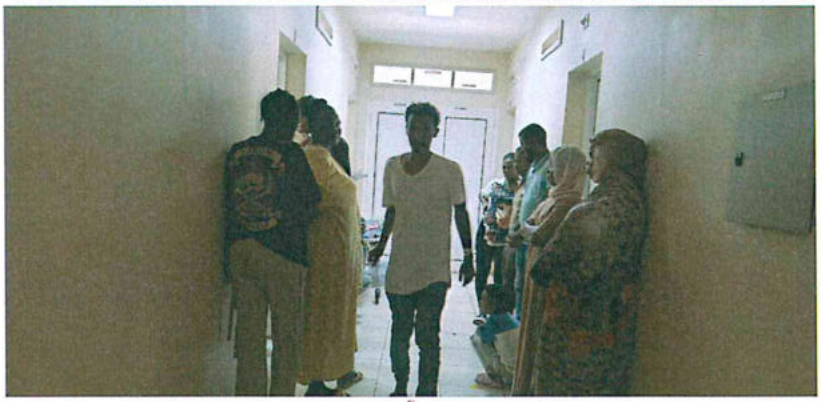
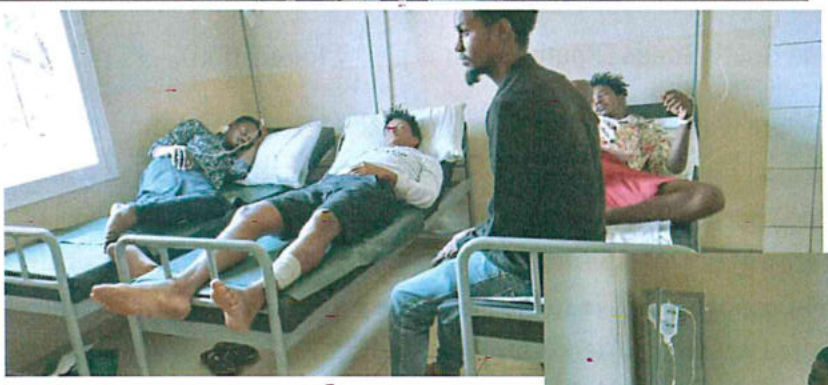
Extension of Three Angels health Center and assuring its self-sufficiency

A typical day at the clinic: overcrowding







URSULINE SISTERS OF I.V. MARY
Juba - South Sudan +211 921 109 948

Juba, 17/05/2025

CEI - ITALIAN BISHOPS' CONFERENCE
Committee for Charitable Action in the Third World
Via Aurelia, 468
00165 Rome – ITALY

1 APPLICATION

Attached

2. DESCRIPTION

A) Project Name - Extension of Three Angels health Center and assuring its self-sufficiency

B.1. Applicant Organization

Ursuline Sisters – Province of Eritrea and South Sudan (South Sudan is a new foundation).

The Congregation of the Ursuline Sisters was founded by Fr. Francesco Della Madonna (1771-1846) in December 1818. At that time many young girls were thrown out on the streets and they lost the values of life. Don Francesco, living in the midst of a society characterized by all deprivation of basic human needs and neglect of spiritual and moral values, felt to personally respond to these needs with the help of people sensitive to the poor. The result was the birth of a new Institute formed by people who were called by God to serve brothers and sisters in need: the Ursuline Sisters of Gandino. The institute was primarily called to give an immediate response to the urgent need of the time.

In 2016 the Congregation is present in 56 places: 26 centres in Italy, 2 in Poland, 10 in Eritrea, 8 in Ethiopia, 2 in Kenya, 5 in Argentina, 2 in Brazil and 1 in South Sudan (object of the project).

The Ursuline Sisters - Eritrean Province

The Ursuline Sisters came to Eritrea as missionaries on 20th of July 1938; in 2013 they celebrated the 75th jubilee of their presence. Today the Eritrean Sisters are 103, between final professed and temporarily professed, 14 novices and 4 postulants. The richness of having a good equilibrium among sisters of different age, with an average of about 35, offers many advantages the most important one is that experienced sisters guide and accompany and sustain the qualified young group in their commitments not always easy.

In these years they have provided socio-pastoral services to all the people of Eritrea and recently of South Sudan. Currently, the Ursuline Sisters have 12 community across Eritrea, four in Asmara, Ashera, Glass, Hagaz, Keren, Massawa, Tsorona, and Ametsi and one in Juba (South Sudan).

The main activity is education with preferential option for girls convinced that educating a woman is educating a family and the impact is larger and sustainable. Other activities are: kindergartens, serving the sick and the needy in health centres and hospitals, caring for orphans and elderly and pastoral works. In the Province the beneficiaries are 36.820 and always growing.

In 2014 Mgr. Paulino, Archbishop of Juba, invited the Ursuline Sisters and at beginning of 2015 they sent the first two sisters, despite the unrest and very difficult socio-political situation in the country. For the moment they are not yet recognised by the South Sudan Government officially because it requires a minimum number of 7 members, but the procedure has already been introduced. Also if know that to do so we need to enhance our service with proper facilities and then we increase the sister's community.

Presently the Sisters, for the government, are part of the Archdiocese of Juba personnel. In April 2015 the Bishop granted a plot of land to the Ursuline Sisters where to establish their new community and apostolic commitment.

Their commitment embraces various fields: kindergarten and primary school, women promotion, health and home service to HIV/AIDS patients, poor and marginalised youth and elderly people. The central focus of their action is the woman as clearly indicated by the Founder himself who said: "To change society we must begin by taking care of the woman".

ATTACHMENT N. 1: Invitation of Mgr. Paulino Loro to open a community in Juba

N. 2: Land lease agreement

B.2. ***Operational Responsibility:***

- **Legal owner**

Province of Eritrea and South Sudan

Sr.Hiwet Ghirmai

Email ; srhiwetghirmai@gmail.com

Tel. +291 1124868 /Mobile; +291 7196264

Position: Provincial of Ursuline Sisters of Eritrea Province

- **Local Project manager**

Sr. Tirhas Araya

Email: tirhasaraya123@gmail.com

Phone: +211 926 073 477

Task and position: Head of Three Angels health centre – Juba – South Sudan

- **Project technical support**

Name: La Salle Fondazione Italia ETS

Br. Amilcare Boccuccia, FSC

Email: aboccuccia@lasalle.org

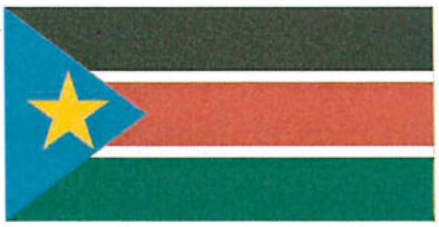
Viale del Vignola, 56 – 00196 Roma

Phone: +39 388 808 3801

D) Reference Context:

D.1 General Context

D.1.1. Country



SOUTH SUDAN –

- **Historic background**

Egypt attempted to colonize the region of southern Sudan by establishing the province of Equatoria in the 1870s. Islamic Mahdist revolutionaries overran the region in 1885, but in 1898 a British force was able to overthrow the Mahdist regime. An Anglo-Egyptian Sudan was established the following year with Equatoria being the southernmost of its eight provinces. The isolated region was largely left to itself over the following decades, but Christian missionaries converted much of the population and facilitated the spread of English. When Sudan gained its independence in 1956, it was with the understanding that the southerners would be able to participate fully in the political system. When the Arab Khartoum government reneged on its promises, a mutiny began that led to two prolonged periods of conflict (1955-1972 and 1983-2005) in which perhaps 2.5 million people died - mostly civilians - due to starvation and drought. Ongoing peace talks finally resulted in a Comprehensive Peace Agreement, signed in January 2005. As part of this agreement, the south was granted a six-year period of autonomy to be followed by a referendum on final status. The result of this referendum, held in January 2011, was a vote of 98% in favour of secession.

Since independence on 9 July 2011, South Sudan has struggled to form a viable governing system and has been plagued by widespread corruption, political conflict, and communal violence. In 2013, conflict erupted between forces loyal to President Salva KIIR, a Dinka, and forces loyal to Vice President Riek MACHAR, a Nuer. The conflict quickly spread through the country along ethnic lines, killing tens of thousands and creating a humanitarian crisis with millions of South Sudanese displaced. KIIR and MACHAR signed a peace agreement in 2015 that created a Transitional Government of National Unity

the next year. However, renewed fighting broke out in Juba between KIIR and MACHAR's forces, plunging the country back into conflict and drawing in additional armed opposition groups. A "revitalized" peace agreement was signed in 2018, mostly ending the fighting and laying the groundwork for a unified national army, a transitional government, and elections. The transitional government was formed in 2020, when MACHAR returned to Juba as first vice president. Since 2020, implementation of the peace agreement has been stalled amid wrangling over power-sharing, which has contributed to an uptick in communal violence and the country's worst food crisis since independence, with 7 of 11 million South Sudanese citizens in need of humanitarian assistance. The transitional period was extended an additional two years in 2022, pushing elections to late 2024.

- **Geography**

South Sudan borders with: Central Africa, Sudan, Uganda, Kenya and Ethiopia. It has a total area of 644,329 sq km and a population of 13,026,129 (July 2017 est.).

The climate is hot with seasonal rainfall influenced by the annual shift of the Inter-Tropical Convergence Zone; rainfall heaviest in upland areas of the south and diminishes to the north. The terrain is constituted by plains in the north and centre, it rises to southern highlands along the border with Uganda and Kenya. The elevation: lowest point is White Nile (381 m) while highest is mount Kinyeti (3,187 m).

The White Nile, flowing north out of the uplands of Central Africa, is the major geographic feature of the country. The Sudd (a name derived from floating vegetation that hinders navigation) is a vast swamp formed by the White Nile, comprising more than 100,000 sq km, 15% of the country's total area; it is one of the world's largest wetlands and it dominates the centre of the country.

- **Natural resources**

The country has enormous natural resources: hydropower, fertile agricultural land, gold, diamonds, petroleum, hardwoods, limestone, iron ore, copper, chromium ore, zinc, tungsten, mica, silver.

- **Population**

Note: Figures are estimations due to population changes during South Sudan's civil war and the lack of updated demographic studies.

- **Demographic profile**

South Sudan has a population of 12,703,714. It gained its indecency from Sudan on July 2011 after decades of civil war. It is one of the world's poorest countries and ranks among the lowest in many socioeconomic categories. Problems are exacerbated by ongoing tensions with Sudan over oil revenues

and land borders, fighting between government forces and rebel groups, and inter-communal violence. Most of the population lives off of farming, while smaller numbers rely on animal husbandry; more than 80% of the populace lives in rural areas. The maternal mortality rate is among the world's highest for a variety of reasons, including a shortage of health care workers, facilities, and supplies; poor roads and a lack of transport; and cultural beliefs that prevent women from seeking obstetric care. Most women marry and start having children early, giving birth at home with the assistance of traditional birth attendants, who are unable to handle complications.

Educational attainment is extremely poor due to the lack of schools, qualified teachers, and materials. Less than a third of the population is literate (the rate is even lower among women), and half live below the poverty line. Teachers and students are also struggling with the switch from Arabic to English as the language of instruction. Many adults missed out on schooling because of warfare and displacement.

More than 900,000 South Sudanese have sought refuge in neighbouring countries since the current conflict began in 2013, almost 200,000 alone have fled since the most recent outbreak of violence in early July 2016. Another 1.7 million South Sudanese are internally displaced. Despite South Sudan's instability and lack of infrastructure and social services, more than 240,000 people have fled to South Sudan to escape fighting in Sudan.

- **Ethnic groups**

Dinka 35.8%, Nuer 15.6%, Shilluk, Azande, Bari, Kakwa, Kuku, Murle, Mandari, Didinga, Ndogo, Bviri, Lndi, Anuak, Bongo, Lango, Dungotona, Acholi, Baka, Fertit .

- **Languages**

English (official), Arabic (includes Juba and Sudanese variants), regional languages include Dinka, Nuer, Bari, Zande, Shilluk.

- **Religions**

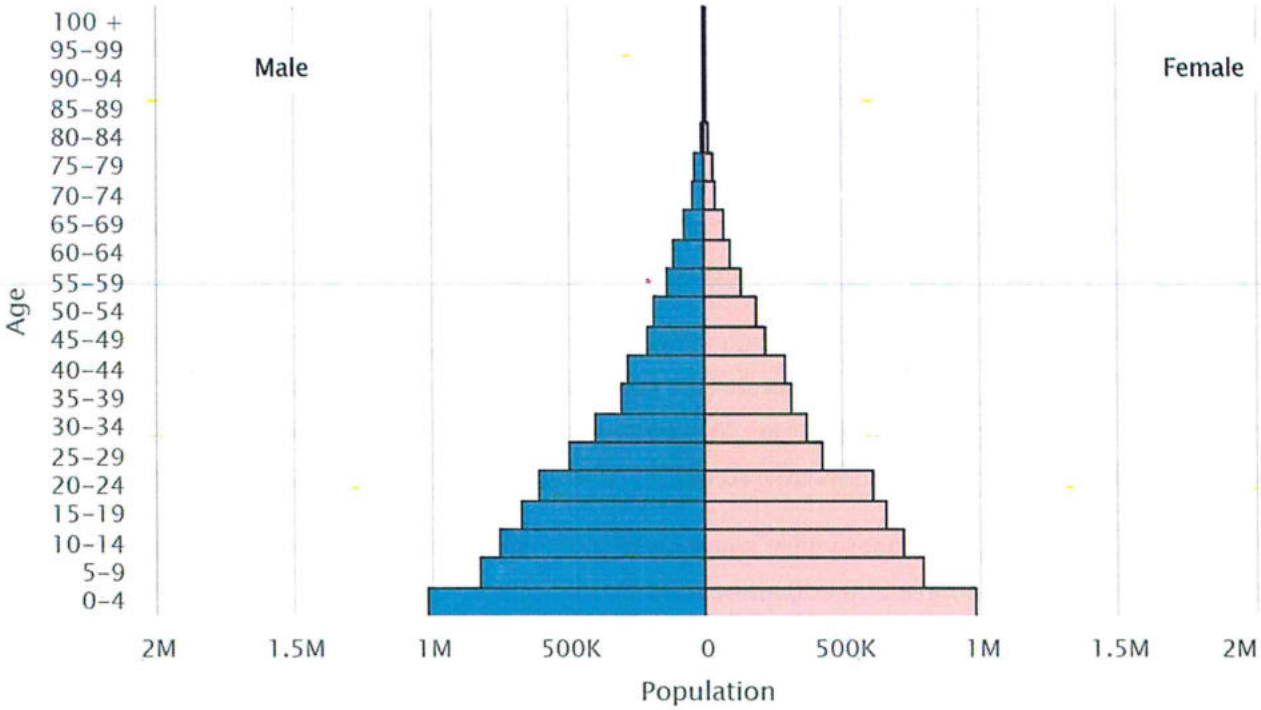
animist, Christian

- **Age structure**

0-14 years: 42.1% - 15-24 years: 30.3%

25-64 years: 25.5% - 64 & over: 2.6%

The population growth rate is 3.8% (world rank 2nd) with a birth rate of 35.5 births/1,000. The median age is 17.1 years while the total dependency ration is 83.7. Other striking data:



U.S. Census Bureau, International Database

Dependency ratios total dependency ratio : 80.8 youth dependency ratio: 74.7 elderly dependency ratio: 6.1	Median age Total: 18.7 years Male: 18.7 years Female. 18.6
Birth rate 36.1birth / 1,000 population (2023)	Death rate: 9.2 deaths / 1,000 population (2023)
Maternal mortality rate: 1,223 deaths/100,000 live births (2023 est.) country comparison to the world: 1	Infant mortality rate: total: 61.6 deaths/1,000 live births male: 67.4 deaths/1,000 live births female: 55. deaths/1,000 live births (2023 est.)
Total fertility rate: 5.2 children born/woman (2023 est.) country comparison to the world: 11	Health expenditures: 1.5% of GDP (2016) country comparison to the world: 185

Children under the age of 5 years underweight: N. A. Net migration rate 20 migrants / 1,000popuòation (2023 Population growth 4.78% (2023	Major infectious diseases: degree of risk: very high (2023) food or waterborne diseases: bacterial and protozoal diarrhea, hepatitis A and E, and typhoid fever vectorborne diseases: malaria, dengue fever, Trypanosomiasis-Gambiense (African sleeping sickness) water contact diseases: schistosomiasis **animal contact diseases: rabies** **respiratory diseases: meningococcal meningitis**

- **Economy**

Following several decades of civil war with Sudan, industry and infrastructure in landlocked South Sudan are severely underdeveloped and poverty is widespread. Subsistence agriculture provides a living for the vast majority of the population. Property rights are insecure and price signals are weak, because markets are not well organized. After independence, South Sudan's central bank issued a new currency, the South Sudanese pound, allowing a short grace period for turning in the old currency.

South Sudan has little infrastructure - approximately 200 kilometres of paved roads. Electricity is produced mostly by costly diesel generators, and indoor plumbing and potable water are scarce. South Sudan depends largely on imports of goods, services, and capital - mainly from Uganda, Kenya and Sudan.

Nevertheless, South Sudan does have abundant natural resources. At independence in 2011, South Sudan produced nearly three-fourths of former Sudan's total oil output of nearly a half million barrels per day. The Government of South Sudan used to rely on oil for the vast majority of its budget revenues before oil production fell sharply. Oil is exported through a pipeline that runs to refineries and shipping facilities at Port Sudan on the Red Sea. The economy of South Sudan will remain linked to Sudan for some time, given the long lead time and great expense required to build another pipeline, should the government decide to do so. In January 2012, South Sudan suspended production of oil because of its dispute with Sudan over transhipment fees. This suspension lasted 15 months and had a devastating impact on GDP, which declined by 48% in 2012. With the resumption of oil flows the economy rebounded strongly during the second half of calendar year 2013. This occurred in spite of the fact that

oil production, at an average level of 222,000 barrels per day, was 40% lower compared with 2011, prior to the shutdown. GDP grew by nearly 30% in 2013. However, the outbreak of conflict in December 2013 combined with a further reduction of oil production and exports, meant that GDP growth fell significantly in 2014 and 2015 as poverty and food insecurity rose. South Sudan holds one of the richest agricultural areas in Africa with fertile soils and abundant water supplies. Currently the region supports 10-20 million head of cattle.

South Sudan is currently burdened by considerable debt because of increased military spending and revenue shortfalls due to low oil prices and decreased production. South Sudan has received more than $4 billion in foreign aid since 2005, largely from the UK, the US, Norway, and the Netherlands. Annual inflation peaked at over 800% in October 2016. The government has relied on borrowing from the central bank to fund budget expenses. The decision in December 2015 by the central bank to abandon a fixed exchange rate and allow the South Sudanese Pound to float has not reduced inflation in the short term. Long-term challenges include diversifying the formal economy, alleviating poverty, maintaining macroeconomic stability, improving tax collection and financial management and improving the business environment.

The combined impact of: escalation of civil war, tension and dispute with Sudan oil fees transit, decrease of oil production and oil price, sharp increase in military expenses has plunged the country into a very serious recession with and inflation peak of 800% in October 2016. The internecine war that continues unabated shows it effects with the following data:

GDP - real growth rate:	GDP - per capita (PPP):
-5.2% (2017 est.) -13.9% (2016 est.) -0.2% (2015 est.)	$1,600 (2017 est.) $1,700 (2016 est.) $2,100 (2015 est.) **note:** data are in 2017 dollars
Budget surplus (+) or deficit (-):	Inflation rate (consumer prices):
-69.3% of GDP (FY2013 est.) country comparison to the world: 219	10.52% (2021 est.) 29.68% (2020 est.) 87.24% (2019 est.)

The war is absorbing the few economical resources of the country, as the following data show its sharp increase since the beginning of the new outbreaks, while education and health indicators tend to shrink and basic services like electricity and water are nearly non-existent:

Military expenditures:	Education expenditures:
10.93% of GDP (2015) 9.77% of GDP (2014) 7.41% of GDP (2013) 9.53% of GDP (2012) 5.91% of GDP (2011) country comparison to the world: 1	1.5% of GDP (2016) Health expenditures: 2.7% of GDP (2014) Literacy: total population: 34.5% male: 40% - female: 28.9%
Drinking water source:	Electricity access:
improved: urban: 66.7% of population rural: 56.9% of population total: 58.7% of population	population without electricity: 11,200,000 electrification - total population: 1% electrification - urban areas: 4%
Roadways **total:** 90,200 km **paved:** 300 km **unpaved:** 89,900 km (2015) **note:** most of the road network is unpaved and much of it is in disrepair; the Juba-Nimule highway connecting Juba to the border with Uganda is the main paved road in South Sudan	

OTHER PROBLEMS STEAMING FROM BOUNDARY DEMARCATION AND WAR

- **International disputes:**

Boundary between South Sudan and Sudan were fixed 1 January 1956 alignment, but the final alignment is still pending on negotiations and demarcation on the ground. The final sovereignty status of Abyei Area is pending on negotiations between South Sudan and Sudan. Periodic violent skirmishes with South Sudanese residents over water and grazing rights persist among related pastoral populations along

the border with the Central African Republic. The boundary that separates Kenya and South Sudan's sovereignty is unclear in the "Ilemi Triangle," which Kenya has administered since colonial times.

- **Military service age and obligation:**

The Government of South Sudan recognizes that the legal minimum age for compulsory and voluntary military service is 18 and the signed agreements in March 2012 and August 2015 included the demobilization of all child soldiers within the armed forces and opposition, but the recruitment of child soldiers by the warring parties continues. As of the end of 2016, UNICEF estimates that more than 17,000 child soldiers had been used in the country's civil war since it began in December 2013 (2016).

- **Refugees and internally displaced persons:**

Refugees coming from neighbouring countries: 254,150 (Sudan); 14,794 (Democratic Republic of the Congo) (2017).

The real refugees problem comes from the previous war with Sudan and the ongoing internecine war: IDPs:

- 1,962,587 (alleged coup attempt and ethnic conflict beginning in December 2013;
- information is lacking on those displaced in earlier years by:
    - fighting in Abyei between the Sudanese Armed Forces and the Sudan People's Liberation Army (SPLA) in May 2011;
    - clashes between the SPLA and dissident militia groups in South Sudan;
    - inter-ethnic conflicts over resources and cattle; attacks from the Lord's Resistance Army; floods and drought.
- **Human trafficking in persons:**

Current situation: South Sudan is a source and destination country for men, women, and children subjected to forced labour and sex trafficking:

- South Sudanese women and girls, particularly those who are internally displaced, orphaned, refugees, or from rural areas, are vulnerable to forced labour and sexual exploitation, often in urban centres;
- children may be victims of forced labour in construction, market vending, shoe shining, car washing, rock breaking, brick making, delivery cart pulling, and begging;
- girls are also forced into marriages and subsequently subjected to sexual slavery or domestic servitude;

- women and girls migrate willingly from Uganda, Kenya, Ethiopia, Eritrea, and the Democratic Republic of the Congo to South Sudan with the promise of legitimate jobs and are forced into the sex trade;
- inter-ethnic abductions and abductions by criminal groups continue, with abductees subsequently forced into domestic servitude, herding, or sex trafficking;
- recruitment and use of child soldiers increased significantly within government security forces and was also prevalent among opposition forces.

*E) **Local Situation**:*

The project is placed in the outskirts of Juba, the capital of South Sudan and since 2013 the centre of power struggle between the different factions. At same time with the spreading of violence all over the country, a lot of IDP are flocking in the capital thinking to find some sort of security and food to survive.

South Sudan's conflict has been dominated not so much by fierce battles between government and opposition forces, as by brutal attacks on civilians, often because of their ethnicity. Starting with round-ups and a massacre of ethnic Nuer in Juba, the conflict has spiralled into a series of revenge and counter-attacks on ethnic Dinka, Nuer, and other communities, plunging the country into a human rights and humanitarian crisis.

Despite numerous the attempts of dialogue, sponsored by African Union, UNN and influential countries, in Addis Ababa, signed agreements and cess fire have never been totally respected and the country is in a constant state of war at varying intensities according to the zones. Fighting forces have killed thousands, along with the rapes and pillaging, forcing 1.3 million people out of their homes. Thousands have run to hard-to-reach areas, where many face drastic food shortages. People have been unable to plant crops and the country faces famine. About 86,000 people are still in crowded UN bases, but they don't always provide safe haven for women and girls. Within the camps on these bases, overcrowding and poor lighting create conditions that can increase the risk of sexual violence. Reports of harassment have been increasing over the months.

The best presentation of the actual situation in the country and the need for the Church to be present is the address given by Bishop *Alex Lodiong Sakor EYOBO that report here.*

The Situation of the Church in South Sudan

Address to the general assembly of Solidarity with South Sudan

Thus, let me, first speak to you briefly about the socio-economic and political situations in South Sudan, then I will conclude with the work of the local church of which Solidarity with South Sudan, constituted by you, is a participant and a contributor.

1. *First and foremost, there is economic crisis in South Sudan, as we speak. The economy of the country has collapsed, with the country's currency depreciating by 500% within a year. This is due to the endemic corruption practiced by the governing elites, and insecurity in many parts of the country, hampering agricultural activities and other businesses which would boost economic growth. Hence, the cost of living has gone high; civil servants have not been paid their salaries for the last eleven (11) months. Moreover, the influx of returnees and refugees from Sudan due to the civil war there, has aggravated the economic crisis in the country.*

2. *There is dragging (or actually lack of political will) in the implementation of the peace agreement of 2018, called: the Revitalized Agreement on the Resolution of Conflict in the Republic of South Sudan (R-ARCSS), in letter and spirit. Two key chapters of the agreement: chapter two (2) on security agreement (i.e. integration of the factional armies into a national army) and chapter five (5) on transitional justice, accountability, reconciliation and healing are not implemented yet.*

   Hence, by large and wide, the army in South Sudan operate in allegiance to political and military factions than to the people of South. Therefore, any disagreement among the factional political and military generals could trigger military confrontations between the factional armies. In fact, recently, on the evening of Thursday 21st November, military clashed occurred between the supporters of the former spy chief (or Director of National Security) and the military units allied with the President.

   With regards to chapter five, those who committed atrocities during the war have not been brough to justice and accountability so as to foster reconciliation and healing among communities and political parties.

3. *On the other hand, there are still other armed opposition groups in some parts of the country, like in the area of the Catholic Diocese of Yei, who did not sign the peace agreement of 2018. They continue to wage armed resistance against the government. Thus, their military confrontations with the government allied soldiers often resulted in unwarranted deaths of civilians (an example being the recent massacre of young people in Wonduruba and Kajokeji on 10th and 18th October respectively); insecurity in the villages and along highways, as well blocking of humanitarian and social services from reaching to the civilians in the villages. More so, this situation scares refugees in Uganda and DR Congo from returning to their ancestral homes within South Sudan.*

4. *In order to forge a solution to stop the activities of these armed opposition groups, the government has come out with another peace initiative call the Tumaini Initiative in Nairobi, mediated by the President of Kenya, to try to negotiate peace with them. Unfortunately, the outcome of the negotiations seems not to be promising, because the focus of the negotiations is again on power-sharing arrangement than on addressing the root causes of the political conflict in South Sudan such as: ethnocratic governance, mismanagement of the country's resources, land grabbing issues, livestock wrangling, faction-oriented army, to mention but a few. Indeed, the crisis in the Tumaini negotiations was manifested recently when the government delegation was dissolved and replaced by another.*

5. *In the central and northern part of the country (which embraces the dioceses of Malakal and Bentiu) villages have been submerged in flood waters due to heavy rainfalls and the waters of the Nile River flowing from the dams in Uganda. The government has not responded adequately to salvage the situation of civilians displaced into higher areas of the region.*

In all this, however, the Church continues with its work of evangelization, pastoral care and social services to the people, to give them hope and human dignity. At the grassroot level the Church is engaged in promoting local community dialogues in order to resolve ethnic and political conflicts at the local level, and reach the reconciliation of communities and families.

Last year in November 2023, in Wau, the Church launched the celebrations of the National Eucharistic Congress and the Golden Jubilee of the local Catholic Hierarchy, under the theme: ***One body, one spirit in Christ (Eph. 4:4),*** *to gear the peoples of the nation towards unity and peace, rooted in the faith they profess in Christ and in God. The grand closing of these celebrations was conducted in Juba last Sunday, of Christ the King, with the attendance of over 10,000 people. This big attendance seems to indicate to us that the church is the only institution in the country that offers hope for the people of South Sudan in their yearning for unity and peace.*

The participation of Solidarity with South Sudan in this mission of the local church, by offering pastoral formation and social services in the field of education, health and livelihood, cannot be underestimated amidst the challenges of personnel and donations towards the projects.

It is on this valuable contribution of Solidarity towards the local church that the Catholic Bishops' Conference of Sudan and South Sudan, who called for this partnership sixteen (16) year ago, is requesting the renewal of the Memorandum of Understanding for another six (6) years, subject to renewal, for Solidarity to continue with cooperative project in the areas of Pastoral Care, Education, Health and Sustainable Agricultural Programme with skills training courses.

In conclusion I thank you all for the sacrifices you are making in serving the local church in South Sudan and the adjacent areas in Sudan. Let us, together continue to pray for justice, reconciliation and sustainable peace in South Sudan and Sudan.

God bless you all.

Rome, 28th November, 2024

Rt. Rev. Alex Lodiong Sakor EYOBO

Bishop Catholic Diocese of Yei,

Representative of the Catholic Bishops' Conference

All children and women in South Sudan suffer to some extent from the country's chronic insecurity, as well as the fact that spending in the social sector is insufficient to meet basic needs. Even before the start of the 2013–17 conflict, South Sudan had some of the poorest health indicators for women and children in the world (see the general information on the country).

Regarding personal development and social aspects: initiatives to promote child and youth participation are fragmented, and there is a lack of meaningful participation. Children are left out of decision-making at family level, at school and in the community. Girls are socialized to accept decisions made about them, while children with disabilities face additional social and physical barriers to participation.

As violence against women has always been, also nowadays, it remains **a war weapon** that devastates the person, the family and annihilates the attempt of creating an equal, just and peaceful society.

The Orsoline Sisters of Gandino have been invited by the Church of South Sudan to open a mission especially in favour of women and children.

*F) **Project Description and Goals**:*

F. 1. Description of the project environment

The Three Angels center is in Kator, one of the poor outskirts of Juba, near St. Theresa Catholic parish, and not far from the White Nile. After the signing of the CPA (Comprehensive Peace Agreement), Juba has continued to attract huge numbers of people – returning residents, previous IDPs (Internally displaced people) as well as many newcomers. Juba's estimated population in 2023 is 372,400; it was 250,000 (*sources: USAID*). Today one emerging trend seems to be that of young, unskilled or semi-skilled males coming to Juba in search of better jobs and an urban lifestyle.

Many are having difficulty (re)adapting to rural life after years of displacement in urban areas or after having fought during the war. Most areas of Juba are now inhabited by a mix of different tribes, residents and returnees as well as other migrants. (*ODI – Overseas Development Institute)*

F.2. Project goals

F.2.1. Health 1st phase

In 2015 the Church put at the disposal of the Sisters a plot of land in Kator. The Sisters settled in a provisional small building, and, even though the facilities were inexistent, they started their service: home visiting to the sick or injured, and counselling in the St. Theresa Parish, in St. Joseph Parish and in Comboni Fathers compound. Few months later they were already accompanying about 200 families.

They decided to focus on the most vulnerable part of the population: women and children through health service, woman promotion and, in the future when financially possible, kindergarten. As first phase they gave priority to health and woman promotion. Ethno-political tensions remain high, but it is important to still believe in peace and contribute to its building, and this is what "Three Angels Health Center" is doing.

With the help of the De La Salle Brothers they prepared a master-site plan of the compound. The First phase included:

- Fence,
- Minimum of staff house,
- Clinic for basic health and maternity ward,
- Women promotion Centre,
- Septic tank.

The first phase was gradually completed thanks to the contribution of:

- Misean Cara that financed a provisional barbed wire fence and the drilling of a well.
- Africa 3000 – ONLUS that financed the building of the health center and the ambulance.
- The Italian Episcopal Conference – CEI: that financed the woman promotion center.
- AMPELOS ODV - Italy, partially financed health equipment.

b. What is already functioning

Initially the Ursulines sent two Sisters. In the following years, due also to the situation in Eritrea where the government nationalized the Catholic Church's health centres and schools, the Congregations has been moving qualified personnel to new missions in Africa. The limit of these new assignments is that

only those above 40 year of age are allowed, with difficulty, to leave Eritrea. Today the Juba community is formed by six Sisters:

- Sr Gherghis Abreha superior of the community and working in woman promotion
- Sr. Hagia Tesfamicael administrator of woman promotion
- Sr. Hana Teasfa Caherine responsible of home economics
- Sr. Tirhas Araya, administrator of the Health center (nurse midwife)
- Sr.M.Mehret Weldeab, nurse midwife
- Sr. Senbetu Gebrat nurse
- Sr. Dinsa Mentay Laboratory

F.2.2. Health 2nd Phase: project's goals

a. Present situation

The centre opened on November 2019 with a clinic, in 2021 they started the woman promotion. The Clinic in a short time has become a centre that attract patients from all Juba and surrounding villages. The statistics of the first four years, 2020/2024, show the great service provided and at the same time the need for more space and equipment to cope with the ever-increasing demand.

ACTIVITIES	2020	2021	2022	2023	2024	% Increment
Adults' consultation	3.931	6.344	6.878	7.532	10.322	61,92
Children's consultation	1.268	2.494	3.706	4.237	5.533	77,08
Vaccination	933	2.179	3.896	4.611	5.487	83,00
Antenatal care	812	1.849	2.164	2.709	2.909	72,09
Delivery	211	439	715	847	927	77,24
Postnatal care	282	464	1.539	1.821	2.617	89,22
Lab.tests	16.234	25.329	37.427	47.174	52.393	69,01
Ultrasound	43	779	982	1.303	2.475	98,26

The Sisters are available 24 hours seven days per week. That mean if any emergency and laboring mother comes, during any day of the week and at any hour of the day, they are admitted and followed, even though the Sisters had been the whole day in the health center. Their superior wrote:

"Even though they are very busy day and night, they are very happy. For Jesus said "what so ever you do for the little ones you do for me", and our charisma is serving the poor and needy with love and compassion. So, keeping this in mind the Sisters are doing their best to help others and spread the kingdom of God, May God help them!"

b. needs

The spaces presently available for two activities, health and woman promotion, are too limited. The overcrowding, especially in the health activities, represents not only a real challenge, but in some degree a health hazard. More spaces are needed not only for the number of patients, but also to assure the minimum sanitary space and personal privacy.

The project foresees new necessary structures and more equipment.

- **Structures and equipment needed**

The present clinic disposes the minimum of rooms for the multiple activities: OPD for adults and children, vaccination, antenatal and postnatal care, delivery, laboratory, and ultrasound. They have only two rooms with 5 beds for the most serious cases and/or for pregnant women or for after delivery. Just considering that today they have an average of 2.5 deliveries per day, besides all the other clinical activities, it is clear the urgent need for more vital space. Besides some basic and necessary structures are completely missing, like the incinerator, the placenta pit, laundry for the clinic and for the patients' families.

Similar needs, also if not so urgent, of space and equipment are demanded by the program of woman promotion and health teaching practices.

As structures we foresee the following:

a. Structures

- Maternity ward with:
  - 16 beds plus 2 beds for isolation,
  - 2 showers and 2 WC,
  - Medical store,
  - Nurse station,
  - Nurse resting room, nurse toilet
- External works
  - Incinerator
  - Placenta pit
  - Septic tank

- Storm water collection
- Rain water tank
- Veranda and Walk ways
- Landscaping.

- Built-in furniture for Maternity ward, Laundries, and bakery:
  From previous experience carboards, tables and other furniture are built in masonry, they last longer and easier to clean.

a. Furniture & equipment

- Movable furniture
- Medical equipment
- Laundry equipment

F.2.3. Woman promotion 1st phase

The woman promotion, another very important aspect of the project, because women are the driving force of change and development. The 1st phase was financed by CEI.

The Sisters have been meeting with the women to hear their opinions and desires. In this first phase, following the women's requests the following programs are active:

- **Cutting, sewing and embroidery**

The complete course will take 2 years. The second year could start uniform production for schools, medical staff, clerks…

- **Home Economics - Cooking**

In addition to learning, a catering system will be organised.

- **Production of liquid soap**

This activity can also generate income.

- **Training on personal and environmental hygiene/health education, and puericulture,**

This activity will be related and mostly carried out by the health center personnel.

- **English language and computer**

The target is: girls and younger women with a minimum of schooling.

These are activities that help the women to find a job or start their own business, and at same time be a means of income for the sustainability of the centre.

F.2.3.1. Woman promotion 2nd Phase: project's goals

The woman promotion program is going very well and the results are encouraging because the majority of the women are improving the diet at home and creating small self-employment activities.

To boost the project and create a source of income for the home economics program an equipped bakery would make the difference. They could develop a catering system that would benefit to the women and to the self-sufficiency of the centre. The project foresees:

- Building a small bakery, and
- Bakery equipment

*G) **Local Participation**:*

The tangible local participation consists of:

- The land that the Archdiocese of Juba has donated to the project,
- The human resources put at the service of the neediest in a very delicate and dangerous socio-political environment.

Especially this second factor is extremely important and impossible to estimate.

The Local Church plaid a key role inviting the Sisters and putting at disposal the needed land.

*H) **Future Self-sufficiency***

H.1. The future sustainability of the centre is already counting on:

- **Health centre**

The running cost for the Health Center will be partially covered by the patients' contribution. Taking advantage of the health centre's reputation, more and more people are attracted and the Sisters are very attentive in making a distinction between those who can contribute and those who cannot.

- **Woman promotion**

The woman promotion is oriented at improving the life of the beneficiaries and at same time become also a source of income for the center. The following income generating activities are foreseen:

· *cutting/sewing & embroidery*

Production and selling of school uniforms of catholic schools in Juba and other localities. Today all schools, nurse, doctor, and clerk uniforms are imported from Uganda and Kenya. It will be an income for the center and at same time a job creation for many women.

· *home economics (cooking), improved cooking with available materials*

This activity contemplates the development of a catering service. The introduction of a bakery will enhance the service and increase the revenues.

· *Liquid soap production*

Mainly geared to the women family support, it can be also another income generating activity of the center.

- **Congregation of Ursuline Sisters support**

The Congregation has assured the viability of the project as far as human resources (already has committed six Sisters), and financial help for the negative balance.

- **Commercial office – marketing office**

We foresee the creation of a specific commercial office responsible of:

- Connecting the Center to schools, and other activities in need of uniforms, and signing contracts,
- Contacting hotels, restaurants for job placement of the young women graduated from home economics program,
- Looking for customers of the catering service,
- Bread sale, once the bakery is realized.

I) Ownership Title:

The land belongs to the Archdiocese of Juba and has been granted to the Sisters in perpetuum, as long as they remain offering their services.

The Sisters have obtained the building permission from the government.

All the equipment, furniture and movable goods that are and will be acquired belong to the Ursuline Sisters – Province of Eritrea and South Sudan.

L) Photo Documentation:

We attach some pictures of the present activities in the centre.

3. BUDGET

We area attaching the Excel form with the detailed budget.

- **Building**

For the building we have two offers, SAIDAR and St. Bernhard Builders. We have chosen St. Bernhard Builders because their offer is complete, and it has already worked in the 1st phase with very high-quality results. St. Bernhard Builders developed very good and strong built-in furniture especially for cupboards, tables, shelves, … Perhaps more expensive but much more durable over time. They already realized this type of *built-in furniture* in the 1st phase with very good results, the built-in furniture is solid, lasting, and easy to clean,

We are attaching the drawings, BOQs.

- **Furniture & equipment**

When possible, we have tried to gather three proforma. for movable furniture and equipment, in the attached Excel file, we have highlighted the items chosen. It must be noted that most of the items come from Uganda because they are not available in the country.

- **Contributions**

We already have assured 42.82% of the funds from a private donor, small ETS and symbolic local and Ursuline Sisters contribution. We are asking CEI to contribute for 57.18% in two years.

When Solidarity with South Sudan – S.S.S. project, to prepare health personnel and teachers, was launched some donors asked: "Why should we commit to a project in a country that is so volatile"? The answer was and is: "Exactly because is volatile we have to commit ourselves to try to be the small drop that can create the river of peace"!

- **Monitoring and Evaluation**

Monitoring on a daily basis is the responsibility of the local project management team whose members are listed above. The system to gather data on the action of the health center and woman promotion is in place and will be used also to provide data for the project report.

Br. Amilcare Boccuccia, Executive Director of La Salle Foundation Italy ETS, will cooperate and assist the Sisters during the implementation of the project and its reporting.

We thank you in advance for your sure understanding and support.

Sincerely yours,

Sr. Tirhas Araya