



Compassion and Care in Rural South Sudan

Case Study 1: Severe Anemia/Malnutrition

Name: Adon M.*

Age: 40 or 41

Gender: Female

Diagnosis: Severe Iron Deficiency/Anemia, Lack of proper protein consumption, insufficient diet (lack of sufficient food)

“We cannot be weak, there is no one to care for me, so I cannot be weak,” Adon said. “No one will care, we go to the clinic and we get paper, I cannot get better with paper.” When asked why she did not go to the hospital in town she said, “We have no job in the house, no one with money, and you need money for the botabotas [motorcycle taxi], for the doctor, and for the medicine.” She added, “We just do not have.”

Adon, like many mothers in Maker Kuei, has led a hard life – and it has become more difficult in recent years. She lost her husband in 2010 to tribal infighting and the perpetual revenge cycles prevalent in the area, and of the 7 children she has birthed, only 5 survive today. The most recent death was of her 5 year old boy, who died from sickness (presumed to be severe anemia based on her description of the symptoms) in August 2016.

Adon has also lost precious time with her youngest surviving child due to imprisonment by proxy. Her eldest son had impregnated and eloped with a girl from another family. Due to traditional justice systems, she was imprisoned for 5 months because his actions and she was forced to give up vital resources [cattle] to compensate the wronged family. The traditional judiciary system forced her, in lieu of her late husband and in the absence of her eldest son, to be imprisoned in his place. During her time in prison, she ate once daily, if she was lucky. Without family support, her children also suffered during this time. With strength and determination beyond reason, she has persevered through these losses and has returned home to care for her 4 remaining children.

The Loreto School hires members from family groups facing adversity or crisis, like Adon, and provides them with the means to earn their own food security through projects designed to preserve human dignity and minimize dependency.

“I got a job working the garden at Loreto, these are my people, my family, they will care, and the Sisters will care,” said Adon. “Here I will get medicine [treatment]. This is the only place I get the food.”





Case Study 2: Severe Malnutrition

Name: Ajuong

Age: 10 Months

Gender: Male

Guardian: Akun B. (Mother)*

Diagnosis: Severe malnutrition, marasmus (chronic insufficient caloric intake), protein and micro nutrient deficiency.

Ajuong, sitting in his mother's lap at the Loreto Primary Health Care Unit (PHCU), is 10 months old and still on a 100% liquid diet of breast milk. He is severely underweight and under developed and was brought into the unit several days in a row for emergency treatment. Without sufficient food at home, as the youngest child, Ajuong is suffering. At 10 months, a healthy child should be crawling, laughing, nourished by a semi-solid diet, supplemented by breast milk. Instead, Ajuong sits silently, staring at bowls of nutrient-enriched porridge. His mother, Akun, commented that he was too weak to eat, but when Sr. Penina provided food to the mother to feed him, he grabbed the bowl. "He is fighting [for more]; there just isn't anything," said Sr. Penina, the head nurse. At home, there isn't enough for the other children, so none is left for the baby, only breast milk. However, at his age, breast milk can no longer provide the necessary nutrients for proper development, and over the last several months other health issues started to arise. There are 8 people in the home, and just not enough food.

"There is no work, no money" Akun said, "and my husband will not let me leave for a long time, he needs me at home to take care of the other children." Without money, Akun cannot access the local clinics, pharmacy, or even hospital; and without being able to enroll in prolonged food security programs in Rumbek town, she has been left without options. "I will work, and I know the Sisters will help," she said when asked why she came to the Loreto PHCU. "I cannot choose just 1 of my children."

Акun has joined the school's staff, working in the gardens as a day laborer, which will allow her to supplement the household income, and give Ajuong access to food and micronutrients essential to his early development.





Loreto Primary Health Care Unit
Food Security and Malnutrition Case Studies – February 2017



The Loreto PHCU has started to treat nearly 30 extreme cases of macro and micro nutrient deficiencies with regular cases of kwashiorkor and marasmus; and protein and caloric malnutrition respectively. However, vitamin and mineral deficiencies are also all too common, particularly in women and children, the community's most vulnerable citizens. Without jobs, and last year's poor rains and subsequent low harvest, famine has been declared in South Sudan, affecting communities like Maker Kuei. Without a direct intervention, this community will continue to suffer. Parents often need to work low-wage jobs, earning as little as 2.54 USD per month (the government mandated salary for a day laborer). This creates a situation in which (not much) older siblings are primarily responsible for caring for their younger brothers and sisters. These responsible children guide or carry their sick younger siblings several kilometers each day, seeking medical care, and in most cases are unable to access the required treatments. The Loreto Sisters have reacted to the needs of Maker Kuei, our host community in South Sudan, and are providing care for children enrolled in the schools, workers on the compound, and severe or extreme cases from the community.

"In most cases, we have to feed them both; the extremely malnourished child, and the sibling accompanying them," said Sr. Penina, "One is malnourished, and the other undernourished. So we take care of them both, and try to teach them how to have more nutritious meals."

A core part of the intervention planned by Loreto and Sr. Penina is nutrition counseling, teaching families about nutritious, locally available foods that can help sustain them. This holistic approach was designed in an effort to maintain human dignity, reduce dependency, and sustain the community through these lean seasons until the harvest arrives.



* Names have been abbreviated to preserve human dignity.