



Compassion and Care

Case Study #1: Malaria and Malnutrition

Name: Mathiei*

Age: 2.5 years

Gender: Male

Mathiei's mother is from a small village within Maker Kuei called Karac (pronounced "Karach"). Mathiei had been sick for several days with a fever and his mother suspected malaria – a major culprit of morbidity and mortality among children under 5 in South Sudan. Malaria, with the added complications of malnutrition had left Mathiei very sick and weak.

"I came to Loreto 3 weeks ago, when my child was very sick. He was sick in the clinic in the first and second week. My child was very sick, weak and malnourished, but now I can see some changes physically. He is healthy as you can see him running and playing. We did not have food [at home], but when we have it, I would give him porridge and some mkwanga [peanut paste] which is not regular."

The health care in the area is extremely expensive for those without a stable income and the costs of medicines and food results in children not receiving proper care. For female-led households, access to healthcare is further restricted. Without tradable skills or other resources to support them, many women rely on the charity of their extended family for their and their children's survival. In Maker Kuei, the majority of families are stretched thin financially, and are unable to help support female-led households.

"The situation at home is very bad, there is not food. I am a widow taking care of 9 family members including my children in my house. I used to get 150 SSP [less than 1 USD] per week which can only buy a small bar of soap or a half kg [kilogram] of flour. A half kg [kilogram] is now 160 SSP, which is more than I was making in 1 week."

For mothers like Mathiei's, the school has been able to work with our partners to provide employment, replacement meals, food distributions, and medical care. This allows the mothers to work - to continue to earn, while they seek treatment for themselves and children.

"I am working at Loreto in the garden. I would like to appreciate those who are working taking care of my child."





**Loreto Primary Health Care Unit (PHCU)
Case Studies – April 2017**



Case Study #2: Extreme malnutrition

Name: Ager*
Age: 4 Months
Gender: Female

For some community members, such as Ager, inter clan fighting has continued to negatively impact their home lives. According to Ager’s mother, the combination of food insecurity, tribal in-fighting, and a lack of access to healthcare makes each day a challenge.

“I brought my child here on May 1st. My child is only 4 months. I have no breast milk. I gave birth to her and my breast was having very little milk and eventually after 2 months of birth, no milk in the breast. My husband bought a milk cow for my child, but just a few days later it was raided by youth from another community. I have come here from Adol village [5 km away from Loreto]. My child was in a terrible situation. My husband try some time to buy milk in the market but it cannot last long [one large tin costs around 20 USD].. My husband works on the Indian [neighboring] farm as a watchman and he earn very little money which cannot cover food and milk for the child. We were trying to feed her madida [porridge] but she is too young and is still needing the milk. We have taken her to the [Matangai] clinic and the doctors use to give me some milk once a day, less than half a liter, which is helpful, but it was taking all day and was not enough. “



“I have heard of this clinic through Ding Majak [Loreto’s community consultant], because someone told me that she is working there, and that is how I am coming here now. Getting food at home is a difficulty. People go hungry for two to three days and when we get food it is not enough because we used to cook in very small quantity keeping other little food for other day.”

Ager’s mother has been hired by the Loreto School as a day laborer which helps improve her and her family’s food security. This also allows her to remain a contributing member of the family while her malnourished child gains access to regular feedings throughout the work day.



Photo credit: Paul Jeffrey

***Names have been changed to preserve human dignity.**