

SOUTHERN SUDAN HEALTH PROJECTS



Issue: 2
Volume: 1
FINAL EDITION

Life in Bor

Most families in Southern Sudan live in small villages. The villagers use the area's natural resources to build their homes, or turkels, using mud, sticks, and grass. The sticks also provide fuel for the cooking fire and serve as protective fences to keep out wild animals.

Children often are cared for by their older siblings and cousins. They learn their family roles early. The young girls typically must spend two to three hours each day walking to get water and fill their family's jerry cans. They stand in line for long periods of time before pumping their family's water. This keeps the girls from being able to spend time at school.

Meals are prepared over fires. With no electricity or refrigeration, storing food is difficult. Flies land on dishes and food which causes problems with the spread of disease. Food supplies are limited so malnutrition is prevalent.

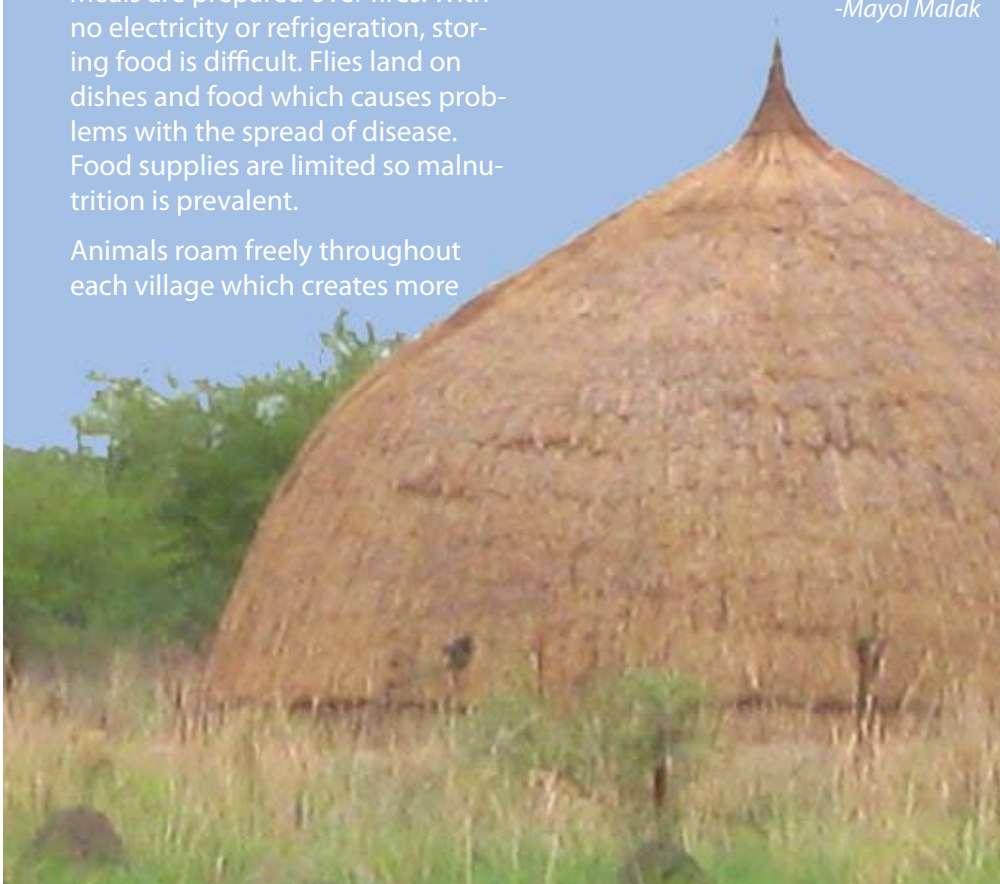
Animals roam freely throughout each village which creates more

flies and uncleanly situations.

People in the villages do not have health care available. It can take hours to walk from a village into Bor Town where an under equipped hospital is located. Basic sanitation is non-existent in the villages so effective hygienic practices are not observed. Diseases such as cholera can spread quickly. Also, few villagers have anti-malarial bed nets and with all the standing water during the rainy season, mosquitoes breed easily and spread the disease.

When the SSHP mission teams visited the villages outside of Bor, Southern Sudan, it was clear that the people are in great need of improved health care.

-Mayol Malak



Sam Dixon

Southern Sudan Health Projects has developed with the help of the United Methodist Committee On Relief (UMCOR). It was the work of Rev. Sam Dixon, head of UMCOR, that brought us into connection with what United Methodism is doing around the world. It was the organizing of Sam that set SSHP on a course for developing a community based health care system in Sudan, rather than developing a clinic.

Sam Dixon was in Haiti at the Montana Hotel about to meet with the IMA representatives when the earthquake struck. Sam did not survive the collapse of the hotel.

We grieve for Sam and his family. We also grieve for all of his colleagues that were working together to make such a difference around the world, including Sudan.



Courtesy of UMCOR

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Home Health Providers Impact Mothers and their Children

When my niece and her husband shared the news of their baby's delivery date, they also shared sonogram pictures and talked about their role in providing good health for their son. The family was excited to see our little guy and we knew that he would have excellent care before, during and after his birth. My niece prepared by eating well, taking her vitamins, exercising, and seeing the doctor frequently. Since my great-nephew's arrival we all eagerly read his website describing his statistics along with news of every little sniffle, cough, hive, and doctor's visit. Modern medical care and technology are great gifts.

Across the globe in Southern Sudan, my young friend, Yom, did not have these opportunities as she waited for her daughter's arrival. Yom had little nutritious food during her pregnancy, never had vitamins, and gave birth on a grass mat with her mother's assistance. Her baby has faced several illnesses and few resources. Yom has little to eat and clean drinking water is scarce. If her baby gets sick, Yom must wait out the illness.

This stark difference could be addressed through improved community-based systems for health and the holistic quality of life. SSHP includes the use of Home Health Promoters (HHP) as part of its plan to develop more effective health care in Southern Sudan.

During SSHP's mission trips to Bor, Sudan, mothers like Yom identified birth and infant mortality as some of their biggest health concerns. Elders in the villages agreed and both IMA and SSHP are targeting these needs.

According to a 2004 UNICEF report, "a girl born in the region has a better chance of dying in pregnancy or childbirth (one



Yom holds her daughter, Anon, while holding a jar of peanut butter that an SSHP team member gave her.

in nine) than completing primary school (one in 100)." Also, the World Health Organization (WHO) lists the infant mortality rate in Southern Sudan is at 91 for every 1,000 live births. Training HHPs to assist in delivery and track infant care will create more effective methods of improved health.

HHPs are local people trained to respond to the health needs within their immediate community. They usually have the following three roles in their communities:

- Health Promoter: teach their communities how to improve health and prevent illness
- Health Provider: treat common illnesses early and may give care as well as medication to chronically ill people
- Agent of Change: help community members change their knowledge, attitudes, and practice so that they lead healthier lives

HHPs combine skills and knowledge in several areas and share these during frequent visits with families at their homes. Communities are supported by HHPs through these areas:

- Faith-filled discussion
- Preventive health care
- Nutritional advice
- Agricultural knowledge and practices
- Use of traditional and other medications
- Improved access to clean water
- Effective hygienic practices

SSHP plans to select, train, and support HHPs to serve in these roles and to educate local villagers. Each HHP will serve several families and extend the villagers' understanding of improved preventive health practices. Organizations such as Interfaith Medical Assistance (IMA) World Health already provide HHP training and SSHP will collaborate with IMA for training its workers.

Someday Sudanese women like Yom will benefit from a health promoter's assistance as she cares for her family. The education provided by HHPs will extend to many villagers and to their children's health.

Written by: Nancy Williams

Malnutrition affects 20 percent of children under the age of five in Southern Sudan. (Source: MedAir, 2009)



"A girl born in the region has a better chance of dying in pregnancy or childbirth (1:9) than completing primary school (1:100)."

2004 UNICEF Report

An Interview with a Lost Boy by Nathan Fairclough

His skin is the color of midnight. His teeth, the color of snow. His accent is heavily influenced by his native tongue, Dinka. Seeing that Mayol (pronounced "my-L") Malak is the only Sudanese that I have ever known, I am hesitant to discover just how our personalities will assimilate. But at the sound of his laughter and a relaxed hand slap, I realize we are very much the same man.

Nathan Fairclough: *I've spoken to travelers who all state that the first difference that strikes them of Africa is the smell of the air. What exactly is that difference?*

Mayol Malek: *The earth. They are smelling the earth. In southern Sudan, we don't have the large amount of factories that you have here in America. And so our air does not suggest of pollution. My home, Gwulla, is located in the countryside. If you traveled to Malek, you would find the air is pure.*

NF: *What is the one image of your homeland that you miss seeing most (aside from family)?*

MM: *Ahhh (he pauses, then smiles)... Luak Rock. Within our village, there is a large building where cattle are kept. The walls are made of mud, and arch toward the center to make a dome like shape. As children, our favorite game was hiding from one another inside Luak [Rock].*

NF: *What were some of the tasks asked of you (as a boy) by the adults in your village?*

MM: *Well, I'm not sure if it was a job, but I used to enjoy watching my father cultivate his land. My father was a sorghum and maize farmer, and when he would work in the field, I would shadow his movements. I would pass most of the day watching him, mimicking him.*

NF: *Should your adolescence in East Africa have been caught on film footage, which event, or, which "footage" would you choose to show me?*

MM: *Well, let's see (he begins laughing). I did win a wrestling tournament once. The entire community gathered for this event and circled around myself and the other competitor. We were competing in a tournament in which many men were selected and paired with their opponent, not by their size, but by their strength. When I had thrown my opponent to the ground, all the young girls around us began shouting out of approval. (He smiles again) It was a very exciting moment, and one that was very important for me as a young man in my community.*

NF: *It sounds as if this wrestling tournament serves as a meeting ground for husband and wife. What exactly are the marriage customs in your society?*

MM: *In Dinka (one of the predominant ethnic groups in Sudan) culture, the father has great influence. His opinion on his daughter's suitor determines whether or not the marriage will even take place. If I were to ask for the hand of another girl in another community, there would be very little chance that I would succeed, seeing that I am an outsider. If the girl's family does not know of you, you will not win the trust of her father. If her father accepts your offer, it is understood that you will pay him a dowry. This is typically 50-100 cattle. All of the youth in our communities are usually spoken for by the time they reach 20 years of age. And unlike the United States, all of the villagers take part in the marriage ceremony.*



To be continued...

Malek Village Welcomes SSHP Mission Team by Nancy Williams

During its last mission trip to Southern Sudan, SSHP team members met with elders in the village of Malek where they discussed a partnership for home health providers. The village of Malek in Jongeli State is located close to Bor Town along the River Nile on the road from Bor to Juba. It is a place where people returning from the refugee camps in Kenya and other countries often go to live. The population is increasing rapidly due to the return of many Sudanese who were displaced from the war.

Villagers in Malek live a traditional Sudanese lifestyle. They are farmers who keep cattle and goats as well as raise crops like sorghum and maize. The young men tend the cattle while the women care for the children, cook the food, and collect water.

Even though Malek is built along the River Nile, lack of clean water remains a problem for the villagers. They use the river for bathing and for the cattle, but the river does not provide clean drinking water. This large village has only one well and women may require over two hours each day to walk to the well, pump their daily water, and return home.

Children in Malek do not have a functioning school. Many of the villagers who are returning refugees find this frustrating because some received their education in the refugee camps. Without educational resources, it is difficult to hold school for the younger children.

Many children in Malek face health issues due to lack of sufficient food and clean drinking water. Sanitation poses a problem as well. With no latrines and inadequate water, the children often face poor hygienic practices.

Malek does not have its own health clinic or doctor. If villagers get sick, others will carry them to Bor Town which is at least a three-hour walk. Even when they get to Bor Town, they might not be able to receive medication in the poorly-equipped hospital there. Instead, many villagers die from lack of medical care.

For this reason, SSHP plans to support Malek through a system of home health promoters (HHPs) who can assist with preventive health practices. 80-90 % of health conditions can be overcome through preventive health measures. HHPs will provide villagers with preventive health knowledge and skills.



Villagers in Malek discuss a partnership with Southern Sudan Health Projects team members.

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Musical Feast: Concert and Dinner for SSHP

The dinner and concert held on January 30 was a great success! The meal was wonderful and the music was astounding! Thanks to M&M And Friends for the musical feast. Music from around the world was presented in many different languages from great musicians. Pianist Maryna Mazhukhova, and flutist Martha Grener, along with mezzo-soprano Luba Lesser, and saxophonist Mike Dubaniewicz came together to share their musical talents with guests in an evening of food and music in support of Southern Sudan Health Projects.

In addition, the Sudanese children from New World Ministries, a growing ministry under Andrews Memorial UMC in North Syracuse sang for the first time in public.

A special thanks to Maryna and Martha for their part in bringing the musicians together, and giving SSHP the opportunity to raise more than \$1,300 for the further development in helping Southern Sudan.

Plans are being made for the next concert for SSHP in the coming months, and it will definitely will be something to look forward to!

Get More Involved!

As the Southern Sudan Health Project continues to develop, the more people involved, the better. If you would like to attend one of the meetings, please contact Andrews Memorial UMC for information on the next meeting or to receive e-mails on upcoming meetings.

If you have a particular skill or gift that you would like to offer SSHP, please contact Andrews Memorial United Methodist Church, Nancy Williams at nancyew235@hotmail.com, or Mayol Malak at jatomayol@yahoo.com.

Also, if you would like a presentation for your group to become more informed about SSHP, please feel free to contact Nancy Williams.

Contributions are always need to further the health care development in this country that is often referred to as having the worst health care in the world. If you, or your group, or organization would like to contribute, send your donation to Andrews Memorial UMC, 106 Church Street, North Syracuse, NY 13212.