



NUTRITION AND AWARENESS MOBILE CLINIC FOR THE CHILDREN OF JUBA'S SLUMS

The Needs

South Sudan's independence in July 2011 generated massive hopes of economic prosperity and stability, persuading many communities to move to the capital. Yet, Juba does not have the capacity or the resources to absorb and regulate the massive return of IDPs and refugees and the arrival of many migrant workers from neighboring countries. As a result, social challenges have increased in a worrisome fashion. The most affected populations are the children of IDP communities that are confined in five major slum areas throughout the city. While many international agencies have flourished in the capital, most of the international community's efforts have been directed to areas outside of Juba, thus creating a social welfare gap in the main city.

One of the slums, in Ste. Marie neighborhood, is located inside a large graveyard, two minutes away from major hotels and restaurants for expatriates. In this slum, lurk some of the most worrisome cases of child malnutrition, neglect and sexual abuse. Despite the proximity of the international community, children are dying on a weekly basis, and are buried in the graveyard where they live, far away from public attention.

Last week, Juma, one of two twin babies born recently, died because he had not been fed for two weeks since his birth. His twin sister, Sara, is struggling between life and death at the hospital, after being rescued by a team of social workers from the organization, *Confident Children Out of Conflict* (CCC), IsraAID's local partner.

In the same slum, one month ago, IsraAID and its local partner CCC discovered a 8-year old girl, Josephine, who was struggling to walk throughout the slum because she had been repeatedly abused by several men that day. She had not had proper food for days and was barely dressed.

Those cases are not exceptional but part of the daily life of the children in the slum areas.

The IDPs have chosen to live in Ste. Marie because it is close to the local market where they can beg, scavenge from garbage, sell themselves or their children, and conduct illegal jobs for survival. Despite the repeated demolition of the slums by the authorities, the communities refuse to leave the area by fear of starvation and death.

Ste. Marie Slum harbors 158 households with an average of 5 people per household (Almost 500 children). There are four similar slums in the capital. Their conditions of life are despicable. They face the following challenges:

- 1. Severe Malnutrition** – All children in Ste. Marie and other Juba slums are severely under-nourished. Children under the age of 5 are specially affected as they are not able to look for food on their own. Parents usually leave their children during the day to scavenge in garbage and/or consume alcohol in the market.



2. **Lack of Shelter, Hygiene and Sanitation** – Ste. Marie slum is overcrowded. People live in dodgers that get totally flooded in the rainy season and are surrounded by pools of stagnant and disease-infested water. Garbage and human excrements cover the areas.
3. **No Basic Health Care** – The children do not receive any medical attention. Many of them die before reaching the age of 5. They are extremely vulnerable to malaria, typhoid fever, cholera, meningitis, chronic diarrhea and other common diseases such as stomach infections, enteric fever, etc.¹ The main problem is the total lack of awareness on basic health issues among these communities. Risk of HIV is very high for young girls as sexual abuse and prostitution is frequent. Many under-aged girls become pregnant – thus perpetuating the cycle of despair and poverty.
4. **Pervasive Sexual Abuse** – From a very early age, Girls of the slums are consistently raped in the cemetery where they live or in the market. Many of them chose prostitution as a means of survival in neighboring discotheques, or even in brothels.
5. **Sustained Neglect** – A considerable number of St. Mary residents, including pregnant and breast-feeding mothers, consume large amounts of alcohol. As a result, children are neglected and left alone in the slums days and nights without proper care and food. Children of the slums are covered from excrements and flies, often very sick and hungry. Very early, they learn to look after themselves on their own, searching for any kind of means to survive. None of the children have access to basic education.

IsraAID's Response

IsraAID has been working in South Sudan since its independence, accompanying local stakeholders in their efforts to tackle the most pressing social challenges associated with women's and children's rights in Central Equatoria State (Juba region).

To respond to the pressing needs of the children of the slums in Juba, IsraAID seeks to develop the first mobile nutrition and awareness clinic in Juba.

Objectives

The **objectives** of the mobile clinic are three-fold:

1. To identify and monitor cases of severe malnutrition and provide nutrition complements to the children of the slums;
2. To raise awareness among the communities on basic health/welfare-related issues;
3. To identify and monitor the most alarming cases of neglect and/or abuse for referral to social services.

¹ *Confident Children out of Conflict*, Draft Need Assessment of Ste. Marie Neighborhood, 2012.



Program Components

- **Nutrition:** the clinic will identify cases of severe malnutrition and will apply a low-cost nutritional model used in developing countries whose objective is to rehabilitate moderately-to-severely malnourished kids.
- **Awareness component:** the team will conduct awareness sessions on key health-related issues in local languages using visual communication materials. The following topics will be addressed:
 - ✓ Basic hygiene
 - ✓ Nutrition
 - ✓ STDs Prevention (including HIV/AIDS)
 - ✓ Family planning
 - ✓ Gender-based violence
- **Social Welfare:** the clinic will develop a database listing alarming cases of family neglect, sexual abuse, violence and under-aged prostitution to report to the Ministry of social Development as well as to relevant community-based organizations. The children at risk, as well as their families, will receive guidance and counseling.

Implementation

The mobile clinic will operate once week for a period of one year in the most vulnerable slum of Juba: Ste. Marie/Konyokonyo Market. It will include a social worker, a nurse/nutritionist and a community mobilizer. The nutritionist will monitor the nutrition component of the project, the social worker will identify and report on alarming cases, whereas the community mobilizer will organize the community awareness sessions. 500 children will be targeted.

Local Ownership and Sustainability

IsraAID develops locally-oriented solutions to local problems. To that end, it partners with local governmental institutions and community-based organizations who work with local communities and understand the challenges on the ground. This project will be developed with local service providers who have built trust within the communities. In addition, to ensure sustainability, IsraAID makes sure to add an advocacy component to all its programs. The delivery of nutritional complement will be accompanied by awareness sessions for the kids and their mothers. Finally, after a period of 3 months, the clinic will identify volunteer community leaders (ideally mothers) in the slums who will be in charge of monitoring challenging cases and reporting to the clinic. These volunteers will be trained in awareness-raising.