

A Field Trip Report from Nancy McGaughey serving in South Sudan

Trip Report Ayod County

16 October 2015

Friday, 16 October – 9 a.m. departure for the charter was delayed due to rainy/cloudy weather and increased time obtaining cargo clearance and loading the plane. I joined Khawater Makki, Project Manager for Coordination of Organizations for Volunteer Services (COSV), two other staff from COSV and one from Radio, Communication, Satellite (RCS). Our plan was to drop cargo in Jiech, load medicines and take to Menime and Pagil, visiting nutrition and Rapid Results Health Project (RRHP) staff in all three sites and return to Juba by 5:00 p.m.

Jiech – After landing in Jiech, COSV staff proceeded to meet with the Acting Commissioner and I went to the Primary Health Care Center (PHCC) to meet with Nutrition, Reproductive Health and Kala Azar staff. The plan was to be on the ground 30 minutes.

Nutrition – I met with the Community Management of Acute Malnutrition (CMAM) supervisor, the Infant/Young Children Feeding (IYCF) manager, and the Stabilization Center (SC) in-charge. In the first week of October, 412 children were screened, and 11 new Moderate Acute Malnutrition (MAM) cases and 12 new Severe Acute Malnutrition (SAM) cases were identified and admitted to the respective programs. The number of patients is increasing. Currently there are 418 active MAM cases and 118 active SAM cases as well as 73 Pregnant/Lactating Women (PLWs). Due to the higher than projected caseload, supplies are running low, especially for PLWs. The World Food Program (WFP) has been asked to bring more supplies, including CSB+ (a corn-soya blend plus/ high-nutrient blend), oil, sorghum, and Plumpy-sup. Plumpy-nut has also been requested from UNICEF. All other medicines are present. Ways to increase those benefiting from behavior change messages was discussed and included increased use of nutrition volunteers to do outreach with schools and church groups and mother's group leaders interacting with church women's groups, as well as daily messages to those waiting to be treated at PHCC.



Teothlooth Tuk Both, 12 months

There is currently one girl admitted to SC. Her mother carried her yesterday from a village approximately one-half hour away. Teothlooth Tuk Both is 12 months old, weighs 6.2 kg, and

has a mid-upper arm circumference (MUAC) of 11.2 cm. Her mother said she had had diarrhea and vomiting for four days. She is currently receiving F 75 and medicines per protocol.

Reproductive Health (RH) – I met with Katherine, community midwife in charge of the reproductive health section. So far this month she has seen 40 antenatal care (ANC) patients and 2 postnatal care (PNC) patients within three days of delivery. She has been out of Mama kits and long-lasting insecticide-treated nets (LLITN), but both were brought on the charter today. We discussed ways to increase PNC visits and a birth registration register will be sent to Jiech. All mothers presenting to PNC within three days of delivery will be given a birth registration paper. Katherine says her biggest challenge is that she is the only staff for RH. If she is not present, work is not done. She would like to have someone from the community to assist her, someone she could train to do the work in her absence and also work as a translator for her. All medicines for ANC are present with the exception of Mebendazole.

Kala Azar – I met with the staff person who is responsible for Kala Azar patients. There were two new patients in September and one new patient so far in October. There are sufficient test kits and medicines. He did request a Kala Azar register (if such a thing exists).



PHCU and compound

Menime is a 12-minute flight from Jiech. COSV has re-opened the primary health care unit (PHCU) and is also operating a nutrition outpatient treatment program (OTP) from here. Vulnerable host population is estimated at 13,000, internally displaced people (IDPs) at 6,000, with more arriving each week from Pomas in Ayod County and Unity and Upper Nile States.



Children along airstrip



PHCU supplies

Many people gathered to see who and what came on the plane. When they saw the medicines, they quickly volunteered to carry them to the PHCU, not asking for money to do so. They are proud of their PHCU and willing to assist. The PHCU grounds were very clean. We met with the community health worker (CHW) in charge and the former in-charge who sometimes assists the staff. The nutrition worker was conducting screenings in a village one-half hour away. The facility serves the community of Menime and Haat.

The end of the airstrip near the PHCU was muddy and the plane had become stuck during landing.



Several of the villagers assisted in pushing the plane. We got inside and the pilot attempted to take off, but the plane still would not move. One of villagers brought a shovel and dug out in front of the wheels.



After much effort on the part of COSV staff, pilots and villagers we were able to take off for Pagil.

As we approached Pagil, we experienced some turbulent weather – winds and rains. The pilot made two attempts to land and then the mission was aborted.

We continued on to Juba, arriving at 5:45 pm.



The *2015 Presbyterian Mission Yearbook for Prayer & Study*, p. 139

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