

# Salisbury Sudan Medical Link visit to Western Equatoria

**Robin Sadler**

Salisbury Medical Link

Correspondence:

Robin Sadler

[robmar.sadler@gmail.com](mailto:robmar.sadler@gmail.com)

## INTRODUCTION

Since 1972, the Salisbury Diocese has been linked with the Episcopal Church of Sudan, and since 2011 with the Episcopal Church of Sudan and South Sudan (ECSS). It is one of the oldest Diocesan Links set up by the then Bishop of Salisbury George Reindorp and his colleagues in Sudan. Unlike any other aid agency, the Salisbury-Sudan link is a partnership: that two organisations separated by distance and culture can care for each other in sharing resources and experience. Central to the link is prayer for one another and helping the ECSS. The Salisbury Link includes assistance in the areas of Education, Primary Healthcare, Advocacy and Communications.

We do this by working with Governments, Non-Governmental Organizations (NGOs), the churches, and international partners to lobby for sustained peace and security to end conflict and rapidly respond to security and humanitarian crises, and to encourage the provision of better education and health for all. The Salisbury Sudan Medical Link (SML) is involved in Primary Health Care helping to support the ECSS clinics manage common illnesses and encouraging health promotion and additional training of clinical staff.

The SML was started in the late 1980s and representatives from UK have since visited many times. Visits were curtailed during the covid pandemic.

Three team members of the SML travelled to Western Equatoria for two weeks in November 2022. It was the 7th trip for myself (a retired G.P.), but a first visit for Dr Karen Mounce, a recently retired doctor, and Mrs Anne Salter, a senior nursing officer. Both of whom were great supporters and travelling companions.

## WHY DID WE VISIT?

We were all renewing friendships, bringing greetings to Bishops, Clinical Officers, students and other staff which was especially important as four years had elapsed since the last visit. All trips are entirely self-funded.

Our priorities were:

- Monitoring pharmaceutical supplies given by the Charity three times a year.
- Reviewing the training of clinical officers, midwives, nurses and laboratory technicians and the impact of their skills on the health of the people.
- Taking pictures to show people back in England that their money was well spent so encouraging them to give more! In other words, confirming the lines of accountability.

We travelled 450 miles in a Toyota Landcruiser from Ezo to Olo in Western Equatoria visiting 16 ECSS clinics as well as the Maridi Health Training Institute where we are supporting the training of 14 students. When I first visited with my wife, a teacher, in 2008 we travelled from Juba to Wau, then Juba to Torit, Yei, Rokon, Mundri and all places along the road to Ezo and back. Now at SML we realise that we were too thinly spread. So, now we just concentrate on a smaller area and try to give better support to a smaller number of clinics. A difficult balancing act.



Figure 1. A clinic in Western Equatoria.



Figure 2. Reverend Tito, Clinical Officer, in Bethsaida Clinic, Maridi. (published with permission)

## WHAT DID WE FIND?

A wonderfully warm welcome with much singing and dancing, sometimes from as many as 200 school children.

We found the drugs we had ordered had arrived in good condition from a pharmaceutical agent in Juba by road. From 2013 to 2022 delivery had been by air to local airstrips due to the insecurity. This, of course, had been much more expensive and limited our ability to send, for example, intravenous fluids. Also, we only pay for the medicines (from our English fund raisers) once we get feedback that drugs have arrived and are complete. Fortunately, communication by mobile phone is good but the internet connections outside the main centres is still very poor and has not improved over the last 15 years.

We found some clinics were lacking basic clinical equipment such as sphygmomanometers. Some did not even have a stethoscope or thermometer. Some clinics were very clean and in a good state of repair while others needed repair and cleaning as shown in Figure 1.

Staff needed uniforms and scrubs. In all the clinics we found our medicines were desperately needed and, for most, our supply every four months was all they received.

A few did receive Government supplies and there was one clinic, which regularly sees over 100 patients a day, which works closely with government health professionals as well as those working for the ECSS. Figure 2.

The average clinic saw around 15-20 patients per day. Remuneration was often non-existent so clinical officers would often work 3-4 days in the clinics and then spent the rest of their week growing food.

We found good record keeping and, although not involved in direct medical care ourselves, difficult cases were brought for our attention like this case of Kaposi's sarcoma. Figure 3.

The Mothers' Union still plays a vital role in Health Education and disease prevention, but we were very sad not to find many, if any, mosquito nets. This is strange as 10 years ago international charities donated generously and the provision of nets, so necessary with widespread malaria, was ubiquitous. However, they did find three for us! Figure 4.

Only having a bed, chair and 10 litres of water for the day was challenging. However, we were given plenty of bottled water unlike the South Sudanese who consequently often suffer the side effects of gastrointestinal infections.





Figure 3. Kaposi's sarcoma in Ezo.



Figure 4. Typical sleeping accommodation for visitors across Western Equatoria

The clinics varied in staffing levels and numbers of patients seen. This was governed by proximity of schools, army personnel, Internally Displaced Persons, and government clinics (if any).

SML encourages our clinical officers to give patients a talk on health promotion and we work alongside the wonderful Mothers' Union in this respect. We are not involved in immunisations, HIV treatment or TB treatment but of course encourage and promote it. One of our team is working to find funding for mosquito nets.

### LIFE IN SOUTH SUDAN

Living in South Sudan is difficult with 90% of the population not having access to clean water or electricity, and 60% being on "food aid". Life expectancy is not even 60 years, 20 years less than in England. The maternal mortality is nearly 2%, infant mortality is 5.8% and child mortality 7.8%, rates which have not changed significantly over the last 10 years. Our drugs are life saving for the common diseases of malaria, typhoid, pneumonia, gastrointestinal infections, and dehydration, all frequently superimposed on malnutrition. These drugs are relatively cheap and readily available. However, recently, the Minister of Health, Yolanda Awel Deng, is reported as saying; "The Ministry is financially incapacitated and cannot stock the hospitals with essential medical drugs". This was reported to be the case in Yambio Hospital. Also, clinics that used to be supplied are no longer given drugs because there are now less funds available from agencies such as World Vision and the Health Pooled Fund.

### TRAINING

It costs about £1,800 (\$2,000) a year for the 3 years needed to train a clinical student, and then they need support during an intern experience year. If we commit to this, they then agree to work in their local ECS clinic for 2-3 years. We found that, in the main training school we visited, internet connection was frequently absent for hours or sometimes days at a time. It was upsetting for me who has visited Western Equatoria since 2008 that the infrastructure has deteriorated. However, it was encouraging that this time the security was much improved.

### FINANCE

Current income for SML is about £60,000 a year and there are no running costs as everyone is self-financing and the Salisbury Diocese gives us free access to accounting, paying invoices, etc. Due to the increased costs of medicines, transportation, and the inability to source any significant drugs locally we need to increase our income by at least £20,000 p.a. to just continue our current commitments.

All photographs by the Salisbury Sudan team.

If anyone who reads this article feels they have something to offer the SML or would like further information, please feel free to email me on:

[robmar.sadler@gmail.com](mailto:robmar.sadler@gmail.com).