

Hilary Fenton-Harris reports on the first visit of the Poole Hospital team to Wau in Southern Sudan...



POOLE AFRICA LINK



On 27 March we left Poole for an assessment visit of Wau Teaching Hospital in Southern Sudan.

The team included Dame Yvonne Moores, Dr John Burn, Hilary Fenton-Harris, Steve Frost and Dr Antoinette McAulay. We spent the first two days in the Southern Sudanese capital Juba, visiting the hospital there. This gave us a first glimpse of medicine in the Sudan and allowed us to have discussions with a team from the Isle of Wight involved in a similar project, who were there carrying out teaching in Juba Hospital.

We were warmly welcomed in Juba by Government of Southern Sudan (GOSS)

Directors, who also provided some welcome financial support in the form of accommodation and transport during our stay.

Two days later, after a long wait in Juba airport, we flew in a rather bumpy Fokker 50 the 200 miles to Wau. The landing on the dirt runway was surprisingly smooth and on arrival we were warmly welcomed by Dr Bakhiet Upur (Alex) the Obs & Gynae Consultant and a local nun. We were taken to our accommodation, which was comfortable despite very erratic plumbing, and in the afternoon we met some of the medical team and were taken on a tour of the hospital at Wau.

No oxygen or anaesthetic gases

The hospital, a former military barrack, was mostly destroyed in the 31-year war. There were only three medical doctors until last year in the 300-bed hospital, which serves a population of five million.

'Basic' hardly describes the environment in which patients are cared for. The hospital has no suction, oxygen or anaesthetic gases. Ketamine is used to put patients to sleep for surgery, there is one qualified nurse, and the "nurses" that are there don't take blood pressures, pulses or temperatures (the doctors do this once a day on ward rounds) although they do cannulate and take bloods. IV fluids and giving sets are shared between patients, as they have to pay for this. Relatives camp in the grounds, cooking and caring for the patients.

Pharmacy supplies are extremely limited, with poor analgesic supplies, and laboratory testing is extremely limited, with no facilities for cultures, biochemistry, haematology, immunology or blood sugars. Much of the diagnosis is done by guess work.

We saw many tragic cases, especially among the children. Only babies from more wealthy families wear nappies (I didn't see any). One in ten children will die before reaching the age of 5 and

healthy life expectancy at birth is 47/50 (WHO figs). The main conditions children are treated for are malnutrition, malaria and gastroenteritis, and therefore dehydration. They also suffer from HIV/AIDS, TB and polio. Conditions that are fairly easily treated here are life threatening there due to lack of facilities.

Nurses do not have a training programme, although the hospital 'employs' two tutors. Both doctors and nurses were only paid for five months of last year, which may partly account for the lethargy and lack of motivation we observed amongst nursing and midwifery staff.

Midwifery care is terrible and the labour ward horrendous. 70% of domestic admissions (all emergency) undergo a caesarean section, sedated with ketamine and with no monitoring, suction or oxygen available. There is only one set of instruments for caesarean section. Vaginal fistulas are a big problem. It is little wonder that the maternal death rate is 590 per 100,000 births.

How we can help

There is no internet access so communication is difficult. Promises have been made by GOSS for improvements and equipment but staff are uncertain when or if this help will emerge. Much equipment (including an x-ray machine and ultrasound) has been donated by China but remains packed up, as there is no-one to commission it or trained personnel to operate it. They were delighted when Steve unpacked and set up one of the basic monitors we discovered in the store. Staff, both medical and nursing, are desperate for teaching and education.



L-R: Steve Frost, Dr Antionette McAulay, Dr Thuou Apac (Gabriel), Hilary Fenton-Harris



A typical ward

During our visit, we also spent some time with the Sisters of Solidarity, and saw other hospitals and clinics. In addition, we had appointments with several government officials including the Minister of Health and Deputy Governor for Wau state, and were warmly welcomed by all.

On the Friday morning, after an exhausting week, Dame Yvonne and the Wau Hospital Director signed a Memorandum of Understanding for both hospitals, to cement our relationships and commitment to each other. We travelled back to Juba on a somewhat precarious flight in a 16 seater Dornier 228 plane, arriving safely to meet more government officials and discuss the needs of the Wau hospital.

We arrived home a united team, moved and changed by our experiences and full of resolve and commitment to ensure that our link with the needy but very friendly people in Wau is sustained and developed.

Our next move is to raise more money to support the next visit, which will be focused on delivering a teaching programme.

If you want to help with the Link please consider payroll giving / Pennies from Heaven, more details on the intranet soon. Donations can be made via the Just Giving website at www.justgiving.com/pooleafricalink. Thanks to all those who have supported and helped so far.

SUPPLIED BY: Hilary Fenton-Harris, Poole Africa Link Co-ordinator, x8182



Severe malnutrition is common amongst children



Yvonne Moores with two Wau nurses



Women in Sudan typically have large families and siblings care for one another



A treatment room