

Interview:

Volunteering in South Sudan: creating partnerships, making a difference

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South Sudan, the world's newest country, faces diverse and complex challenges following decades of civil war. The current conflict has worsened the situation even further. This is particularly profound in the health sector, where scarcity of resources and personnel has left millions of people without basic medical care.

Since independence in 2011, individuals, teams and organisations from around the world have partnered with the South Sudanese to make healthcare more accessible. Their efforts bring much needed relief to communities while providing local medics with opportunities to learn and network. For volunteers, working in unfamiliar, resource-poor settings carries inherent difficulties. Despite this, many have discovered that the challenge of doing more with less can be educational, exciting and incredibly rewarding.

I spoke with **Martin Michel**, a general surgical registrar in Huddersfield Royal Infirmary, UK. In November 2017, he was part of a volunteer trip to Juba with St. Paul Medical Missions. I asked him about their experiences and what advice he would give to those considering volunteering in South Sudan. These excerpts have been edited for length and clarity.

Tell us about your team

In total we were a group of 17 volunteers of varying specialties ranging from general practice, paediatrics, anaesthetics, general surgery, trauma and orthopaedics, and dermatology to emergency medicine and gynaecology. In addition, we had our very important support team comprising of a theatre manager, operating department practitioners and admin/computer support. The trip would have been impossible without their hard work. Our group had an international feel with volunteers originating from Canada, Austria, UK, Bulgaria, South Africa and Egypt - see Figure 1.



Figure 1. Members of St Paul Medical Missions standing outside a hotel (credit: St. Paul Medical Missions)

How did you plan for this trip?

The St. Paul Medical group has organised multiple missions, visiting countries such as Togo, Uganda, Ethiopia and Burundi. This was the second time we had the opportunity to visit South Sudan and this helped to identify the needs of the population and prepare us for the cases we were likely to deal with. The whole program is self-funded or through kind donations, more information can be found on our website <http://www.stpaulmedicalmissions.org>.

What kind of services did you provide?

Altogether we were present for seven days at Juba Teaching hospital offering emergency and elective services. We

would work from 9am to 7pm when we had to leave due to the curfew.

At Juba Teaching Hospital we had general surgeons and gynaecologists carrying out a variety of procedures and one emergency medicine doctor and two general practitioners ran an outpatient service (see Figure 2). We also had two orthopaedic surgeons working in the military hospital providing care for trauma patients (see Figure 3). Our paediatrician was based in El- Sabeh hospital and was joined by two general practitioners and our dermatologist for one day visiting the local orphanage. In total, we assessed approximately 500 patients and carried



Figure 2. Distributing medication in an outpatient clinic (credit: St. Paul Medical Missions)

out around 50 surgical procedures. On our last day we gave a series of lectures ranging from Advanced Trauma Life Support (ATLS) guidelines to the World Health Organisation (WHO) surgical checklist to local medical and nursing students.

Scarcity of resources and essential equipment are major challenges facing many hospitals in developing countries. How did this affect the services you were able to offer?

We anticipated a shortfall of resources and as this wasn't our first time to Juba, we were able to plan accordingly. We brought with us generous donations of medications and medical and theatre equipment. We wanted to make sure that we didn't use any of the resources already present to avoid diminishing local supplies. From a surgical point of view, our biggest hindrance was a lack of oxygen tanks, which we weren't prepared for. This meant that for the first couple of days we were only able to carry out procedures like groin hernias and perianal procedures under spinal anaesthetic. We were able to purchase oxygen from nearby hospitals after the second day, which meant we could do more complex work.

Are there any experiences you had while volunteering that stood out for you?

We all felt extremely privileged and fortunate to have visited Juba, there were so many beautiful memories I could not pick one. Overall, the kind nature and gratitude of all the people we treated will stay with me forever. Healthcare is so varied across the globe, however the human body varies little, everyone should have the right to adequate healthcare irrespective of resources.

Any plans to return to South Sudan for similar trips in the future?

Yes! Even as we were about to depart from Juba, a team of ophthalmologists from Cairo had just arrived to start their mission. We aim to go back to Juba in November. St. Paul Medical Missions also offer different services including charity clinics, building charity hospitals and arranging training courses.

What advice would you give to other medics or organisations interested in volunteering in South Sudan?

Go! You won't regret it. Meticulous planning and organisation is required to have a successful mission, start as early as possible, it takes time to assimilate and coordinate a group of health professionals as traditionally they are already very busy people. We were very fortunate in that we had Dr Nasser Malik, a Cardiologist, as our coordinator in South Sudan who has managed many successful missions and was the bedrock of the team. Another person I would personally thank is a member of the local surgical team, Dr Yaj Garang Yaj, he provided us with daily operating lists and helped coordinate the throughput of surgical patients. We would advise making good contacts in the hospital long before your visit to gain as much information as possible in regards of resources required and likely cases you may encounter.



Figure 3. Orthopaedic surgeons operating in the military hospital (credit: St. Paul Medical Missions)