

“Water water everywhere nor any drop to drink”

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Wide awake in the middle of the night, I switched on the radio: BBC World service. Someone was talking about South Sudan and the prevalence there of the water-borne disease, Guinea-Worm fever, one of the few countries in the world where the disease is endemic and, in South Sudan's case, the speaker explained, virulently so. The symptoms he described were obscene.

South Sudan? What did I know about Sudan? Gordon of Khartoum, the Kitchener expedition, British colonial domination, forced linking of Northern and Southern regions, independence, suppression by Muslim North of the partially Christian South, twenty years of civil war, and finally the establishment of the sovereign country of South Sudan.

But what a country! Twenty years of bitter fighting had left the ramshackle infrastructure almost beyond repair. And now: Guinea Worm disease. Water-borne. I looked it up on the internet. The illustrations were revolting. I switched to general health statistics, abstract but no less shocking: less than half the population with direct access to healthcare, mortality in childbirth highest in the world, infant life expectancy shortest in Africa, diarrhoea, hepatitis, malaria. The health situation was dire. What was being done? I was concerned.

I found out to my relief that something was indeed being done and on our own doorstep. Staff of Saint Mary's hospital on the Isle of Wight had taken matters very much into their own hands. Doctor Hakim, consultant physician, himself from South Sudan, had enlisted the expertise and generosity of retiring consultant-surgeon, Tim Walsh along with Tim's wife, Zorina, medical education manager, also on the point of retirement. Together they set about recruiting a core team of medical and clinical staff from the hospital to form what has become known as Saint Mary's JubaLink.

A fact-finding visit to Juba, the chief city of South Sudan and in particular to the university teaching hospital revealed details of the urgent need. On return,



Figure 1 The almost-ready JubaLink Guest House
(Credit Eluzai Hakim)

surgeon Tim Walsh reported their findings: “Although material and equipment for the provision of healthcare is very limited, it is the absolute lack of skilled healthcare staff that is the most crucial issue. There are needs for training in virtually all areas, particularly emergency obstetrics in primary care, midwifery, nursing and medicine, integrating nutrition more fully into secondary healthcare. Unless ongoing education and training is developed and supported, it is difficult to see how the health service in South Sudan can progress”. He added, “Furthermore, there are many able and dedicated South Sudanese doctors and other healthcare professionals whose enormous potential is just waiting to be developed.”

Following the visit, the team went into action: multi-professional training visits were organised, examination of undergraduate medical students was undertaken. The visiting staff attended conferences, arranged meetings with senior doctors, visited government health-officials. Along with the American Real-Medicine Foundation and World Children's Fund, JubaLink participated in the establishment of a school of nursing and midwifery at university teaching-hospital, where the group are currently involved in developing a post-graduate medical training programme.

Regular visits and hands-on involvement over the past few years have established JubaLink as a very meaningful element in the regeneration of South Sudanese healthcare.

All of this costs money. Although medical staff give generously of their own time and contribute to the expense involved, a shortfall remains, not least the expense of accommodation. Hotels in Juba are not cheap. To counteract this, the team have undertaken, with commendable initiative, the construction of a twelve-bedded Guest House, Saint Mary's 'JubaLink House', designed to accommodate visiting medical staff and, as is planned, other groups in need of temporary accommodation at a reasonable price - an investment it is seen for the future financing of the JubaLink project.

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The Guest House is basically finished. Furnishing and connection to utilities Figure 4. Use of food flash cards, Agok, Abyei Administrative Area (credit Frank Okello) s remain. It was at this point I became involved as more than a well-wisher. My wife and I gave the project a donation. What it was I cannot remember but it may have been significant; I was invited to a JubaLink board-meeting. Innocently I accepted. I was made most welcome and informed that I had been elected as a trustee. "What does that mean?" I enquired. "When we are in trouble, you are responsible," was the smiling, good natured reply. My medical qualifications were zero; my teaching degree was of little use. However I had experience as a fund-raiser and in that role I joined the merry band.

I was not alone. Fund-raising, the life-blood of the project, was already well under way, seeking large-scale grants from professional bodies to smaller scale but very important one-off projects: an auction, raising four figures, a Scottish fiddle-band raising the roof, sponsored triathlon, cake-stalls, jumble sales, fashion show; the variety was equalled only by the enthusiasm. Then there were the steady, quiet, sometimes anonymous sponsors and donors, nursing staff contributing to the hospital's charity in far-off Africa, hospital patients helping quietly but significantly. Donations kept flowing in. They were needed. Building-debt, although much reduced, had to be cleared. The Guest House still had no running water. I was asked to do something about it.

My experience of some years in West Africa had made me keenly aware of the necessity of a reliable source of clean water. Four months of rainless dry season is a force to be reckoned with. In Juba the water-problem I learned, is acute. Normal supply is direct from the river, bowsers delivering, at a price, water that is neither filtered nor treated. I thought of the Guinea Worm, the water-borne parasite ingested and preying upon its host-victim until the malignant worm has grown to over half a metre in length. At this stage, I read, the little dragon, as its Latin title calls it, begins to bore its way out through the subcutaneous flesh of its host forming an intensely painful blister accompanied, I continued to read, by fever, nausea and vomiting.

Although a massive post-war effort has been launched to combat the disease, South Sudan still has by far the greatest level of Guinea Worm fever in Africa. It is not curable but it is preventable: a simple nylon micro-mesh filter can ensure parasite-free water. Simple, involving trained health workers, good clinical practice, primary care - a JubaLink speciality.

But on a more positive level, the greatest means of prevention is a reliable source of good clean water. This is what JubaLink has undertaken to effect with borehole, pump and tank, basically for the Guest House but, on a wider scale, available to the neighbouring community. What a gift! A dream! Reminding us of the song: "All day we faced the barren waste without the taste of water, cool water and way up there He'll hear our prayer and show us where there's water, cool clear water." But at a cost. Nine thousand pounds to be precise, ten thousand euros. A challenge but not an impossible one. I accepted the challenge. I was not alone. A senior staff-member recently retired, fellow parishioner and JubaLink trustee, joined the campaign. We appealed to the parish. We were promptly given a cheque for a thousand pounds. Another parishioner arranged a standing order for a hundred pounds a month. A fund-raising concert was organised. A free showing of 'Mama Mia' with accompanying merry singalong was arranged, free but with the inevitable donations-bucket. The pennies and pounds were rolling in. Heart-warming but with some distance to go.

Fund-raising is of two types, global and parochial. Caritas International, Trocaire, Cafod, Concern Ireland have a world-wide appeal and commitment, the bedrock of overseas aid. JubaLink is much more limited. Income is in thousands rather than millions. But this restriction has a definite advantage: the personal touch. The clean-water appeal, for example, is quite specific. The donors know that their money is going towards the sinking of a borehole, the setting up of a solar-powered electric pump, a water-tank, not any old water-tank but a specific tank serving a specific identifiable purpose. Small charities have a purpose. And who knows what blessings can be heaped upon simple faith.

JubaLink is not a religious organisation as such. It is an organisation based fundamentally and simply upon goodwill towards the suffering and deprived.

Eight hundred years ago, the Cistercian abbey of Saint Mary the Virgin at Carisbrooke on the Isle of Wight founded a hospital for patients suffering from the then incurable disease of leprosy. Traces of the foundations of that leprosarium can still be seen near the village. It is claimed that the present Saint Mary's hospital can trace its ancestry through turbulent times to the hospital attached to the monastery of Saint Mary the Virgin. It is pleasant to think that JubaLink, so closely connected to the present-day Saint Mary's, is carrying on that tradition of care for the sick and deprived established so many years ago by the Cistercian Monks of Carisbrooke.