



EPISCOPAL CHURCH OF THE SUDAN DIOCESE OF TORIT (ECS-DOT)



EASTERN EQUATORIA STATE TORIT

Subject Report:

The Diocese of Torit being one of the remote dioceses has been recognized by Salisbury Diocese .



A Diocese that cared for Sudanese church for many years..

When I became a bishop, two Bishops from the Diocese of Salisbury came to encourage me. They were the first Bishops to to foot their foot in this diocese.

These were Bishop Stephen and Bishop Time who is currently the bishop of Truro.

Apart from their encouraging visit although it was short, they were the bishops who laid the foundation sstone for the would be Diocesan cathedral.

However Salisbury diocese also recognized thye need for medical assistance to the diocese of Torit.

The first consignment that the diocese received were in November 2007.

These medicines made the diocese to save many lives in Owinykibul and Pajok villages when Cholera struck them and more than 7 lives were lost.

The second consignment was received in 2008 and they were distributed to the remote Parishes where there are no dispensaries of health units.



The latest consignment of 2009 was received and distributed through the Archdeacons who know well where such medical facilities could be distributed to serve as first aid.



These medicines although not enough had been so helpful that the diocesan members register their appreciation to the Diocese of Salisbury.

The supply for the Diocese of Torit in ratio is not equivalent to the area and population of eastern Equatoria.

There are only three hospitals in the State: Nimule, Torit and kapoeta.

Torit diocese is almost the size of Uganda and comparatively it can be equivalent to the following southern Dioceses combined:

Juba, Terkeka, Rejaf, Iainya, Kajokeji, Yei, Roko, Lui, Mundri, Maridi, Ibba, Ezzo.

The medicines allotted has to be distributed in some very small quantities to the remote parishes for first aid purposes.

The idea of stocking them to be used in one health center may not work well because the need is greater in remote parishes where there are no medical facilities.

The distances may also dictate the rightful distribution to these remote parishes.

Theremote areas that would need such emmergency medical help are:

1. Owinykibul
2. Pajok
3. Pogee
4. Palwar
5. Lerwa
6. Omeo
7. Agoro,
8. Amee
9. Ofirha
10. Iyire
11. Imotong
12. Kudo
13. Lobira
14. Bira
15. Iloli
16. Lorwama
17. Imurok
18. Lolere
19. Longairo
20. Tuhubek
21. Kidepo
22. Budi 2
23. Maci
24. Nabakanyaa
25. New site
26. New Cush
27. Nadapal
28. Ngauro

These are remote villages that have been reached. There are many more villages that have not yet been reached not only by someservices but also by the Gospel of Christ.

“THE NEED IS VERY GREAT.”

May Salisbury diocese fulfill its vision of reaching the Gospel of Christ to all the people of Sudan.

+Bernard Oringa,

Diocesan bishop,

Episcopal Diocese of Torit

August 12th, 2010

