

Medair: providing life-saving services to the most vulnerable

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“In this area, it’s hard to access healthcare. It’s a long walk to the clinic, which is especially difficult for the elderly and those seriously ill. During this time of the year, when it hasn’t rained a lot yet, it’s still feasible. However, when the heavy rains start, the roads will turn into mud pools and there will be water everywhere. It will be very hard to walk to the clinic. Also, sometimes there are drugs in the clinic, but sometimes there aren’t.”

The people of South Sudan face significant challenges in accessing healthcare, as one local community member described to us recently. For the past 21 years, Medair www.medair.org has been working in the region that today constitutes the Republic of South Sudan, seeking to provide life-saving services to the most vulnerable. Medair is an international humanitarian relief agency, specialising in health, nutrition, water, sanitation and hygiene and non-food items / emergency shelter.

Medair currently has static projects in Maban, Renk and Leer in addition to a mobile Emergency Response Team. Current health-related activities in the static locations include the provision of primary healthcare and nutrition clinics, 24-hour delivery services, an inpatient nutrition stabilisation centre and community activities such as Care Groups. Care Groups are an evidence-based method through which groups of volunteers are trained and provide peer-to-peer support to one other as they motivate their neighbourhood mothers to adopt healthier family practices within their communities.

The Emergency Response Team responds rapidly to emergency health needs across the whole of South Sudan, including responding in Juba itself in July 2016. Responses are often triggered by conflict-related displacement of populations, outbreaks of disease and emergency levels of malnutrition. Typical activities include establishing emergency primary healthcare services for displaced populations, supporting other partners to restart primary healthcare services that have been disrupted and responding to disease outbreaks through appropriate case management and emergency vaccination campaigns.

Last year, in Bentiu Protection of Civilians camp, cases of malaria rose to unprecedented levels, well beyond the capacity of the existing health facilities with minimal

space available to open up additional clinics. The resulting mortality for under-5s rose above the emergency threshold and it was noted that the majority of people dying had not even presented to a health facility.

The Medair Emergency Response Team responded in Bentiu by modifying an existing tool to fit a new context. Integrated Community Case Management (iCCM) has been used in South Sudan for some time to enable mobile community outreach workers, known as Community Based Distributors (CBDs) to treat children up to five years of age for malaria, diarrhoea and pneumonia. However, in order to address the high malaria mortality affecting all ages, Medair recruited and trained up teams of CBDs from the community not only to undertake iCCM, but also to diagnose and manage uncomplicated malaria in older children and adults. This intervention ran for six months, treating well over 2,000 patients per week at its peak. During this time, the caseload of the existing camp health facilities was closely monitored. When it was observed that the incidence of malaria cases was decreasing, Medair withdrew the teams of CBDs one by one, monitoring attendance at the health facilities weekly to confirm that the existing services were able to continue to address the health needs of the population without this additional support. See Figures 1 and 2.

In May this year, the Emergency Response Team responded to a measles outbreak in Aweil North County, Northern Bahr el Ghazal [Lol State]. Due to chronic insufficiency of routine immunisation activities, the number of unvaccinated and susceptible individuals across the country had reached a critical threshold, resulting in several measles outbreaks across the country in recent months. A few days after the Aweil North outbreak was confirmed, Medair was asked to respond with an emergency vaccination campaign across the whole county. This was no small undertaking, given that the target population, initially estimated at over 43,000 children, was scattered across a large and rural area with limited road access. The community reported to us that children were already dying from measles. Time was critical, since the rains were expected to begin at any moment, which would severely restrict access to many parts of the county. A rapid response and good coordination with local actors was the key to successful completion of the campaign.



Figure 1. Medair Consultation and Treatment point in UN Protection of Civilians camp, Bentiu ©Medair/Diana Gorter



Figure 2. Community Based Distributors taking temperature of a boy in UN Protection of Civilians camp, Bentiu ©Medair/Diana Gorter

Medair was able to respond rapidly and effectively through a combination of factors. Firstly, the Emergency Response Team routinely prepares for this kind of typical intervention in advance – the measles outbreak response plan had been reviewed just the month before this outbreak and supplies had been prepositioned in Juba well beforehand. A plane was then chartered to bring the supplies to the required location. Secondly, the funding for the Emergency Response Team has been arranged in advance to allow several responses to take place over the year, without the delay of waiting for funds to become available for any specific intervention. Thirdly, Medair aims to work closely alongside the Ministry of Health and existing health partners to allow the best use of existing systems and networks, whilst aiming to further strengthen these through the intervention. The team usually sends a small number of staff from Juba to train up local teams and individuals to undertake the key activities within the intervention. In this way, the skills that are passed on then remain within the community even after the intervention has finished. In the case of this measles response, five Medair health staff travelled from Juba to recruit, train, equip and co-ordinate 297 local staff, who then vaccinated 49,483 children across the county.

Lot Quality Assurance Sampling (LQAS) was used to undertake a post-campaign vaccination coverage survey, as Medair has done for various campaigns previously. LQAS enabled estimation of the likely average coverage of the whole catchment area of Aweil North County, despite

the lack of reliable population estimates, and also guided which specific areas within this to target for the mop-up phase of the campaign.

Just as the campaign was completed, the rains set in. Many of the areas that had been reached became completely inaccessible, with roads turning to rivers overnight. But the population was now protected from measles. In the words of one of our local vaccinators, Maria, “If Medair had not intervened in this measles outbreak, it would have gotten much worse. Even some children would have died. As you are protecting the people against this disease, we are receiving a lot of thanks from the community. I give thanks to you. You rescue people from diseases. It is good that you’ve come.”

For the people of South Sudan, it is hard to access healthcare. When new emergencies arise, it becomes harder still. As the crisis continues, Medair continues to respond to emergency health needs, working alongside communities to overcome challenges and provide life-saving services to the most vulnerable.

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