

# Heath Cluster Response to Jonglei Clashes, 7th January 2012

## Background

In early December, over 5000 Lou Nuer youth from Northern Jonglei State were reported to have mobilised heading towards Pibor County to conduct a revenge attack against Murle. The two sides have engaged in multiple clashes over 2011, the most recent being in August where over 600 were killed in Uror county, and in June in Pibor where over 400 were estimated to have been killed.

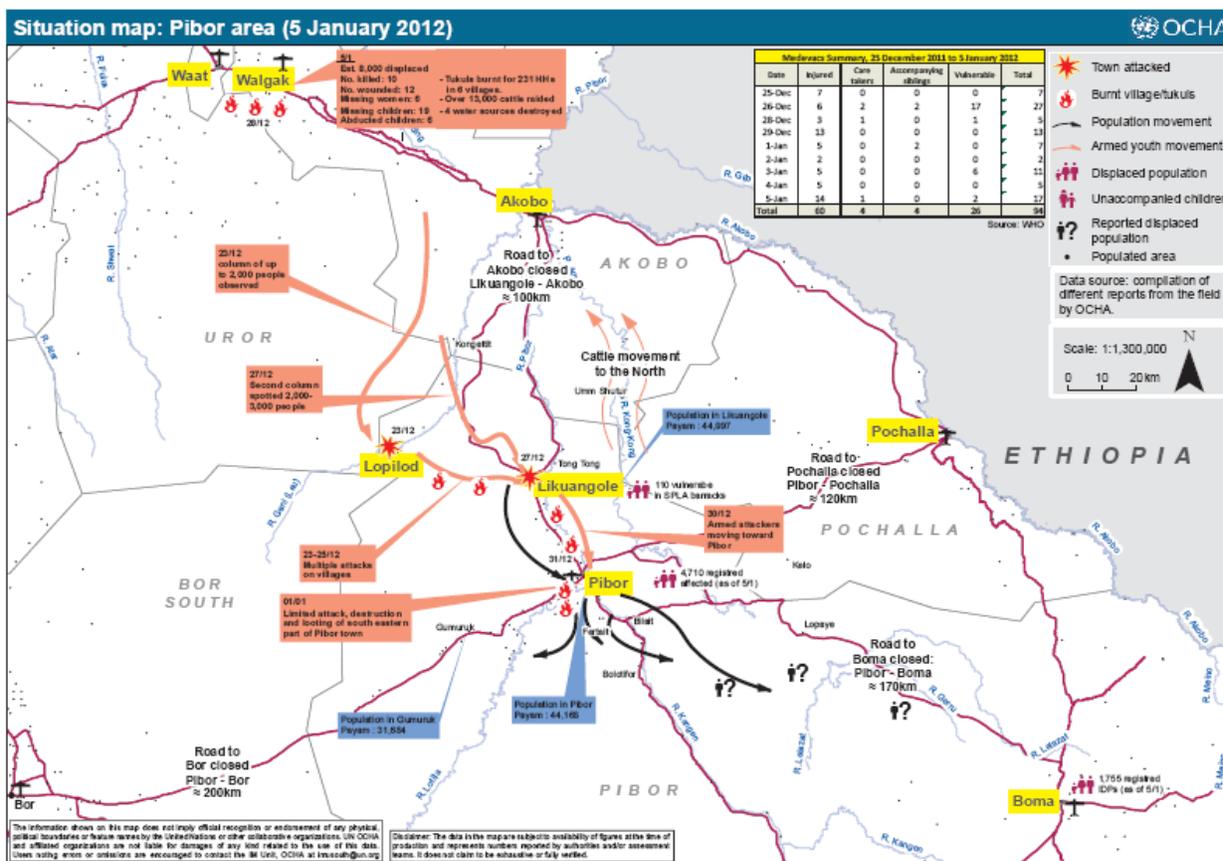


Figure 1: Map of Pibor and neighbouring counties showing the situation on various days from 23<sup>rd</sup> Dec to 5<sup>th</sup> of Jan. *Source- UNOCHA South Sudan*

On 23<sup>rd</sup> of December a column of about 2000 youths were reported to be moving from Uror county areas towards Pibor and between 23<sup>rd</sup> and 25<sup>th</sup> multiple attacks were reported in villages near Lekuangole mainly Lopiiod. By 27<sup>th</sup> December another column of between 2000 to 3000 armed youths were reported to be moving from Akobo areas towards Lekuangole and attacks were reported in Lekuangole. The attacks which started on 23<sup>rd</sup> and continued till around 3<sup>rd</sup> January, resulted in massive destruction of property and livelihoods, injuries and displacement of people from Lekuangole and Pibor Payams to the bush, and movement of others towards Boma. Many villages around Pibor and Likuangole were looted and burned down including Fertait and Bilait. It was reported that these villages had been evacuated earlier and were most probably abandoned at the time of the attacks. Nonetheless,

many people were believed to be killed, or injured during the raids. At the same, thousands of villagers were displaced, and still unaccounted for. The exact number of civilians killed during the recent attack by Luo Nuer is still unknown.

The Luo Nuer raid to Pibor was unprecedented, and it is estimated that about 60,000 people have been displaced from Pibor and Lekuangole during these attacks. In late December, another attack by unidentified group in Walgak also led to the death of approximately 10 people and displacement of approximately 8,000 people while several others are either missing or abducted. The displaced people from Pibor, Likuangole and other villages are still hiding in the bush, and it is becoming very difficult to provide much needed humanitarian assistance.

The Government of South Sudan deployed thousands of military and police in Pibor, while UNMISS deployed more peace keepers to protect the civilians. In January 6th, 2011, the Government declared Jonglei a disaster zone and requested all humanitarian agencies to scale up life-saving assistance.

### **Effect of Clashes on Health Service Delivery**

Following the attacks, health facilities in the affected areas were severely destroyed and subsequently closed. The national health staff working in the affected areas also fled with the populations while the international staffs were evacuated. Pibor PHCC+ and Lekuangole and Gumruk PHCUs ran by MSF in Pibor county were markedly destroyed and equipments and supplies vandalised. At the height of the clashes, most of the victims and others with health needs may have been unable to seek health services due to the security situation fearing further attacks. Those who were found in the villages were rescued by the UNMISS and taken to the nearest safe places for evacuation.

In summary the clashes have had the following effects among others on health services delivery and health of the affected populations

- Destruction and closure of health facilities.
  - o MSF runs one PHCC+ and 2 PHCUs in Pibor County.
  - o Pibor PHCC+ was partially destroyed with 2 out of 4 rooms completely destroyed
  - o Lekuangole PHCU was completely destroyed
- Displacement of health personnel both international and national staff
  - o International staff were evacuated from Walgak
  - o International staff evacuated from Pibor
  - o National staff fled from Gumruk, Pibor and Lekuangole
- Destruction of equipment and supplies
  - o In Pibor most of MSF equipments and facilities were destroyed. These included generator wiring, radio equipments, medical equipments and supplies. Water system was however not affected
- Lack of access to medical care by those in need in the affected areas
  - o Due to closure of facilities sick or injured people have had difficulties access to health services during the time of the attacks
- Disruption of routine health services including immunization for eligible children, antenatal and delivery services for women, access to medicines for those with chronic illnesses among others

- Lack of burial services for those who died during the attacks – it has not been possible to establish the exact number of those killed during the attacks or organise for their burial due to security concerns
- Injury and possible disabling of many people – around 144 injured patients have been medevaced mainly to Juba teaching Hospital.
- Separation of children and families – over 150 children separated from their parents or orphaned have been registered in Pibor while others have been registered in Boma, others are in Juba Teaching Hospital or UNHCR way station.
- Over-stretched capacity of Juba Teaching Hospital due to massive referral of patients to the facility
  - o Due to the influx of Medevacs at the hospital, the facilities and personnel have been severely stretched
  - o Four tents have been erected at the facility but space is still not enough
  - o Additional health personnel were deployed in Juba Teaching Hospital

### **Health Cluster Response**

Some of the preparedness and response activities the Health Cluster has been involved in include the following:

1. Preparedness
2. Coordination and conducting Medical evacuations with other agencies
3. Monitoring of injuries
4. Support to Juba teaching hospital and other hospitals
5. Rapid assessment missions in Pibor and Boma

### **Preparedness**

In mid December the health cluster started meetings with a view to strengthening preparedness especially surgical capacity mapping. Through this preparedness effort, available surgical capacity in and around Jonglei State was established. This has continually been updated as the situation evolved. The surgical capacity in and around Jonglei was indicated as shown in Figure 2



01-Jan	4	0	2	0	6	JTH	UNMISS	WHO	Pibor
01-Jan	1	0	0	0	1	Malakal	UNMISS	Malakal	Walgak
02-Jan	1	0	0	0	1	Bor	UNMISS	UNMISS	Pibor
02-Jan	1	0	0	0	1	UNMISS L2 Juba	UNMISS	UNMISS	Pibor
03-Jan	5	1	2	0	8	JTH	UNHAS	MOH	Pibor
04-Jan	6	1	0	0	7	JTH	UNMISS	MOH	Pibor
05-Jan	2	0	0	0	2	Malakal	UNMISS	Malakal	Walgak
05-Jan	6	0	2	0	8	JTH	MSF	MSF	Pibor
05-Jan	6	0	3	0	9	JTH	UNMISS	Med Air/OCHA	Pibor
06-Jan	7	3	2	0	12	JTH	UNMISS	MOH	Pibor
07-Jan	12	2	2	0	16	JTH	UNMISS	MOH	Pibor
<b>Total</b>	<b>148</b>	<b>10</b>	<b>15</b>	<b>18</b>	<b>191</b>				

*Note: More patients than medevaced are likely to have been injured. The security situation and poor access by road made it difficult to clearly determine those injured or dead*

- As of 7<sup>th</sup> January 2012, a total of 191 people have been airlifted from Pibor, Lekuangle and Walgak to Juba, Malakal and Bor hospitals.
- 144 of the 174 people airlifted have some injuries caused mainly by gunshots, 4 have acute febrile illnesses, 15 are children accompanying mothers (some breastfeeding babies), 9 are caretakers and 18 are vulnerable people mainly unaccompanied children and elderly taken to UNHCR way station.
- Sixty six of those injured or sick are Murle tribe. These include 23 children, 25 women and 18 men. The remaining are Lou Nuer all young men. Eighty one Lou Nuer were airlifted same day from Lekuangle- 68 of them by the government. About 30 Lou Nuer are due for discharge and are just awaiting arrangements to be made for their repatriation or care outside hospital.
- All Medevacs except 3 to Malakal and 1 to Bor have been taken to Juba Teaching Hospital.
- The medevacs have mainly been conducted by UNMISS, MSF, UNHAS and GOK with the coordination by UNOCHA, Health cluster, WHO, MOH, MSF, ICRC, UNHCR among others.
- Medical escort has been provided by WHO, MOH, MSF, OCHA/Medair, Malakal medical personnel. Ambulance services from airport to JTH have been provided mainly by Juba Teaching Hospital and UNMISS Level 2 Hospital.

Table 2: Distribution of Medevacs by Women, Children and men, Jonglei Clashes Dec 25<sup>th</sup> to January 7<sup>th</sup> 2012

<b>Number of Children, Men and Women, Jonglei Clashes Dec 25 to Jan 7 2012</b>				
<b>Date</b>	<b>Children</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>
25-Dec	3	3	1	7
26-Dec	2	3	1	6
28-Dec	0	3	0	3
29-Dec	0	81	0	81*
01-Jan	2	1	2	5
02-Jan	1	0	1	2

03-Jan	2	1	2	5
04-Jan	3	2	2	7
05-Jan	4	3	5	12
06-Jan	3	1	3	7
07-Jan	3	1	8	12
<b>Total</b>	<b>23</b>	<b>99</b>	<b>25</b>	<b>147</b>

\* - all those medevaced on 29<sup>th</sup> December are Lou Nuer youths evacuated by government (68) and UNMISS (13) from Lekuangole on the same day

### **Support to Health Facilities**

Following the clashes, Juba Teaching Hospital has been severely constrained in terms of care for medevacs including food, medical supplies, space and facilities, and human resources.

The following support has been provided to the health facility to strengthen capacity of the hospital

The Ministry of Health has provided the following:

- Strong leadership and commitment to support the overall medical response
- Medical supplies
- Deployed additional health personnel including doctors, clinical officers and others
- Aailed ambulances to transport the medevaced patients from the airport
- The hospital medical officers have been providing medical escort for medevacs

WHO South Sudan has provided the following:

- 80 mattresses, pillows and bed sheets
- Medical supplies
- Four tents to extend space for those with minor injuries or recovering
- Incentives for staff working extra and attending to the medevacs mainly
- Feeding of the Murle patients, caretakers and children accompanying them up to 5<sup>th</sup> January
- Coordinated and facilitated the medevac activities with OCHA, UNMISS and Ministry of Health
- Financial support to two of the medevac missions by UNHAS
- Medical supplies to Pibor

ICRC has provided medical supplies including sutures, drugs among others.

UNHCR has accommodated 18 vulnerable people and 3 discharged Murle patients in their way station.

UNMISS Level 2 has been supporting with ambulance when necessary, and also orthopaedic surgeon.

Other organisations which have provided medical escort include WHO, OCHA, Medair, MSF among others

### **Main Challenges and Limitations to Health Response**

The main challenges included the following

- Security – it has been difficult to access the clash areas and offer medical services, establish the numbers of those who have died and organise for burial
- Lack of functional health facility and personnel on the ground to offer basic services especially in Pibor – this has led to Medevac of all those found with injuries including minor injuries.
- Accessibility of Pibor by road to transport supplies and people is not possible. The road from Bor to Pibor and the one from Pibor to Boma are not motorable making it very expensive to access Pibor by air only
- Lack of stand by air assets for medevacs- besides UNMISS and MSF support, there has been no standby air transport for Medevacs whenever necessary
- Care of those discharged from the hospital and those with minor injuries- while most of the patients especially the young Lou Nuer youths could be discharged from the hospital, their care outside the hospital has been a challenge.
- Different tribes could only be admitted in different place - Murle could only be admitted in Boma or Juba

### **Gaps at the Moment**

As people are returning to Pibor and Lekuangole, there is a likelihood of increased medical needs since most of them have been in the bush for over a week. Most of the patients evacuated in the last three days were wounded 5 days ago but they were hiding in the bush for safety purpose. Already four have been evacuated having acute febrile illnesses- this is because there are currently no functional health services in Pibor. Over the next three months, health facilities are likely to be stretched therefore the need to increase available capacity and ensure availability of functional mobile health services. The following are some health gaps at the moment.

- Lack of functional health services in Pibor and nearby areas
- Lack of mobile services for villages in Pibor county
- Lack of functional X-ray services in Boma Hospital therefore affecting surgical capacity
- Inadequate space and congestion at Juba Teaching Hospital
- Inadequate medical supplies for various facilities
- Lack of alternative air assets for Medevacs
- Repatriation of those who are ready for discharge to ease congestion at JTH
- Continued care of those in hospital including food and medical supplies
- Medical personnel including extra surgeon for relief at Juba Teaching Hospital
- Assessment in Labrap, Fertait, Bilait and other villages
- Burial services for those who are likely to be dead in the villages
- Transportation of medical supplies to Pibor and Boma

## Ongoing Activities and Plans

MSF has started reconstruction of the PHCC+ facility, equipping and restocking in Pibor town and planning for mobile services in the other affected areas. This will ensure stabilisation of patients and referral of only severely injured patients. Likuangle PHCU requires complete reconstruction as it was burnt to the ground. Initiation of integrated mobile health services in Pibor and nearby areas will ensure that health services including immunization are offered to those who cannot travel to static health facilities.

The other ongoing activities include the following:

- Continued medevac of injured patients from Pibor and other areas
- Continued care and treatment of patients in Juba Teaching Hospital
- Vaccination of children in Juba Teaching Hospital
- Plan for joint assessment by the MoH and health partners in Pibor and other affected areas
- Government to mobilise resources for repatriation of discharged, care of those in hospital
- Government to mobilise assets for airlift of medevacs
- Involvement of the protection cluster in the care and tracing of separated children and families
- Distribution of medical supplies by the ministry to Pibor and Boma hospitals

## Outline of Health Cluster Response Plan on Jonglei Crisis

The main objective is to restore basic health services, scale up surgical capacity, implement MISIP (minimum initial service package) and control and prevent communicable disease outbreaks in the affected communities in Jonglei state

1. Restoration of basic health services in Pibor County and Akobo county (immunization, outpatient, basic inpatient) at facility level
  - i. Provide inpatient services in the target areas for 6 months
  - ii. Conduct emergency localised immunization campaigns addressing vaccine preventable communicable diseases
  - iii. Ensure access to emergency obstetric and neonatal care (EMONC)
  - iv. Procure and distribute medical and surgical supplies to target areas
  - v. Repair and/or rebuild destroyed health facility in Pibor and Likuangle
  - vi. Construct or rehabilitate destroyed health facilities in Pibor and Likuangle
  - vii. Procure and distribute medical and surgical supplies to target areas
  - viii. Deploy additional staff in Pibor and Likuangle for static and mobile health facilities
2. Provide integrated health services to sick and injured people unable to access health services in Pibor and Akobo counties
  - i. Weekly mobile health services in 10 villages in- Gumruk, Likuangle, Lopidol, Walgak, Boma, Labrap areas for 6 months
  - ii. To be conducted by MSF in Pibor, Likuangle, Gumruk
  - iii. To be conducted by Merlin in Boma and Labrap

- iv. To be conducted by IMC in Akovo county
3. Identify and bury dead bodies in Pibor county
  - i. To be done by Sudan Redcross with support from ICRC and other partners on the ground
4. Determine the evolving health situation and gaps in areas affected by the clashes – Labrap, Walgak
  - i. Conduct an integrated health assessment to Labrap, Lekuangole, Walgak, gumruk and other affected areas
5. Repatriate around 300 injured, sick, caretakers or vulnerable people from Juba to Lekuangole, Pibor
  - i. Air transport for 100 patients still recovering to Pibor and Lekuangole
  - ii. Road transport for 200 stable patients and vulnerable to Pibor and Lekuangole
6. Strengthen surgical capacity at Juba Teaching Hospital and other standby hospitals
  - i. Recruitment of a short-term surgeon for JTH
  - ii. Procurement of a portable X-ray machine for Boma hospital
  - iii. Deployment of extra medical personnel in Pibor
7. Mobilise resources to feed 300 sick, injured or vulnerable people in Juba teaching hospital for 3 months
8. Provide medical services to 300 sick or injured people at JTH
  - i. Procure additional supplies
9. Provide psychosocial support to victims of the clashes
10. Strengthen disease surveillance and EWARN for public health emergencies in the Jonglei
  - i. Train health workers on integrated disease surveillance and response
  - ii. Supply reporting tools to the health workers
  - iii. Monitor disease trends in the affected areas on a weekly basis
  - iv. Respond to suspected disease outbreaks
  - v. Procure and pre-position emergency medical and surgical supplies
11. Conduct medical evacuations from Pibor, Akobo, Khorflus, Fungak and neighboring areas whenever necessary to JTH, Bor hospital, Malakal Hospital, Nasir MSF H hospital, IMC Akobo hospital, Merlin Boma hospital or other hospitals as necessary.
12. Provide technical support and monitor the implementation of service delivery plans in affected areas
  - i. Supervisory visits to Pibor, Lekuangole and Boma, Walgak and other affected areas by state and national health cluster

