Violent clashes between Lou Nouer and Murle have been reported in Pibor County in Jonglei State causing a large scale humanitarian response by health actors.

- Trauma victims from the violence have been presenting in multiple locations across Pibor but also in Akobo County as counter attacks have occurred.

- By 3rd January 2012 over 100 medical evacuations had been performed taking patients to Juba and Malakal Teaching Hospitals for care of which most patients suffered trauma injuries although burn victims have also been assisted.

- Health actors across 4 states have been working together in preparedness for mass casualties ensuring surgical capacity and ability to respond.

- Large displacements from Lekuangole and Pibor town have occurred and health actors are preparing to receive populations in surrounding areas.

- Insecurity continues to hamper health service delivery as health facilities in Pibor Town were attacked and damaged. International staff from Walgak have also been relocated as fears of retaliatory attacks in surrounding villages become apparent.
Over 5000 Lou Nuer youth from Northern Jonglei State were reported to have mobilised in early December 2011 heading toward 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. Despite multiple peace making initiatives clashes were reported to have occurred around 23.12.11 near Lekuangole in Pibor County and continued attacks and advancement of the Lou Nuer to Pibor town plus the possibility of retaliation by Murle in surrounding counties are causing great fear of widespread conflict.

Population movements

The advance of armed youth southwards and clashes in Lekuangole have forced populations to leave their homes although it is uncertain as to where. It is estimated that a possible 90,000 could be currently displaced from Lekuangole and Pibor town and populations from Gumuruk town are also thought to have dispersed. Due to the insecurity health facilities within this area have thus also been forced to close. Most displaced populations however are not presenting in nearby towns in fear of it being a future target. As such there is concern that populations with health needs will not present to facilities for care. Some populations are however are expected to reach Boma although access to the town is difficult as the road from Pibor to Boma is mined.

Preparedness for health response

The anticipated movement of the armed youth moving to Pibor County allowed health actors to come together well in advance of any clash to ensure preparedness and readiness for any large scale surgical activities. By mid December multiple actors had met led Ministry of Health, facilitated by the Health Cluster including MSF, ICRC, Merlin, IMC and WHO, to determine surgical capacities and contingency plans for possible response scenarios. Surgical capacity mapping (example of which is given overleaf) is continually being updated. It was noted however that the main constraints to delivering health care services was insecurity within the area of Lekuangole and Pibor Town which could then necessitate the closure of health facilities. Insecurity in other areas across Jonglei State could also impact upon the capacity for health response as other trauma victims would present to facilities in need of
Example of continual surgical mapping being performed by Health Cluster and partners

For example clashes outside Bor, Jalle on 5.12.11 caused the deaths of 36 people, 7 of whom were children. Bor Hospital received 26 gun shot wound victims, 4 of whom died and a further 4 who were medevaced to Juba Teaching Hospital. In Canal County attacks and clashes occurred on 11.12.11 resulting in approximately 20 medevacs to Malakal Teaching Hospital and on 24.12.11 another attack caused a reported 5 deaths and 14 patients taken again to Malakal. ICRC is supporting Malakal Teaching Hospital alongside the State Ministry of Health surgical team and states that the hospital is a key referral centre for many points across the northern part of the country.

The wider humanitarian situation across South Sudan is thus consistently being monitored including insecurity in Northern Unity, and influx of refugees in Maban all of which may impact upon the capacity of referral hospitals.

The main health providers outside of Pibor town were noted to be Juba Teaching Hospital, Bor Hospital, Boma Hospital, Malakal Teaching Hospital for those who presented in Pibor County. Leer and Nasir Hospital were noted to be on standby should patients present further north in Uror or Akobo County. It was firmly acknowledged however that any referral or medevac to other hospitals must be mindful of ethnic tensions that may ensue between host / recipient community and referred patient. Populations from Pibor town for example cannot be referred to Bor Hospital as have in previous years resulted in violent attacks on the patient.
By 24.12.11 patients had started to present to MSF healthcare facilities in Lekuangole PHCU. Initial conservative management of trauma injuries was initiated but as further treatment was required patients were medevaced to Juba Teaching Hospital. By 28.12.11 the civilian population of Lekuangole were fleeing but the MSF clinic continued to operate and referred a total of 16 patients for further treatment all whom had suffered gun shot injuries more than half being women and children. 17 vulnerable people who were unable to flee Lekuangole as the clashes intensified were also airlifted and are under the care of UNHCR. 81 people were medevaced on 29.12.11 mostly supported by the government of the Republic of South Sudan and by the new year patients were presenting in Pibor PHCC (MSF) and 12 cases (1 for referral) in Walgak PHCC (IMC). The clashes have caused the medical evacuation of a total of 109 patients up until 03.01.12. of whom 3 have died and 23 have now been discharged. Most all patients suffered injuries due to gunshot wounds other than one child who suffered burn injuries.

The clinics in Lekuangole and Pibor have been reported to be attacked. Health staff from Walgak PHCC are currently on standby as the security situation seems precarious but are still delivering services.

The medevacs have been coordinated with OCHA and the Health Cluster, UNMISS, MSF, ICRC, WHO, Ministry of Health and UNMISS Level 2 Hospital. Ministry of Health and WHO have been reviewing all patients at Juba teaching Hospital. Juba Teaching Hospital has received support from ICRC who has given trauma supplies including drugs and surgical dressings, WHO provided medical supplies, 100 mattresses and bed sheets to ensure accommodation of surge patients, nutritional support and incentives for surge health staff. UNMISS Level 2 Hospital has also offered orthopaedic surgeons to Juba Teaching Hospital for surge demand.
Concerns and plans for future response

- It is acknowledged that displaced populations from Lekuangole and Pibor are either in hiding or yet to present. Health partners operational within the area are preparing for future caseloads.
- UNMISS are currently providing support for medical evacuations but this soon may not be available and thus other mechanisms must be determined.
- Constant monitoring of surgical capacity across the country is to be continued. Other hospitals will be encouraged to be utilised for medical referrals as Juba Hospital reaches full capacity.
- Follow up and repatriation of medevaced patients needs to be continued. UNHCR are currently assisting.
- The number of fatalities is currently not yet known and as such the adequate management of dead bodies needs to be addressed. ICRC are planning to do an assessment once security situation allows.
Health Cluster partners

Partners working with cluster at state or central level in 2012: Ministry of Health and all State Ministries of Health, AAH-I, Across, ADRA, AMREF, ARC, Arkangelo Ali Association (AAA), AVSI, BRAC, CARE, Carter Centre, CDoT Central Equatoria, CDoT Eastern Equatoria, Caritas, CARE, CCM, CEFA, CISP, CMA, CMBB, Concern Worldwide, COSV, CP, CRADA, CRS, CUAMM, DAE, DeFROSS, Diakone, Diocese of Malakal, DKH Germany, Doctors with Africa, ECO, ECS Minye Diocese, ECS Nzara Diocese, ECS of Rhumbek, ECS, Food for the Hungry, GOAL, Handicap International, Healthnet TPO, IMA, IMC, International Aid Services, IOM, IRC, John Dau Foundation, Johanitter International Association, John Snow Inc, JOT, Malaria Consortium, Malteser International, Marie Stoppes International, Massachusetts General Hospital, MayDi, Medair, Merlin, MRDO, MSH, NCA, NCDA, Netherlands Red Cross, NHDF, NHI, NIP, NPA, Oxfam, Polish Centre for International Aid, PSI, Relief International, Samaritan’s Purse, Save the Children in South Sudan, Servant’s Heart, Sign of Hope, South Sudan Red Cross, SSAC, SSYM, SUDRA, Sudan Medical Relief (Dr Jill), SUHA, Tearfund, THESO, UNFPA, UNHCR, UNICEF, UNKEA, UNIDO, WHO, World Vision International, World Relief. International observers: MSF, ICRC. Donor observers: ECHO, OFDA, CIDA, DFID, EU, USAID.

National and State Health Clusters

The national Health Cluster is led by Ministry of Health, WHO and Co Lead from Malaria Consortium.

State Health Cluster Co-Leads:

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State clusters operate in all 10 states and in each are led by State Ministry of Health, WHO and NGO Co Leads from various agencies. As such we would like to thank all partners for their support and hard work.

Contacts

For more information please contact:

Dr David Mutonga
Acting Health Cluster Coordinator (til end Jan)
WHO South Sudan
davidmutonga@yahoo.com
+249 956 248 581

Dr Eba Pasha
Health Cluster Coordinator
WHO South Sudan
pashae@who.int
+211 955 314 620

Pauline Ajello
Communication Officer
WHO South Sudan
ajellopauleine860@hotmail.com
+211 955 873 055