



South Sudan's hidden crisis

How violence against civilians is devastating communities and preventing access to life-saving healthcare in Jonglei – November 2012



“This is the most serious attack I have seen. They kill women, children, old people – a day like this has not happened before. It makes us very fearful. Some entire families were killed. If the government doesn’t protect us, they will come back again.”

40-year-old female patient from Jonglei, January 2012

EXECUTIVE SUMMARY – JONGLEI, A STATE OF EMERGENCY

South Sudan’s most violent state – Jonglei has been the epicentre of violence in South Sudan in the past 18 months. Over the period covered by this report, from January 2011 to September 2012, just under half of reported ‘conflict incidents’ and over half of reported ‘conflict-related’ deaths and displacements in South Sudan had taken place in Jonglei.¹ Whilst violence has continued throughout the rainy season, the approaching dry season makes movement throughout the state possible again and is likely to bring with it renewed insecurity.

Civilians as targets – While Jonglei has a long history of intercommunal cattle-raiding, since 2009 Médecins Sans Frontières (MSF) has drawn attention to the changing nature of the attacks.² While appropriating cattle used to be the main aim of the attacks, nowadays civilians are targeted, with women and children making up a large proportion of victims treated by MSF teams.

Disarmament violence – In response to these attacks, the Government of South Sudan launched a disarmament campaign in March 2012 throughout the state. Aimed at bringing security and stability to Jonglei, the process led to widespread insecurity and localised displacement and was accompanied by abuses against the civilian population, including violence and sexual violence treated in MSF health facilities.

Militia and army clashes – In August and September 2012, the resurgence of clashes between the South Sudan army, the Sudan People’s Liberation Army (SPLA) and a militia group in Jonglei resulted in renewed displacement and insecurity in the region, as well as the reduction or withdrawal of most aid groups, including MSF’s partial and temporary withdrawal from Pibor town and outlying areas.

Low baseline for health – South Sudan has some of the world’s worst health and development indicators, with a life expectancy of 42 years³ and three-quarters of the population unable to access healthcare.⁴ There are very few health structures and qualified medical staff on the ground, as well as significant geographic barriers to accessing even the most basic healthcare. There are regular outbreaks of meningitis and measles and high rates of malaria, diarrhoea and malnutrition.

Healthcare itself a target – 2011 to 2012 has seen the repeated looting, damage and destruction of medical facilities in Jonglei, including Pieri in August 2011, Pibor and Lekwongole in December 2011, Lekwongole in August 2012 and Gumuruk in September 2012. This disturbing trend of targeting medical facilities not only raises concerns about the extreme nature of the violence in the region, but also about the wider impact on access to healthcare for people already vulnerable as a result of violence.

Displacement and fear – The insecurity and displacement in Jonglei have further exacerbated the low baseline for healthcare and contributed to the worsening of the population’s health. People have seen their infrastructure and assets destroyed, coping mechanisms lost and agricultural activity diminished. Repeated and prolonged displacements have increased the population’s risk of getting ill and insecurity has reduced the population’s ability to access health centres.

MSF’s emergency response – As one of the main healthcare providers in Jonglei, MSF responded to the consequences of the violence and displacement in Lou Nuer and Murle areas, from its six health centres in Pibor (Pibor, Lekwongole, Gumuruk), Urur (Pieri and Yuai) and Nyirol (Lankien) counties. In 2011 and 2012, MSF has treated hundreds of wounded from violence and regularly responded to the urgent health and humanitarian needs of the population in Jonglei.

1 UN Office for the Coordination of Humanitarian Affairs (OCHA), *Cumulative figure of conflict incidents, deaths and displacements reported in 2010 (status 31/12/10), 2011 (status 31/12/11) and 2012 (status 30/09/12)*.
2 MSF, *Facing up to Reality: Health Crisis Deepens in Southern Sudan*, 2009.
3 UN OCHA, *South Sudan Weekly Humanitarian Bulletin*, 7 October 2012.
4 http://www.ss.undp.org/content/south_sudan/en/home/countryinfo.html

An emergency situation – Today, Jonglei’s population is faced with repeated violence and displacement, as well as significant and ongoing health needs that are tantamount to an emergency. As the lives and health of Jonglei’s population hang in the balance, MSF wants to make sure that all stakeholders understand the emergency of the situation and appeals to all actors to take responsibility for:

- **Safety and access to healthcare** – Today, Jonglei’s population is not safe from repeated violence, displacement and looting. The approaching dry season brings with it the risk of an increase in violence. All actors must therefore use all their possible influence to ensure the population’s safety and ability to freely access urgently-needed medical care and other essential services in Jonglei.
- **Respect for health structures** – MSF remains engaged in providing neutral and impartial medical care to the people of Jonglei. At the same time, all armed groups must respect the safety of patients and the neutrality of medical facilities and staff. All other international and national actors must take responsibility for countering the new and worrisome development of targeting health facilities.
- **Emergency response capacity** – The Government of South Sudan, the UN, donors and humanitarian organisations must take all steps, including in terms of political backing and funding, to ensure that there is adequate emergency response capacity. In addition, as a baseline, accessible healthcare should be made available throughout Jonglei.

Key MSF violence-related figures for January 2011-September 2012

- 1,466 patients with violence-related injuries were treated by MSF in its three health facilities in Nyirol and Urur counties between January 2011 and September 2012
- 109 patients were treated by MSF for injuries sustained during the disarmament operations in Jonglei, of whom 26 were treated for sexual violence
- Four of MSF’s six clinics in Jonglei were looted or destroyed in 2011 and 2012

Key OCHA violence-related figures for January 2011-September 2012⁵

- 302 attacks reported in Jonglei – 43% of reported attacks in South Sudan
- 201,622 violence-related displacements reported in Jonglei – 57% of such reported displacements in South Sudan
- 2,675 violence-related deaths reported in Jonglei – 57% of such reported deaths in South Sudan

Methodology

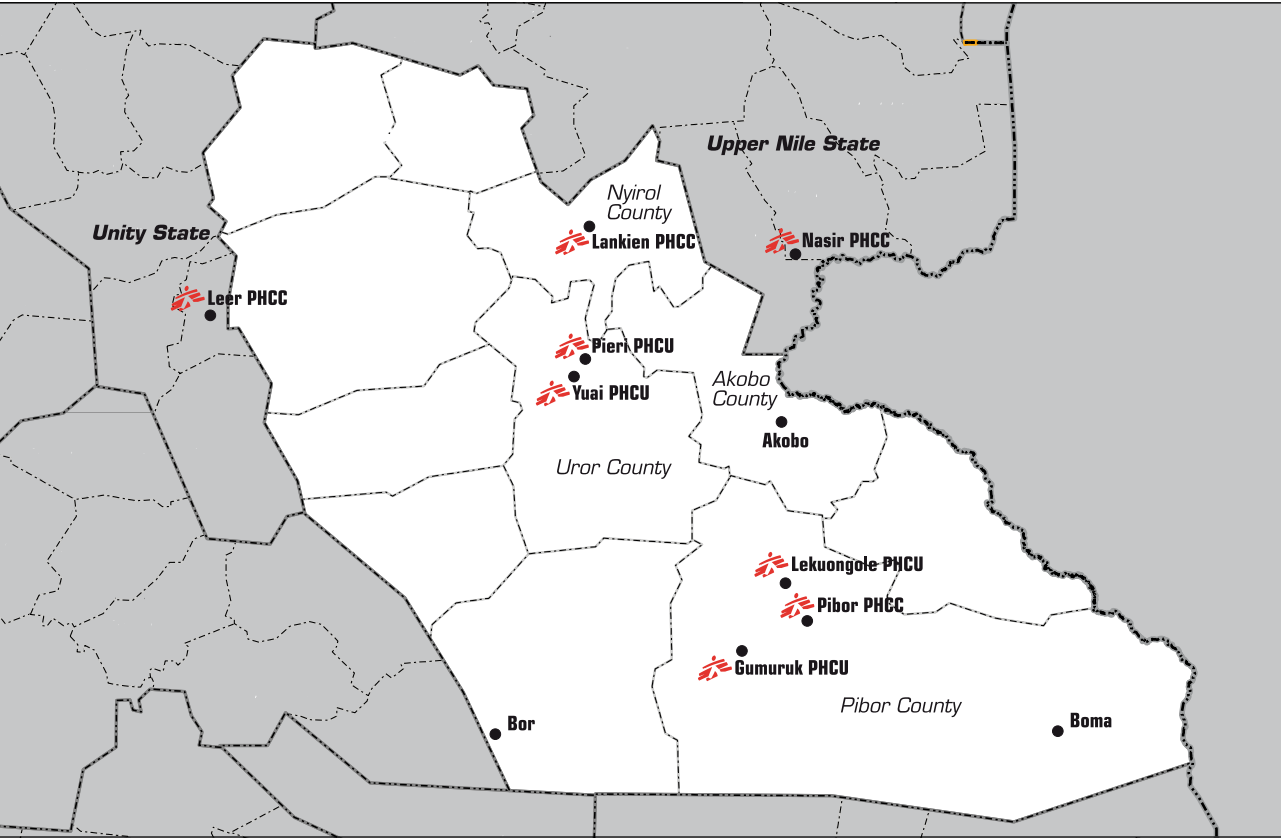
This report is based on medical data from MSF’s six health centres in Jonglei and testimonies from MSF staff and patients. Medical data from MSF health facilities in Pibor county (Pibor, Lekwongole and Gumuruk), Nyirol county (Lankien) and Urur county (Yuai and Pieri) was analysed, going back as far as 2008. In particular:

- Number of patients treated for violence-related injuries in outpatient and inpatient departments: this data gives an indication of general levels of violence in the community – it includes but is not limited to intercommunal fighting and disarmament-related violence.
- Numbers and diagnosis of wounded treated following intercommunal violence – detailed information is available for Nyirol and Urur counties from June 2011 and for Pibor county from January 2012.
- Number and diagnosis of wounded treated as a result of disarmament-related violence – detailed information is available for Nyirol, Urur and Pibor counties from March 2012, the start of the disarmament operations in Jonglei.
- Variations in monthly numbers of severely malnourished children treated from January 2009 to September 2012 in Nyirol, Urur and Pibor counties.
- Number of cases of malaria treated from January 2009 to September 2012 in Nyirol, Urur and Pibor counties.

The medical data was complemented by over 100 testimonies collected by MSF from patients and staff between January and September 2012. These testimonies were aimed at understanding the health and humanitarian impact of the violence on the population.

5 UN Office for the Coordination of Humanitarian Affairs (OCHA), Cumulative figure of conflict incidents, deaths and displacements reported in 2011 (status 31/12/11) and 2012 (status 33/09/12).

JONGLEI STATE



PHCU: primary health care unit
PHCC: primary health care centre

SOUTH SUDAN



MSF IN JONGLEI

MSF has been working in southern Sudan, now South Sudan, since 1983, and in Jonglei since 1993. The organisation currently provides primary and secondary healthcare to populations from its health centres in Pibor county (Pibor, Lekwongole and Gumuruk), Urur county (Pieri and Yuai), Nyirol county (Lankien) and through mobile clinics.

In 2011 and early 2012, MSF continued to respond to the overwhelming health needs of the population of Jonglei by providing primary and secondary healthcare services and referring patients in need of surgery to MSF health centres in Leer (Unity state) and Nasir (Upper Nile state), as well as to Boma hospital and to Juba teaching hospital . Medical services provided by MSF in Jonglei are extensive – they include the treatment of severe malnutrition, maternal and child health, vaccinations, TB, HIV, neglected diseases such as kala azar – and as such require significant resources in terms of management, skilled staff and logistical and financial support. MSF spent 4.7 million euros in 2011 on its medical programmes in Jonglei state alone.

In six locations in Jonglei in 2011, MSF carried out 109,716 outpatient consultations, 5,036 inpatient admissions and



MSF hospital in Lankien, South Sudan. Patients come and go from the main entrance of the hospital.

11,387 antenatal consultations, and treated 2,103 severely malnourished children. In Urur and Nyirol counties, MSF treated 1,014 patients with violence-related injuries in 2011, which is 40 percent more than during the last peak of violence in 2009.

The majority of patients treated by MSF in Jonglei in 2011 and 2012 had malaria, diarrhoea and respiratory tract infections. A malaria epidemic in Jonglei led to very high numbers of patients being treated in MSF health centres for the disease. In the first six months of 2012, MSF treated 14,043 patients with malaria in Jonglei – up from 10,189 cases of malaria throughout 2011, and six times more than in 2010.

Whilst malnutrition rates regularly increase during the yearly ‘hunger gap’, which traditionally spans March to August, in 2011 and in the first half of 2012 Jonglei state experienced a significant rise in malnutrition rates, prompting the World Food Program (WFP) to re-align its food distribution priorities and target moderate malnutrition. In Pibor, Nyirol and Urur counties, MSF saw a steep rise in admissions for severe malnutrition from as early as January 2012.

CIVILIANS BEARING THE BRUNT OF INTERCOMMUNAL VIOLENCE

Intercommunal clashes responded to by MSF in Jonglei and Upper Nile states in 2009 – detailed in MSF’s 2009 report Facing up to Reality ⁶	
5 March 2009:	Attack on Lekwongole (Pibor county) – 450 deaths and 5,000 people displaced
18 April 2009:	Attack in Akobo county – 250 deaths, 70 wounded and 15,000 people displaced
8 May 2009:	Attack on Torkej (Upper Nile state) – 71 deaths, 57 wounded and up to 10,000 people displaced
3 August 2009:	Attack on Mareng (Bor South county) – 185 deaths and 18 wounded
29 August 2009:	Attack in Twic East county – 42 deaths, 64 wounded and up to 24,000 people displaced from 17 villages
20 September 2009:	Attack on Duk Padiet (Duk county) – 160 deaths and 100 wounded

Intercommunal clashes responded to by MSF in Jonglei in 2011 and 2012 ⁷	
January-April 2011:	Series of attacks in Urur, Nyirol and Akobo counties – wounded treated by MSF in Lankien (Nyirol), Pieri (Urur) and Nasir (Upper Nile state)
18-23 April 2011:	Attacks in Pibor and Pochalla counties – an estimated 200-300 deaths, 91 children abducted and over 4,400 people displaced ⁸ – wounded treated by MSF in Pibor county
15-23 June 2011:	Attack on Pibor county – an estimated 430 deaths and 7,000-10,000 people displaced ⁹ – wounded treated by MSF in Pibor and 45 wounded treated in Yuai (Urur county), Leer (Unity state) and Nasir (Upper Nile state)
18 August 2011:	Attack on Pieri (Urur county) – an estimated 340 deaths and 26,800 people displaced ¹⁰ – 168 wounded from Pieri treated by MSF
23 December 2011 - 3 January 2012:	Attack on Pibor county – an estimated 612 deaths and 140,000 people affected ¹¹ – 108 wounded treated by MSF in Pibor (Pibor county)
January - March 2012:	Attacks in Nyirol, Urur and Akobo counties – 72 wounded treated by MSF in Lankien (Nyirol county) and Nasir (Upper Nile state)
March - June 2012:	Attacks on cattle camps and cattle movements in Upper Nile state – 24 wounded treated by MSF in Nasir (Upper Nile state)

The intercommunal attacks of 2011 and early 2012 in Jonglei have had a devastating impact on communities. Whole villages have been destroyed and livelihoods affected, as people have lost their homes and belongings. During the attacks, food reserves, crops and seeds were burned and many people feared tending their fields as a result of the insecurity. As was the case during the last peak of violence in 2009¹², villages, in addition to cattle camps, were attacked, and many women and children were wounded in the attacks.

With a permanent presence in both Lou Nuer and Murle areas, MSF treated the wounded and responded to

⁶ MSF, *Facing up to Reality: Health Crisis Deepens in Southern Sudan*, 2009.
⁷ Numbers of wounded treated by MSF are not fully reflective of the scale of the violence, due to lack of access to health centres.
⁸ OCHA, *Humanitarian Update 25 August 2011*.
⁹ OCHA, *Humanitarian Update 25 August 2011*.
¹⁰ OCHA, *Humanitarian Update 25 August 2011*.
¹¹ UNMISS, *Incidents of Inter-Communal Violence In Jonglei State*, June 2012.
¹² MSF, *Facing up to Reality: Health Crisis Deepens as Violence Escalates in Southern Sudan*, December 2009.



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A man was wounded in inter communal clashes in Lankien. He was shot in the head while trying to defend his cattle from raiders. He spent one night alone before he was found. He was flown from Lankien to Nasir for surgery and was in recovery for two months.

Aerial view of part of the MSF clinic compound after it was looted and partly burned in August 2011 during an attack on the town of Pieri and surrounding villages.

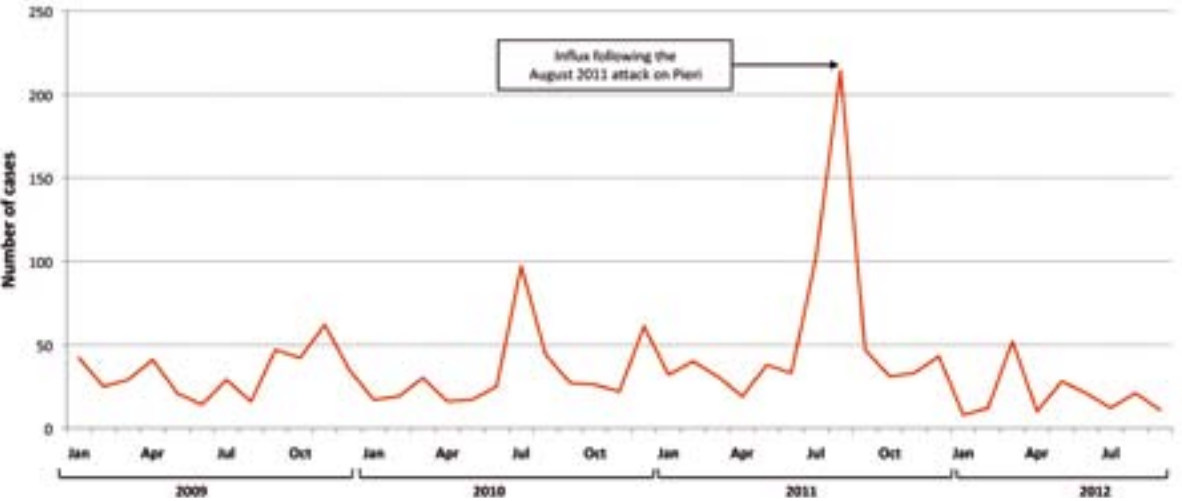
the urgent health and humanitarian needs of the displaced populations, providing medical assistance and shelter. In its three health facilities in Nyirol and Uror counties, MSF treated 715 patients with violence-related trauma in 2009, 491 in 2010, 1,014 in 2011 and 423 in the first eight months of 2012. Hundreds of wounded were also treated in MSF facilities in Pibor county throughout 2011 and 2012.

The number of injured patients treated by MSF does not fully reflect the scale of the violence, as much of the population lives too far away from health centres to seek care, and there are very few roads and transport options to reach the clinics. Were there no impediments to accessing healthcare, be they due to distance or insecurity, MSF clinics would likely have treated many more wounded patients.

August 2011 – In the devastating August 2011 attack on Pieri (Uror county), the UN estimated that 26,800 people were displaced, 340 people were killed and hundreds were wounded.¹³ The MSF clinic in Pieri was looted and burned. In the days following the attack, MSF treated 168 wounded from Pieri, 68 of whom were in a serious condition – 18 were flown by MSF to Lankien (Nyirol county) for inpatient treatment and 50 were flown to Leer (Unity state) and Nasir (Upper Nile state) for surgery. That month, MSF teams in Uror and Nyirol counties treated a total of 253 patients for violent trauma – the highest monthly number of such admissions since 2008.

■ *"In August 2011, my village of Pieri was attacked. They killed many people. I lost most of my immediate family, around 30 of them – 20 of them were killed and 10 were abducted, they were children. When I arrived, I found the whole area had been destroyed."* MSF national staff member from Pieri (Uror county), working in Lankien (Nyirol county), October 2011

Violence related injuries Uror County (Pieri and Yuai)



January 2012 – In late December 2011 and January 2012, an attack was launched on Pibor county. Tens of thousands of civilians fled Pibor town and surrounding areas. The MSF clinic in Lekwongole was burned and looted and the clinic in Pibor was looted. According to the UN, an estimated 140,000 people were in need of humanitarian assistance after the attack.¹⁴

In January 2012, the MSF health centre in Pibor (Pibor county) treated 108 patients with gunshot and violence-related wounds, 31 of whom had to be admitted for inpatient treatment. Other patients were treated for stab wounds, beatings or wounds sustained while fleeing into the bush. MSF also responded to the needs of displaced populations, providing healthcare to an estimated 1,000 families displaced from Lekwongole (Pibor county) and distributing basic relief items to 100 families stranded on the river banks with no aid for a number of days.

¹³ UN OCHA, South Sudan Weekly Humanitarian Bulletin, 25 August 2011.

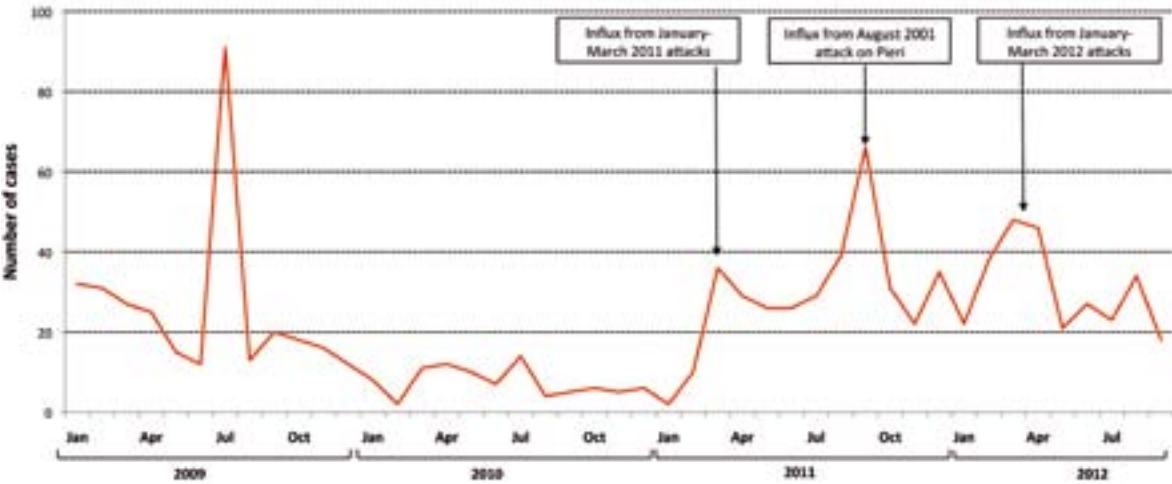
¹⁴ UN OCHA, South Sudan Weekly Humanitarian Bulletin, 2 February 2012.

■ “Our village was one of the first to be attacked. We ran and tried to hide in the high grass when we heard them approaching. But they heard my child crying, so they found us three women and the three children. They abducted my child and slit the throats of the two boys in front of us. They told us three women to run – we ran 10 metres and they started shooting. The other two women were killed right away. I was shot in the leg so I fell down. They came over to me and shot me in the head to make sure I was dead and left me there for dead. But the bullet just went through my cheek so I survived. 28-year-old female patient, treated in Lekwongole (Pibor county), January 2012

January – June 2012 – From January to June 2012, a series of attacks followed on villages in Akobo, Nyirol and Uror counties, as well as attacks on cattle camps and cattle movements. General violence-related admissions in Uror and Nyirol counties went up threefold in March 2012 compared to January 2012.¹⁵

■ “When they attacked, I was outside my compound. I started running, but I was pregnant so did not run fast enough. [The attackers] caught up with me and beat me on the head and I fell down. When I was on the ground, they opened my stomach with knives and my baby fell out. I was eight months pregnant. I have one other child in the hospital. They kicked the head of my child. She was suffering a lot, but now the child has been in the MSF hospital and is better.” 17-year-old female patient from Wek (Uror county), treated in Nasir (Upper Nile state), March 2012

Violence-related cases Nyirol county (Lankien)



Civilians targeted – Civilians, including women and children, became targets in the fighting in Jonglei and were regularly injured and killed in intercommunal clashes. Between January and March 2012, one-fifth of the patients treated by MSF in Nyirol and Uror counties for violence-related injuries were children under the age of five and one-fifth were adult women. Between January 7 and January 24 2012, MSF treated 47 patients with gunshot wounds in Pibor, of whom more than 50 percent were women and children.

■ “This time, this attack, was different. They came after the women, children, old people. This is the worst fighting, especially for the women and children – they have killed them and taken them. Before, they might attack a few villages and kill a few people, but this time they killed so many, took away the children, in so many areas.” 28-year-old female patient from Munychak, treated in Lekwongole (Pibor county), January 2012

Patients treated by MSF who had been wounded in intercommunal fighting talked about the extreme violence unleashed on men, women and children in Jonglei. Mothers and fathers had been forced to make devastating decisions about which children to flee with and which children to leave behind.

¹⁵ In Nyirol and Uror counties, MSF treated 100 patients with violence-related trauma in March 2012, compared to 30 in January 2012.



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The In Patient department of MSF's clinic in Pibor, Feb 2012.

VIOLENCE DURING DISARMAMENT OPERATIONS

In response to the intercommunal violence, the Government of South Sudan launched a civilian disarmament campaign in Jonglei state in March 2012. Additional members of the South Sudan Police Service (SSPS) and Sudan People’s Liberation Army (SPLA) were sent to the state to disarm civilians. The United Nations Mission in South Sudan (UNMISS) supported the disarmament operation by helping with sensitisation and by deploying Integrated Monitoring Teams to monitor the process. Aimed at reducing armed violence in the state, the process has been accompanied by reports of abuses against civilians, mostly in Pibor county.

Between mid-March and 12 September 2012, MSF treated eight wounded in Nyirol and Uror counties and 101 wounded in Pibor county for violent trauma mostly related to beatings.

■ “Now, with disarmament, it seems there is no difference who has a gun and who does not. Even women and children are beaten. We are so unhappy because anything can happen to us now.” Man, Lekwongole (Pibor county), June 2012

Of the 109 patients treated by MSF, 33 patients required inpatient care or referral, three of whom died from their injuries. The wounded included children of one, three and six years of age, all of whom had suffered beatings. Just under half of all patients treated for disarmament-related injuries were treated in Pibor county in August 2012.

Between June and mid-September 2012 MSF treated 26 victims of sexual violence in Pibor county. Working in this region since 2005, MSF clinics in Pibor county had not previously treated any survivors of sexual violence before these 26 cases.

■ “In our culture, people fear talking about these things. When it is sunset, we just pray, we wonder what will happen. No one moves around at night, everyone is inside their tukul. At night, you can hear the people cry out, then in the morning people tell us they were beaten or that this woman was raped.” Man, Lekwongole (Pibor county), June 2012

The numbers of wounded and survivors of sexual violence treated by MSF are not exhaustive, and reflect only those patients who actively sought care in MSF health structures and explicitly stated that they had suffered trauma due to disarmament-related violence. The high risks of seeking care at a time of increased military presence leaves many victims of violence untreated in their communities.



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A displaced woman along the banks of the Pibor river in February 2012, afraid to return to her destroyed home in Lekwongole. "They started shooting and I tried to run away, but I fell over and hurt my back. It is still not OK now."

A man has his wound dressed in the MSF clinic in Pibor in February 2012. "The bullet entered my leg and then came out on the other side. The place where I was shot was along the Kengen river. I have now been here for three weeks."

TESTIMONIES FROM FAMILIES ESCAPING VIOLENCE IN JONGLEI

- "[The attackers] didn't find my family when I was shot because they ran ahead and entered the river; keeping just their mouths open out of the water to breathe, hiding the rest under the water. They would find you if you hid in the bush, but if you're under the water they didn't find you. This attack is the worst one we've ever seen. Many people are still crying, still looking for their missing children and wives – how can we think about our future?" 40-year-old male patient, Pibor (Pibor county), January 2012
- "I have two children. When the attack happened, I ran away with my little boy, who is four years old, to bring him somewhere safe. I wanted to come back for my little girl, but there was no time. I had to leave her behind. It was only when I came back that we found my little girl. They kicked the child on her head and stabbed her head. She is two years old." 24-year-old mother of a two-year-old patient with head injuries, from Wek (Uror county), treated in Nasir (Upper Nile state), February 2012
- "I have nine children. Two of my children are still missing – we don't know if they are still alive. I looked and looked for them but then I decided, 'Let me take the ones that are still alive to safety, so that they can go and get food in the town.' I had to leave the two behind because the others were so hungry. The two that are missing are nine and ten years old. They were separated from us when we scattered because I couldn't carry them all. I could only carry one small one in my arms and one on my back and one on my side. But the others, who were older, they were just running alongside and we were separated." 35-year-old male caretaker of a 12-year-old boy, Pibor (Pibor county), January 2012

- "On the day of the attack, many people were killed and others were wounded. They set tukuls (huts) on fire and threw children in the fire. I collected the children to run away but, because I am old, I cannot run fast and they killed the children that were with me. I was running with three children; two were killed and one was wounded. As the attackers came, they hit me with the end of the Kalashnikov and stabbed me in the head and they tried to kill the children. If the child can run, they will shoot them with the gun; if they are small and cannot run, they will kill them with a knife. The baby that survived was beaten to the head. They picked her up and threw her on her head, so she has head trauma. She is better now." 55-year-old female patient from Wek (Uror county), treated in Nasir (Upper Nile state), March 2012
- "On 27 December we heard that [attackers] were coming closer and we noticed the movement of people. This was a sign for us to start running away. Everybody was frightened and continuously running –eventually we were scattered. I tried to hide in the bush and high grass, but they found me because my daughter was crying on my back. They shot me in my thigh and my five-year-old baby's ankle who was hanging on my back. They started beating my daughter until she kept quiet. They went away and I was scared that they would come back and kill me, but they left us behind thinking we were dead. We were taken by a helicopter and brought to the MSF clinic in Pibor. I carried my wounded daughter and my husband carried our wounded son. He was also shot – it entered his chest and came out his back. It's a miracle he's still alive." 28-year-old female patient, Pibor (Pibor county), January 2012
- "[They] attacked our village at five in the afternoon. They started circling us and opening fire on us, killing the men, the women, the children and the elders. When I started running with my two children, I was shot and fell on the ground. After that, the [attackers] came, they took my four-year-old child and they stabbed him with a knife, they slaughtered him, they cut his neck. Then they took my baby and kicked his head. My four-year-old son died and my baby has recovered." 24-year-old female patient from Wek (Uror county), treated in Nasir (Upper Nile state), February 2012

MILITIA ACTIVITY

Since August 2012, the resurgence of militia groups in Pibor county and the resulting military response from the SPLA have led to widespread insecurity in the area. While humanitarian organisations have long faced challenges accessing populations in need in Pibor county, this year’s exceptional flooding, together with this most recent insecurity, has compounded the difficulties for people in accessing much-needed healthcare.

Due to the insecurity, the populations of Gumuruk and Lekwongole fled their homes to seek refuge in the bush during August and September. MSF was forced to suspend its medical activities in Lekwongole on 25 August and in Gumuruk on 20 September. These two health facilities provided the sole medical care available to 90,000 people in these outlying and difficult-to-access areas of Pibor county. Before these closures, MSF was treating on average 1,340 patients per month in Lekwongole and 1,275 patients per month in Gumuruk.

During the suspension of outlying activities, MSF’s South Sudanese staff in Lekwongole set up a basic clinic under a tree to provide care to people who had fled into the bush, replenishing with supplies from Pibor every three weeks. Using health promoters to encourage families to come to the clinic to seek medical attention, they provided 296 consultations up to 23 October. The most common morbidities were respiratory tract infections (25 percent), malaria (17 percent), and diarrhoea (13 percent).

■ *“I chose a big tree, with good shadow, and I cleaned all underneath it. We cut some poles to make benches so there was a waiting area for people to sit. And my wife made a rough shelter with plastic sheeting to keep our medical supplies. This was our clinic. We sent out the health promoters to tell people to come if they were sick. A lot of people came for treatment. I saw up to 50 patients in one day. There was no borehole and people were struggling even to be able to boil their water. Many people were just drinking the river water straight, so there was a lot of diarrhoea. And especially there was a lot of malaria, because when the people fled they did not have mosquito nets with them.”* South Sudanese medical officer from MSF’s Lekwongole clinic (Pibor county), October 2012

Despite the evacuation of international staff, MSF’s medical activities in Pibor town likewise continued, due to the engagement of South Sudanese staff, to keep vital outpatient, inpatient and maternity services running in a volatile situation with increased health risks due to the current peak in malaria and widespread, severe flooding.

At the time of writing, insecurity continues and MSF remains highly concerned about its ability to continue to access and provide medical care to over 160,000 residents in the area with few other health structures available.

In a rapid assessment on 22 to 24 October MSF identified at least 700 displaced people who had arrived in Pibor town, and we believe many thousands are still in the bush and are likely to come to Pibor in the coming weeks. While the medical needs of further new arrivals cannot be predicted with absolute certainty, based on past instances of violence and displacement throughout Jonglei state, the needs of people hiding in the bush are likely to be substantial, and prone to rise dramatically the longer displacement continues.

THE HEALTH IMPACT OF THE VIOLENCE AND DISPLACEMENT

South Sudan has some of the world’s worst health and development indicators, with a life expectancy of 42 years, 51 percent of the population living on less than US\$1.25 per day, and a GDP per capita of US\$1,546.¹⁶ In Jonglei state, a lack of access to clean water and healthcare means that diarrhoea; respiratory tract infections and skin and eye infections are common amongst the population. The state also experiences regular outbreaks of malaria, kala azar and measles. Another sign of the population’s general vulnerability is the high level of malnutrition in children under five.¹⁷

In 2011 and 2012, the violence in Jonglei has compounded this situation. The insecurity has led to a reduction in the population’s access to the very few existing health centres, due both to people’s fear of travelling and to health centres being targeted by the violence. As a result, many people who are ill are likely not to have been able to seek much-needed medical care.

Another negative impact of the violence on people’s health is linked to the consequences of displacement on people’s living conditions. Populations fleeing violence in Jonglei often left very abruptly, without possessions, spending days and sometimes weeks hiding in the bush. Displaced people are at greater risk of contracting malaria, because of the lack of mosquito nets, as well as waterborne diseases such as diarrhoea, as a result of reduced access to safe water, worsened sanitation and reduced access to healthcare.

Fear and displacement reducing access to healthcare

For the past 18 months, insecurity and fear of violence have meant that much of Jonglei’s population has been displaced and cut off from healthcare in towns. Afraid of being wounded on the way to a health centre, many people during times of violence are likely never to have reached medical facilities and died of treatable wounds or illnesses.

In December 2011, wounded patients in Pibor told MSF they had walked for five to seven days before being able to reach the MSF health facility. Some patients only reached Pibor health centre four weeks after being attacked, and arrived with badly infected wounds.

■ *“There are still many people hiding in the bush. They don’t know if it’s safe to come back to Pibor. Other people are wounded and not able to walk back themselves. They don’t have family to carry them to the hospital. Others are lost in the bush and can’t find their way back.”* 28-year-old female patient, Pibor (Pibor county), January 2012

The March 2012 disarmament campaign started a second wave of displacement in Pibor county; violence associated with the disarmament led to further population displacement and altered people’s everyday movements. From March to July 2012, MSF patients expressed fears about military presence on the roads in remote areas outside Pibor town. Where people hesitated to travel to seek medical care, they reported turning to various different strategies for accessing care safely, including waiting for a larger group to travel together, travelling early in the morning or self-medicating.

■ *“First they ask for guns from people, then they shoot around and rape people. Women fear travelling on the roads and, if they want to go to the clinic, they wait until others go, and travel in a group together. Especially younger women. But many women just stay in the villages to deliver their babies, even if there is no midwife there. Also young men fear to travel. If they are seen here, they will be captured and taken to ask them for guns.”* Woman, Lekwongole (Pibor county), June 2012

An indication of possible barriers to accessing medical care during disarmament in Lekwongole (Pibor county) is highlighted by periodic drops in the proportion of male adolescents and adults among the age group 13-35 years attending consultations. While the weekly attendance rate for adolescents and adult men averaged 7.3% of total consultations between February and July 2012, it dropped to 1.47% at the lowest point in the week of 26-30 June 2012. Only one man with severe malaria from this age group consulted the primary healthcare unit out of a total 68 patients seen that week.

The most recent displacements in Pibor county linked to the clashes between militias and the SPLA have led to a further reduction in the population’s ability to access healthcare. The scaling down of health activities due to the insecurity and displacement of staff and the moving of populations away from towns where they can

¹⁶ UN OCHA, South Sudan Weekly Humanitarian Bulletin, 7 October 2012.
¹⁷ Under-five global acute malnutrition rate of 18.1% (South Sudan National Baseline Survey), quoted in UN OCHA, Weekly Humanitarian Bulletin, 7 October 2012.



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Women on the outskirts of Lekwongole village in February 2012. One woman reported that it was the scene of the abduction of her daughter and she feels uncomfortable being back in the village. "My house was burned, totally. And my daughter was taken by the attackers. Our family was scattered, some of them taken away too. We are not staying at night in the village. We are sleeping in the bush because we are afraid."

This man was shot in the leg and stabbed in the back by cattle raider in March 2012. His leg is in traction as he recovers from a fracture caused by a bullet.

access health facilities will undoubtedly negatively affect the population’s health.

Violence compounding vulnerability to diseases – malaria and malnutrition

Reduced access to healthcare remains a key concern for MSF, as any obstacle to reaching medical facilities risks further exacerbating the health impact of morbidities such as malaria and malnutrition, as well as violent trauma and sexual violence.

In 2011 and 2012 in Jonglei, homes and food stocks were destroyed, livestock and annual population movements were disrupted, the planting and harvesting of crops were affected and access to markets was limited.¹⁸ The cumulative effect of greater food insecurity and the vulnerable health of displaced populations are likely to have contributed to high malnutrition rates in 2011 and particularly 2012.¹⁹

■ *“The farm that I should be going to dig, it has been burned. The seeds that I should be planting, they have been burned. If we don’t get food soon from the UN, we are only waiting for death. We have nothing to eat. We are here, hungry, and we are dying”* Male patient, Pibor (Pibor county), February 2012

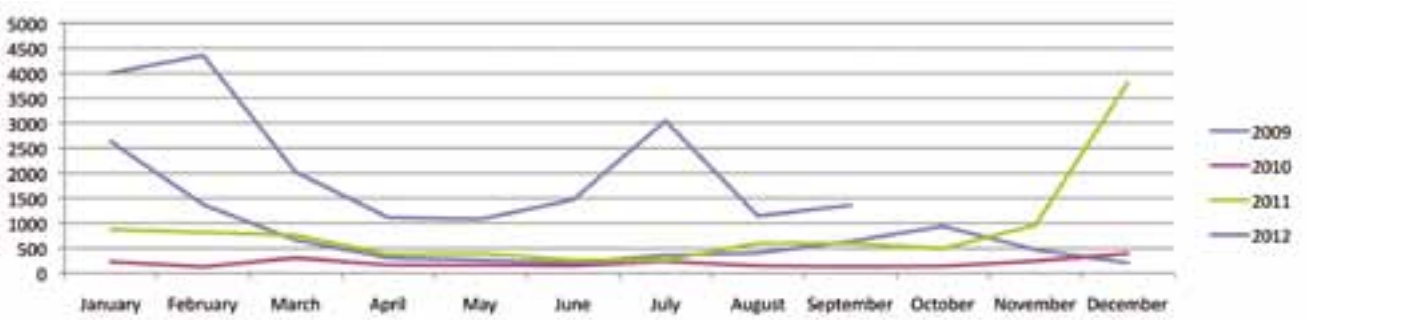
In Nyirol, Uror and Pibor counties, MSF saw a steep rise in admissions for severe acute malnutrition from as early as January 2012 – three months earlier than the previous year. Following three months of raids in Uror and Nyirol counties, MSF treated 190 children for severe malnutrition in March 2012, which is 60 percent more than in March 2011. Immediately after the December 2011-January 2012 attacks on Pibor, the number of children admitted to the feeding programme in Pibor town increased rapidly, and was three times higher in January 2012 than in January 2011.²⁰

Despite the scaling up of nutrition activities in Jonglei, there is a risk that malnutrition will continue into 2013. Many households in Nyirol, Uror, Akobo and Pibor counties were not able to cultivate crops due to

displacement, while the floods of August and September 2012, which led to a loss of crops in large parts of Jonglei, are also likely to result in greater food insecurity.

In late 2011 and early 2012, Jonglei experienced a significant malaria outbreak. Large-scale population displacements due to violence and insecurity are likely to have increased the population’s vulnerability, as many displaced people spent weeks in the bush with little or no protection from mosquitoes and little access to medical care.

Yearly variations in numbers of malaria patients treated by MSF from 2009-2012 in Jonglei state



In its six health centres in Jonglei, MSF treated 10,189 malaria cases in 2011, four times more cases than the previous year. Had violence not impeded access to healthcare, more patients would likely have sought treatment for malaria. Admissions continued to increase in 2012; in the first six months of 2012, MSF treated 14,043 malaria cases, which is four times more cases than during the same period the previous year. Following the attacks and displacement in Pibor county, the MSF clinic in Pibor town in February 2012 treated twice as many malaria cases as at the same time the previous year.²¹

18 FEWSNET, SUDAN Food Security Outlook, October 2011 to March 2012.
19 ANLA, Annual Needs and Livelihoods Assessment 2011/2012, February 2012.
20 31 children were admitted to the feeding programme in January 2011 and 88 in January 2012.

21 In February 2012, MSF’s primary healthcare centre in Pibor (Pibor county) treated 573 patients for malaria and 146 children for severe malnutrition. In February 2011, it had treated 249 patients for malaria and 59 children for severe malnutrition.



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Outside MSF's clinic in Lekwongole in Februari 2012. Within the destroyed village of Lekwongole, people came back during the day to receive food distributions and medical care, but returned to their hiding places in the bush at night.

■ *"When we were in the bush we were eating nothing, just lying down straight on the ground. We had nothing to cover ourselves. And our children were suffering. Out there in the bush there was a lot of malaria that was attacking children and some of my grandchildren are right now in the hospital."* 35-year-old female patient, Pibor (Pibor county), February 2012

The urgent need for greater emergency response capacity

Recurring violence and the resulting population displacements have required emergency interventions to cover peoples’ urgent needs, including health, food, water and sanitation, household items and shelter.

These emergencies come against a backdrop of recurring outbreaks and malnutrition, natural catastrophes such as flooding in August-September 2012, an extremely low baseline in basic services, and high logistics constraints for aid actors. In addition, with poor capacity on the part of the Ministry of Health and with many donors and non-governmental organisations (NGOs) focusing on transition and development, the emergency response in Jonglei has been placed on the shoulders of the few humanitarian organisations maintaining emergency capacity in South Sudan.

As the main medical organisation with emergency response capacity in Jonglei, MSF teams were challenged to meet the wide humanitarian needs in the aftermath of violence. Wounded patients from throughout Jonglei were referred to MSF by health centres lacking capacity to provide inpatient or surgical care. Similarly, faced with gaps or delays in humanitarian response, MSF distributed essential items such as plastic sheets and jerry cans to displaced people in Pibor in early 2012 and to populations affected by the August-September 2012 floods in Majok and Padieng.

Recurring urgent health needs and emergencies in Jonglei, such as disease outbreaks, food insecurity and violence, highlight the urgent and continued need for emergency preparedness, here and throughout South Sudan. Donors and humanitarian NGOs must take all steps – including political engagement and funding – to ensure that there is adequate emergency response capacity to respond to such emergencies in the future.

Over Christmas and New Year of 2011 a particularly violent attack in the area around Pibor and the outreach location of Lekwongole village displaced tens of thousands and left Lekwongole and some surrounding villages razed to the ground.

HEALTHCARE ITSELF UNDER ATTACK

International law provides for the protection of medical structures and medical care for civilians and unarmed personnel.

In 2011 and 2012, MSF health centres in Jonglei were targeted by armed groups. As the health and humanitarian needs of the population increased, MSF’s ability to provide healthcare to the population reduced. The repeated destruction of health facilities, medical stocks and the evacuation of staff for security reasons led to MSF having to temporarily reduce or halt medical activities.

On 18 August 2011, MSF’s health centre in Pieri (Uror county) was looted and partially destroyed when the village was attacked. Much of the population that fled Pieri during the attack remained displaced for a number of months, including in Lankien (Nyirol county) and Yuai (Uror county). Whilst Pieri primary healthcare unit remained open, all vaccinations were stopped, as the vaccination fridge had been destroyed. In the first half of 2011, MSF staff in Pieri had given an average of 450 vaccinations a month. Health activities in general were also affected, as whole sections of the health centre had to be rebuilt and medical stocks had to be replenished.

In Pibor county, fighting led to three evacuations of MSF staff from Pibor county between June 2011 and September 2012, resulting in diminished or interrupted medical activities. These evacuations took place when security conditions could no longer allow staff to carry out medical activities. In June 2011, intercommunal attacks meant that the MSF health centre in Lekwongole was shut down for a fortnight, as the entire population fled the area. A week later, further violence forced the MSF team to evacuate from the healthcare clinic in Pibor on 25 June 2011, reducing medical activities to lifesaving only.

In late December 2011, MSF suspended its medical activities in Pibor county because of insecurity and the displacement of the entire town’s population. During the violence, MSF’s facility in Lekwongole (Pibor county) was looted and burned and a few days later MSF’s facility in Pibor (Pibor county) was ransacked, looted and damaged.



After two weeks, MSF international staff returned to Pibor (Pibor county), renovated the facility and resumed medical activities on 8 January 2012. Due to the displacement of most local medical staff and the ongoing insecurity in the region, the Lekwongole clinic was operated as a mobile clinic for a further three months. Only in early May 2012 could MSF staff move back to Lekwongole and resume regular medical activities. Violence thus resulted not only in injuries, displacement and heightened medical needs, but also in loss of humanitarian access and access to urgently needed medical care.

In August and September 2012, violence once again affected health facilities and activities in Pibor county. On 25 August 2012, MSF medical activities abruptly stopped in Lekwongole, as staff fled the town along with the population due to fighting. On 20 September, MSF suspended its medical activities in Gumuruk, as the population and local staff fled violence there too. Both health structures were looted and damaged. These two closures left 90,000 people without access to healthcare. As insecurity spread to Pibor town, MSF decided to evacuate its remaining international staff on 25 September 2012. MSF national staff from Pibor continued providing medical care to the local population and MSF international staff returned to Pibor on 10 October 2012.

Health centres provide a vital lifeline to the population of Jonglei. It is crucial that all armed actors spare them from attacks and respect the safety of patients and the neutrality of medical facilities and staff.

CONCLUSION

In 2011 and 2012, much of Jonglei's population has experienced increased levels of violence and brutality, as tens of thousands of men; women and children have been repeatedly attacked, killed and displaced, with devastating impacts on their lives.

As of October 2012, the humanitarian and health needs of the population in Jonglei remain at crisis level. Much of the state experienced severe floods in August and September 2012, which are likely to impact the population's livelihoods and food security for months to come. Yet whilst the health needs of the population have increased, health facilities in Jonglei have repeatedly been targeted by armed groups during the violence.

As the lives of Jonglei's population hang in the balance, MSF calls for urgent steps to be taken today.

Safety and access to healthcare – Today, Jonglei's population is not safe from repeated violence, displacement and looting. The approaching dry season brings with it the risk of an increase in violence. All actors must therefore use all their possible influence to ensure the population's safety and ability to freely access urgently-needed medical care and other essential services in Jonglei.

Respect for health structures – The disturbing new trend of targeting health structures in Jonglei must stop. The human consequences of the loss of access to healthcare are often fatal. MSF remains engaged in providing neutral and impartial medical care to the people of Jonglei. At the same time, all armed groups must respect the safety of patients and the neutrality of medical facilities and staff. All other international and national actors must take responsibility for countering the new and worrisome development of targeting health facilities.

Emergency response capacity – Building up emergency response capacity will be essential to respond to future health and humanitarian emergencies. The Government of South Sudan, the UN, donors and humanitarian organisations must take all steps, including in terms of political backing and funding, to ensure that there is adequate emergency response capacity in South Sudan. In addition, as a baseline, accessible healthcare should be made available throughout Jonglei.

ABBREVIATIONS

FEWSNET	Famine Early Warning Systems Network
GDP	Gross Domestic Product
MSF	Médecins Sans Frontières
NGO	non-governmental organisation
OCHA	Office for the Coordination of Humanitarian Affairs
SPLA	Sudan People's Liberation Army
UN	United Nations
UNMISS	United Nations Mission in South Sudan

