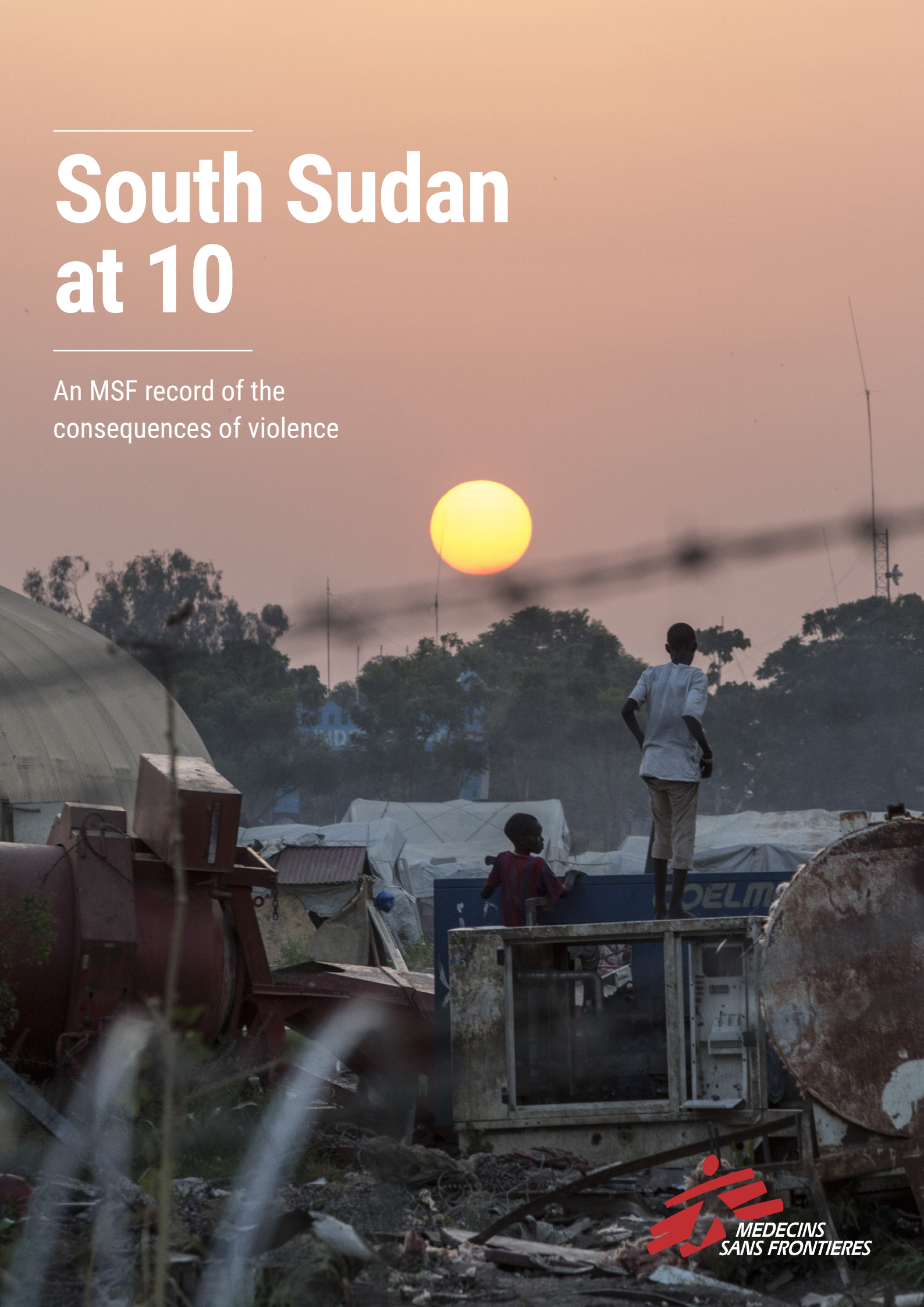
South Sudan at 10

An MSF record of the consequences of violence



MEDECINS SANS FRONTIERES

Acronyms

AWSD	Aid Worker Security Database
CPA	Comprehensive Peace Agreement
CMR	Crude Mortality Rate
EU	European Union
GPAA	Greater Pibor Administrative Area
GDP	Gross Domestic Product
HRW	Human Rights Watch
IDP	Internally Displaced Person
ICRC	International Committee of the Red Cross
IHL	International Humanitarian Law
IRC	International Rescue Committee
IPV	Intimate Partner Violence
MSF	Médecins Sans Frontières
MoH	Ministry of Health
NGO	Non-Governmental Organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
PTSD	Post-Traumatic Stress Disorder
PoC	Protection of Civilians site
ROSS	Republic of South Sudan
RPG	Rocket Propelled Grenade
SMC	Seasonal Malaria Chemoprevention
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender-Based Violence
SSLS	South Sudan Law Society
SSPDF	South Sudan People's Defence Forces (formerly the SPLA)
SPLA	Sudan People's Liberation Army (now the SSPDF)
SPLA-IO	Sudan People's Liberation Army-In Opposition
SPLA-N	Sudan People's Liberation Army-North
SAF	Sudanese Armed Forces
TB	Tuberculosis
UN	United Nations
UNICEF	United Nations Children's Emergency Fund
UNMISS	United Nations Mission in South Sudan
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Programme
WHO	World Health Organization

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Authors
Mike White and Joanna Kuper

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*Unnamed to protect anonymity

Cover image
©Anna Surinyach. Displaced people within the UNMISS compound in Malakal Protection of Civilians site, South Sudan. 2015

Art direction, design + infographics
Sue Cowell | www.atomodesign.nl

Boundaries and place names on maps in this report do not reflect any position by Médecins Sans Frontières (MSF) on their legal status.

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MSF team coats, MSF hospital in Aweil, South Sudan. 2017

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In Memoriam

This report is dedicated to the memory of the 24 MSF staff killed by violence since 9 July 2011, in South Sudan

Emmanuel Maichel Aban

Zachariah Bantor Puot Biel

Nelson Buleen

Koang Tot Tharpi Buoth

Dhuol Myien Char

Thomas Par Chuol

Chop Paul Dikson

Simon Gain

James Gatluak Gatpieny

Kueth Gatpieny

Pech Jock Nhial

Peter Gai Magok Kueth

Gatluak Riak Kuong

James Keuth Kulang Luony

Tonyan Luwarang

Boutros Gatbany Machar

Yai Chuol Machar

Joseph Amorok Nario

Brown Angelo Mathew Ngbagida

Gawar Top Puoy

Nyariek Bangot Reath

Allan Rumchar

Joseph Sebit

Abraham Chol Tor

Since independence, 24 of MSF's South Sudanese staff have been killed by violence, five while on duty. All of MSF's patients, staff and their communities have been impacted directly and indirectly by conflict and violence.

Executive summary

On 9 July 2021, the Republic of South Sudan marked its tenth birthday. This significant milestone is also marred by the bloody legacy of its first decade, including a five-year civil war.

"After these 22 years of civil war came, then there came independence in 2011. The whole population was joyous. We were happy because a new country was born... but all this hope and dreams became all of a sudden no more."

MSF staff member, Yambio, August 2019

The medical humanitarian organisation Médecins Sans Frontières (MSF) has worked in the area that today constitutes South Sudan since 1983. *South Sudan at 10: an MSF record of the consequences of violence*, offers a consolidated account of MSF's experience in South Sudan since 9 July 2011. In so doing, it seeks to serve as a record and reminder of the human toll of violence, since independence, as seen by MSF – through its staff and patients.

Since independence, 24 of MSF's South Sudanese staff have been killed by violence, five while on duty. All of MSF's patients, staff and their communities have been impacted directly and indirectly by conflict and violence.

Background

At independence, South Sudan was grappling with at least 30 humanitarian emergencies. Parts of the country were engulfed in increasingly fierce intercommunal clashes, and there was renewed conflict in border areas with Sudan. Despite the challenges, the first years in the post-independence period were a time of anticipation and optimism and, for most of the country, it was a period of relative peace. South Sudan's rapid implosion into civil war, however, quickly exposed the fragility of the nascent state.

Civil war

The five-year conflict is estimated to have led to nearly 400,000 deaths, many the result of ethnically motivated targeting of civilians, including children and the elderly. Sexual and gender-based violence (SGBV) has been used as a weapon of conflict, with systematic ethnically and politically motivated attacks. Some of the most extreme violence was conducted in places of refuge and sanctuary, including the state hospitals of Bor, Malakal and Bentiu, where patients and people seeking shelter were killed in a series of brutal attacks. Millions of people have been displaced, often multiple times, inside and outside South Sudan. This includes hundreds of thousands of people who sought shelter in Protection of Civilians (PoC) sites, inside the bases of the United Nations Mission in South Sudan (UNMISS).

Medical consequences

Across the country, people have been subject to mutually reinforcing cycles of destruction, displacement, disease, and death. Violence disrupts access to healthcare, including routine vaccination, while increasing the risk of disease transmission and food insecurity. There have been repeated failures to ensure dignified living conditions for people in refugee camps and PoC/Internally Displaced Persons (IDP) sites. Instead, people fleeing conflict and violence have, over and again, been forced to live in deplorable conditions – with basic requirements for living space, water and sanitation far below the minimum emergency thresholds for survival.

Preventable diseases and hunger

At its worst, MSF has recorded three to five children a day dying from preventable diseases in different refugee camps and PoC sites. Meanwhile, people forced to live in the open, in the bush and swamps, have repeatedly been exposed to disease and extreme hunger.

Malaria is a leading cause of death in South Sudan and its prevention and treatment makes up the majority of MSF's medical activities countrywide. MSF has seen dramatic increases in rates of malaria in patients who have been exposed to the elements. In some areas, conflict brought a resurgence of kala azar, the world's second largest parasitic disease. In addition, there have been numerous outbreaks of diseases such as measles and cholera, amongst others.

Medical numbers: 2011-2020

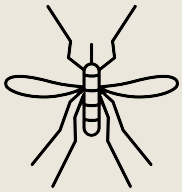
Malnutrition



146,000

MSF treated more than 146,000 patients for malnutrition – 101,000 as outpatients and 45,000 children admitted to inpatient feeding programmes.

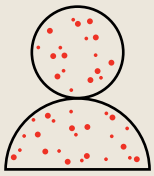
Malaria



2,300,000

MSF treated more than 2.3 million cases of malaria.

Measles



635,000

MSF conducted more than 635,000 measles vaccinations and treated more than 14,700 patients for measles.

Kala azar



23,000

MSF treated nearly 23,000 cases of kala azar, the majority in the Lankien area.

Mental health



53,000

MSF carried out nearly 48,000 individual mental health consultations and more than 5,200 group sessions.

40-year-old Nyathor Lul is helped out the car by her husband and MSF staff after she was medically evacuated to hospital in Akobo, Jonglei state, 2017.



© FRÉDÉRIC NOY, 2017

Mental health

In South Sudan, millions of people have been repeatedly exposed to traumatic events. MSF has witnessed increases in suicide attempts and has worked with patients coping with post-traumatic stress disorder.

Attacks on humanitarian aid

Since independence, 176 aid workers have been killed and 334 wounded according to the Aid Worker Security Database, as of June 2021. South Sudanese staff are by far at the highest risk, comprising 94 per cent of those killed and 87 per cent of those wounded. In addition to the deaths of its staff, MSF has experienced at least 56 major acts of direct violence since July 2011 against its clinics, hospitals, living compounds, vehicles, supplies and equipment.

Continuing challenges

In September 2018, a revitalised peace deal was signed between the main parties to the civil war. The situation remains volatile in many areas, however. In 2019 and escalating in 2020 and 2021, South Sudan saw a resurgence of subnational conflicts and factional fighting. Today, 8.3 million people – more than two-thirds of the population – are estimated to be in dire need of humanitarian assistance and protection. In what today is the largest refugee crisis in Africa, 2.2 million South Sudanese are sheltering in neighbouring countries. More than 1.6 million people remain internally displaced.

Weak healthcare system

The impact of protracted conflict and repeated humanitarian crises in South Sudan is worsened by a weak, chronically underfunded, healthcare system, destroyed in many areas and largely neglected in others. In 2020, of approximately 2,300 health facilities, more than 1,300 were non-functional. Less than half (44 per cent) of the total population and just 32 per cent of internally displaced persons live within 5 kilometres of a functional health facility.

Looking forward

Even in a best-case scenario, South Sudan will remain vulnerable to humanitarian crises for the foreseeable future and will need assistance for some time. South Sudan's leaders must make every effort to ensure civilians' safety and security and an environment conducive to the delivery of humanitarian assistance, independent of any political agenda.

"Well, my hope for the future for the next 10 years is a transformed society, a transformed community where we can live and co-exist among ourselves. Where I see someone is my brother. I see someone is my sister ... Where I can just move without any restriction. Where I can express my feelings, to anyone, regardless of their race, regardless of their tribe. And this is the society that I'm longing for i n the next 10 years, and I'm passionate about it because it's the young generation that will inspire the generation that is coming after us."

MSF staff member, 22 April 2021

For nearly 40 years, the area that constitutes South Sudan has been amongst MSF's highest global priority countries, in terms of operations, employment and financing. As the young nation moves into its next decade, MSF remains committed to the people of South Sudan.

Mass displacement

4,000,000

Over 4 million people have displaced by the conflict and fighting since the start of the civil war in December 2013.



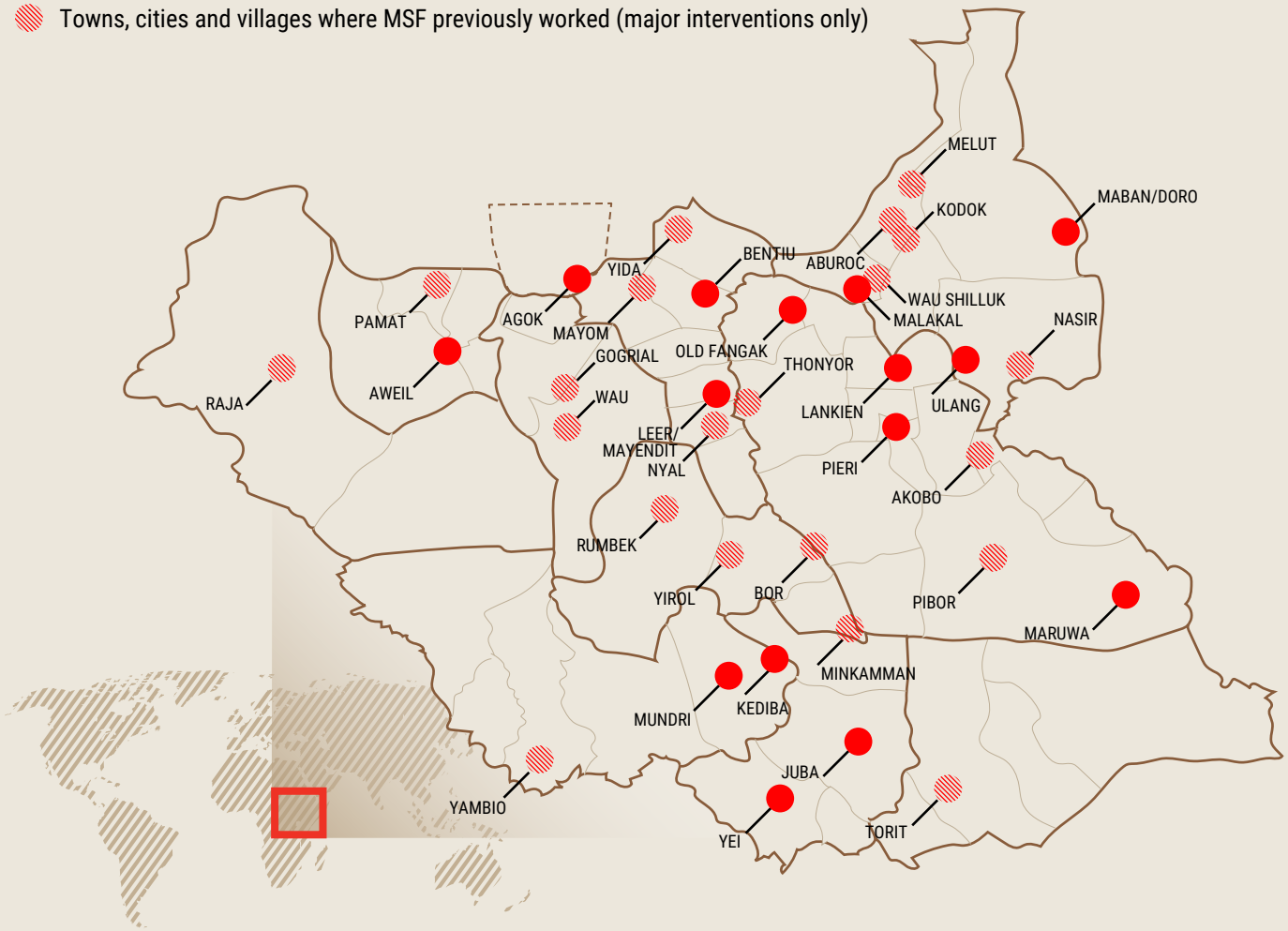
MSF in South Sudan

MSF has worked in the area that today constitutes South Sudan since 1983. MSF's principal operational focus is medical humanitarian aid for people living with the direct and indirect consequences of violence. For nearly 40 years, South Sudan has been amongst MSF's highest global priority countries, in terms of operations, employment and financing. As the young nation moves into its next decade, MSF remains committed to the people of South Sudan.

MSF in South Sudan and the Abyei Administrative Area

Towns, cities and villages where MSF currently works

Towns, cities and villages where MSF previously worked (major interventions only)



The map and place names do not reflect any position by MSF on their legal status

One of MSF's largest countries of operation

1983

MSF has worked in the region that today constitutes South Sudan since 1983.

3,166

In 2020, MSF employed 3,597 staff. 95% of whom were South Sudanese.

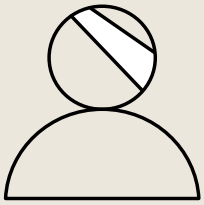


€ 747 m

Between 2011 and 2020, MSF spent more than 747 million euros on medical and humanitarian operations in South Sudan.

Between 2011-2020, MSF[1]



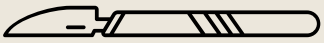


47,000

Treated nearly 47,000 patients for intentional physical violence

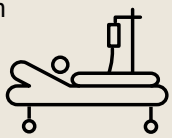
52,500

Conducted more than 52,500 surgical interventions, including of patients wounded by violence



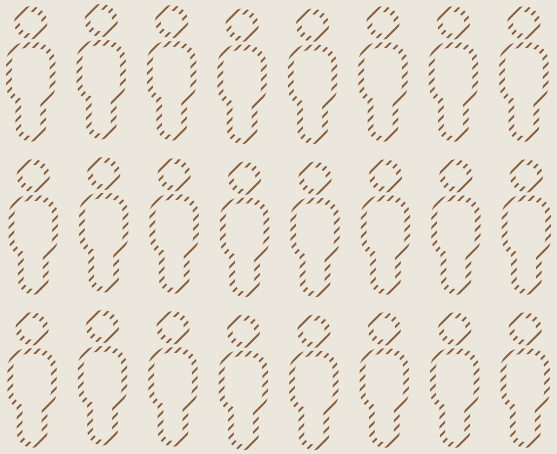
515,000

Admitted more than 515,000 patients to hospital, including 182,000 children under the age of 5



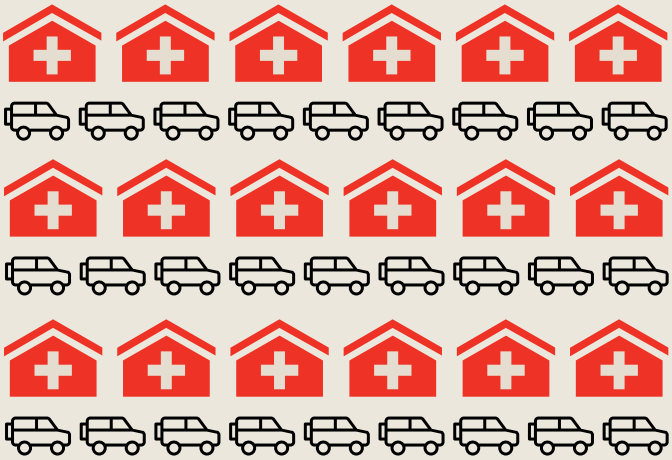
MSF staff killed by violence[2]

24 South Sudanese colleagues killed by violence in South Sudan since independence – 5 while on duty



Attacks on MSF facilities and activities

56 MSF has experienced at least 56 acts of direct violence against its facilities and activities in South Sudan, since independence





23-year-old Nakoch Tiek Koal carries her 18-month daughter, Nyachot Gatluok, in her arms and her 6-month-old child, Kawai, in a basket. They walked for two days to reach the Protection of Civilians site in Bentiu. 2015.



© DOMINIC NAHR/MAPS, 2015

Introduction

On 9 July 2021, the Republic of South Sudan marked its tenth birthday. This significant milestone is also marred by the bloody legacy of its first decade, including a brutal five-year civil war.

Horrific levels of violence since independence have included ethnically motivated killings, abuses, and sexual violence as well as the destruction of entire towns and villages. Civilian structures, such as churches, mosques and schools have become sites of massacre, and healthcare facilities, staff and patients have come under attack. Hundreds of thousands of people have been killed and millions forced from their homes – living in overcrowded camps, with host families, or left to fend for themselves.

An MSF record of violence

The medical humanitarian organisation Médecins Sans Frontières (MSF) has worked in the area that today constitutes South Sudan since 1983. This report, *South Sudan at 10*: *an MSF record of the consequences of violence*, offers a consolidated account of MSF's experience in South Sudan since 9 July 2011. In so doing, it seeks to serve as a record and reminder of the human toll of violence, since independence, as seen by MSF – through its staff and patients. *South Sudan at 10* is based on interviews with more than 100 of MSF's South Sudanese staff, operational research, internal reports, and public communications over the last decade. It also draws on a wide selection of studies, books, policy reports, investigations, journalism and more – by academics, thinktanks, government, UN agencies, non-governmental organisations (NGOs) and the media.

"After these 22 years of civil war came, then there came independence in 2011. The whole population was joyous. We were happy because a new country was born. And we were hopeful we were expecting more improvement in service delivery, more improvement in education, more improvement in health facilities, but all this hope and dreams became all of a sudden no more."

MSF staff member, Yambio, August 2019[3]

Operational snapshots and témoignage

A comprehensive overview of MSF's multiple interventions would run to hundreds of pages; instead, this report aims to illustrate the bigger picture through a series of operational snapshots. It should be noted that this report focuses on what MSF has witnessed in terms of medical humanitarian consequences; it does not attempt to analyse the myriad complex and interrelated causes of violence in South Sudan, nor can it do justice to the layers and complexity of the South Sudanese context. The focus on MSF's *témoignage*[4] and operations does not mean that the organisation works in isolation – not only are other agencies usually present, but MSF often works hand-in-hand with them. As well as international NGOs, there are initiatives led by donor governments, the South Sudan Ministry of Health (MoH), religious organisations, civil society and more. This report should thus be seen as just one of multiple perspectives of the different organisations working to deliver aid in the country.

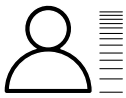
A challenging environment

South Sudan is extremely vulnerable to the impacts of climate change and natural disasters, such as drought and flooding. Physical access challenges make it difficult to deliver aid in many places. Less than two per cent of roads in the country are paved. In the rainy season, which spans six months of the year, rivers and roads transport can become impassable. Air transport is often the only option, but even this has limitations. Not only is it very expensive, but with few tarmac airstrips in South Sudan in the rainy reason it is can be impossible for planes to land.

Background

In January 2011, the South Sudanese people voted 99 per cent in favour of independence from Sudan. Six months later, the Republic of South Sudan became the world's newest country. At independence South Sudan continued to bear the scars of

Health indicators in 2011



54

Life expectancy



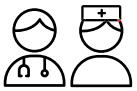
1,050 per 100,000

Maternal mortality rate of 1,050 deaths per 100,000 live births



37

Hospitals across the country



1.5 / 2

Average of 1.5 doctors and 2 nurses per 100,000 people

decades of conflict, neglect, and poverty. The new country had seceded from Sudan following two bitter civil wars. The first lasted a decade – from 1962-1972. The second which lasted 23 years – from 1983-2005 – was the longest civil war in Africa. It saw two million people killed and more than four million displaced. In 2005, the Comprehensive Peace Agreement (CPA) laid out a path to political transition for southern Sudan, as it was then known.[5]

Challenges at independence

The separation did not, however, address many issues related to unequal distribution of power and resources, which had been integral to the fight for independence. The vast majority of South Sudan's revenue remained concentrated in the capital, Juba, despite 83 per cent of the population living in rural areas.[6] Power and governance structures were contested, and old rivalries persisted. The new nation was awash with weapons the result of significant integration of cattle raiders and community defence groups into the military in the second Sudanese civil war, which had also seen rise in ethnic militias (such as the Lou Nuer White Army or the Dinka Mathiang Anyoor). Amid numerous ongoing divisions in many parts of the country, disarmament campaigns largely failed often leading to further violence and abuses. Parts of the country were engulfed in increasingly fierce intercommunal clashes,[7] and there was renewed conflict in border areas with Sudan.

Poor health indicators

The new nation's health indicators were among the worst in the world with a life expectancy of 54, a maternal mortality rate of 1,050 deaths per 100,000 live births and an under-five infant mortality rate of 104 per 1000. There were just 37 hospitals across the country, and an average of 1.5 doctors and two nurses per 100,000 people.[8]

New war in South Sudan

In December 2013, South Sudan plunged into a new war; this time with itself. The five-year civil war is estimated to have led to nearly 400,000 deaths[9] in the period to April 2018. Extreme violence, including the use of sexual violence as a weapon, saw ethnically motivated targeting of civilians, including children and the elderly. Entire villages and towns were destroyed. Forced recruitment across the country included the conscription of an estimated 19,000 children.[10] Millions of people were displaced inside and outside of the country, including hundreds of thousands into Protection of Civilians (PoC) sites, inside the bases of the United Nations Mission in South Sudan (UNMISS).

Continued humanitarian crises

In September 2018, a revitalised peace deal between the main warring parties ended much of the conflict. Since February 2020, a new Government of National Unity has been in place. The situation remains fragile, however. An upswing of violence and fighting in 2020 and 2021 has killed and injured thousands of people and displaced hundreds of thousands more. More than eight million people – over two-thirds of the population – are estimated to be in dire need of humanitarian assistance and protection.[11] In what today is the largest refugee crisis in Africa,[12] 2.2 million South Sudanese are sheltering in neighbouring countries. More than 1.6 million people remain internally displaced.[13]

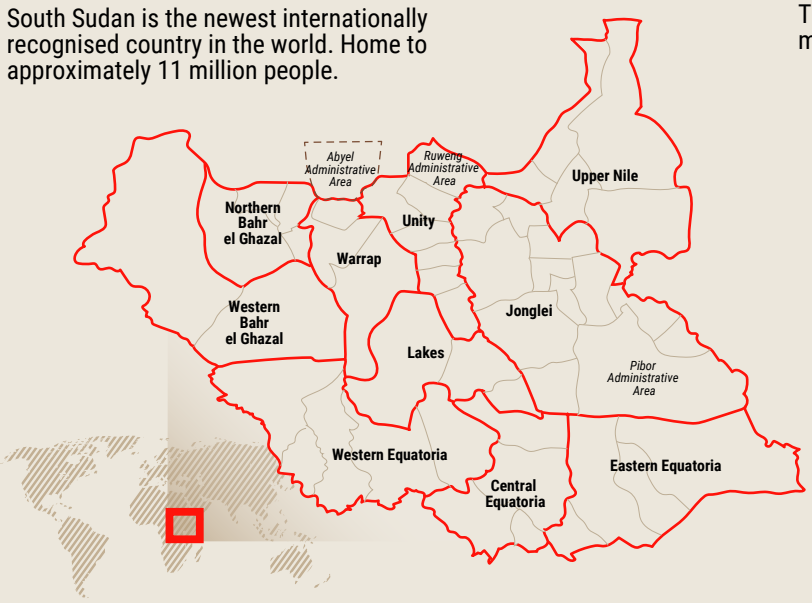
With a focus on the impact on its staff, patients and their communities, this report outlines key moments MSF has witnessed, experienced, and responded to over the last decade.

About South Sudan

South Sudan has a population of approximately 11 million people, across 10 states, each further divided into counties, and two administrative areas.[14] The diverse nation is home to more than 60 ethnic groups. The largest are the Dinka, then the Nuer.[15] Some ethnic groups are further subdivided into clans, for example the Bor Dinka or the Jikany Nuer, broadly based around different geographical areas. Since independence, and with historical precedence, South Sudan has seen numerous conflicts within and between different ethnic groups.[16]

World's newest country

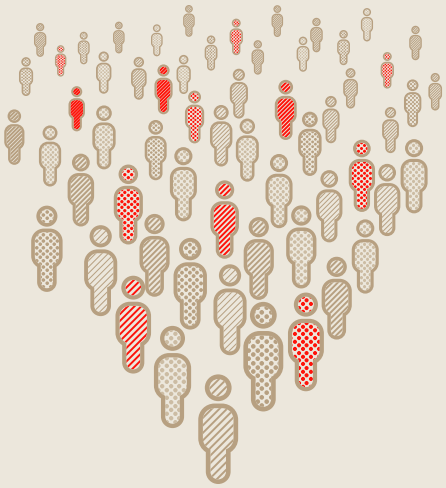
South Sudan is the newest internationally recognised country in the world. Home to approximately 11 million people.



The map and place names do not reflect any position by MSF on their legal status

Ethnic groups

The diverse nation is home to more than 60 ethnic groups



Lack of access to healthcare in 2020

2,300 Out of approximately 2,300 health facilities

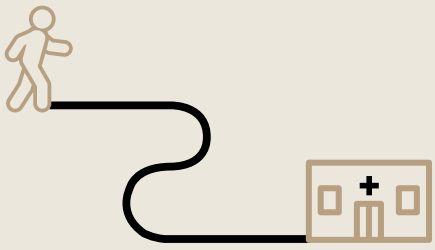
55% more than half are non-functional



44% less than half of the population

32% and just one third of internally displaced persons

5 km live within five kilometres of a functional health facility



Source: OCHA Humanitarian Needs Overview 2021

Timeline

2011

South Sudan formally declares independence from Sudan following a referendum and over 20 years of war.

2013

Less than two-and-a-half-years later, the country descends into civil war marked by ethnic massacres, brutal and targeted killing of civilians, widespread rape, the recruitment of child soldiers and other atrocities.

2015

A peace accord is signed but fighting between government forces and opposition groups breaks out again less than one year later.



At an MSF outdoor clinic close to Thaker, Leer county, women carry equipment as the medical team moves from one location to another, 2017.

2018

A new peace agreement ends five years of civil war that killed approximately 400,000 people and forced millions from their homes.

2020

A unity government is formed but intercommunal and subnational violence and fighting is still frequent and fierce throughout the country.

2021

The country remains in the grip of a serious and prolonged humanitarian crisis. Violence and fighting is ongoing.



© SIEGFRIED MODOLA, 2017

The post-independence period: July 2011 to December 2013

Amid the jubilation at independence, South Sudan was grappling with at least 30 emergencies.[17] As well as running regular projects, in the months leading up to 9 July 2011, MSF had sent emergency teams to assist people wounded or displaced by violence in towns and villages in Upper Nile, Unity, Warrap, Jonglei and Western Equatoria states.

"Almost everyone in the country is experiencing this brutality that is being committed on a daily basis. So now people are not secure. There is insecurity everywhere, and people are living in fear, and there is this loss of hope of how life can improve in South Sudan."

MSF staff member Juba, July 2019

On 12 July 2011, three days after independence, MSF reported that "South Sudan is experiencing a massive humanitarian emergency: the people have acute needs now and will continue to do so in the coming years... The civilian population has borne the brunt of emergency after emergency: regular, violent clashes resulting in death, injury and mass displacement; the arrival of 300,000 people returning from the north; and chronic malnutrition and frequent outbreaks of diseases such as kala azar, measles and meningitis."[18]

Despite the ongoing humanitarian crises, in the post-independence period most donors and aid organisations re-focused on development and state-building efforts. For much of the country, the first two years were a time of hope, and some progress were made towards establishing essential government services. However, many efforts stalled as state-building exercises were undermined by widespread corruption, political disunity and continued regional and local violence.

Subnational conflict, Jonglei state: 2011-2012

From January 2011 to September 2012, just under 50 per cent of reported 'conflict incidents' and more than 50 per cent of 'conflict-related deaths and displacements' in South Sudan happened in Jonglei state – which at the time comprised, what is today, the Greater Pibor Administrative Area (GPAA).[19] These were the result of deadly intercommunal violence between the Lou Nuer and Murle ethnic groups. The Murle is a marginalised minority ethnic group, mostly living in Pibor district (the 'lowland' Murle) or the Boma plateau (the 'highland' Murle).[20] The Lou Nuer is a sub-clan of the Nuer ethnic group, mostly living in the areas around Pieri. From 2009, there had been a resurgence of conflict between the two groups. At that time, MSF recorded a shift in the trends of violence, with more frequent attacks on villages and women and children making up the majority of the victims.[21]

"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 staff member, Lankien, October 2011[22]

"...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... They came over to me and shot me in the head to make sure I was dead and left me there for dead..."

A 24-year-old patient, Lekwongole, Pibor county, January 2012 [23]

Attacks on Pieri town

On 18 August 2011, just weeks after independence, hundreds of armed Murle fighters attacked town of Pieri. At least 340 people were killed, including Nyariek Bangot Reath, an MSF cleaner, and her family. Hundreds more were wounded, and nearly 27,000 displaced.[24] MSF's clinic was burned and looted. MSF treated over 100 patients inside temporary tents, and transferred another 68, the majority women and children with gunshot wounds, to its hospitals in Lankien, Leer and Nasir.[25]

Retaliation attacks in Pibor

In December 2011 and January 2012, retaliation attacks across Pibor county by Lou Nuer fighters led to at least 1,000 fatalities.[26] Amongst those killed were MSF guard, Allan Rumchar, and his wife. MSF's hospital in Pibor town was ransacked and looted, and its clinic in the village of Lekwongole was robbed and burnt down. MSF treated 108 patients with gunshot and violence-related wounds. Three weeks later, wounded Murle patients were still arriving at MSF's (partially rehabilitated) hospital in Pibor. Where possible, MSF provided healthcare and basic relief items to people in the bush. However, thousands of people were unaccounted for, including many MSF staff. [27]

Sudan/South Sudan border areas

At the same time conflict was brewing in border areas with Sudan, over numerous unresolved issues including border demarcations, citizenship rules, cross border trade and the management and ownership of oil – the mainstay of both countries' economies.

Abyei Area, Agok – 2011

Under the terms of the CPA, the long-contested region of Abyei was to be jointly administered by Sudan and South Sudan until a referendum to determine its permanent status.[28] On 21 May 2011, the Sudanese Armed Forces (SAF) invaded Abyei town, destroying a school, market, the Catholic church, and the hospital. Thousands of civilians, including health staff, fled south across the River Kiir. With few personal belongings, they walked 40 kilometres to the town of Agok. Amid the violence, MSF evacuated and suspended its projects. This included a therapeutic feeding clinic at a time when admissions had increased by more than 200 per cent. MSF's evacuated compound and clinic were looted and burned. Meanwhile, MSF's Agok hospital received 42 war-wounded patients in two days and treated more than 2,300 people in the first fortnight of fighting.[29] In October 2011, the results of an MSF survey in Abyei were so alarming, that teams carried out a preventative 'blanket' supplementary feeding programme and measles vaccination campaign for 20,000 young children.[30]

"There was a very big conflict. All the city [Abyei town] was burned. Everything was burned. And people became displaced... It was terrible. If you don't run, you just die."

MSF staff member recalls the events of 2011, Agok, 2019

Ongoing violence in 2012

In April 2012, the SPLA crossed into Blue Nile state, Sudan, occupying the Heglig oilfields. In response, the SAF bombed Bentiu, the capital of South Sudan's Unity state, and its Abiemnom oilfields. In its hospital in Agok, 36 kilometres to the east, MSF treated a woman and three children with severe open wounds requiring surgery. At the same time, MSF donated drugs and equipment to the MoH in Abiemnom to treat wounded patients there.[31]

Sudanese refugees flee to South Sudan

In June 2011, renewed conflict between Sudanese government forces and the SPLA-North[32] broke out in the Nuba Mountains (South Kordofan) before spreading to Blue Nile state in September 2011. Extreme violence included the bombing of civilians, arbitrary arrest and extrajudicial execution.[33] The fighting impacted people's ability to plant and harvest, contributing to a food crisis. Refugees fled into South Sudan – from the Nuba Mountains into Yida (Unity state) and from Blue Nile into Maban county (Upper Nile state). In November 2011, Yida refugee camp was bombed and 12 people were killed.[34] MSF started working in Yida in October and in Maban in November 2011.

"My children would ask me 'where are we going?' They wanted to go home. I told them we were running away from the war. We needed to get to a safe place."

33-year-old man Doro camp, Maban, December 2011 [35]



Yida refugee camp in Unity state, close to the border with Sudan, 2013.

© YANN LIBESSART/MSF, 2013

Civil war breaks out: December 2013

In July 2013, as tensions grew within the ruling party, the SPLM, President Salva Kiir dismissed First Vice-President Riek Machar. The two men descend from the largest ethnic groups in South Sudan – Kiir is a Dinka and Machar a Nuer.

"I can say this fighting is meaningless. It kills people without aim, like what happened in Malakal is something very shocking. This is not supposed to happen, because we just came out from the war, a long war, now we are supposed to relax."

MSF staff member, Malakal, September 2014 [36]

Machar's removal from office stoked political and historical grievances, which ignited on the night of 15 December 2013 when fighting broke out between presidential guard soldiers in Juba. South Sudan's national army, then the SPLA, split: some soldiers stayed loyal to President Kiir, others, primarily Nuer, defected in support of the new SPLM/A-In Opposition (SPLA-IO or IO) under Machar.

Capitals in crisis

The clashes quickly spilled onto the streets; within hours the country's capital was engulfed by fighting. Within days conflict had reached the state capitals of Bentiu, Bor, and Malakal.[37]

The first Juba crisis: 16-18 December 2013

On 16 December, as fighting spread in Juba, government security forces killed unarmed civilians and pillaged entire neighbourhoods.[38] By 18 December, more than 20,000 people, mostly ethnic Nuer, were seeking shelter in PoC sites, inside UNMISS bases. MSF provided drugs and medical supplies to the Juba Teaching Hospital and general medical care in the PoC sites, conducting over 1,100 consultations within a week, mostly for diarrhoea from the deplorable living conditions.[39]

Conflict and disease

It is not acceptable for people to survive conflict only to be killed by a disease. Yet, this harrowing reality is seen time and again in South Sudan. Across the country, people have been repeatedly subject to mutually reinforcing cycles of destruction, displacement, disease, and death. Millions of displaced people live in overcrowded settings, with little shelter, water or nutritious food. Just 10 per cent of the population has access to basic sanitation, and just 40 per cent to safe drinking water.[40] Violence disrupts access to healthcare, including routine vaccination, while increasing the risk of disease transmission and food insecurity. Infectious diseases thrive in poor living conditions and spread easily as people are forced into new settings, without bed nets for protection.

Diarrhoeal diseases, respiratory tract infections, and malaria – often a direct consequence of displacement and poor living conditions – are the leading causes of under-five mortality in the country. **The 2018 study estimating nearly 400,000 deaths from the civil war attributed about half to disease and hunger.** [41]

"This all started in February, and we would have never expected this situation to last for long. I ran into the bush with my three-month-old daughter. She was sick and died in July. Today is the first time that I have had access to a healthcare facility since February."

19-year-old woman, Pibor, August 2020 [42]

"But the conflict that happened in 2013 [in Juba] had an emotional impact on me. Several people that I knew were relatives and friends were killed, inside my house, in my compound and in the neighbourhood. And I had to flee. And people were shooting at me. I also had my wife and young daughter with me, and we ran separate ways. It was traumatising."

MSF staff member recounts the events of 2013, Juba, July 2019

Bor, capital of Jonglei state: December 2013 to January 2014

When fighting reached Bor on 18 December, more than 12,500 people fled to the UNMISS base in three hours. Churches and the Bor State Hospital came under attack. Some of the worst fighting took place on the road between Juba and Bor, and included the use of banned cluster munitions. Bor changed hands four times between December 2013 and January 2014. The final death toll is unknown but around 2,000 people, mostly Dinka civilians, are estimated to have been killed in this time.[43]

People flee to Awerial county, Lakes state

By 30 December, approximately 70,000 people, mostly Dinka women and children, had fled Bor across the White Nile River to Awerial county, Lakes state.[44] The displaced population was widely spread in a swamp-like area, with limited clean water or sanitation. In January 2014, MSF established two emergency clinics treating diarrhoeal diseases, respiratory tract infections and malaria. By mid-March, the displaced population had increased to 85,000, including people who had fled violence in Twic East county, Jonglei state.[45] MSF provided clean drinking water, by pumping and treating river water, while advocating for increased food distributions. In Minkamman, MSF conducted more than 52,000 outpatient consultations, 20,700 antenatal consultations, saw 2,000 inpatients, gave more than 700 children therapeutic feeding support, carried out mass vaccination campaigns,[46] and distributed 48 million litres of drinking water.

Protection of Civilians sites:

One of the hallmarks of South Sudan's civil war are the so-called Protection of Civilians sites (PoC) sites; spaces in which people fleeing conflict and insecurity sought shelter under the armed protection of the UN Mission in South Sudan (UNMISS). Although other UN missions have had PoC sites, in South Sudan their scale and longevity has been unprecedented.[47] As was having aid workers live and work in close proximity to armed peacekeepers for such an extended period. For MSF, the choice to live and work under the UN's protection was exceptional – "an absolute last resort." In so doing, MSF prioritised medical humanitarian pragmatism, proximity, and solidarity over the principle of operational independence to directly assist people in PoC sites in Juba, Melut, Bentiu, and Malakal.[48]

Although PoC sites (mostly) offered protection from extreme violence outside, those living within them have been subject to appalling living conditions, which, years into the conflict, still failed to meet minimum humanitarian standards. As a result, people sheltering within them were exposed to high rates of deaths from preventable diseases. Furthermore, they have not always managed to protect. Significant insecurity in and around their walls has included killings and sexual violence.

Some sites have been hit by shelling or have been overrunby outside fighting. That so many South Sudanese people have chosen to stay trapped behind barbed wire fences in deplorable, often insecure, conditions is a devastating legacy of the extraordinary levels of violence they feared outside.

In 2020, UNMISS began to hand over management of PoC sites to the South Sudanese authorities, with the camp sites physically remaining where they are. As of June 2021, all PoC sites – except for Malakal, which is pending – have been reclassified as internally displaced person (IDP) camps, under the control of the South Sudanese government. More than 176,000 people continue to shelter in former and current PoC sites.[49]

"You see all this kind of situation. People were shot. People just lying on the road...When you see women moving, some families move without anything — just holding their babies. And just moving and you wonder, human being causing this kind of situation to the other leaving your own premises that you've been enjoying, and now you're forced to live outside like an animal."

MSF staff member, Juba, 2019

Bentiu, capital of Unity state: December 2013 to April 2014

"What I saw in Bentiu – bodies of civilians strewn through the streets in grisly states of damage and decay, being eaten by dogs and birds – was an affront to humanity."

MSF head of mission, April 2014 [50]

On 19 and 20 December, violence spread to Rubkona and Bentiu towns (Bentiu lies in Rubkona county) and by 21 December opposition forces had gained control of Bentiu town. MSF was already present in Bentiu, running a tuberculosis (TB) and HIV project in the Bentiu State Hospital. As fighting broke out, MSF worked with the International Committee of the Red Cross (ICRC) to provide surgical care. In the first three days, 42 injured patients arrived at the hospital.[51] On 10 January 2014, as government troops and aligned militias retook Bentiu, MSF's compound was looted. Amidst the insecurity, MSF evacuated, along with around 10,000 of the town's residents, south towards the town of Leer.[52] MSF provided emergency food and water to people along the 130-kilometre route, a week's walk for the slowest.[53] By March, as the security situation improved, many people returned to Bentiu. In April 2014, however, during the opposition's final push to take Bentiu, residents were subject to the worst violence yet. Amid door-to-door killings of people in their homes and piles of slaughtered bodies in the streets hundreds sought shelter in the Kali-Ballee Mosque and the hospital. Both would become sites of massacre. Along with more than 20,000 displaced people, MSF took shelter inside the Bentiu PoC.[54] Soon afterwards, MSF started medical activities inside the PoC, including re-tracing some of its lost HIV and TB patients.

Malakal, capital of Upper Nile state: December 2013 to February 2014

On 23 December fighting reached Malakal town, South Sudan's second city. MSF had a project treating the neglected tropical disease, kala azar, inside Malakal Teaching Hospital. During the heavy fighting teams could not access the hospital for two days. Upon return they found 30 of their patients had fled. At this time, MSF began to support ICRC with surgery

Bentiu Protection of Civilians site, 2017.



© PETER BAUZA, 2017

and post-operative care.[55] Malakal changed hands six times between December 2013 and February 2014. People describe the bouts of fighting as the "first, second, third" attacks, each progressively more violent.

In mid-January, amidst renewed heavy fighting, MSF suspended medical activities in the hospital. At the same time its living compound was invaded and looted.[56] The number of displaced people in Malakal PoC, where MSF had begun providing healthcare, increased to over 20,000. In addition, the hospital effectively became an IDP camp. "I imagine 3,000 people were there, it was full: wall-to-wall with people. All people Nuer, Dinka, Shilluk, even Arabs [Sudanese] and Habesha [Ethiopians]" recounted an MSF staff member in Malakal, September 2014. In February, in what became known as "the worst attack" there were widespread killings, abductions and sexual abuse on the streets, in people's houses, inside churches and in the hospital.

"My uncle that night [in December 2013] was killed by some militias. The White Army, they got into my house. They asked for my gun, some money. I said I have no money or no guns. I'm a civilian. They could not believe this, and instead, they took my uncle. They left me alone with my son and my wife. But they stole my uncle in front of me and in front of my kid. This is what happened."

MSF staff member, Malakal, August 2019

Mass killings in hospitals

Some of the worst violence in the first months of the war was conducted in places of refuge and sanctuary. This included churches and mosques, and the state hospitals of Bor, Malakal and Bentiu.[57]

"And if you are found there in the health facilities, they can kill you if you don't run away. Even inside the hospitals. Wherever you are, wherever they get you, they will kill you. Whether man, an old man, a woman a child. Or even those who are unable [to move] they will also kill. Some are patients."

MSF staff member, Malakal, September 2014

Bor: December 2013

At least 14 patients were killed when the Bor State Hospital was attacked by opposition forces during fighting in December 2013. In February 2014, during an assessment visit, MSF teams found the decomposing bodies of a woman and child inside a water tank at the hospital.

Malakal: February 2014

On 18 and 19 February, the Malakal State Hospital was attacked multiple times by SPLA-IO soldiers and aligned militias. MSF returned to the hospital on 22 February, finding 11 patients murdered in their beds and three more corpses close to the hospital's gate.[58] The dead bodies were scattered amongst 53 patients stranded in the hospital for several days with no medical assistance. The hospital was heavily looted, the feeding centre for malnourished children burned and ambulances destroyed.

"Those who were shot there I do not know but they begin to shoot in our wards. 10 was killed in front of me, something like 10. Some women, some women were shot in front of us, young very young lady. And then three was taken out from the wards who were on treatment, taken outside and then they were shot."

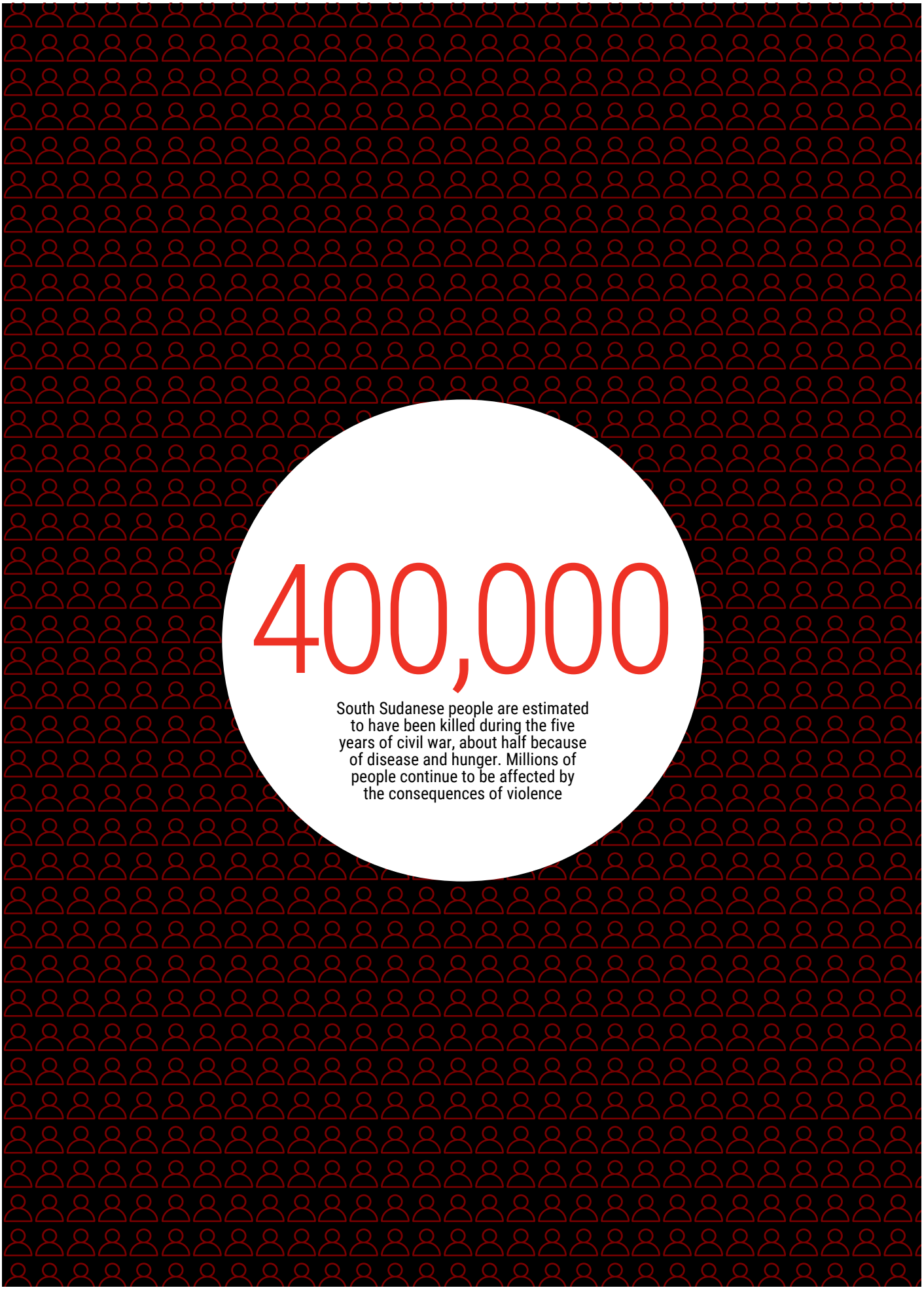
MSF staff member recounts the February attacks on the hospital, Malakal, September 2014

Bentiu: April 2014

In Bentiu, on the night of 14 and morning of 15 April 2014, hundreds of people fled to the Bentiu Teaching Hospital, seeking shelter from fighting and violence in the opposition's final push to take the town. At least 33 people,[59] including one MoH employee, were killed "based on ethnicities, identities and perceived allegiances."[60] "Those the men from Darfur, they put them together about 20 and shot them, we saw them in front of our eyes. But it was not only them, there were others. Even some Nuer. Even some more Darfur and Dinka," recounted a 25-year-old-man, Bentiu PoC, August 2014.

"Everybody thinks that when you go to hospital, that it is a quiet place, and it is a peaceful place. They don't know the soldiers came and kill people inside the hospital. It was very terrible. Very very terrible. The whole day seeing when they could come and shoot someone."

33-year-old man recounts the April attacks on the hospital, Bentiu PoC, July 2014


400,000
South Sudanese people are estimated to have been killed during the five years of civil war, about half because of disease and hunger. Millions of people continue to be affected by the consequences of violence



"I came back in April. We came because we heard that the enemies had gone... but when we came back we found there is nothing."

24-year-old female, Leer, August 2014

Dozens of burned dwellings are viewed from the air in the town of Leer, 2014.



© MICHAEL GOLDFARB/MSF 2014

Violence in Unity state: 2014-2015

As war gripped South Sudan, one of the most affected areas was Unity state. In January 2014, after reclaiming Bentiu, government forces and aligned militias headed south, burning and looting villages and towns, before reaching the town of Leer.

Southcentral Unity (Leer, Mayendit and Koch counties): January-April 2014

"During February to April [2014], what we have experienced, was actually very bad. This community was actually abandoned by the world. Everybody here was going to be killed, there was not any protection here. The problem is here, there is no border with Sudan, there is no border with Ethiopia, there is no border with Uganda where even you can run."

MSF staff member, Leer, August 2014

MSF had been present in Leer for 25 years, and its hospital was the only secondary health centre for nearly 300,000 people. As fighting approached, the town became increasingly insecure and MSF evacuated international staff. MSF's 240 local South Sudanese staff continued to provide lifesaving care at the hospital for as long as they could. Finally being forced to flee, they took patients with them into the bush, initially in MSF cars. As they were pushed further into the bush by the oncoming assault, they hid the cars (which were later found and stolen). "After we lost the vehicles, we carried the patients on blankets. It takes four people to carry one patient like that. When we become tired we rest and then we start again. There is no road, just bush."[61] **With limited supplies, the staff carried out more than 3,000 consultations in the bush, in the period to the end of April.[62]**

A major outbreak of visceral leishmaniasis (kala azar)

Kala azar, the second-largest parasitic killer in the world, is endemic in South Sudan. The disease is almost always fatal if left untreated, attacking organs such as the liver and depleting the immune system. Kala azar is complicated to treat, requiring two painful intramuscular injections a day for 17 days, and the hospitalisation of vulnerable patients such as pregnant women.

Lankien: 2014

In the months following the onset of the civil war in South Sudan, MSF saw numbers of kala azar cases in Lankien not seen since the height of the second Sudanese civil war, in the 1990s. In 2014, MSF treated 4,611 patients with kala azar, more than triple the number (1,346) treated in 2013. The scale of the outbreak was attributed to the mass influxes of people fleeing violence in Malakal and Bor. Between February and May, peak transmission season for the disease, thousands of people had been sheltering under acacia trees, with no protection from the sandflies which spread it. Across South Sudan, MSF treated 6,700 cases of kala azar in South Sudan in 2014, more than double that of 2013.

"I have seven children, and four of them got kala azar. One of them died. We fled Malakal when the conflict broke out last December... I am worried about my children being sick, one of them still suffers from kala azar and is in a very severe condition."

30-year-old female patient, Lankien, November 2014[63]



56-year-old kala azar patient, Ruai Puot Malow, is assisted by his wife and a relative at the MSF hospital in Lankien, 2015. Ruai's relatives carried him for five hours through the bush to the MSF hospital after he suffered yet another outbreak of the disease.

© KAREL PRINSLOO, 2015

On 14 February, MSF made a 'flash visit' to Leer and found the hospital had been burned and completely destroyed. In April 2014, as SPLA-IO forces took control of the southern counties of Leer, Mayendit and Panyijiar, the population began to return to the town, and so did MSF.

"For the first few minutes I just stood there. I was in total shock. The destruction from fire was unbelievable... Not a single hospital bed remained... The operating table had been burned, the fridges were melted."

MSF project coordinator, February 2014[64]

Southcentral Unity state: April-December 2015

Between 2014 and 2015 in southcentral Unity there were an estimated 7,165 deaths from violence and 829 deaths from drowning.[65] From April 2015, the SPLA and aligned Nuer militias, again extended into opposition-held areas of southcentral Unity state. MSF heard "daily reports of extortions, abductions, mass rapes, killings, and witnessed villages burnt to the ground and crops looted and destroyed."[66]

The attacks lasted throughout the year. Once again thousands of people, MSF staff among them, fled into the swamps. Between July and October 2015, six off-duty MSF staff were killed by gunshot wounds, in their villages: Yai Chuol Machar, a guard in Thonyor; Gawar Top Puoy, a logistician in Wulu, James Gatluak Gatpieny, a community healthworker in Payak; Koang Tot Tharpi Buoth, a guard in Gandor; Gatluak Riak Kuong, also a guard in Thonyor; and Boutros Gatbany Machar, a community health worker in Gandor.

Between April and December 2015, the population of Bentiu PoC more than tripled, from around 45,000 to nearly 140,000.[67]

"For two years, we have feared for our lives and have been hiding in the swamps. We leave our village at 6 am and hide in the swamps till 6 pm. We are in the water. The water reaches our necks. We have to put children on our shoulders, otherwise they drown. As the sun sets, we return to our village. When we get back we see that our houses are burnt, looted. There is nothing left. We try to find food. We eat if we are lucky."

20-year-old man, Leer, November 2015[68]

Deplorable conditions in refugee camps and PoC sites

In South Sudan there have been repeated failures to ensure dignified living conditions for people in refugee camps and PoC/IDP sites. Instead, people fleeing conflict and violence have, over and again, been forced to live in deplorable conditions – with basic requirements for living space, water and sanitation far below the minimum emergency thresholds for survival. As a result, thousands of people have died unnecessarily from preventable diseases.

Yida and Maban: 2012 and 2013

In Yida and Maban, both remote locations with physically challenging terrain, the aid response was unprepared for a mass influx of refugees.

In Yida, by July 2012, 63,500 refugees were living in a camp planned for 15,000. In June 2012 the admission rate for children under five to MSF's hospital doubled, as did the mortality rate from 7 per cent to 15 per cent in one month. The leading cause of death was diarrhoea. In June and July 2012, MSF recorded five children under five dying every day, in Yida camp. The global and under-five mortality rates were twice the emergency threshold.[69] Between August and November 2012, MSF treated over 2,000 children with malnutrition, with additional medical complications, such as respiratory tract infections, diarrhoeal diseases and malaria. By the end of August, mortality rates had drastically reduced.

In the Maban camps, conditions were equally appalling and disease patterns followed the same trajectory, with catastrophic mortality rates from April to September 2012.[70] At one stage, the water point at the K43 transit point, which saw more than 30,000 arrivals in three weeks in May, ran dry. This sparked a "horrific night of exodus" towards the K18 transit camp. In the morning, MSF teams found refugees dying in the road and in their arms.[71] From June to August, camps flooded in the heavy rains, exacerbating an already dire situation. In Jamam camp in July, the rate of severe acute malnutrition (SAM) was five times the emergency threshold. In Batil camp, nearly 45 per cent of children under two-years-old were malnourished, 18 per cent with SAM.[72] Diarrhoea was a contributing factor in 65-68 per cent of deaths in the different camps.[73] In Batil, MSF constructed a 130-bed emergency hospital, treating 1,600 children with severe acute malnutrition in just one month.[74]

A hepatitis E outbreak

Hepatatis E, a liver disease, is endemic in South Sudan. The virus easily spreads in environments with poor sanitation and contaminated water and is particularly dangerous for pregnant women. In September 2012, the MoH declared an outbreak of hepatitis E in all four refugee camps in Maban county. By the end of January 2013, over 5,000 symptomatic cases had been reported. MSF was treating nearly 4,000 patients and had recorded 88 deaths, including 15 pregnant women.[75] The risk of death among pregnant women was estimated to be 4.8 times that of non-pregnant women in Batil, Jamam, and Gendrassa camps.[76]

Preventable diseases in PoC sites

People sheltering in PoC sites have been subject to appalling living conditions. In April 2014, the Juba Tomping PoC site was housing 10 times the number of people considered a globally accepted standard. With the rainy season, the few latrines collapsed, and temporary shelters, including MSF's clinic, flooded. A vulnerable population was left without treatment for respiratory infections, malaria, and diarrhoea.[77]

In June 2014, in Bentiu PoC, as 40,000 people were squeezed into a swamp area with heavy flooding MSF recorded three children dying every day.[78] In April 2015, following the military offensive in Unity state,[79] the population swelled to nearly 140,000. The 2015 rainy season was much like that of 2014; as were living conditions and rates of malnutrition. In July 2015, MSF admitted more than 100 children with severe acute malnutrition to its hospital, 23 per cent of whom could not be saved.[80] The rains also brought an unprecedented outbreak of malaria. Meanwhile, in Malakal, by November 2015, 48,000 people were living in a contingency camp intended for a maximum of 18,000, with more than 50 people in a tent and just one latrine for 70 people, far below minimum emergency standards. MSF's PoC hospital admissions were three times higher than they had been in June 2015, rising to five times higher in children under-five.[81]

Deteriorating situation in Bentiu: 2021

The conditions in the transitioned Bentiu camp remain substandard, despite repeated alerts. Two recent MSF surveys (December 2020 and April 2021) have shown progressively deteriorating water and sanitation conditions, with lack of desludging, low quantities of water and insufficient or no water chlorination. The April survey showed that the total number of latrines had reduced by almost half (just 2,564 compared to 4,643 in March 2020) for the population, that is today, around 101,000 people.[82] Of those latrines that were open, over half were full because of the lack of desludging.[83]



“Protection of civilians should also mean protection from diseases.”

MSF address to the UN Security Council, September 2014 [84]

A child carries a bucket in the Protection of Civilians site in Malakal, South Sudan, 2016.



© ALBERT GONZALEZ FARRAN, 2016

Mayom, northern Unity state: June 2014-June 2015

Meanwhile, fighting continued in the north of Unity state. In May 2015, MSF started working in Mayom county, which had seen particularly intense fighting. Epicentre, an epidemiology unit affiliated with MSF,[85] conducted a baseline health survey of the area from June 2014 to June 2015. The survey found a crude mortality rate twice the emergency threshold. Just under half of all deaths (44.5 per cent) were attributed to violence with 52 per cent of all deaths were in males of fighting age (16-45 years). Meanwhile as the chronic insecurity reduced access to diagnosis and treatment, malaria was found to be the biggest cause of death among females.[86] In 2019, MSF closed its activities in Mayom while continuing to work in Bentiu, Agok, and southcentral Unity state. Between May 2015 and December 2018, in Mayom, MSF conducted 200,000 outpatient consultations, treated nearly 90,000 patients for malaria, hospitalised more than 5,000 patients and assisted more than 1,500 deliveries.

"They arrived early in the morning at around 10 am. They were with the tanks and the heavy guns. The fighting started from that time. A few minutes later, they took the town. And this is the first time whereby we experienced lots of civilians were murdered. Lots of houses were burned."

MSF staff member describes the events of June 2014, Mayom, August 2019

Families rest under mosquito nets in the MSF hospital in Aweil, South Sudan, 2017.

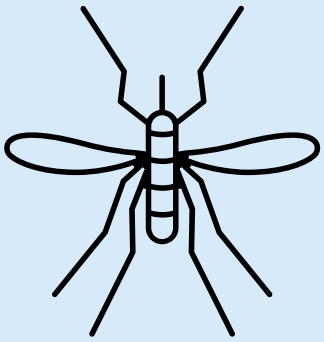


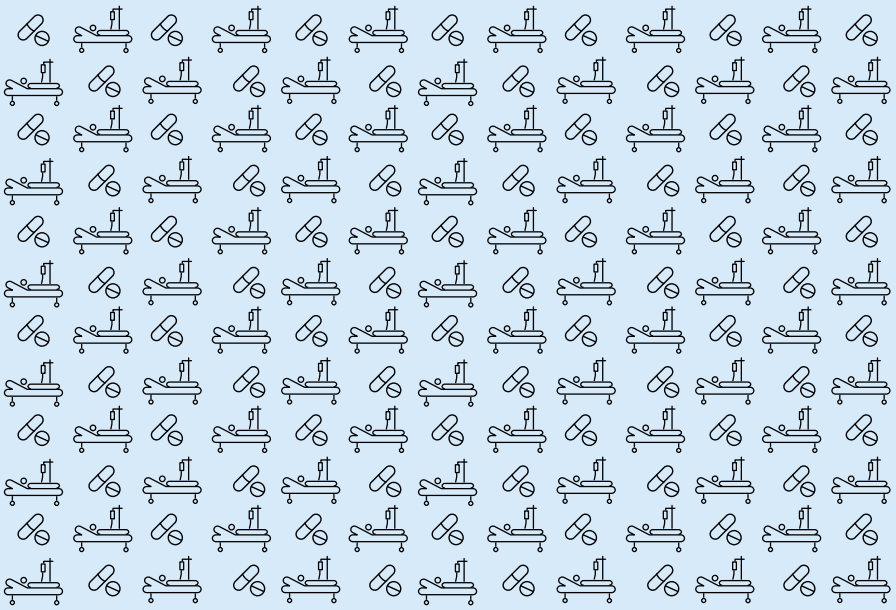
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Malaria

2,300,000

Between 2011-2020, MSF treated more than 2.3 million cases of malaria.





Malaria is a leading cause of death in South Sudan and its prevention and treatment makes up the majority of MSF's medical activities countrywide. Without access to adequate diagnosis and treatment, uncomplicated malaria infections can quickly become severe. Treating life-threatening malaria is complex, requiring injectable drugs and blood transfusions to treat anaemia in many cases.

Bentiu Poc: 2015

In August and September 2015 in an unprecedented outbreak, MSF teams were treating up to 4,000 patients a week for malaria in Bentiu PoC. Children were arriving in critical condition with severe infection. At its peak, three children a day were dying. In September, MSF, together with UNICEF, carried out a mass door-to-door campaign, providing preventive treatment to more than 16,100 young children.[87]

Wau town, capital of Western Bahr el Ghazal state: 2016

In Wau and the Greater Baggari area, tens of thousands of people displaced in 2016 were forced to sleep outside without bed nets or medical care, some for many months. More than 45 per cent of consultations in an MSF emergency intervention from May 2016 to March 2017 were for malaria, and 60 per cent of deaths were attributable to severe malaria. Malnutrition rates were also high, exacerbated as the insecurity impacted on people's ability to harvest. Forty-three per cent of patients with severe acute malnutrition, were also infected with malaria.[88]

Jonglei and the GPAA: 2020 and 2021

In Pibor in June 2020, MSF teams treating malaria amongst people who had returned from hiding in the bush saw a 43 per cent increase in children under-five, compared to the same period in 2019.[89] In January 2021, an MSF team carried out an emergency assessment with remote communities in Riang, Jonglei state. Mobile clinic teams saw approximately 120 patients a day, finding 60 per cent of under-fives tested positive for malaria; some were in severe condition.

Seasonal malaria chemoprevention (SMC)

Since 2012, the WHO has recommended seasonal malaria chemoprevention (SMC) to reduce the incidence of malaria in children under five, in countries with high seasonal malaria. In SMC, antimalarial drugs are given preventatively to young children every month of peak malaria season. In 2019, MSF, together with the MoH, piloted South Sudan's first SMC, in Yambio, Western Equatoria state. The campaign, from July to December 2019, provided treatment to around 13,600 children a month. In 2020, SMC was integrated into South Sudan's national malaria strategy and MSF and the MoH are planning an SMC in Aweil in July 2021.[90]

"Some parents must walk carrying their sick children for long distances from their villages before reaching the hospital. It is a very sad moment when a sick child arrives at the hospital too late, sometimes dying on the way to MSF's emergency room."

MSF doctor, Aweil, 2019

Fighting in Upper Nile state: 2015-2016

From 2015-2016 fighting raged in Upper Nile state, between government and opposition forces, and between Padang Dinka and the Agwelek, a Shilluk militia group.

These clashes were underpinned by long-standing tensions over competing claims to Malakal town and the east bank of the White Nile. In May, as fighting increased, the Malakal PoC site population swelled from 21,000 to 48,000.

Violence in Melut: 2015

Melut lies close to the Paloich oil fields around 200 kilometres north of Malakal. The town was both a place that people fled to and a flashpoint for violence, in the war.[91] In April 2015, as conflict reached Melut more than 1,665 families, fled west across the White Nile. Displaced people sheltered under trees in and around the towns of Wau Shilluk and Noon. There was extremely limted access to water or latrines. Using boats and donkeys, MSF started mobile clinics and distributions of water treatment kits, food and essential relief items.[92] In May 2015, mortar bombs killed four people and wounded eight in the Melut PoC.[93] As security deteriorated, MSF suspended activities and evacuated its international team. Operations were suspended for more than two weeks. Upon return, teams found the MSF hospital, pharmacy, and office had been looted and vandalised. Bullet holes had punctured 10 water tanks, disrupting the clean water supply for days.[94]

Peace deal: August 2015

In August 2015, Salva Kiir and Riek Machar signed the Agreement On The Resolution Of The Conflict In The Republic Of South Sudan (ARCSS)[95] committing to end the war and re-state Riek Machar as First Vice-President. In April 2016, Machar returned to Juba as part of a transitional government.

In June 2015, opposition forces retook Malakal, before the SPLA recaptured (and retained control of) the town and the east bank in July 2015. After this time, the only remaining Shilluk in Malakal were in the PoC: the rest had fled, mostly to towns and villages in the Shilluk Kingdom, along the west bank of the White Nile.

176 Since independence in South Sudan, 176 aid workers have been killed; 94 per cent were South Sudanese.

A dangerous place for aid workers

South Sudan is one of the most perilous countries in the world for humanitarian workers.[96] Since independence, 176 aid workers have been killed and 334 wounded according to the Aid Worker Security Database, as of 8 June 2021. South Sudanese staff are by far at the highest risk, comprising 94 per cent of those killed and 87 per cent of those wounded.[97] Actual numbers can be expected to be higher still, as the AWSD only represents those incidents which have been reported and verified. In addition, the database is focused on aid workers, so may not include deaths and injuries of health workers not affiliated with UN agencies or NGOs, such as Ministry of Health staff.

"Aid workers are very important in people's life because these people are there to save the life of people. So, they are very important, they are important, and they need to be safe."

MSF staff member, Juba, July 2019

Five MSF staff members killed on duty, since independence

Although MSF international staff have, at times, been subject to threats, violence and detention, it is MSF's South Sudanese staff who are the most exposed to risk. Since independence, 24 of MSF's South Sudanese staff have been killed by violence, five while on duty. In August 2013, a clearly marked MSF car was attacked and the driver and passenger beaten, on the road just outside of Juba. Joseph Sebit, the driver, died two days later from his injuries. In November 2015, outreach worker Dhuol Myien Char was attacked and killed with a spear while carrying out work in Bentiu PoC. In southcentral Unity three MSF staff were killed while on duty, in as many months. In November 2016, Peter Gai Magok Kueth, a laboratory technician assistant, was shot at and run over by an armoured vehicle outside MSF's clinic in Thonyor; in December, Thomas Par Chuol, a guard, was killed at Leer hospital; in January 2017, James Keuth Kulang Luony, a community health promoter was killed while working in Rubchai.

"We went for MSF mobile clinic. With the MSF convoy. We were attacked on the way. Some of the staff were beaten. They removed our clothing and shoes. And everything in the vehicles, our belonging, the drugs, they looted everything."

MSF staff member, Mundri, August 2019

Harassment and detention in the Equatorian region

Across South Sudan, hundreds more of MSF's staff have suffered abuse and harassment, been beaten or threatened, forcibly recruited, or detained. In the Equatorian region in November 2016, just five days after opening its project in Mundri, the MSF compound was subject to a violent armed robbery.[98] It led to the temporary suspension of the project. On 4 January 2017, at the primary healthcare unit in Payawa, near Yei, an MSF outreach team – of international and South Sudanese staff – was shot at by the SPLA. The team was threatened, assaulted and unlawfully imprisoned. MSF's two international staff were released on 27 January, its South Sudanese staff were held for a further two months, before finally being freed on 31 March 2017. This incident raised serious concerns as those involved were working hard to bring lifesaving healthcare to people in need. MSF, however, remains committed to its work in the area, and at the time of the incident, the team in Yei continued to offer primary healthcare in two clinics within the city. Then, in April 2018, another violent robbery, this time targeting a mobile clinic, led MSF to suspend primary health activities in the area for several weeks.





50-year-old Peter Gatlek at the MSF hospital in Lankien, 2015. He was shot in the head while trying to escape an attack on his village near Leer. Peter was medically evacuated to the MSF hospital in Lankien. "They just came and attacked our village. I just ran away and hid myself in the swamp. Some people who ran with me were wounded. Some were killed," said Peter.

© DOMINIC NAHR/MAPS, 2015

Attacks against healthcare

One stark manifestation of the extreme violence against civilians in South Sudan has been repeated assaults on healthcare and humanitarian action. Many armed groups ignore International Humanitarian Law (IHL), which can make it impossible to assure a safe space to deliver aid. In addition to the atrocities inside state hospitals further severe violations of IHL includes recurrent attacks on aid workers, healthcare facilities and assets.

In South Sudan these attacks on healthcare are sometimes part of a wider assault on civilians, with medical facilities, staff and patients caught in the crossfire, at other times they may be more targeted towards medical action to achieve a military or political advantage.[99] Regardless of motive, such violence has serious consequences. Time and again, the people of South Sudan are denied access to lifesaving care when it is most needed.

Malakal PoC under attack: February 2016

"The PoC site was attacked by an unknown group of armed soldiers, and they came in, and they were killing people, there was a shooting and many civilians being killed and shot and all this thing. It was really bad seeing this thing happening. And unfortunately, it was in this fighting we had lost two of MSF staff. It was a really bad experience that I will never forget in my life."

MSF staff member, recounts the 2016 attacks in Malakal PoC, August 2019

In Malakal PoC, reflecting insecurity outside the PoC, growing tensions between Dinka and Shilluk ethnic groups erupted on the night of 17 February 2016. The fighting with blades, small arms fire and grenades continued until the morning. Thirty people were killed by the violence, including two MSF staff: Abraham Chol Tor, a community health worker, and Emmanuel Maichel Aban, a guard.[100] A further 123 people sustained injuries and 35 per cent of shelters were destroyed.[101] Following these events, MSF carried out a survey of PoC residents. People reported feeling trapped: the reason they lived in the PoC was for protection from violence outside, but 83 per cent also did not feel safe inside the PoC. More than 80 per cent reported that they, or someone they knew, had been exposed to physical violence, and over half of knowing a survivor of sexual abuse. [102]

Sexual and gender-based violence (SGBV)

"Also, there is case of the rape. We don't have firewood that is why when the women go to collect the firewood, there is rape there. When you rape by two people you say, let me go again, let my children to die. It is much. It is very much."

25-year-old female, Bentiu PoC, July 2014

Sexual and gender-based violence (SGBV) is widespread in South Sudan. It is used as a weapon in conflict and occurs as part of everyday life, in communities and within households. In 2017 a study by the WhatWorks coalition found that violence against women and girls in South Sudan is among the highest in the world. Up to 65 per cent of those interviewed had experienced either sexual or physical violence in their lifetime – double the global average. The report also found that amidst the insecurity and chaos, conflict and displacement can the brutality and frequency of intimate partner violence (IPV).[103]

SGBV as a weapon of war

Widespread, systematic ethnically and politically motivated sexual violence in South Sudan has been condemned as a crime against humanity.[104] In June and July 2017 in Uganda, 29 SGBV patients treated by MSF, female refugees from Equatoria region, were interviewed as part of a larger research project. In the interviews, 22 women reported being gang raped, 12 alongside other women, and 19 told of how they had witnessed the execution or abduction of (mostly male) relatives.[105] In 2016 and 2017, as part of assessments of its SGBV programming, MSF heard numerous reports that tally with wider reporting on sexual violence in South Sudan.[106] These included of mass rapes of women and girls with up to 20 perpetrators, death threats, severe beating and physical violence and forced abortions. In 2016, more than half of all respondents to the MSF survey in Malakal, stated that they or someone they knew had experienced sexual violence.[107]

Horrific levels of sexual violence in Bentiu, 2018

From the beginning of the conflict, women reported being sexually assaulted by groups of armed men outside PoC sites. The women were forced to leave the sites to provide for their families, for example, to collect firewood needed to cook dry rations.

In 2018, in the last week of November, 125 victims of sexual violence sought treatment at the MSF clinic, following numerous attacks by groups of armed men in Rubkona county.[108] The attacks coincided with increased population movements as people tried to reach food distribution points. The women and girls had been raped, beaten and abused over a 10-day period. Patients included girls under 10-years-old, women older than 65, and pregnant women. In addition to being violently raped, survivors had been whipped, beaten, or clubbed with sticks and rifle butts. They were robbed of anything of value, even their food ration cards. In that week, MSF treated more patients for the consequences of sexual violence than it had in the preceding 10 months (104) of 2018, in Bentiu.

MSF's alerting of the situation triggered independent reports, including by Human Rights Watch[109] and a UN Office for Human Rights (OHCHR)/UNMISS Investigation which found "at least 134 cases of rape or gang rape, and 41 cases of other forms of sexual and physical violence (including one case of unlawful killing, as well as flogging, beatings, sexual molestation and forced nudity), occurred between September and December 2018. Of these 175 cases, 111 victims were women, while 64 were girls (some of whom were as young as eight)."[110] The report concluded that there was a level of organisation by perpetrators, and that impunity has contributed to the "normalisation of violence against women and girls."

Blame, fear and stigma prevent access to care

"Because if somebody took you by force, it is not your wrong. You are not wrong. Also they say it will be shameful'. It is not [your] shame."

MSF staff member, Bentiu, July 2014

The medical consequences of SGBV include traumatic injuries, sexually transmitted infections such as HIV or hepatitis B, unwanted pregnancy (which can lead to unsafe abortion), and longer-term chronic pain and disability. It often has severe psychological consequences, such as addiction, depression and post-traumatic stress disorder (PTSD). There is a severe lack of accessible, free, private, confidential, safe, and quality care for SGBV patients. Blame and fear of rejection further limit access to the little care that is available.

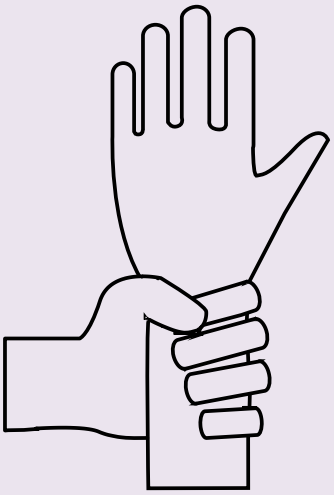
Survivors are often stigmatised within their communities and social consequences can include judgement and shame with survivors viewed as "spoiled."

"Sexual violence survivors are facing many challenges in Mundri. Survivors must travel long distances on insecure roads that are in poor condition. Sometimes there are armed individuals or groups in and around the Greater Mundri, exposing them to even more abuse and risk. The fear of stigma and the unknown cause many survivors not to access medical care."

MSF staff member, Mundri, August 2019

Embedding SGBV care into all MSF projects

Given the prevalence of sexual violence in South Sudan, and the scale of MSF's operations in the country, the number of SGBV patients seen is too small. In 2016, MSF committed to review its operational set up in South Sudan to better enable survivors to access and receive medical care. SGBV responses are now embedded into every MSF project, and many projects are reaching increased numbers of survivors, although there remains much work to do.



SGBV patients

3,100

Between 2011-2020, MSF treated more than 3,100 people for sexual violence.

Conflict spreads to the Equatoria region: 2015-2016

The Equatoria region (or Greater Equatoria) comprises the multi-ethnic southern states of Central, Eastern and Western Equatoria, and includes the capital Juba.[111] These agriculturally rich areas, the "breadbasket" of South Sudan, also serve as major food producers for the rest of the country.

"I have not seen my village for three years now. Because it's still not easy to move outside. Especially if you're not known. My house [in Yei town] has been looted once. Thief came and broke into my house. Three bullets were shot in my compound. One of my uncles staying with me. They arrested him. They tortured him."

MSF staff member recounts the events of 2016, Yei, August 2019

Except for the Juba crisis and isolated local conflicts, Greater Equatoria had remained relatively stable in the early stages of the civil war. This changed, however, after the 2015 peace deal. The accord was primarily focused on Dinka and Nuer struggles and Equatorians, who had tried to join the peace talks as a separate group, felt excluded from its power dispensation. As political grievances between the national government and local leaders escalated, new political groups formed and armed rebellion took hold.[112] By July 2016, all three Equatorian states were engaged in active warfare.

The second Juba crisis: 8-11 July 2016

Between 8-11 July 2016, Juba was again engulfed by conflict between SPLA and opposition forces. Once again civilians bore the brunt of the fighting. Tanks, helicopter gunships and artillery were fired on densely populated neighbourhoods. Again, there were beatings, killings, rapes and gang rapes, this time including foreign aid workers.[113] Twenty people were killed in a Juba PoC and the International Medical Corps (IMC) hospital was shelled.[114] Nearly US$30 million of World Food Programme (WFP) food and supplies were looted.[115] Hundreds of people were killed and thousands more displaced. When the fighting subsided, MSF started mobile clinics in affected areas, where the streets were again strewn with dead bodies. Among MSF's patients were people who had fled into the town from the fighting inside PoC sites, and people who were forced to stay in shelters, such as churches, because their homes had been destroyed.[116]

By 5 September, MSF's emergency teams treated over 21,000 people across the capital. On 17 July, MSF set up an emergency surgical care project in Juba's PoC sites, which treated 201 severely wounded patients; 40 in need of urgent lifesaving surgical intervention in one month (before handing over to IMC on 16 August).

Insecurity throughout Greater Equatoria: 2016-2017

As conflict gripped the Equatoria region, MSF opened new projects in Yei in Central Equatoria and Mundri in Western Equatoria and scaled up activities from a longstanding project in Yambio, the capital of Western Equatoria. Two MSF staff members lost their lives to violence in Yambio in 2016 and 2017: in September 2016, Brown Angelo Mathew Ngbagida, an MSF driver was shot and killed, off-duty, while out on his motorbike. On New Year's Eve, Joseph Amorok Nario, a clinical officer, was shot at and killed by three people outside his house. He died on 2 January 2017. Amorok's brother was also killed in the attack.

"In Gudele Junction [Juba] the fighting broke in front of me [in July 2016], so I had to rush home for my family. But people have been killed in my front. I have seen."

MSF staff member, Juba, July 2019

From their inception, the new projects in Equatoria faced significant challenges. Not only were they starting up in insecure areas with shifting frontlines, but they were consistently denied access to people in opposition-held territories. At the same time, hundreds of thousands of refugees fled the country; most to Uganda. At the time it was the fastest growing refugee crisis in the world.[117] As part of its regional response, MSF worked in the Ugandan refugee settlements. Over a period of seven months, between March and December 2017, Epicentre surveyed nearly 10,000 new arrivals to the Imvepi camp. When considering the two-month recall period prior to arrival in Uganda, 75 per cent of all deaths were reportedly because of violence. Nearly all refugees had fled South Sudan "citing attacks on their village of origin or neighbouring villages". Nearly three-quarters of reported deaths from violence (73.9 per cent) were adult men; five per cent were among children younger than 10-years-old. Firearms were responsible for 82 per cent of deaths, with stabbings with machetes and knives making up the rest.[118]

Indirect impacts of conflict – malaria and malnutrition in Aweil

MSF supports the paediatric and maternity departments of the state-run Aweil Civil Hospital, a referral centre for 1.1 million people. Despite being located in one of the most stable areas in South Sudan, Aweil sees seasonal peaks of malaria and malnutrition, sometimes made worse by the indirect impact of war. This was the case in 2016 as the conflict in Juba affected the antimalarial supply chain impacting Aweil, although the area was calm.

Malaria rates soar

In Aweil, the number of children with severe malaria requiring hospitalisation increased year on year from 1162 cases in 2013 to a peak of 6,786 in 2016. This was partly linked to an unprecedented outbreak in 2015, but also reflected a nationwide crisis of lack of access to tests and treatments. In April 2016, MSF's Aweil team found a quarter of 42 clinics closed because they did not have any medicines – in part precipitated by the ending of a major national level donor programme, in the midst of the war.[119] An already bad situation was exacerbated by the second Juba crisis: MoH's centralised distribution system was disrupted for months and there was poor coordination between aid agencies, many of whom were in disarray in the aftermath of the violence.

Increase in severe acute malnutrition

At the same time the hospital was seeing significant increases in severe acute malnutrition, with more than 5,000 children needing hospitalisation between 2014 and 2018. In a 2016 survey of young children, MSF found significantly higher rates of malnutrition, than a 2012 survey conducted at the same time of year. Severe acute malnutrition rates were more than double, and general acute malnutrition rates were more than five times higher. This was despite aid organisations working to prevent and treat malnutrition and suggested a deterioration of the situation linked to the conflict. This included the impact on domestic agricultural production and escalating prices of imported foods.[120]

Access denied

"You'll find that humanitarians are not allowed to go intervening in rural areas in the areas under opposition. Those people who are cut out under the opposition side they are a bit suffering and lacking a lot of services, so this is according to my own observations."

MSF staff member, Yei, August 2019

Aid workers need safe and unhindered access to people in need, no matter their political affiliation, ethnicity, religion, or where they live. Direct physical assault is only one form of violence, other more covert forms include operational interference and bureaucratic impediments, including an increasingly complex regulatory environment.[121] MSF has, for the most part, been granted access at the national level to transport personnel, medical supplies, and salaries into areas held by opposing parties. At local levels, however, MSF teams have regularly been blocked from travelling to areas held by opposing forces.

In 2016 and 2017, in Wau, government forces routinely impeded MSF from accessing the Greater Baggari area. In Upper Nile state between 2014 and 2018, insecurity and denials of access for aid organisations left tens of thousands of people – in opposition-held areas around Malakal and the west bank of the White Nile – cut off from assistance for months. MSF's teams in Wau Shilluk were repeatedly blocked from providing timely assistance.[122]

From 2016 in the Equatorian region, MSF, and other aid organisations, faced unprecedented denials of access. **As an illustration, more than half (57 per cent) of MSF's attempts to reach opposition-held territories in Mundri, were blocked between February and May 2017.**[123] At the same time, MSF teams were frequently subject to assault, robbery, and detention.

MSF South Sudanese refugee responses

MSF has set up emergency projects to support South Sudanese refugees in Ethiopia, Kenya, Sudan and Uganda. Across different projects in these countries (some now closed or handed over). MSF carried out more than 2.2 million outpatient consultations, treated over 500,000 cases of malaria, and conducted more than 47,000 mental health consultations, between 2011 and 2020.

In Ethiopia (Gambella region) alone, MSF carried out 1.4 million outpatient consultations, and treated more than 11,500 patients for intentional physical violence, between 2011 and 2020. In Uganda (Adjumani and Arua districts) MSF treated more than 2,400 patients for sexual violence. In Sudan (White Nile state) MSF provided more than 500,000 outpatient consultations.*

MSF carried out more than

2.2 million
outpatient consultations; treated over

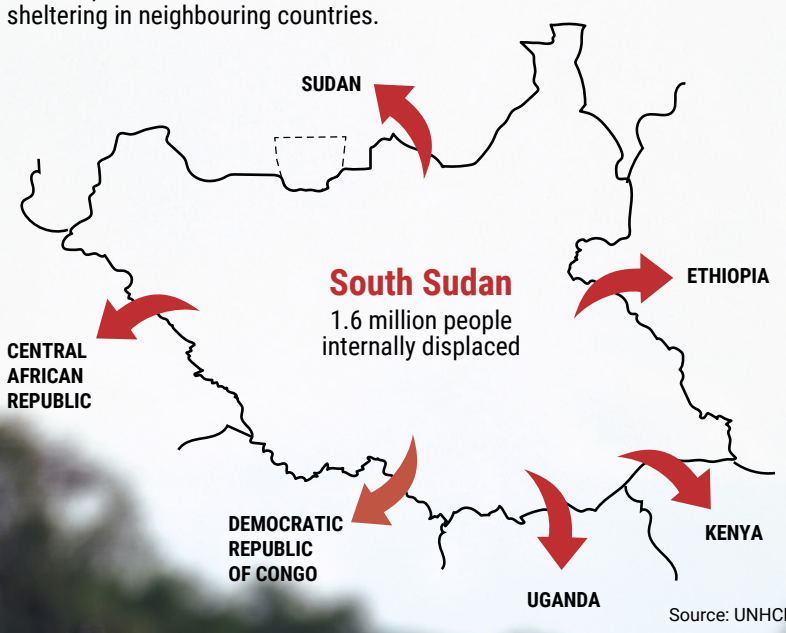
500,000
cases of malaria; and conducted more than

47,000
mental health consultations, between 2011 and 2020.

*All figures include South Sudanese refugees and host communities. Mental health figures include group and individual consultations.

Largest refugee crisis in Africa, today

In what today is the largest refugee crisis in Africa, 2.2 million South Sudanese are sheltering in neighbouring countries.



Source: UNHCR

Refugees and internally displaced people

4,000,000

Over 4 million people have displaced by the conflict and fighting since the start of the civil war in December 2013

A South Sudanese refugee carries her brother along a muddy road in Palorinya refugee settlement, northern Uganda, 2017.

© ATSUSHI SHIBUYA, 2017



Malnutrition

146,000

Between 2011-2020, MSF treated more than 146,000 patients for malnutrition – 101,000 as outpatients and 45,000 children admitted to inpatient feeding programmes.



Women wade through the swamps from Kok Island towards Thonyor, southcentral Unity state in 2015, to receive food distributions for the first time in five months.

© DOMINIC NAHR, 2015

Food insecurity and malnutrition

"We hid in the bush until night-time and returned when the soldiers had gone. Every time this happened, we came home to less. Our cattle, goats and chickens gone; then our crops; and finally, our houses looted and burned."

Mother of malnourished one-year-old twins, Mayendit, February 2017 [124]

Hunger and violence are primary drivers of displacement in conflict. At the same time, food insecurity may increase as farmers are unable to plant or harvest, and markets collapse. Hunger may be used as a weapon of war, with crops and livestock stolen or destroyed and aid blocked from reaching certain areas. In addition to a nutritious diet, people need access to clean water and sanitation and appropriate healthcare – including early detection and treatment of malnutrition. The lack of comprehensive healthcare and insecurity in South Sudan also means children often miss out on outpatient nutritional support at less severe stages of malnutrition. Severe malnutrition is more complicated to treat, requiring inpatient care.

Southcentral Unity state

In southcentral Unity state, conflict has led to repeated cycles of extreme hunger and malnutrition. Farms and trading posts have been destroyed, livestock has been looted and food aid has been blocked or stolen. In April 2014, MSF restarted nutrition activities in Leer as the population returned from the bush. In just three weeks the project had treated 1,675 patients, nearly 80 per cent of the total number of patients (2,142) seen in the whole of 2013.[125] In August and September 2015, on the few days they were able to access Leer and Mayendit counties, MSF teams found global malnutrition rates of up to 34 per cent, including 78 children with severe acute malnutrition.[126] When MSF was able to resume emergency activities in November 2015, teams prioritised blanket feeding programmes and vaccinations. In 2017, MSF community health workers in villages in Mayendit county found a quarter of under-fives had global acute malnutrition and more than eight per cent had severe acute malnutrition.[127]

Jonglei and the GPAA

In January 2012, following the attacks on Pibor, MSF admitted three times more children to its therapeutic feeding programme than in the same period the year before. In March 2012, after three months of raids in Uror and Nyirol counties, MSF treated 190 children for severe malnutrition. This was 60 per cent more than in March 2011. In 2017, MSF teams saw three times the number of malnutrition cases than the previous year in feeding centres in Pibor town and neighbouring villages. In addition to a poor harvest, the main supply road from Juba to Pibor had been blocked for several months following clashes. This came on top of increased people in need of food, as thousands of people displaced by the Juba 2016 violence had fled to Pibor. At the same time, food prices, including of staples such as sorghum, spiralled out of control and there were cuts in critically needed food rations.

"We spent weeks in the bush eating nothing but lalops[128] *and water lilies... We were just drinking water from the swamp because there was not enough water in the river. Many children died; they had blood and diarrhoea, coughs, and vomiting. We stayed there a long time because it was too dangerous for us to try to reach the PoC."*

Female from Guit county, southcentral Unity, Bentiu PoC, July 2015 [129]

Continued violence in southcentral Unity state: 2016-2018

While battle raged in the Equatorian region, violence continued in southcentral Unity state. In at least four incidents of violent looting in Leer in March 2016, at least two women were raped and one person killed. In addition, one patient was brought to MSF with a gunshot wound.

Wracked by violence: 2016-2017

On 16 March a group of 27 civilians, mostly women and children, fled to the MSF compound in search of safety as their houses were attacked.[130]

Five MSF staff killed

Between September 2016 and July 2017, five MSF staff were killed by gunshot wounds, three while on duty. In September 2016, Kueth Gatpieny, a guard and the brother of James who had been killed the previous year, was killed in an attack on his community in Payak. Between November 2016 and January 2017, three MSF staff were killed in separate incidents while on duty in southcentral Unity, see box: a dangerous place for aid workers. In July 2017, another MSF guard, Chop Paul Dikson, was killed in an attack on his village in Thonyor.

"It is a dangerous job that we do as health workers. We follow the population wherever they are or go. Once I spent eight hours with others in the swamps to hide from gunmen. Five people were shot and died around me during this time. I remember seeing a mother holding her child, trying to breastfeed him. She didn't know the child had died."

MSF staff member, Thacker, April 2017 [131]

More devastation: 2018

In April 2018, communities in Leer and Mayendit counties were devastated once again. Again, thousands of people fled to the swamps and bush for survival. Again, an MSF staff member was killed. Zachariah Bantor Puot Biel, a community health worker, died from a gunshot wound during an attack on his village, Dindin, in July 2018.

"The conflict-ravaged counties of Leer and Mayendit, have once again been wracked by violence...Women, men and children are enduring extreme levels of violence, including gang rapes and mass killings. Villages have been looted and burnt down, and food reserves and other possessions have been destroyed."

MSF press release, May 2018 [132]



Health promotion posters flank the entrance to the incinerated remains of the emergency room at the MSF hospital in Leer, 2014.

Attacks on MSF facilities and activities

Despite their efforts in providing essential services in South Sudan for a generation, aid organisations and medical workers see little action to prevent attacks on their projects, patients and staff. For example, in 2016 and 2017 at least 50 medical facilities were attacked.[133] MSF, alone, has experienced at least 56 major acts of direct violence since July 2011 – against its clinics, hospitals, living compounds, vehicles, supplies and equipment.

"Because looting, looting goats or food, is different to destroy. You know you can loot and then leave the facility as it is. But, to loot it, to burn it, to destroy it. Simply you can think that they are targeting hospital. Hospital and the beneficiaries of the hospital."

MSF staff member, Leer, August 2014

Southcentral Unity state

Following the destruction of Leer hospital in 2014, the rebuilt and rehabilitated hospital, as well as MSF living compounds and equipment continued to be subject to attack. In October 2015, MSF's compound was looted twice by well-organised armed groups who intimidated staff, stole medical supplies, vehicles, equipment, and personal belongings. MSF remained in Leer after the first incident, but when the same group repeated the assault the following day, operations had to be suspended, leaving the population without any medical care.[134]

In July 2016, the hospital and supporting projects were subject to violent armed robbery, including the requisition of the entire fleet of cars. At this time, and in response to the cumulative impact of the repeated attacks, MSF took the difficult decision to close Leer hospital. MSF teams continued to try to support people in the area with decentralised health posts and mobile clinics. These also came under attack. In 2018, MSF's clinics in the villages of Dablua and Thacker were looted and set alight. In March 2019, in response to the high levels of need, MSF resumed emergency, maternal and sexual and reproductive health services in Leer hospital.

Upper Nile state

In Malakal, MSF's medical facilities, pharmacies, warehouses and living compounds were repeatedly looted and vandalised. In December 2013, armed men stopped an MSF convoy, hitting a car with a spear and threatening the drivers and passengers. In January 2014, armed men repeatedly forced their way into the MSF compound, in one incident they threatened to kill the guards – some were so terrified they never returned to work. This type of harassment, combined with the escalating insecurity, forced MSF teams to evacuate Malakal on 17 January, later returning to the hospital, before the attacks of February 2014. In May 2014, as fighting approached, MSF evacuated the town of Nasir in southern Upper Nile state, close to the border with Ethiopia. MSF staff left with the population, by boat or on foot. MSF returned to Nasir in June 2014 to find the hospital completely looted and the body of a woman in the grounds. No civilians remained in the town and the project officially closed in September 2014. To date, the displaced population has not returned.

"All the furnitures, equipment whatever were there has been looted. The thing that they can carry with them they take with them, anything which they cannot carry, they destroy it. Anything which is not portable they destroy it."

MSF staff member, Malakal 2014

In 2015 in Melut, MSF's hospital, pharmacy, and office were looted and vandalised, water tanks were riddled with bullets.[135] In February 2017, when MSF returned to Wau Shilluk following a temporary evacuation it found the hospital had been looted of all medicines, including lifesaving TB, HIV, and kala azar treatments. In addition, two rubb halls (large tarpaulin structures) had been raided. MSF estimated damages of €850,000. A few weeks later, MSF's facilities in Kodok, which had been set up to support people displaced from Wau Shilluk, were also looted.

Jonglei state and the GPAA

In Jonglei and the GPAA, in its clinics and hospitals in Pibor, Pieri, Lekwongole and Gumuruk, MSF has experienced repeated attacks on its facilities since August 2011, including armed robberies, assaults, burnings, lootings, and carjacking, with six incidents occurring between August 2011 and September 2012. MSF's hospital in Pibor town, at times the only medical facility for nearly 100,000 people, has been looted and or burnt at least six times. Attacks have led to evacuations and closures of projects, sometimes for extended periods of time, all too often also leaving people without access to medical care. In December 2020, MSF closed its Pibor clinic, after 15 years. The closure was part of efforts to deliver aid to isolated communities through a decentralised model.[136]

Hospitals bombed in border areas

In addition to the 56 incidents affecting MSF facilities inside South Sudan, MSF hospitals have come under attack in the border regions with Sudan. This includes two bombings of MSF's Frandala hospital in the Nuba Mountains, in South Kordofan state, Sudan, in June 2014, killing a patient, and again in January 2015.[137]

© MICHAEL GOLDFARB/MSF 2014

Upper Nile state, the west bank of the White Nile: January-May 2017

The Shilluk people of Upper Nile state suffered catastrophic losses in the civil war, including forced displacement, indiscriminate attacks on villages and systematic looting of personal and humanitarian properties and goods.

In late January 2017, having held Malakal for half a year, the SPLA and its aligned militias commenced an offensive on the west bank of the White Nile.

"When the men came to our village, they showed no mercy. Neither the young nor the old were spared. As soon as we heard that the killing had started, we didn't stop to think. We just ran from the village, taking what we could carry."

Female refugee from Kaka, Upper Nile state, January 2017[138]

Repeated displacement

Over the next four months, the SPLA pushed north, driving out opposition and Agwelek forces. Along the way, towns and villages were shelled, pillaged and torched, tens of thousands of people were displaced, some more than five times including earlier displacement from Malakal to Wau Shilluk and then to Kodok, Aburoc, and finally 250 kilometres north into Sudan's White Nile state. As the population fled, MSF followed.

Wau Shilluk

The town of Wau Shilluk, across the river from Malakal, became home to thousands of displaced people in 2014, when MSF first started to work there. In January 2017, Wau Shilluk was hit by artillery shelling and civilians were subject to extreme violence. In the assault there were reports of people being burnt inside their tukuls or shot as they attempted to run.[139] The father of an MSF staff member was killed. On 28 January 2017, as most of the population fled, some dedicated MSF staff stayed behind to support patients who could not move. On 3 February, amidst renewed fighting the MSF teams transferred the patients onto the back of a trailer. They headed to the ICRC hospital in Kodok, picking up more wounded and sick people on the road. At midnight the team arrived in Kodok with 13 patients, one had died on

Protection of healthcare in South Sudan

Although unprecedented in its scale and scope in the civil war, violence against healthcare and humanitarian action was not a new phenomenon in South Sudan. Indeed, following years of attacks, in November 2013, MSF had launched a project: Protection of healthcare in South Sudan.[140] The project aimed to find ways to ensure better engagement and respect for healthcare in the emerging state. To achieve this, it set out to work together with the government, armed groups, ICRC, UN agencies, NGOs, civil society, and medical networks to create spaces for reflection and dialogue. Less than a fortnight after a well-attended launch conference, however, the new civil war started. The shocking levels of violence underscore the need for the change the project was seeking. Violence against civilians, medical facilities, humanitarian staff, and medical workers are violations of IHL, but, as so often seen in South Sudan, this can mean little on the ground.

As South Sudan moves into its next decade, there is a need for greater understanding, support, and ownership – at all levels of society – of the principles of independent humanitarian action, and the delivery of neutral and impartial medical care.

"Like, even in any hospital in all the world-wide, have got rules and laws. If there is any war happen, there is the rules that is protecting the hospital from being destroyed. So, these rules, let the community to know about the rules of that the hospital must not be damaged. And even people also have to be educated about the medicines, even about the hospitals, healthcare centres."

MSF staff member, Bentiu, July 2014



Shelters in Aburoc IDP camp, 2017.

Cholera

10,000

Between 2011-2020, MSF treated nearly 10,000 patients for cholera and carried out hundreds of thousands of cholera vaccinations, including 160,000 in a single-dose campaign in 2015.

© FERNANDO BARTOLOMEW/MSF, 2017

the journey. When MSF returned to Wau Shilluk teams found the hospital had been heavily looted and that it was being commandeered by government forces.

Wau Shilluk to Kodok

In Kodok, MSF constructed a tented hospital and set up mobile clinics to reach people scattered in the surrounding bush. At the end of April 2017, reinforced government troops launched an assault on Kodok. An estimated 25,000 people were displaced. Heavy fighting led humanitarian agencies to suspend activities and disrupted the delivery of urgently needed water supplies. Again MSF's facilities were attacked as its Kodok base, pharmacy and warehouse were looted.[141]

"My future is unclear and I don't know what will happen to us all... Currently, the situation here is incomparable to that of Wau Shilluk, where we lived just a few weeks ago. Here, there is hardly any water, shelter or food. We are suffering."

MSF staff member, Kodok, March 2017 [142]

Kodok to Aburoc

Thousands of those displaced, mostly women, children and the elderly, fled inland to Aburoc, a small village on the edge of a vast swamp.[143] People were arriving weakened by exhaustion, hunger and thirst to find almost no essential services. In May, there was a cholera outbreak. The security situation was so alarming that UNMISS deployed a small unit to protect the delivery of humanitarian assistance.[144] MSF had already opened a small clinic in Aburoc in early February 2017 and started to increase activities in response to the new arrivals.

Aburoc to White Nile state, Sudan

In April and May 2017, tens of thousands of people left Aburoc and crossed the border into Sudan's White Nile state. By the end of January 2018, the number of South Sudanese refugees, the majority of Shilluk origin, sheltering in White Nile state had grown by over 100,000 since March 2015.[145] MSF had worked in the area since 2014, and its teams saw many of the same patients across the border.

An 18-month nationwide cholera outbreak

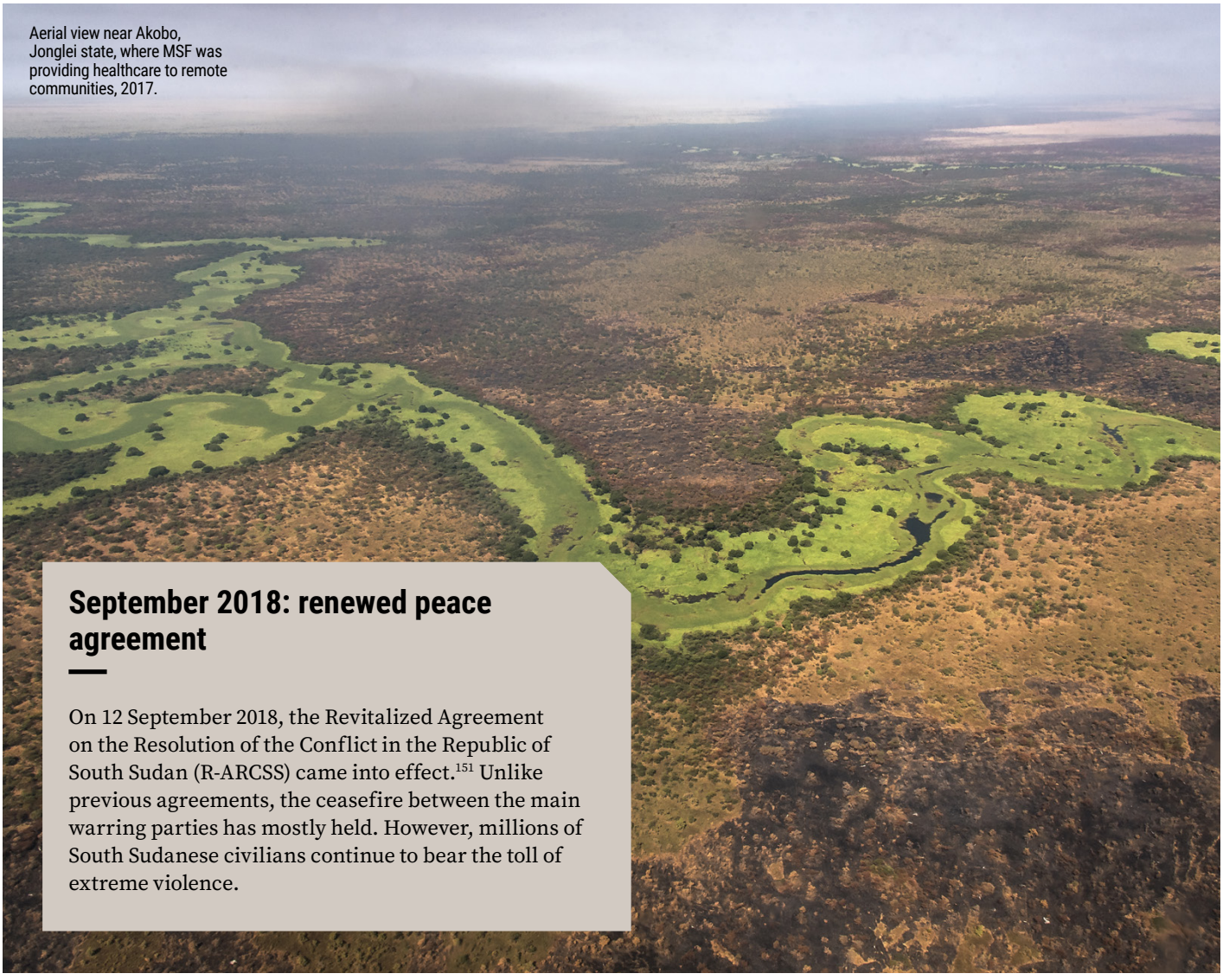
Cholera thrives in overcrowded settings with poor hygiene and lack of safe drinking water. Although cholera is usually easy to treat even in low-resource settings, it can quickly become fatal if left untreated. In June 2016, a cholera outbreak was declared that would spread nationwide, and last for a year-and-a-half. This was in part because of the weakened national health response following the second Juba crisis.

Cholera in Aburoc and Pieri

In May 2017, MSF recorded 400 suspected cases of cholera in Aburoc camp and treated children for symptoms such as acute diarrhoea while alerting other agencies.[146] Two weeks later, MSF again recorded suspected cholera, this time among 27,000 displaced people sheltering near Pieri, Jonglei state. The population had been living in overcrowded conditions with poor water and sanitation for many months. In Pieri, MSF opened a cholera treatment unit administering oral rehydration solutions and intravenous drips. At the same time, MSF records showed more than 10 per cent of under-fives had severe acute malnutrition.[147] The outbreak finally ended in February 2018. An estimated 20,000 people had been infected, and 438 people had died.[148]

Cholera vaccination

Cholera can also be controlled through vaccination. The standard is two doses of an oral vaccine, administered two weeks apart.[149] MSF, together with health authorities, conducts preventative cholera vaccination programmes across South Sudan. In 2015, as part of a cholera outbreak response in Juba, MSF, in collaboration with local health authorities, vaccinated 160,000 people with a single dose of the oral vaccine, the first time a single dose had been used in a mass vaccination campaign.[150]



Aerial view near Akobo, Jonglei state, where MSF was providing healthcare to remote communities, 2017.

© FRÉDÉRIC NOY/COSMOS, 2017

September 2018: renewed peace agreement

On 12 September 2018, the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) came into effect.[151] Unlike previous agreements, the ceasefire between the main warring parties has mostly held. However, millions of South Sudanese civilians continue to bear the toll of extreme violence.

Mental health

"The most difficult thing to be South Sudanese is the fear. People facing in fear. People sleeping in fear. So, this creates a lot of trauma on people because people are not free like when we first got our independence."

MSF staff member, Mundri, August 2019

The psychological effects of violence can continue for generations, especially in protracted crises. More than 22 per cent of people living in conflict settings are estimated to live with mental health disorders, including anxiety, depression and PTSD.[152] In South Sudan, millions of people have been repeatedly exposed to traumatic events, such as assaults, sexual violence and abduction, or witnessing killings; and have been forcibly displaced, lost their homes and livelihoods and faced disease and near-starvation. There are no official national statistics of mental health needs, but smaller-scale surveys have consistently shown high levels of need among different population groups.[153] In 2016, there were only two part-time psychiatrists in the country, both in Juba.[154] Not only are there limited treatment options, but lack of awareness and stigma can prevent people from accessing the little care that exists.

Despair and attempted suicide, Malakal PoC: 2017-2018

A 2015 study found 50 per cent of Malakal PoC residents had symptoms consistent with PTSD.[155] In 2017, there were 31 attempted and seven suicides in the camp. At the end of the year there was a spike of 10 attempted suicides in one month. Eighty per cent were in camp residents under the age of 35. From January to October 2018, MSF's Malakal mental health team supported approximately 30 new patients a month – one new case a day. Of those, half struggled with serious mental health conditions including attempted suicide. Across 2018, MSF admitted 51 patients following attempted suicide, an average of one per week. [156]

Mental health support for demobilised child soldiers, Yambio: 2018-2019

A harrowing chapter in South Sudan 's history has been the forced recruitment of children into different armed groups. Children have been taken from their families and pushed into a life of extreme violence and hard labour; sometimes subject to abuse, including sexual violence. In Yambio county, in a first for MSF, the organisation supported efforts to reintegrate former child soldiers into their communities. Between February 2018 to mid-2019, MSF provided medical care, including screening for the effects of violence and sexual abuse, and a mental health programme for 932 demobilised children, one-third of whom were girls. Most had been abducted, on their way to or from school or their family's farms. Forty per cent had acute mental health needs, including PTSD and depression – some children felt suicidal. Varied symptoms included recurrent flashbacks to extreme violence, or sudden intrusive thoughts or images.

Fears of an uncertain future

Strong emotions were not only associated with their experiences within armed groups, but also with fears of an uncertain future, including how they could re-join their communities. While most were welcomed back by their families, for others it was a challenge to find relatives who had been displaced, or family members had died. In some cases, children were rejected – often in areas where armed groups had used child recruits against communities. Some children carried a heavy burden of guilt, not only about something they might have done or seen, but because they felt responsible for being taken from their families. MSF teams worked with these children to help them understand this was a period of their life when they had no control, and to help them see possibilities for the future. MSF also invested in training South Sudanese staff to be counsellors, to help build much needed capacity in country.

From February 2018 to mid-2019, MSF's Yambio project conducted nearly 4,200 individual and group mental health consultations, treated more than 400 sexual violence survivors and more than 315 patients for intentional physical violence and torture.

"That sense of loss and being uprooted from your life…it definitely takes its toll on you."

MSF staff member, Malakal, January 2019 [157]



Mental health

53,000

Between 2011-2020, MSF carried out nearly 48,000 individual mental health consultations and more than 5,200 group sessions.



A man sits between shelters in Bentiu Protection of Civilians site, 2018.

©EMİN OZMEN, 2018

Continued humanitarian crises: 2019-2021

Despite the peace agreement in 2018 and a unified South Sudanese government since 2020, much of the country remains in the grip of prolonged humanitarian crises.

"It is not the first time we have had such intercommunal clashes and insistent violence. In the past, it was about cattle raiding. It is now more seriously affecting our community. We are seeing the loss of property, the loss of life. We lose our cattle. We lose our children." [158]

MSF staff member, August 2020

In 2019 and escalating in 2020, South Sudan saw a resurgence of subnational conflicts in Jonglei and the GPAA, Lakes and Warrap states. At the same time the Equatorian region also saw increased clashes between conventional parties to the war.

Subnational conflicts in Jonglei state and the GPAA: January-August 2020

As in the post-independence phase Jonglei state and (what is now) the GPAA were the most affected by intercommunal clashes. Between January and August 2020, at least 1,058 people of Murle, Nuer or Dinka origin were killed or wounded and 432 abducted.[159] The violence came amidst unprecedented levels of flooding, which impacted more than a half a million people in the area.[160]

Lankien, Pieri and Pibor: mass influxes of wounded patients

In this time, repeated influxes of wounded patients arrived at MSF clinics in the Lankien and Pieri (Jonglei state) and Pibor (GPAA) areas. In February 2020, displaced and wounded people arrived in Pibor, and in March 2020 MSF received 68 wounded patients in just 12 hours in Pieri. In the same wave of fighting, MSF also saw wounded people in Lankien and Pibor. Among the patients MSF treated were a pregnant woman, who lost her baby after her abdomen and groin were slashed, and a 10-year-old girl who had been repeatedly stabbed.[161]

Measles

Vaccination campaigns are one of the most basic and critical health interventions in emergencies, and measles is a priority. The disease is so contagious that in overcrowded settings, such as refugee and IDP camps, a single confirmed case is considered an outbreak. Up to a third of cases may have deadly complications. In November 2014, MSF teams began responding to a spike in measles cases amongst young children in Yida camp, then home to 70,000 refugees. Many of the children had recently arrived, or returned, to the camp in very poor condition, following intensified bombing and fighting in the Nuba Mountains. MSF admitted 93 severely affected patients to its hospital and launched a mass vaccination campaign in collaboration with IRC and UNHCR, reaching more than 46,400 children.[162]

Pibor, GPAA: 2020

In November 2020, MSF publicly called for a reactive measles vaccination campaign in Pibor town and the GPAA.[163] In what had been the third outbreak in a 12-month period, MSF had first treated a patient for suspected measles in August, and by the end of October had treated more than 250 children in the area. The disease was spreading as children moved into closer contact, sheltering from severe floods on small 'islands' of dry land. At the time, two children had died from measles and 30 were severely ill with the disease in MSF's makeshift clinic in Pibor town. Patients were walking and paddling through stagnant and moving water, sometimes for up to seven days, to reach care.



MSF staff flee

In a major attack in May, Pieri town was scorched. Among at least 287 people killed, was MSF nurse, Pech Jock Nhial.[164] MSF staff were evacuated and operations were suspended for two days. Retaliation attacks in Pibor in June led to tens of thousands of people, MSF staff among them, fleeing to the bush – living in the open with insufficient food or medical care. The violence led MSF to suspend activities in Pibor, with MSF only able to return two months later. In Pieri, after clashes in July and early August 2020, MSF teams treated more than 100 wounded people in less than week.

MSF staff continue to be impacted by the increased tensions in Jonglei and the GPAA. In many areas, staff fear being targeted because of their ethnicities, clan, or sub-clan. In Lankien, Pibor and Ulang staff have regularly had to run away for safety, in some places needing to be absent from their posts for many months. This has disrupted people's ability to access medical care, as MSF's activities have been impacted by only having limited staff and the same, or increased, numbers of patients.

Renewed fighting in the Equatoria region: 2020

Meanwhile, the Equatoria region, particularly Central Equatoria state, saw a resurgence of violence between warring parties in 2020. Once again saw civilians bore the brunt of fighting with mass killings, torture, abduction, and sexual abuse. In April and May more than 19,000 people in Yei and surrounding areas were displaced. In August 2020, an aid organisation transporting four patients, was ambushed outside Yei town. The insecurity reached such high levels that UNMISS set up a temporary base in September 2020.[165] In and around Yei, MSF outreach and mobile teams distributed essential relief items and offered general medical consultations, immunisations, and psychosocial support to displaced people.

Continued violence in 2021

Unfortunately, 2021 has seen a continuation of conflict, violence, and displacement, including in the Equatoria region and in and around Pibor. In different parts of the country, humanitarian convoys have been attacked, supplies looted and aid workers killed. As always, it is the people of South Sudan who pay the ultimate price of such attacks.

Other medical consequences

There are numerous other medical consequences of conflict, both direct and indirect. In a country already grappling with some of the world's worst maternal mortality rates, the impact of war on sexual and reproductive health can be devastating in terms of risks and on reduced access to care.

At the same time, nearly all of the world's recognised neglected tropical diseases are present in South Sudan, including snakebites, which are often deadly without treatment. Furthermore, infectious diseases such as HIV and TB thrive in conflict. Without treatment TB can become drug-resistant which is far more deadly and complex to treat. As standard procedure MSF gives patients 'runaway' packs, of three months' supply of treatment, when it is possible to do so, to ensure some continuity of treatment amidst insecurity. Thanks to the dedication of MSF's South Sudanese staff, great efforts to re-trace HIV and TB patients have been made when treatment has been interrupted and patients have been lost. For example, an HIV-TB counsellor in Leer, who took and protected the notebook containing patient records with him from the hospital as he fled into the bush. With the book he helped to support patients in the bush and later in Bentiu PoC.[166] In Yambio, Western Equatoria state, which has the highest HIV prevalence in South Sudan. MSF, together with the MoH, ran a decentralised 'test and treat' programme, using mobile clinics to reach conflict-affected people with tests and immediately initiate those who tested positive on treatment.[167]

The impact of protracted conflict and repeated humanitarian crises in South Sudan is worsened by a weak, chronically underfunded, healthcare system, destroyed in many areas and largely neglected in others.

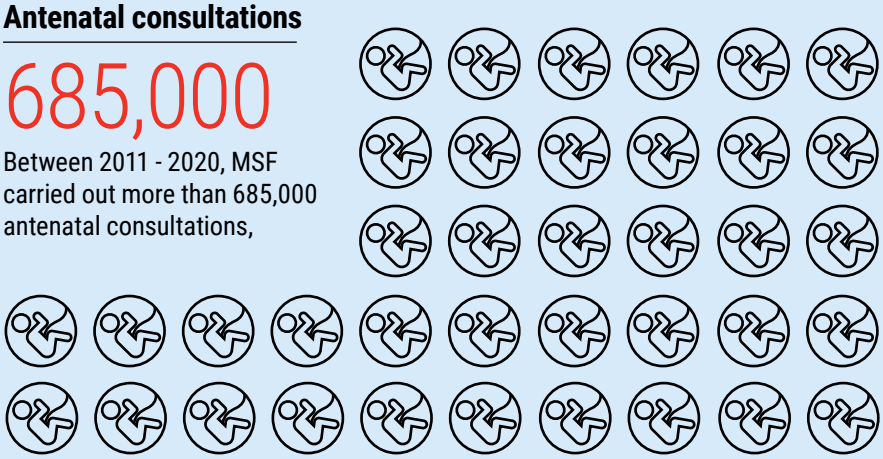
"So, there are, there are a lot of diseases, and so disease cannot know who is what. Who is rebel and who is what. Disease can only from fear from doctor, if there is a doctor it means that the diseases will be run."

MSF staff member, Malakal PoC, September 2014

Antenatal consultations

685,000

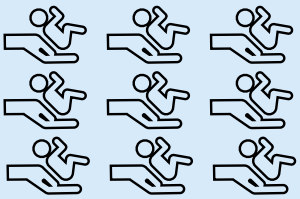
Between 2011 - 2020, MSF carried out more than 685,000 antenatal consultations,



Deliveries

130,000

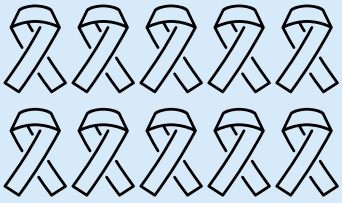
and assisted more than 130,000 deliveries (including nearly 3,000 caesarean sections)



HIV

13,000

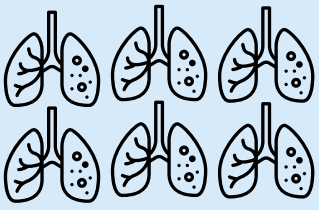
MSF treated nearly 13,000 HIV patients,



TB

15,000

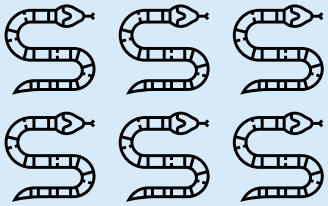
and nearly 15,000 TB patients,



Snakebite

2,500

as well as over 2,500 cases for snakebite



Conclusion

With this report, MSF has sought to put on the record the human toll of conflict and violence its teams have witnessed in South Sudan, over the last decade. As a medical humanitarian organisation, MSF's focus is the health and wellbeing of its staff, patients, and their communities.

South Sudan faced multiple challenges at independence. The new nation, bearing the scars of decades of conflict and neglect, grappled with the effort of building a state able to provide health and basic services, while managing numerous humanitarian crises. Despite the challenges, the first years in the post-independence period were a time of anticipation and optimism, although some areas continued to see violent conflict. At the same time, there was significant donor, humanitarian, and development support.

Implosion into civil war

South Sudan's rapid implosion into civil war, however, quickly exposed the fragility of the nascent state. Hundreds of thousands of people have been killed. Millions more have experienced unimaginable levels of violence, had their homes and livelihoods eviscerated, been displaced countless times and have endured recurrent disease outbreaks and malnutrition crises – often the result of appalling living conditions. Repeated attacks on humanitarian aid and medical care have included extreme violence in hospitals, the destruction of infrastructure and supplies, and attacks on medical and aid workers. Since independence, at least 176 aid workers have been killed, the vast majority South Sudanese (to 8 June 2021).[168]

"It's up to us to choose what life we want to live, so let's think about this like how long would we be in this crisis? For how long we do expect to see our lives inside nightmares. So let's do something. It's really taking long and it shouldn't be like that. We need peace. We deserve to be in peace."

MSF staff member, 23 April 2021

A volatile situation

Since the 2018 peace accord, the ceasefire between the main warring parties has mostly held; but the situation is volatile in many areas. Large swathes of the country have been devastated, and deep divisions continue at local, regional, and national levels. Since the renewed peace deal, there have been more than 500,000 new displacements as a result of violence, in subnational and factional fighting;[169] including in new fighting in the Greater Tonj area and the GPAA in 2021.

A weak health system

The government is not yet able to meet its obligation to provide basic services and healthcare, a situation exacerbated by prolonged lack of state investment. In 2018, just 2.11 per cent of South Sudan's government expenditure was invested in health services; the third-lowest percentage in the world.[170] There is a critical shortage of trained healthcare workers. An already-poor situation was worsened by the war as medical staff were killed, or displaced, often outside the country. In addition, the already-limited options for medical training were severely disrupted or closed.

Political transition disrupted by violence and COVID-19

The political transition following the formation of the Government of National Unity in February 2020 was disrupted by intensified conflicts in many areas, the COVID-19 pandemic, and heavy flooding. Numerous health facilities were damaged or destroyed by the fighting or floodwaters, further reducing already-dire access to essential services. In 2020, of approximately 2,300 health facilities, more than 1,300 were non-functional. Less than half (44 per cent) of the total population and just 32 per cent of internally displaced persons live within five kilometres of a functional health facility.[171]

Still a dangerous place for aid workers

More than a quarter of the total population remains displaced, and South Sudan is not yet considered a safe country of return for refugees, although there have been some spontaneous returns.[172] There is still a long way to go for aid organisations to be able to deliver essential services to South Sudan's people, wherever they live, unconditionally and without fear. Although there has been overall improvement in humanitarian access, alongside conflict, operational interference and violence against humanitarian staff and assets continues. In just one month, between 12 May and 8 June 2021, five aid workers, including health workers, were killed in incidents in Eastern Equatoria and Unity states, the GPAA, and Lakes state.[173]

MSF remains committed to the people of South Sudan

Even in a best-case scenario, South Sudan will remain vulnerable to humanitarian crises for the foreseeable future and will need assistance for some time. South Sudan's leaders must make every effort to ensure civilians' safety and security and an environment conducive to the delivery of humanitarian assistance, independent of any political agenda.

For MSF, a tragic legacy of South Sudan's conflicts is the violent deaths of 24 South Sudanese colleagues, and the devastating toll of violence on its staff, patients and their communities.

"Well, my hope for the future for the next 10 years is a transformed society, a transformed community where we can live and co-exist among ourselves. Where I see someone is my brother. I see someone is my sister... Where I can just move without any restriction. Where I can express my feelings, to anyone, regardless of their race, regardless of their tribe. And this is the society that I'm longing for in the next 10 years, and I'm passionate about it because it's the young generation that will inspire the generation that is coming after us."

MSF staff member, 22 April 2021

For nearly 40 years, the area that constitutes South Sudan has been amongst MSF's highest global priority countries, in terms of operations, employment and financing. As the young nation moves into its next decade, MSF remains committed to the people of South Sudan.



MSF guard at the entrance of the MSF hospital in Aweil, 2017.



© PETER BAUZA, 2017

Endnotes

[1] In this report, MSF medical data represents the entirety of the year 2011 (so the six months prior to independence) and goes until the end of December 2020.

[2] In this report, MSF data on attacks on its staff and activities represents the period from independence (9 July 2011) to 26 June 2021.

[3] This quote is from one of a series of interviews conducted with South Sudanese staff across the country in July and August 2019. All subsequent quotes in this timeframe are from this series. To protect identities only the location and dates of these interviews are given.

[4] *Témoignage* translates as bearing witness, and for MSF is the act of raising awareness, either in private or in public, about what MSF teams see happening: www.msf.org/how-we-work

[5] In 2005 the Government of The Republic of The Sudan and The Sudan People's Liberation Movement/Army (SPLM/A) signed the Comprehensive Peace Agreement (CPA). The agreement was brokered by a group of African nations known as the Intergovernmental Authority on Development (IGAD), with support from the US, UK, and Norway.

[6] World Bank data, South Sudan 2011: data.worldbank.org/country/south-sudan

[7] This report uses the terms intercommunal and subnational conflict interchangeably to describe non-state conflicts in South Sudan, between groups defining themselves along identity lines, such as ethnicity. In South Sudan, inter- and intra-communal divisions are exploited on all sides to progress economic, military, and political agendas with blurred distinctions between subnational and political violence.

[8] The Republic of South Sudan (2010): the Sudan Household Health Survey. National Bureau of Statistics, 2010 in Downie, R (November 2012) The State of Public Health in South Sudan: https://csis-website-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/121114_Downie_HealthSudan_Web.pdf

[9] Checchi F., et al. London School of Hygiene & Tropical Medicine (LSHTM). (2018). Estimates of crisis-attributable mortality in South Sudan, December 2013-April 2018: www.lshtm.ac.uk/south-sudan-full-report

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[11] OCHA. (January 2021). South Sudan Humanitarian Needs Overview: www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/south_sudan_2021_humanitarian_needs_overview_print.pdf

[12] UNHCR. (31 July 2020). South Sudan Emergency: www.unhcr.org/south-sudan-emergency.html

[13] Ibid.

[14] In South Sudan these are the Pibor and Ruwang administrative areas, the contested Abyei area has special administrative status in Sudan and is currently governed by an Abyei Area Administration. In October 2015, the 10 states were split into 28, and in January 2017 into 32. In February 2020, as part of the revitalised peace agreement, the original 10 states were reinstated, plus the administrative areas.

[15] A map of the broad geographical location of subethnic groups is available from OCHA: Distribution of Ethnic Groups in Southern Sudan (as of 24 Dec 2009): https://reliefweb.int/map/sudan/distribution-ethnic-groups-southern-sudan-24-dec-2009

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[27] MSF press release. (24 January 2012). Even running away is not enough: www.msf.org/south-sudan-even-running-away-not-enough

[28] The Abyei Administrative Area is claimed by the South Sudanese Dinka Ngok and the Sudanese nomadic pastoralists the Misseriya. The Abyei Protocol outlines administration of the historically contested area, including sharing of local oil revenues and guarantees of continued access to traditional grazing areas by the Ngok and the Misseriya. The referendum is still pending.

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[30] Epicentre. (2011). Cross-sectional survey on nutrition, measles vaccination coverage, and retrospective mortality in the Abyei area.

[31] MSF press release. (12 April 2012). MSF assists patients wounded in aerial bombardment in Unity state: www.msf.org/south-sudan-msf-assists-patients-wounded-aerial-bombardment-unity-state

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[33] Human Rights Watch. (December 2012). Under Siege: indiscriminate bombing in Sudan's Southern Kordofan and Blue Nile states: www.hrw.org/sites/default/files/reports/sudan1212webwcover_0.pdf

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[35] MSF project update. (7 Dec 2011). South Sudan patient testimonies: www.msf.org/south-sudan-testimonies-december-2011

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[38] UNMISS. (8 May 2014). Conflict in South Sudan, A Human Rights Report: unmiss.unmissions.org/conflict-south-sudan-human-rights-report-8-may-2014

[39] MSF project update. (27 December 2013). MSF teams treat people affected by violence in Malakal and Lankien: www.msf.org/south-sudan-msf-teams-treat-people-affected-violence-malakal-and-lankien

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[43] UNMISS. (8 May 2014). Conflict in South Sudan, A Human Rights Report: unmiss.unmissions.org/conflict-south-sudan-human-rights-report-8-may-2014

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[46] In Minkamman in 2014, MSF carried out the first field-use of a new WHO framework for vaccinations in acute humanitarian emergencies in a complex emergency. Rull, M., Masson, S., Peyraud, N. et al. (2018): The new WHO decision-making framework on vaccine use in acute humanitarian emergencies: MSF experience in Minkaman, South Sudan. Confl Health 12, 11: https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-018-0147-z

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[49] As of May 2021. OCHA. (15 May 2021). PoC/IDP site update #16: www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/20210515_cccm_cluster_poc_sites_covid-19_update16.pdf

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[53] MSF voices from the field. (7 February 2014). South Sudan: The day that MSF left Bentiu: www.msf.org/article/south-sudan-day-msf-left-bentiu

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[109] Human Rights Watch news release. (18 December 2018) South Sudan: Spate of Sexual Violence Impunity Fueling Roadside Attacks on Women, Girls Around Bentiu: www.hrw.org/news/2018/12/18/south-sudan-spate-sexual-violence

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[125] MSF report (1 July 2014): South Sudan Conflict: Violence Against Healthcare: www.msf.org/south-sudan-conflict-violence-against-healthcare

[126] MSF press release. (30 October 2015). Trapped by violence in Unity state: www.msf.org/south-sudan-trapped-violence-unity-state

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[129] MSF project interviews. (July 2015).

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[137] MSF press release. (22 January 2015). MSF hospital bombed in South Kordofan: www.msf.org/sudan-msf-hospital-bombed-south-kordofan

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[150] MSF, in collaboration with Epicentre, the MoH, John Hopkins University and WHO, conducted a study which found that the single-dose vaccine was 87.3 per cent effective in reducing cholera for up to two months: www.msf.org/promising-new-one-dose-cholera-vaccination-strategy-could-save-lives-during-outbreaks

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