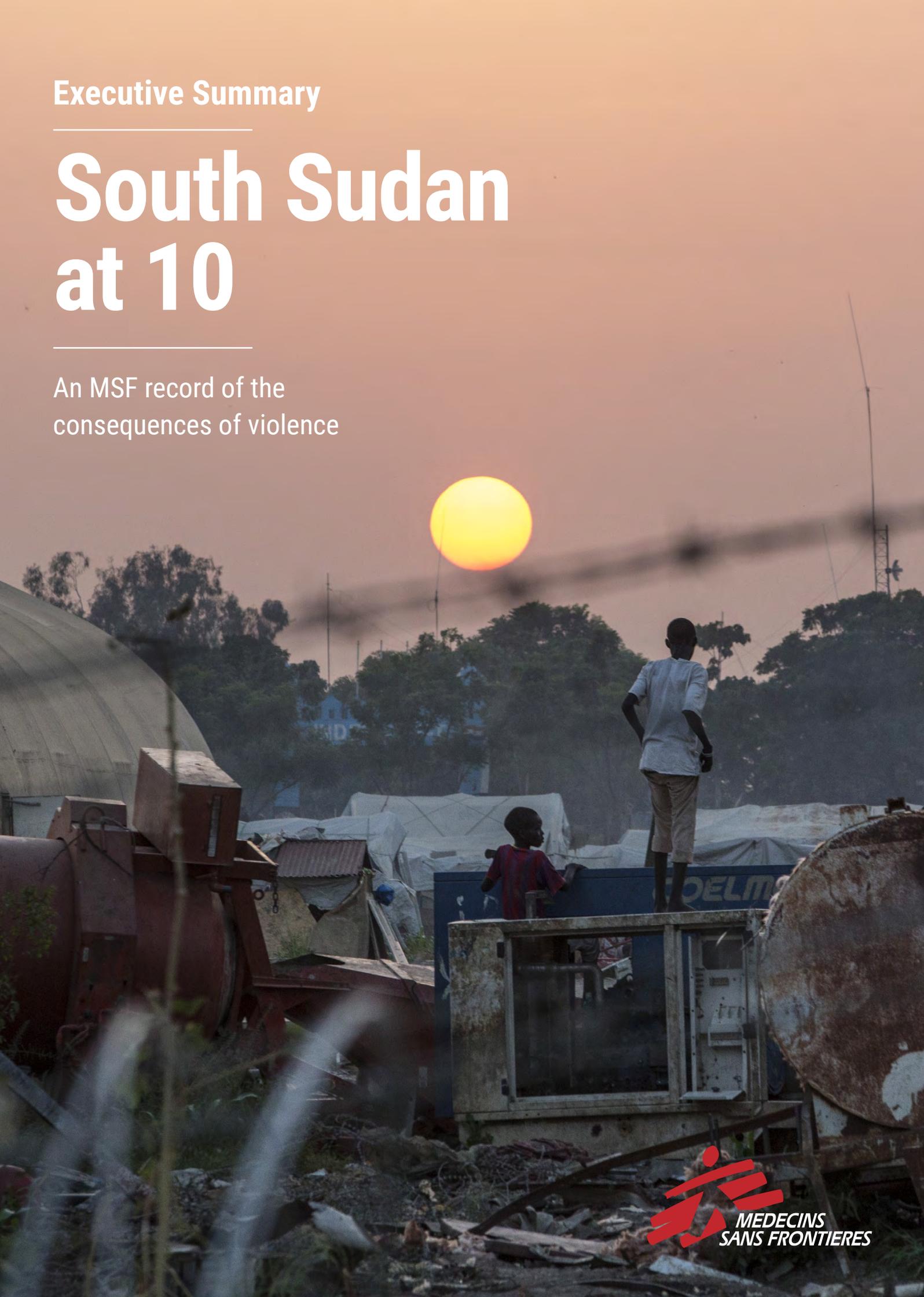


Executive Summary

South Sudan at 10

An MSF record of the
consequences of violence



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 2019¹

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.² 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,³ 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 over 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.⁴ 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

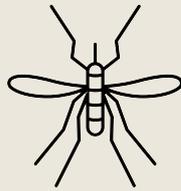
Malnutrition



146,000

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

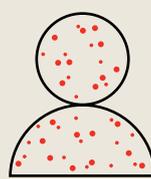
Malaria



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 attempts⁵ 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 2021.⁶ South Sudanese staff are by far at the highest risk, comprising 94 per cent of those killed and 87 per cent of those wounded.⁷ 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.⁸ In what today is the largest refugee crisis in Africa,⁹ 2.2 million South Sudanese are sheltering in neighbouring countries. More than 1.6 million people remain internally displaced.¹⁰

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.¹¹

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 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 2021¹²

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.



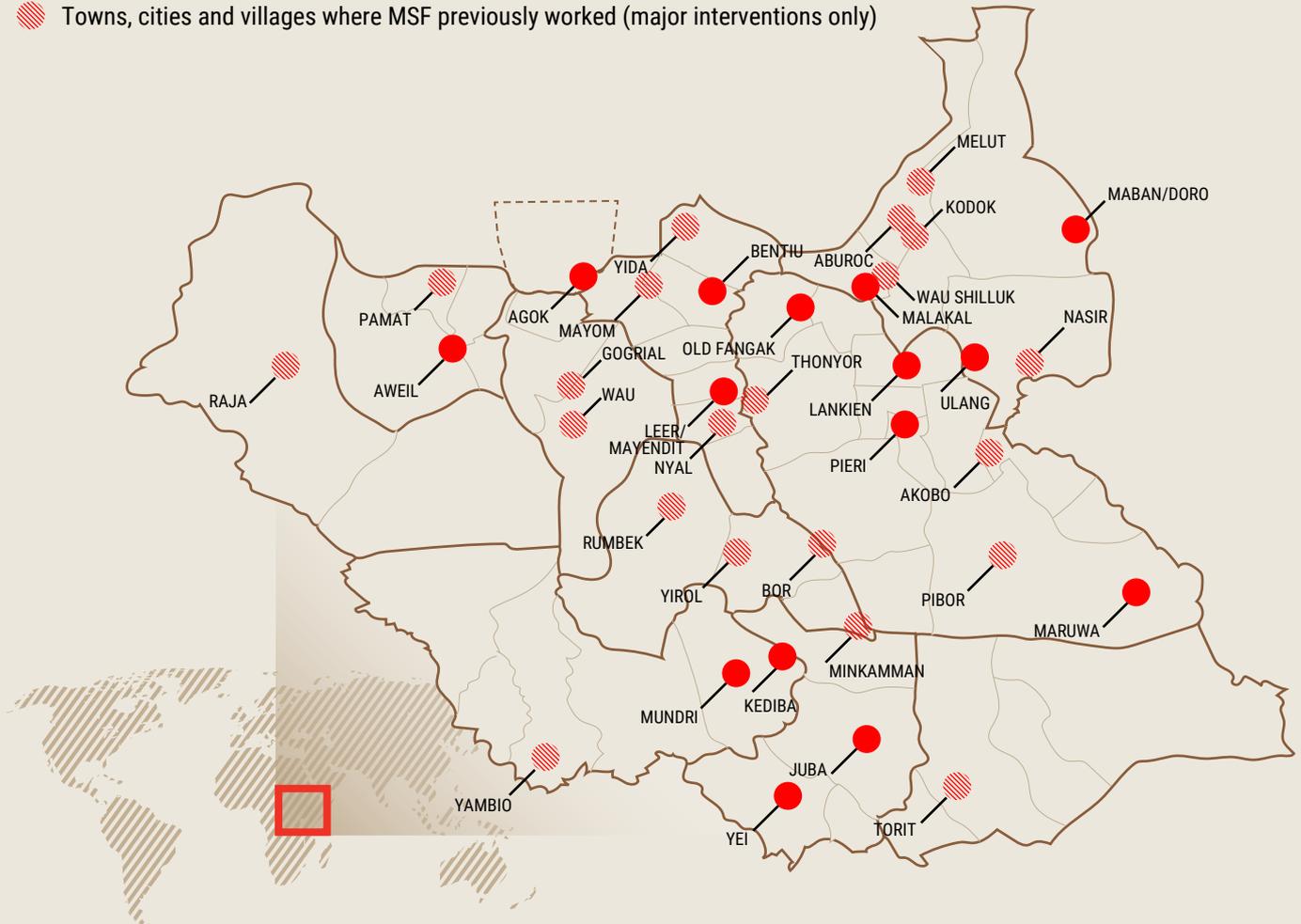
MSF in South Sudan

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

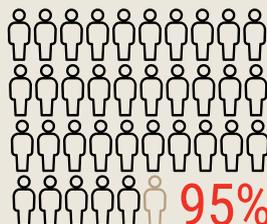
One of MSF's largest countries of operation

1983

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

3,166

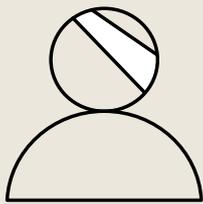
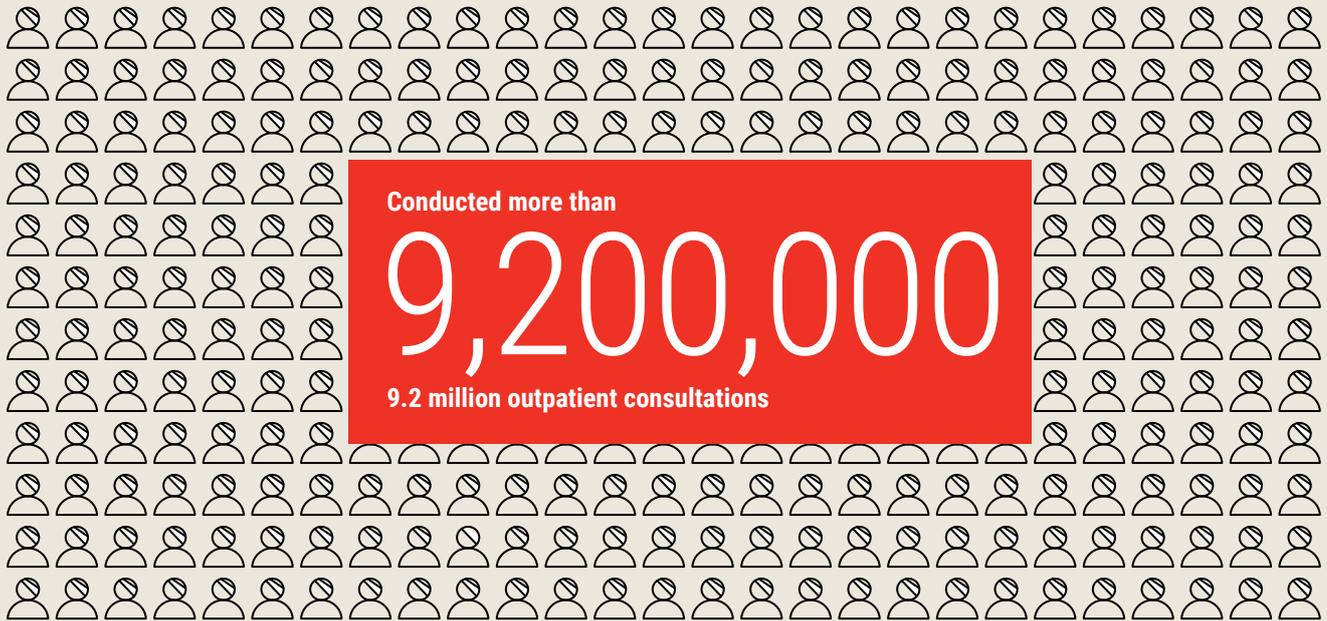
In 2020, MSF employed 3,597 staff. 95% of whom were South Sudanese.



€ 747 m

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

Between 2011-2020, MSF¹³



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

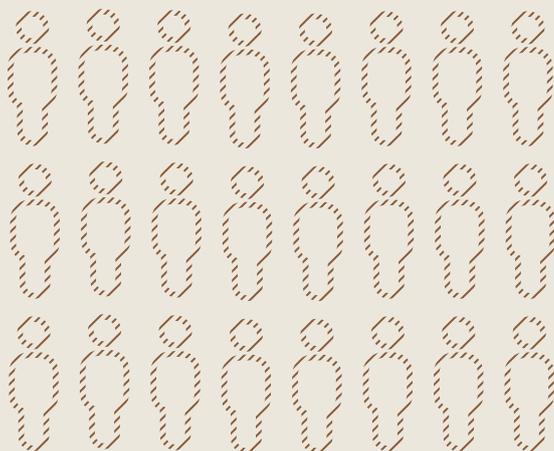
Admitted more than 515,000 patients to hospital, including 182,000 children under the age of 5



MSF staff killed by violence¹⁴

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.

Endnotes

¹ This quote is from one of a series of interviews conducted with South Sudanese staff across the country in July and August 2019.

² OCHA. (20 August 2011). South Sudan: Humanitarian challenges after secession: www.unocha.org/fr/story/south-sudan-humanitarian-challenges-after-secession

³ Checchi F., et al. LSHTM (2018). Estimates of crisis-attributable mortality in South Sudan, December 2013-April 2018: www.lshtm.ac.uk/south-sudanfull-report

⁴ See for example, MSF press releases. (2 August 2012). Catastrophic health situation in refugee camps: www.msf.org/south-sudan-catastrophic-health-situation-refugee-camps; and (19 June 2014). Displaced people dying of preventable diseases at alarming rate: www.msf.org/south-sudan-displaced-people-dying-preventable-diseases-alarming-rate-bentiu-camps

⁵ MSF voices from the field. (17 April 2018). Mounting mental health toll in Upper Nile state: www.msf.org/south-sudan-mounting-mental-health-toll-upper-nile-state

⁶ Data from the Aid Worker Security Database, available at: www.aidworkersecurity.org/incidents

⁷ Ibid.

⁸ 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

⁹ UNHCR. (31 July 2020). South Sudan Emergency: www.unhcr.org/southsudan-emergency.html

¹⁰ Ibid.

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 This quote is from one of a series of interviews conducted with South Sudanese staff across the country in April and May 2021.

¹³ In the report, MSF medical data represents the entirety of the year 2011 (so the six months prior to independence) to the end of December 2020.

¹⁴ In the report, MSF data on attacks on its staff and activities represents the period from independence (9 July 2011) to 26 June 2021.

Acknowledgements

MSF wishes to acknowledge all of its staff and patients in South Sudan.

Authors

Mike White and Joanna Kuper

Special thanks to

The more than 100 MSF South Sudanese staff who contributed to this report;* and to Duncan McLean; Pete Buth; Lauren King; Marc Gastellu Etchegorry and Epicentre; MSF Canada; Christian Captier; Aya Hammoud; Anna "Juba Log"; and Wouter Kok.

*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.

