

“THEY KILLED THEM WHILE WE WERE RUNNING”

ESCALATING VIOLENCE IN SOUTH SUDAN
May 2026



IN MEMORIAM

This report is dedicated to the memory of the **32** MSF staff killed by violence since 9 July 2011, in South Sudan

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LIST OF ACRONYMS

ACLED – Armed Conflict Location and Event Data project

CRSV – Conflict-Related SGBV

ERWs – Explosive Remnants of War

FGD – Focus Group Discussion

GoSS – Government of South Sudan

IDPs – Internally Displaced People

IPV – Intimate Partner Violence

JVMM – Joint Verification Monitoring Mechanism

MoH – Ministry of Health

MSF – Médecins Sans Frontières

NAS – National Salvation Front

NGOs – Non-Governmental Organisations

OHCHR – Office of the United Nations High Commissioner for Human Rights

PHCC – Primary Healthcare Centre

R-ARCSS – Revitalised Agreement on the Resolution of Conflict in South Sudan

SGBV – Sexual and Gender-Based Violence

SPLM/A-IO – Sudan People's Liberation Movement/Army-in-Opposition

SSPDF – South Sudan People's Defence Forces

UNMISS – United Nations Mission in South Sudan

UPDF – Uganda People's Defence Forces

WASH – Water, Sanitation and Hygiene

EXECUTIVE SUMMARY

MSF is witnessing a sharp increase in the intensity, scale and geographic spread of violence in South Sudan, including both targeted and indiscriminate attacks on civilians. Since the start of 2025, MSF has worked in over 18 different locations in 6 states (Jonglei, Upper Nile, Central Equatoria, Lakes, Warrap, and Western Equatoria) and 2 administrative areas (Abyei and Greater Pibor). Where MSF responds, civilians are facing attacks, forced recruitment, abductions, and sexual and gender-based violence (SGBV). Populated towns and villages are being hit by airstrikes and ground attacks, resulting in devastating civilian casualties, displacement and the destruction of civilian infrastructure.

There is mounting disregard for civilian life by all parties to the conflict, alongside a growing normalisation of violence against civilians and of the immense needs that follow. In 2025, MSF treated 6,095 people for different forms of violence, including gunshot wounds, blast injuries and SGBV, compared with 4,765 people in 2024. In January and February 2026 alone, MSF had already treated more than 1,800 patients affected by violence, including more than 885 survivors of SGBV.

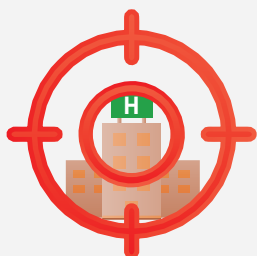
Civilian infrastructure is increasingly coming under attack, further diminishing an already low baseline of essential services. Healthcare has not been spared; since January 2025, MSF has experienced 12 attacks on its staff and health facilities, including looting, attacks on and abductions of staff, and the bombing of two MSF-supported hospitals: Old Fangak hospital in May 2025 and Lankien hospital in February 2026. MSF is particularly concerned that health facilities in opposition-held areas are being targeted, limiting access to essential medical care for people living in these communities. Between January 2025 and April 2026, approximately 762,000 people have lost access to healthcare due to attacks on MSF staff and facilities, at a time when medical and humanitarian needs are rising.

At the same time, humanitarian space is shrinking to an alarming degree. General insecurity, denials of access, and the instrumentalisation of aid are reducing humanitarian access to areas with the highest medical and humanitarian needs. MSF is observing a concerning trend of access blockages, recurring coercive letters and evacuation orders by the Government of South Sudan directed at civilians and humanitarian organisations in contested and SPLA-IO-controlled locations. At the same time, aid is being instrumentalised for military and political objectives by all parties to the conflict. Attempts to force NGOs to relocate aid to and from certain areas are depriving entire communities of life-saving assistance, particularly in Jonglei and Upper Nile, and are preventing adequate healthcare and humanitarian response for many communities.

CALLS TO ACTION



MSF calls on the Government of South Sudan, SPLA-IO, and all parties to the conflict to protect and respect civilians and civilian infrastructure. Civilians and civilian infrastructure, including healthcare, must never be targeted; direct attacks against them constitute serious violations of International Humanitarian Law (IHL). Under IHL, all parties have an obligation to respect and protect civilians and avoid the use of indiscriminate or disproportionate force, including the use of airstrikes and incendiary weapons in populated areas



Attacks on healthcare must not become the new normal in South Sudan. MSF calls on the Government of South Sudan to provide explanations of the bombing of MSF's hospitals in Old Fangak and Lankien and further calls on all parties to provide concrete guarantees that healthcare and health workers will be protected. All parties to the conflict must not only refrain from bombing, destroying, or looting medical facilities and attacking healthcare workers; they must take active steps to ensure they can continue to fulfil their life-saving role. Further attacks on healthcare in areas like Jonglei and Upper Nile would destroy the last remaining lifelines for hundreds of thousands of people already displaced by conflict.



MSF calls on all parties to the conflict to guarantee unhindered, sustained humanitarian access to ensure impartial humanitarian assistance can reach all people in need. The unimpeded delivery of humanitarian aid and essential services must be the rule, not the exception. Hospitals, medical referrals, and emergency responses depend on continuous access; without it, patients face preventable deaths and irreversible health impacts. MSF calls on all parties to stop instrumentalising aid for military and political objectives. Attempts to force NGOs to relocate aid to and from certain areas are depriving entire communities of life-saving assistance.



MSF calls on international donors to South Sudan to maintain presence and funding commitments and for the UN and other humanitarian actors to immediately scale up humanitarian response to conflict-affected areas. The humanitarian situation is only likely to deteriorate further throughout 2026. More agile and humanitarian approaches to delivering humanitarian assistance and healthcare are urgently required, especially in regions not under government control, to ensure all populations in need have access to care.

METHODOLOGY

This report aims to provide an overview of the types and consequences of violence that MSF has witnessed in its project areas since the start of January 2025 until April 2026. It is based on medical data and testimonies collected from staff and patients in that timeframe.

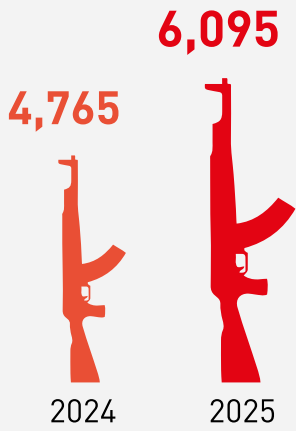
- MSF violence-related medical data includes gunshot wounds, knife wounds and blast injuries.
- Medical data also includes figures on SGBV, but this is likely a significant underrepresentation due to barriers in accessing care.
- MSF has worked in more than 18 locations across South Sudan since the start of 2025 and responded to victims and survivors of violence across at least 16 locations, including in Abyei Administrative Area; Greater Pibor Administrative Area; Aweil, Northern Bahr El Ghazal; Bentiu and Leer, Unity; Chuil, Lankien, Pieri, Toch, and Old Fangak, Jonglei; Malakal, Renk, and Ulang, Upper Nile; Twic, Warrap; Kajo-Keji and Yei, Central Equatoria.
- A total of 72 qualitative interviews were held between October 2025 and April 2026, including:
 - 45 testimonies
 - 13 key informant interviews and semi-structured interviews
 - 14 focus group discussions (FGD) and semi-structured group interviews with MSF staff, patients and community members in Tambura, Source Yubu, Pieri, Chuil, Barmach, Nyangore, Malakal and Yei.

LIMITATIONS

The data reflects and captures communities' experiences and field realities at local and regional levels where MSF operates, within a national context of escalating armed violence. The report is only able to depict a fraction of the deeper and more complex crisis of violence being experienced in South Sudan. While the conflict in Sudan has an impact on the dynamics in South Sudan and the medical data related to violence, the scope of the report will focus on the situation within South Sudan.

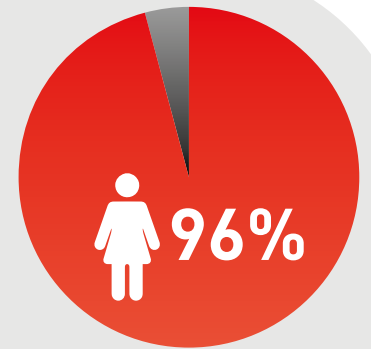
Although MSF data indicates a worsening situation in South Sudan, the realities on the ground are likely much more severe. MSF data only gathers information from patients who can reach its healthcare facilities, yet since 2025, conflict and flooding have significantly impeded access to services, not only disrupting the delivery of health in some areas, but also forcibly displacing communities and making it extremely challenging for people to move across conflict lines to seek care.

KEY FIGURES

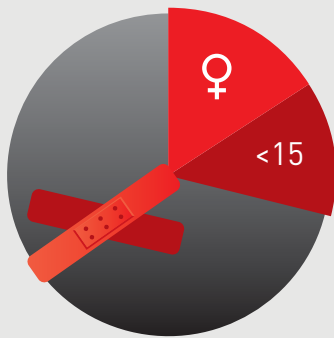


In 2025, MSF treated **6,095** patients who had experienced different forms of violence.

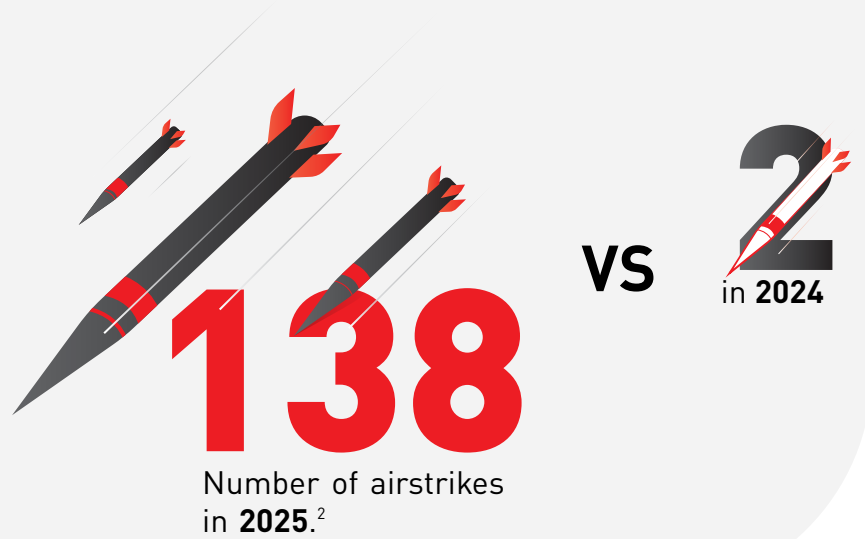
In 2025, **2,616 SGBV survivors** were cared for across all **11 MSF projects** that provided SGBV services.



96% of SGBV survivors were women and girls, with **3%** of survivors reported to be under 15.¹



In 2025, **16%** of weapon wounded patients were women and girls and **13%** were children under the age of 15.



Number of airstrikes in **2025**.²



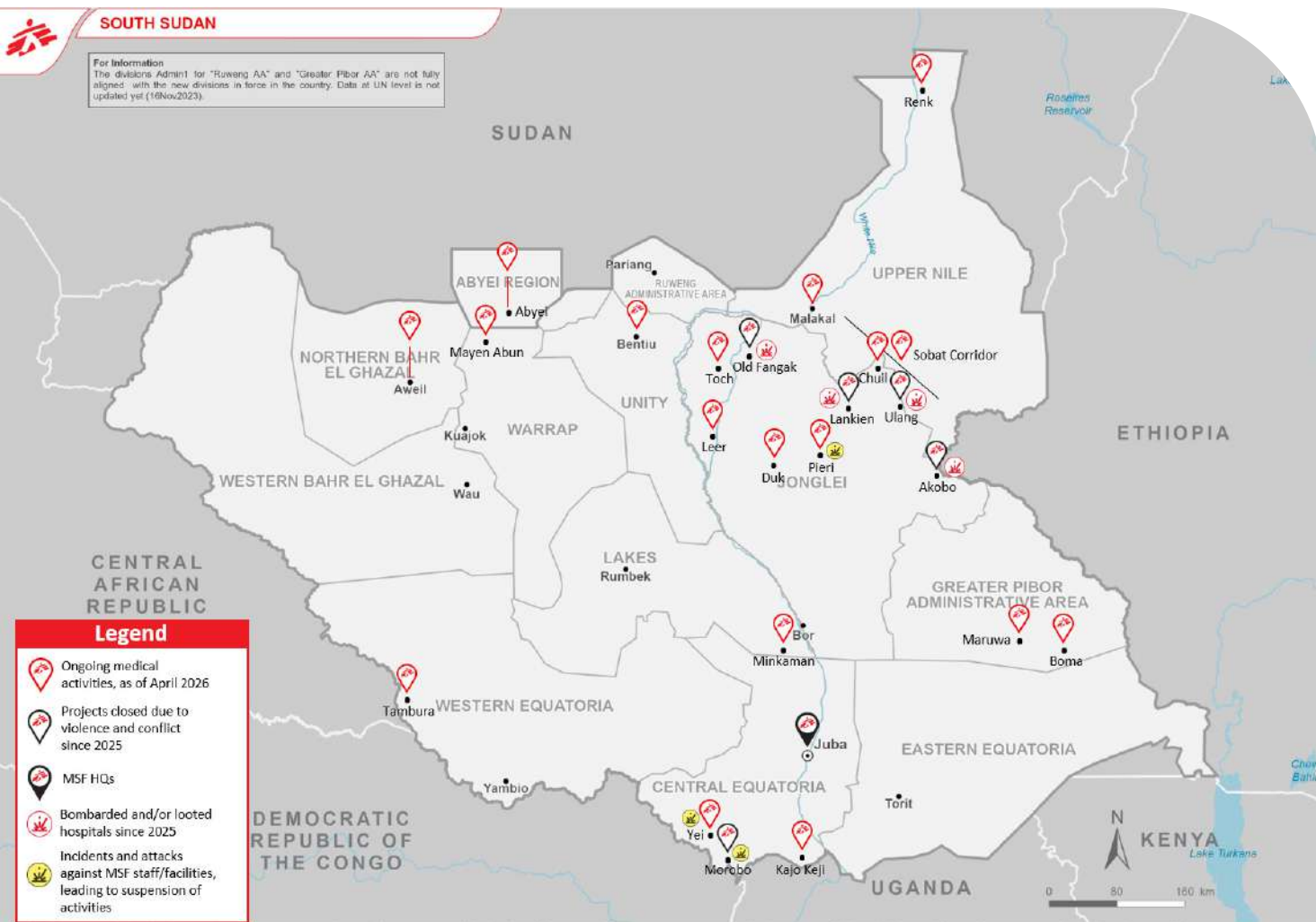
In 2025, **3,479** patients were treated for gunshot wounds, knife wounds, and blast injuries, including those from airstrikes and explosive remnants of war (ERW).

¹ Ages are based on self-reporting, and many people who seek treatment at MSF facilities do not know their exact age.

² Data on airstrikes are according to ACLED data: <https://acleddata.com/conflict-data/data-export-tool>

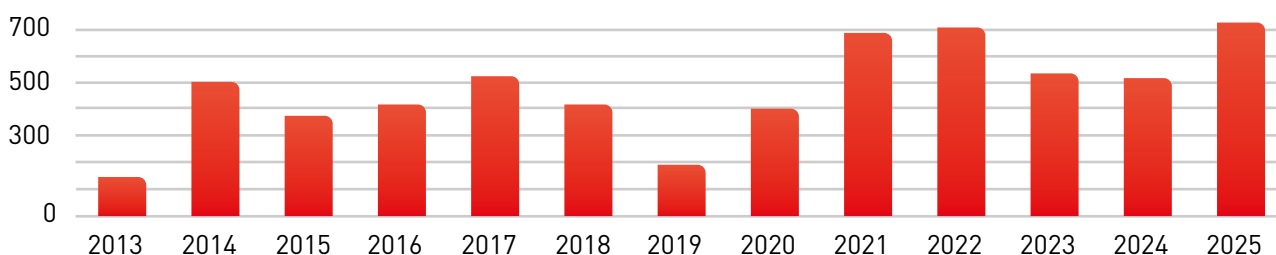
ESCALATING CONFLICT SINCE JANUARY 2025

While many areas where MSF works in South Sudan have long experienced both political violence and intercommunal clashes, since the beginning of 2025, there has been a shift in the level and intensity of violence. Active clashes were reported in MSF project areas of Abyei, Akobo, Bentiu, Fangak, Leer, Lankien, Yei, Nasir, Ulang, Baliet, and Longechuk. MSF also witnessed clashes and forced displacement in Kajo Keji due to clashes between the Uganda People’s Defence Forces and the SSPDF in July 2025.



This map is for information purposes only and has no political significance / Cette carte est exclusivement à but informatif et n'a aucune signification politique

Number of Reported Armed Clashes in South Sudan
2013-2025



ACLED Data, accessed 04/04/2026: <https://acleddata.com/conflict-data/data-export-tool>

Despite the 2018 Revitalised Agreement on the Resolution of Conflict in South Sudan (R-ARCSS), 2025 has seen a significant increase in armed clashes between government forces (the SSPDF) and armed opposition groups, including the Sudan People's Liberation Army-in-Opposition³ (SPLA-IO). In March 2025, the SPLM-IO withdrew from the security arrangements of R-ARCSS⁴, citing the escalation of violence, detention of key officials and presence of Ugandan troops as reasons⁵.

Since January 2025, according to ACLED (the Armed Conflict Location and Event Data project) data, 927⁶ clashes between government and opposition forces, militias, and ethnic groups have been reported across 73 counties (out of 79), compared with 516 across 60 counties in 2024. Fighting has spread across multiple regions, including Jonglei, Upper Nile, and Equatoria, with rising civilian casualties and forced displacement. The UN Mission in South Sudan (UNMISS) reported a 40% increase in deaths and injuries in 2025 compared with 2024⁷.

Violence and conflict are driven by political-ethnic factors, power struggles, control over land and resources, the absence of formal judicial systems, a lack of adhering to and respect for the R-ARCSS, and weak institutions⁸. Parties to the conflict exploit intercommunal divisions to foster discord, which further exacerbates ethnic tensions and land disputes. While ethnic and political identity is a factor, at the local level, intercommunal tensions are also closely linked to cycles of revenge, livelihoods, survival, and local power dynamics⁹.

The use of airstrikes illustrates a significant shift in the conflict since January 2025, leading to widespread destruction of civilian areas and loss of civilian life. In 2025, ACLED documented 138 airstrikes in South Sudan, as compared with two such incidents in 2024¹⁰. Between January and March 2026, at least 18 airstrikes occurred, with the majority in Jonglei. All available information indicates that the SSPDF and the allied Uganda People's Defence Forces (UPDF) are the only parties to the conflict with the capacity for aerial bombing. Most airstrikes took place in opposition areas of Jonglei (59) and Upper Nile (53) states, which are predominately inhabited by Nuer populations. Targeted locations include Nyirol (10), Canal/Pigi (15), Uror (13), Ulang, (18) and Nasir/Luakpiny (22), with the majority occurring in Fangak (28).

Old Fangak has never been a war zone, but this year there were bombardments that were common [...] we are not certain if it will stop at some point or not. This year is more. It has created great losses, loss of property, of life and suffering has increased.

Woman caretaker of MSF patient, Toch primary healthcare centre (PHCC), October 2025

Tensions and violence are also fuelled by misinformation, polarising language, and alarming levels of hate speech, which are drivers of social friction and violence in the country¹¹. When attacks on civilians started to escalate in Jonglei in November 2025, the UN Commission on Human Rights expressed alarm at the incitement of violence and atrocities by senior SSPDF military figures¹².

³ The Sudan People's Liberation Movement in Opposition (SPLM-IO) is the political wing, whereas the Sudan People's Liberation Army in Opposition (SPLA-IO) is the military forces

⁴ The SPLM-IO withdrew from the Joint Defense Board, High-Level Political Committee, Joint Military Ceasefire Commission, and Joint Transitional Security Committee.

⁵ <https://www.sudanspost.com/splm-io-withdraws-from-security-mechanisms-amid-rising-tensions/>

⁶ Figures on clashes are according to ACLED data: <https://acleddata.com/conflict-data/data-export-tool> The data included does not report on the intensity of clashes or the severity of their impact.

⁷ <https://unmiss.unmissions.org/en/press-releases/remarks-by-anita-kiki-gbeho-special-representative-of-the-secretary-general>

⁸ https://www.crisisgroup.org/sites/default/files/2025-09/b207-south-sudan-succession-fever_1.pdf; <https://www.crisisgroup.org/rpt/africa/south-sudan/300-toward-viable-future-south-sudan>; <https://www.securitycouncilreport.org/whatsinblue/2025/03/sudan-south-sudan-closed-consultations.php>; <https://iprjb.org/journals/IJLG/article/view/3351/4094>

⁹ <https://www.hrw.org/world-report/2026/country-chapters/south-sudan>

¹⁰ According to ACLED data.

¹¹ <https://www.ohchr.org/en/press-releases/2025/05/south-sudan-un-human-rights-chief-decries-escalating-hostilities-arbitrary>; <https://www.eyeradio.org/south-sudan-media-regulator-concerned-about-surge-in-online-hate-speech/>; <https://www.digitalrights.ngo/post/joint-statement-on-the-rise-of-hate-speech-misinformation-and-incitement-to-violence-in-south-sudan>

¹² <https://www.ohchr.org/en/press-releases/2026/01/south-sudan-un-commission-warns-incitement-and-command-failures-risk-mass>

MSF MEDICAL DATA ON VIOLENCE

In 2025, MSF treated 6,095 victims and survivors of different forms of violence. This includes 3,479 patients with weapon-related wounds, such as gunshot, knife, and blast injuries, compared to 2,485 patients in 2024. The situation continues to deteriorate. In January and Feb 2026, MSF already treated more than 1,800 patients who had experienced different forms of violence, including more than 885 survivors of SGBV.

LOCATIONS AND MAIN TYPES OF VIOLENCE TREATED BY MSF SINCE JANUARY 2025

“ I heard them shooting and saw them coming after the women, they killed some of my neighbours; some of them were women.”

Young mother from Thol, Chuil, March 2026

In 2025, 3,479 weapon-wounded patients were treated across 11 MSF projects, including Abyei Administrative Area; Greater Pibor Administrative Area; Aweil, Northern Bahr El Ghazal; Bentiu and Leer, Unity; Lankien, Toch, and Old Fangak, Jonglei; Malakal, Renk, and Ulang, Upper Nile. Both Abyei and Renk projects also treat weapon-wounded patients injured in Sudan, but a full breakdown of patient origin is not available. Nine projects saw an increase in the number of patients treated for weapon wounds compared with 2024.

Malakal was the only project that saw a decrease in the total figures of weapon-wounded patients, from 854 in 2024 to 434 in 2025, likely due to the decrease in access to areas outside of Malakal Town. However, for 2025, MSF treated 211 patients with gunshot wounds in Malakal, compared to 25 in 2024; a 780% increase – indicating rising conflict in the area.

Gunshot wounds account for the majority of violence injuries treated by MSF in 2025, with 1,880 patients in Abyei, Bentiu, Malakal, Ulang, Lankien, Toch/Paguir, Old Fangak, and Renk. Since January 2025, there has been an 77% increase in the number of gunshot wounds treated by MSF across all projects, including in Lankien, Bentiu, Fangak, and Yei projects that had zero cases in 2024. In the first 3 months of 2026, the number of patients treated for gunshot wounds already reached 570. This reflects an increase in violence in South Sudan.

Blast injuries from airstrikes, drones, and ERW were the second most common type of weapon-related injury treated by MSF in 2025, with 409 cases reported across Abyei, Bentiu, Leer, Lankien, and Renk.

In addition to victims of weapon-wounded violence, MSF has cared for 2,616 SGBV survivors in 2025, and had concerningly already seen over 885 in the first three months of 2026. The majority of SGBV survivors cared for were in “Lankien, Jonglei state; Bentiu and Leer, Unity state; Yei, Central Equatoria state; and there are also survivors in



MSF surgeons perform an operation on a wounded patient in the operating room of the Bentiu State

Renk, Upper Nile state that came from both within the Renk area and from Sudan. The higher caseloads in specific MSF projects does not necessarily mean that numbers of survivors are lower elsewhere. Prevalence may go undetected due to underreporting, lack of awareness of services, distance to facilities, absence of trained professionals, and lack of outreach.

PATIENT PROFILES

Since the start of 2025, at least 16% of patients with weapon-related injuries treated by MSF were women¹³, not including cases of SGBV, which are recorded separately. Lankien, in Jonglei state, recorded the highest proportion of women among weapon-wounded patients, at 52%. Among patients treated for SGBV, 96% were women and girls, including 3% under the age of 15. Since January 2025, at least 14% of weapon-wounded patients - 473 in total - were children under the age of 15. Children under five are particularly affected by explosive remnants of war (ERW), accounting for 28% of ERW-related injuries recorded by MSF. Their vulnerability is heightened by limited awareness of danger and lack of access to risk education.

“Many of them were women and children. Two of the children went to the operating theatre immediately. One of the women was a pregnant mother that we tried to manage as best we could, but she died pretty quickly [...] it was too late [...] there was no chance for the baby.”

MSF staff, Abiemnhom Attack Response, Abyei, March 2026

MSF medical data indicates that men make up most of the weapon-wounded patients. Testimonies suggest that men, especially young men, are the main targets of killings and violence due to involvement in active conflict or affiliations and suspected affiliations with specific armed or ethnic groups.

“Our men have run away. But as women we remain. The men will be attacked if the government sees them. They will think they are fighters. They will be killed.”

Woman in Pieri, Pieri PHCC, March 2026

PERPETRATORS

Patient stories and testimonies reveal that violence is clearly perpetrated by all parties to the conflict, including the SSPDF, SPLA-IO and allied militia on both sides. MSF has also treated patients injured in localised clashes between different community groups. Dynamics vary, however, depending on location and type of attack.

Attacks on civilians and civilian infrastructure have increasingly been committed by all parties to the conflict. The increasing use of airstrikes by the SSPDF and the UPDF is having a devastating impact on civilian populations. Abductions and forced recruitment of women, men, boys and girls are perpetrated by all parties to the conflict. Abductions of children by the Murle are reported in Jonglei. SGBV is perpetrated by all parties to the conflict, community members and intimate partners.

¹³ Information for certain projects on sex and age disaggregation is unavailable.

MSF WITNESSING OF ATTACKS AGAINST CIVILIANS

*They target everyone not just the men.
They killed women and children, they killed the old people.”*

Young mother with newborn baby, Chuil, March 2026

Since January 2025, MSF has treated numerous patients injured in both aerial and ground attacks, and has responded to at least five separate instances of mass attacks on civilians, including in Ulang and Nasir, Adong, Abiemnhom, and different parts of Jonglei state. MSF has also treated other weapon wounded injuries in places like Yei and Fangak, where conflict has escalated.

AIRSTRIKES ON CIVILIANS IN ULANG AND NASIR COUNTIES

Following the clashes in Nasir, Upper Nile state in February 2025, there were multiple airstrikes¹⁴ along the Sobat Corridor, with significant civilian casualties. Between 3 and 21 March, MSF received a total of 34 patients in Ulang hospital who had been injured in airstrikes in Nasir and Kuich, including 11 with burns from the aerial attacks.

MSF received 12 patients from Kuich in Ulang hospital. Five patients were women, and two patients died, including a 70-year-old woman who arrived with 90% burns on her body from the strikes. MSF staff and patients reported that civilian structures were hit and burned during the strike in Kuich, including the market, a nutrition clinic and an MSF-supported primary healthcare centre.

¹⁴ <https://www.reuters.com/world/africa/airstrike-kills-least-19-south-sudan-town-residents-say-2025-03-17/>

Market at the Lankien town, Jonglei state, South Sudan, was hit in an airstrike by the government of South Sudan forces on 4 February 2026.



ATTACKS ON CIVILIANS IN ADONG, BALIET COUNTY

Since 2025, long-standing intercommunal clashes and cattle-raiding between bordering Ngok Lual Yak Dinka communities from Baliyet county and Eastern Jikany Nuer from Ulang county, Upper Nile state have led to a series of deadly attacks, and fuelled violence against civilians. In September 2025, armed men allegedly from Adong (Baliyet) attacked neighbouring Doma communities (Ulang), killing three people. Earlier, on 4 April, Malakal received 17 casualties linked to a related incident in Doma.

On 14 November, the Nuer communities/White Army attacked Adong, 20 km southeast of Malakal, in reprisal for the Doma incidents. At Malakal teaching hospital, MSF teams received 49 patients with gunshot wounds, including three children, seven older men over 60, and 19 women, including one pregnant woman – she went into labour on arrival at the hospital, and her baby died. Three patients died at the facility, while community sources indicate 57–84 deaths at the site of the attack, with several people unaccounted for¹⁵. Approximately 5,000 livestock were reportedly stolen, affecting the community's food security and livelihoods and causing forced displacement across the region.

MASS-CASUALTY EVENT IN ABIEMNHOM, RUWENG STATE

The largest mass-casualty event that MSF has responded to in South Sudan since January was in March 2026, when MSF teams in Ameth Bek hospital in Abyei treated 84 patients injured in an attack on Dinka communities in Abiemnhom, Ruweng administrative area, with victims including women, children and older people. The violence was driven by longstanding intercommunal tensions and cycles of reprisals between communities, although there are competing claims as to who was involved.¹⁶

In the early hours of 1 March 2026, armed youths raided the village, knocking on doors and shooting all those who answered. The community reported that attackers torched the homes of those who didn't answer the door. Houses were incredibly flammable due to being made from dried grass. According to local authorities, the death toll reached nearly 180 people.¹⁷

***[Attackers] were just shooting people; shoot to kill, attack to kill [...]
This person told us that when you didn't open the door you were not shot.
Instead the assailants torch your house and you get burnt in the house and left to die. But those who opened the door were being shot."***

MSF staff, Abyei administrative area, 2026

Despite the chaos surrounding the attack, distance to the facility, and number of casualties, at around 10 am, the first patients were able to reach Ameth Bek hospital. MSF, together with the Ministry of Health (MoH), responded to the needs of 84 patients, the majority of whom had gunshot wounds. Of these, 23 were women and girls and 11 children under 15; the youngest victim was four years old, who had received a gunshot to the hip.

***Amongst these, the children, most of the children got shot on the abdomen
and on the chest."***

MSF staff, Ameth Bek civil hospital, Abyei, March 2026

¹⁵ MSF has not independently verified these figures.

¹⁶ <https://www.sudanspost.com/who-is-behind-the-abiemnom-massacre/>

¹⁷ <https://www.radiotamazuj.org/en/news/article/death-toll-from-abiemnhom-attack-rises-to-178>

Pretty much every patient with a gunshot wound needed some sort of operative intervention. So we're admitting all these patients to the surgical ward, trying to expand our capacity. But [the flow of wounded patients] was just constant."

MSF staff, Ameth Bek civil hospital, Abyei, March 2026

"We treated one burn victim, but we didn't really see any other burn victims. My fear is that most of the people that were being burned in the houses didn't make it."

MSF staff, Ameth Bek civil hospital, Abyei, March 2026

Most patients treated had gunshot wounds, many of them severe enough to require surgery. Several patients underwent amputations. Although the town was reportedly burned, MSF treated only one patient with burn injuries; this may reflect the limited ability of people affected by the fire to escape or access medical care.

The attack highlights the devastating immediate and long-term impacts that violence inflicts on people in South Sudan. As of 9 March, 20,000¹⁸ are displaced across Abiemnhom county. Fearing further violence and attacks, they have been forced to flee their homes to Abyei, where they are settled under precarious and difficult conditions. Internally displaced people (IDPs) face concerns regarding accessing basic services, shelter, and humanitarian assistance.

ESCALATION OF VIOLENCE AGAINST CIVILIANS IN JONGLEI STATE

Since December 2025, attacks on the civilian population in different parts of Jonglei have reached an alarming level of brutality and scale, due to escalating conflict between the SSPDF and the SPLA-IO and Nuer White Army. On 28 January, the SSPDF launched the offensive 'Operation Enduring Peace' and ordered the immediate evacuation of civilians and aid agencies across the Lou Nuer¹⁹ counties of Nyirol, Uror, and Akobo.²⁰ Fighting subsequently spread through northeastern Jonglei, affecting communities in Nyirol, Uror, Duk, Akobo, and Ayod counties and into Ulang, Southern Upper Nile.

Since March 2026, MSF has conducted 25 interviews with people who had fled the escalating violence across parts of Jonglei, including Lankien, Akobo, Pieri, Nyirol, Pathai, Walgak, Motot and other areas. MSF staff,²¹ patients and members of the community shared horrific stories of violence, including the killings of elders, women, men, boys and girls by the SSPDF as they fled.

Between December 2025 and March 2026, 12 airstrikes were reported across Jonglei, including in Akobo, Ayod, Nyirol, and Uror. Nine occurred in Upper Nile, across Longechuk, Luakpiny/Nasir and Maban during the same period. On 29 December, airstrikes affected areas including Pieri and Lankien, with the Lankien market being struck, only a few hundred metres from Lankien

The soldiers went into the houses, looking for people. They shot people inside, including women and children. They killed my mother. She was 60 years old. They killed my brother, my brother-in-law and my uncle. All of them."

Former MSF staff in Lankien, Chuil PHCC, March 2026

¹⁸ <https://dtm.iom.int/reports/south-sudan-event-tracking-report-abiemnhom-conflict-101-04-09-march-2026>

¹⁹ Lou Nuer is a subgroup of the Nuer ethnicity, predominately living in northwestern areas of Jonglei state.

²⁰ <https://acleddata.com/report/violent-escalation-jonglei-threatens-south-sudans-peace-agreement>

²¹ MSF staff in Lankien totalled 291.



Families displaced by recent violence live under palm trees in Thanakuach, Jonglei State, South Sudan. Escalating violence has triggered a new wave of displacement, with thousands fleeing active fighting and seeking safety in and around Chuil.

hospital. On 31 December, MSF was prevented by the Government of South Sudan (GoSS) from accessing projects in Jonglei, including Lankien hospital. For 36 days, locally hired MSF and MoH incentive staff were running the hospital and Pieri PHCC with reduced activities, dwindling supplies, and increasing patient needs, including at least 60 weapon-wounded patients from the conflict who required urgent care.

Bombing and Ground Attack of Lankien, Nyirol County

On the evening of 3 February, the SSPDF directly bombarded the MSF hospital in Lankien. Earlier that day, staff had been told by MSF to evacuate and discharge patients due to the growing likelihood of an attack. Staff were forced to discharge patients despite high levels of need – some women were in labour at the time. During the bombardment, two MSF staff were injured and the warehouse was destroyed. Ground attacks by the SSPDF on Lankien began on 7 February and people were forced to flee amid harrowing experiences of violence.

I was woken by gunfire, there was bullets coming through my tukul. I told my wife, we need to get out now. We picked up our children and ran for the bush. It was really hard to carry the children.

Young father of two children, Juba, April 2026

Accounts from affected MSF staff and communities following the escalation of conflict in Lankien express devastating stories of being chased by the SSPDF, in fear for their lives. Reports indicate that SSPDF forces committed targeted attacks and sexual violence against civilians, including men, women, children, people with disabilities, and older people.

I could not run for long, I was nine months pregnant, I sat on the ground, and then a bullet hit me in the belly; I don't know what happened [...] The bullet reached the baby, it hit the baby's leg; he is healthy now. My daughter was also hit in the chest, near the shoulder. She has recovered now."

Woman from Pathai Payam, Uror;
Malakal teaching hospital,
March 2026

After we entered the forest the soldiers followed us. But we managed to escape. After they could not find anyone they turned back to Lankien. After we escaped the soldiers were shooting the big gun into the bush for about an hour. A lot of people died at that place. It was really devastating."

MSF staff from Lankien, Juba,
April 2026

They killed three women and two men. I don't know why they killed the women. They just target everyone."

Mother from Lankien, Chuil, March 2026

Airstrikes and Attacks in Akobo County

On 2 February, airstrikes hit the town of Walgak²² in Akobo West, followed by intensified clashes between the SPLA-IO and the SSPDF.²³ On 5 February, the SSPDF claimed control of Walgak. Similar to accounts from Lankien, testimonies describe attacks against civilians, destruction of civilian infrastructure, including homes, and being forced to flee under extreme conditions.

We left after the airstrikes, the ground force came into the village. They destroyed the market, they burned the houses and the health facility."

Woman from Walgak, March 2026

Eight women were shot and killed by the SSPDF. These are the ones we know but they killed others."

Woman from Walgak, March 2026

A few women gave birth on the way to Barmach, we were walking through the bush. I helped some of them. One died during labour [...] it was before arriving here, we were in the bush. No woman can give birth in those conditions. We didn't have food for days, she could not manage."

Elder woman from Walgak, March 2026

²² <https://acleddata.com/conflict-data/data-export-tool>

²³ <https://reliefweb.int/report/south-sudan/south-sudan-conflict-jonglei-state-flash-update-no-5-6-february-2026>

On 6 March, the SSPDF issued an evacuation order for all civilians, UN personnel and non-governmental organisations (NGOs) in Akobo town, Akobo East. People from the town were forced to displace in unsafe conditions towards Ethiopia and other parts of Akobo, including an estimated 17,000 people who had just fled violence from other parts of Jonglei. On 7 March, the MSF team was forced to evacuate and Akobo hospital - where MSF supported the paediatric ward and pharmacy - was completely looted, leaving hundreds of thousands without access to healthcare services.²⁴ As of 22 April, approximately 114,0000 refugees are currently in Tiergol, Ethiopia in dire need with limited to no food, shelter, healthcare, water, sanitation and hygiene (WASH), or protection services.

There were children and women, a lot of people were running. All the people ran to the Tiergol side because it was safe. All the community, the children and woman fled, but some of the children died on the way [...] some children drowned, at least three children."

MSF staff, Akobo, April 2026

Widespread Destruction, Casualties, and Forced Displacement

IDPs from Jonglei described the destruction and burning of their homes, sometimes with people inside, following the escalation of violence. According to interviewees, attacks occurred as people fled, with dead bodies found in the forest as they ran and many families separated, leaving behind the elders, people too ill to travel, and people with disabilities. The scale of civilian deaths and infrastructure destruction remains unknown. On 17 April, the Office of the United Nations High Commissioner for Human Rights (OHCHR) warned that the scale of human impact of the conflict was likely greater than known, following the discovery of burial sites in Jonglei.²⁵

A lot of people were killed. Not just men. Everyone, children, women, old people. Some are scared to say this but I am an old woman and I don't fear anyone. They targeted children and mothers. I saw them dead in the forest, their bodies are lying there [...] They killed them while we were running. In some places the men buried them already. There are lots who died on the way to Chuil."

Woman from Lankien, Chuil,
March 2026

There are other people who died on the way. You see the bodies lying there. I don't know how many. For us, it's hard to speak about death."

Older woman from Walgak,
March 2026

I left my two disabled parents in Lankien. When I came back, the tukul was burnt down and they had been shot."

MSF staff member, Chuil,
February 2026

²⁴ <https://www.msf.org/looming-government-offensive-forces-people-evacuate-south-sudan-town>

²⁵ <https://www.ohchr.org/en/press-releases/2026/04/south-sudan-reports-burial-sites-highlight-hidden-cost-renewed-violence-un?sub-site=HRC>

Attacks across Jonglei triggered successive waves of forced displacement and daily arrivals of displaced people to Chuil and surrounding bomas (Yakuach, Tanakuach, Pathiel), as well as to areas in Ulang county. “As of 22 April, 418,775²⁶ people are estimated to be displaced in South Sudan and across the border to Ethiopia, in urgent need of healthcare, food, shelter, protection, nutrition, and WASH. Displaced populations, primarily women and children, reported walking for days and weeks without food or water to reach safety, SGBV including rape, by armed men.²⁷ Community members also reported abductions of women and children, and killings by armed Murle groups along routes to Chuil and the Sobat River, with at least 31 accounts of child abduction reported in March and April 2026.

I started running but they caught me and asked me take off my clothes, including my underwear. This happened to many women in the village [...] They also killed some of them. They put their gun to your stomach, to your head.”

Female MSF patient, Chuil,
March 2026

We ran into armed Murle youth. Behind us, they shot me while I was carrying my daughter, I fell down. Then they shot my uncle, they killed him, while he was carrying my nephew. My wife fell down, carrying our baby that was born on January 16 [...] I saw them take my wife, they took my daughter who is three years old, my nephew, he is three years old also [...] after five days the baby passed away, there was no way I could care for her, she was still breastfeeding, I had no way to feed her.”

Young man, Juba, April 2026

SEXUAL AND GENDER BASED VIOLENCE

Many women and girls in South Sudan are living in persistent fear of SGBV, especially in conflict-affected areas. In 2025, MSF cared for 2,616 SGBV survivors across 11 projects that provide SGBV services. Only 752 (29%) survivors were able to reach the facilities within 72 hours. 96% of survivors were women and girls, with 3% of survivors reported to be under 15 years of age. MSF staff and testimonies report that SGBV, including CRSV²⁸, is experienced mainly by young women, particularly women aged 18–25. The cases reported are likely a significant underrepresentation due to the barriers to survivors accessing care.

²⁶ Since beginning of January 2026, 114,000 people are estimated to have been displaced to Ethiopia and, as of 17 April 2026, 304,775 are internally displaced according to International Organisation for Migration/ Displacement Tracking Matrix.

²⁷ Assessments in Nyirol, Uror, and Duk also report widespread CRSV during this time period: <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-snapshot-february-2026>

²⁸ The UN defines CRSV as “The term “conflict-related sexual violence” refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict.” <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/2020.08-UN-CRSV-Handbook.pdf>



A staff in the MSF Yellow Flower Clinic where we give support to survivors of SGBVs in Bentiu.

The risk of SGBV is particularly high in displacement camps, wooded areas, along insecure roads, in conflict-affected locations, at crowded town gatherings, and when women travel into the bush. In many parts of the country, including areas of Jonglei, most households are women-headed, as husbands and partners are fighting, missing, or in hiding. As sole providers, women often have to travel alone to search for food or firewood, or to collect belongings from areas of displacement, increasing their exposure to SGBV.

Several women were unable to identify their perpetrators. This is due to fear of speaking out, fear of reprisals, loss of memory, trauma, and lack of clear identification of the perpetrator. MSF staff reported that a 45-year-old displaced woman was assaulted by armed men in civilian clothes while she was running away from conflict in Tambura town, on her way to Source Yubu. She described being attacked on the road and raped. She didn't remember how many they were, only that they were more than five. A similar case was reported by MSF staff in Yei.

Two weeks ago a woman went with a boda boda to buy fish in a nearby village, on the way back, they were stopped by three unidentified armed men. She was dragged out of the side of the road into the bush and raped and beaten [...] She brought herself to the main road, where cattle herders found her; she was bleeding seriously. She didn't want anyone to know about this, so she found the [MSF] Community-Based Care Focal Person who gave her medications."

MSF staff, Yei civil hospital, March 2026

CONFLICT-RELATED SGBV

In many cases, SGBV appears to be conflict-related, due to the heightened risk in areas where armed groups are present, the abduction of women for sexual slavery by parties to the conflict, and the targeting of women by soldiers during and following clashes. Thirteen accounts in qualitative interviews, including testimonies, identified soldiers and members of armed groups as perpetrators. In February 2026, OHCHR raised the alarm regarding increasing CRSV and impunity for SGBV, and reported that SGBV²⁹ is being utilised as a strategic instrument in the conflict.³⁰

In Leer, between 30 December 2025 and 20 January 2026, MSF teams provided care to 202 survivors of SGBV, including CRSV. On 30 December, the MSF clinic in Leer began seeing a significant influx of new SGBV cases linked to reported attacks on villages in Mayendit. One week later, another mass influx of SGBV survivors arrived seeking care at the MSF Leer facility, describing new attacks on towns southeast of Leer. Perpetrators were reportedly primary parties to the conflict, SSPDF-affiliated armed youth, IO-affiliated youth, and unidentified, usually armed, men. Almost half of the attacks involved multiple perpetrators and explicit death threats against the survivors.

In Yei, MSF and MoH staff who provide treatment for SGBV report that perpetrators of SGBV include the SSPDF, SPLA-IO, the NAS, and unidentified armed men. SGBV in areas of conflict is so prevalent that women and girls experience repeated incidents by different perpetrators.

On Friday night she had been gang raped by a group of men in Yei [...] she does not know how many [...] she came to us for treatment. After treatment her grandmother took her to the village, her grandmother thought she would be safe in the village. On the Monday, she went to collect firewood alone. She was raped by an unidentified armed man. She was back in our clinic on Tuesday, only four days later.”

MSF staff, Yei civil hospital, March 2026

Extreme levels of SGBV and humiliation tactics perpetrated by soldiers, including forcing women into degrading acts, were reported. Following attacks on civilians in Jonglei, in at least four instances, women reported being forced to undress or witnessing others being forced. In areas where soldiers control camps, including in Western Equatoria, harassment and assault of women and girls by soldiers was reported.

Here women suffer [...] if you meet with men and try to deny them, they will beat you. They will rape you. Sometimes there are two or three men but maybe even five [...] any time you can be taken. Any age is taken [...] three women were killed here during rape, two by SSPDF and one by an unknown man.”

Woman in Pieri, March 2026

Soldiers attacked young women. It didn't happen to me because I am old but it happened to the young ones. When they saw they looked clean [...] they went for those with clean underwear. I heard of many cases like this. Some women were left without any clothes on, they were all naked. Some kept their underwear. I saw them. They ordered them to remove their clothes.”

Elder woman from Lankien, Chuil
March 2026

²⁹ <https://www.ohchr.org/en/statements-and-speeches/2026/02/south-sudan-forgotten-crisis-demands-worlds-attention-turk>; <https://media.un.org/unifeed/en/asset/d345/d3454563>

³⁰ <https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session61/advance-version/a-hrc-61-25-auv.pdf>

BARRIERS TO ACCESSING CARE

MSF-reported data on SGBV is likely a significant underrepresentation of the ongoing prevalence. According to interviews and testimonies, many survivors struggle to reach facilities due to insecurity, distance to health facilities, cost of transportation, fear of retaliation, and reprisals. Overall, there is a lack of safe, confidential, and survivor-centred care. Forced displacement and destruction of healthcare facilities further hinders access to SGBV services.

There was no treatment, there was nowhere we can go. We needed medications to prevent diseases, including HIV, but we had nothing. We had no options."

Woman in Pieri, Pieri PHCC, March 2026

Testimonies highlight the fact that stigma is also a major factor in delaying or preventing the survivor from seeking treatment for SGBV. Many women fear exposure, judgment, or retaliation if they speak out. Cultural norms further silence women, as speaking out is often discouraged or not accepted within the community. MSF staff in Yei reported that women are often abandoned by their partners following CRSV, as they are not believed when they say acts were non-consensual. As a result, violence remains significantly underreported, even in hospital data. The psychological and emotional impacts of SGBV can be extensive, including suicidal ideation.

I hear of rape cases, the soldiers did it. I know four women who were raped and disappeared after. Women will not talk about it openly, but we know it happened. Some of our women were forced to get naked and escaped like that. They were humiliated."

MSF staff, Lankien, Chuil PHCC,
March 2026

On Monday when she reached our facility, she was having suicidal ideas. She has three kids to raise, her husband had separated from her leaving her by herself. She was imagining herself with HIV. If she hadn't found the [MSF] Community-Based Care focal point, she would have committed suicide."

MSF staff, Yei civil hospital, March 2026

The level of exposure for survivors seeking care can also lead to underreporting. Police Form 8, a document for the police to record physical injuries related to criminal acts, including SGBV, can be a barrier for survivors seeking care. Despite a 2024 police circular stating that Police Form 8 is no longer a requirement for accessing medical care, healthcare providers and police officers continue to request it before providing treatment. It requires reporting the incident to police officers, often male, which risks re-traumatisation. Additionally, the police officers who provide this form may extort survivors in the process.

The form [Police Form 8] is not for free, sometimes they charge 10,000 SSP. It's not official, it's what the police officer charges. Sometimes they say 'there's no ink, there's no power' for the printer so the women do not get the form and cannot receive treatment."

MSF staff, Yei, March 2026

ABDUCTIONS AND FORCED RECRUITMENT

“My family does not know that I was recruited, they don’t know where I am.”

Male interviewee, December 2025

Since 2025, MSF has encountered at least 12 men and women who report having been abducted or forcibly recruited by different organisations, including the SSPDF, the SPLA-IO, and allied groups like the NAS and Agwelek forces, as well as unidentified armed actors. Murle armed groups are also reported to be abducting children in Jonglei state, especially as they flee from violence. OHCHR’s February 2026 report on human rights in South Sudan reported increasing abductions and forced recruitment of men, women, boys and girls by the SSPDF and the SPLA-IO.³¹

Survivors and family members struggle to report abductions and missing family members due to access constraints and fear of speaking out. People are scared to talk about their family members who have disappeared, as they risk reprisals for the families. Accounts from MSF staff have detailed stories of women and men returning from forced recruitment and abduction and being detained and tortured for information by opposing sides.

ABDUCTIONS AND ARRESTS OF MEN BY ARMED ACTORS

Men are targets of abductions for forced recruitment, with reports of both the SSPDF and the SPLA-IO as perpetrators. Across all locations where MSF spoke to staff who had treated victims, or directly to victims of forced recruitment, young men were reported as abductees, with the typical age below 35, including minors.

³¹ <https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session61/advance-version/a-hrc-61-25-auv.pdf>

Bags clothing belonging to a woman which she carried with her when she fled Lankien, are seen in her makeshift shelter in Yakuach, Jonglei State, South Sudan, where she now lives after being displaced by recent violence



We were all there against our will. We didn't know what was happening or where we were going. They sent you far from home so you don't know anyone there and cannot escape. There are many children there with us, they are too young for the army [...] some are under 15."

Male interviewee, December 2025

Testimonies mentioned beatings, humiliations, food deprivation, lack of medical care and lack of contact with their families. Two patients mentioned being arrested in Juba when "going to buy milk in the morning" and "while walking to work". Testimonies mentioned that at least 550 people were being held in certain locations, in terrible conditions, against their will. Living conditions for forcibly recruited men were described as inhumane, with little to no food, shelter, or hygiene. Testimonies described lack of medicines, including for those with chronic conditions. MSF has treated at least one patient who was forcibly recruited and died due to recruitment conditions.

The conditions there are not human. There is no food, we receive only one meal a day at 5 pm, it's boiled sorghum. We don't have beds. I sleep on the ground, we don't have mats. They don't give you blankets to cover yourself at night. The ground is cold. They beat you with batons during the training. They humiliate us and ask us to do things we cannot do. There are physical punishments for this."

Male interviewee, December 2025

Nobody knows that I am [here]. I came here as a soldier but I am not a soldier. I was taken by force from Juba and now I am in this situation, I am very sick and it's because of the situation in the barracks."

Male interviewee, December 2025

Interviews report a high level of stigma and reprisal risk for families of men who have been forcibly recruited. If a man is able to return to the community from where he was abducted, he faces accusations, and risk of detention and torture by the armed actor who controls his community. Often he is not believed about being abducted and rather is believed to have gone voluntarily.

Here, if the government knows that you have men in the house that have joined the 'other side' you will be hunted for. They will hunt your family, they will trace you. They might kill you, abduct you, or put you in jail."

MSF staff, Yei River county, March 2026

ABDUCTION OF WOMEN BY ARMED ACTORS

Interviews report that women and girls, typically between ages 17 and 35, are targeted for abductions by all parties to the conflict, including the SPLA-IO, the SSPDF, and unidentified armed men. If a girl is too young (below 17 or 18), perpetrators are more likely to leave them behind after committing SGBV. Motivations are reportedly for domestic activities, such as cooking and firewood collecting, sexual slavery, and forced marriage – some women even become pregnant while being held. MSF staff have treated some women who were held for up to 1.5 years by their abductors. If they're released or able to escape, they may face stigma from their communities or detention and torture upon return.

An abducted woman fell ill while pregnant. The abductors allowed her to go to the hospital, but they accompanied her. Someone followed her the whole time she was at the hospital. She developed complications but was treated. After treatment they took her back with them. There was concern that she may be forced into marriage. She was either being forced into marriage or being held against her will.”

MSF staff, Yei River county, March 2026

A woman was abducted by IO. After some time, she was released because she was pregnant. When she returned, people from the government side detained her again. They accused her of knowing where certain people were and pressured her to reveal their location, but she said she did not know. When she was detained [for months], she was beaten and tortured [...] While still detained, she went into labour and gave birth.”

MSF staff, Yei civil hospital, March 2026

ABDUCTION OF CHILDREN

Regarding forced recruitment, MSF has limited information on minors being abducted. However, testimonies indicate that at least 31 instances of child abductions by Murle have taken place in Jonglei since the escalation of conflict began. Women and men describe running from violence only to meet Murle along the way, who have targeted young children for abductions and killed women. The motives behind the abductions are not clear.

Now when we were running [from Lankien] we were attacked and one old man and small boy were killed by Murle. While we were escaping this violence we had another violence [...] They took some children. Two children were abducted.”

MSF staff from Lankien, Juba, March 2026

The Murle attacked us [...] on our way to Chuil. They kidnapped some children and killed the mothers [...]. They took three children and killed three women.”

Mother from Lankien, Chuil, March 2026

ATTACKS ON HEALTHCARE AND CIVILIAN INFRASTRUCTURE

I ran away with my child. I could see the village burning from afar. They set the houses on fire. They burned my grandmother inside the tukul. The elderly stayed behind, they could not run with us. They killed the elders.”

Patient at MSF facility in Chuil, March 2026

As conflict has escalated, widespread destruction of civilian infrastructure has occurred in areas of conflict, particularly in Jonglei, Upper Nile, and Central Equatoria. Damage, destruction and lootings of markets, crops, homes, and health facilities are common, which could point to attacks being directed against civilian infrastructure and strategies aimed at weakening communities, especially because functional health facilities represent a lifeline in remote areas.

Elderly people and people with disabilities were left. A lot of people were killed. They died because of hunger, and no water. All of the water systems had been broken, even the solar panels had been taken. At least three people died because of hunger and lack of water. They were left behind.”

MSF staff, Akobo, April 2026

MSF is alarmed by the extent to which healthcare structures in opposition-controlled areas of Jonglei, Upper Nile, and Central Equatoria have been affected. According to the WHO, 26 health facilities have been looted, destroyed, or made nonfunctional across six counties in Jonglei since the end of 2025 alone, including Akobo, Nyirol, Uror, Canal/Pigi, Ayod, and Duk.³²

MSF has experienced 12 attacks on its staff and facilities in South Sudan between January 2025 and March 2026, including the bombing of two hospitals, looting of health facilities, and attacks on and abductions of staff. Parties to the conflict have either deliberately targeted healthcare facilities, assets, and personnel, or failed to take the necessary measures to protect them during hostilities.

AERIAL BOMBARDMENTS OF MSF FACILITIES

Since the start of January 2025, two MSF hospitals have been bombed in Jonglei, as well as one MSF-supported PHCC in Upper Nile state. In March 2026, the site of a former MSF-run hospital in Ulang, which MSF closed in 2025 due to insecurity, was also struck, destroying what remained of the hospital. To date, it appears that the SSPDF and the UPDF are the only actors in the conflict with the capacity for aerial bombardment. In both instances where MSF-run hospitals were hit, the facilities were clearly marked as MSF medical facilities and were well known to military authorities, with coordinates shared.

On 3 May 2025, two helicopter gunships dropped a bomb on the MSF hospital in Old Fangak, then continued to fire on the town of Old Fangak, and bombed the local market.³³ The attack destroyed the hospital's pharmacy and medical supplies. Seven people were killed, and at

³² <https://reliefweb.int/report/south-sudan/south-sudan-conflict-jonglei-state-flash-update-no14-26-march-2026>

³³ <https://www.msf.org/msf-condemns-bombing-our-hospital-south-sudan>



MSF hospital in Old Fangak, South Sudan, after being deliberately bombed on 3 May 2025



Essential medical supplies lay destroyed on the ground of Akobo hospital and pharmacy, which was looted and vandalised following the evacuation orders of all humanitarian organisations from Akobo Town on 6 March, 2026.

least 20 others were injured. The attack triggered mass displacement, with over 50,000 people fleeing the violence.

On 3 February 2026, the MSF hospital in Lankien, Jonglei state, was hit by an airstrike.³⁴ Most critical supplies for providing medical care were destroyed as the hospital's main warehouse was hit. Only one staff member experienced minor injuries as patients had been discharged and staff evacuated from the hospital hours before the attack, due to increasing conflict towards the area. However, patients who needed essential medical care were forced to be discharged.

LOOTING AND DESTRUCTION OF MSF FACILITIES

Since January 2025, MSF has experienced four instances of looting within its healthcare facilities, including the MSF hospital in Ulang (April 2025), Morobo PHCC (June 2025), Pieri PHCC (January 2026), and the MSF compound and supported facilities in Akobo teaching hospital in Akobo (March 2026). No responsibility has been assumed for any of the events and perpetrators remain unconfirmed. Since the end of December 2025, MSF facilities have been affected by widespread looting incidents, during periods where access was denied by the GoSS, including in Lankien, Pieri, and Akobo.

We had to make space on the wards. It was so hard for us to decide, which mothers can go home, which can stay. When we were told to close the hospital we had to discharge some mothers who were still in labour."

MSF staff, Chuil town, March 2026

³⁴ <https://www.msf.org/msf-hospital-bombarded-government-forces-south-sudan>

ABDUCTIONS OF MSF STAFF

Abductions of aid workers in Yei River and Morobo counties has been documented since at least 2018, with a marked escalation in 2025.³⁵ In May, July, and August 2025, MSF and MoH partner staff were abducted in three separate instances when traveling to support medical facilities in clearly marked MSF vehicles. All MSF and MoH partner staff were returned, but the abductions indicate an unacceptable disregard for the safety of staff. As a result, in August, MSF was forced to suspend its operations in Yei River and Morobo counties.³⁶

In November, MSF restarted programmes in Yei River county, but only within a 5 km radius, due to the lack of security guarantees outside of the town. Approximately 25 communities outside of Yei town have lost access to healthcare. In the seven months prior to suspension, outreach consultations reaching people in isolated communities were averaging 2,800 per month.



On the morning of 14 April, MSF's hospital in Ulang was attacked and looted, leading to the suspension of all activities. The area is now left without any fully functional healthcare facility.

³⁵ According to the Aid Worker Security Database: <https://www.aidworkersecurity.org/incidents/search?country=SS&detail=1&utm>

³⁶ <https://www.msf.org/south-sudan-msf-condemns-abduction-health-ministry-staff>; <https://www.msf.org/msf-suspends-activities-southern-south-sudan-following-abductions>

MSF hospital in Lankien, Jonglei state, South Sudan after it was hit in an airstrike by the government of South Sudan forces during the night of Tuesday, 3 February 2026.



SHRINKING HUMANITARIAN SPACE

Since violence escalated at the beginning of 2025, humanitarian access has also deteriorated significantly. MSF projects have faced significant operational constraints in multiple states, limiting humanitarian access and disrupting essential health services. In addition to attacks on healthcare, constraints are driven by access denials, general insecurity and conflict, bureaucratic impediments, environmental challenges, and supply-chain bottlenecks.

As a result of increasing insecurity and government orders, since 2025 MSF has been forced to evacuate staff and cease operations in six locations, including Lankien, Pieri, Akobo, Nasir, and Ulang. Constraints have led to the suspension and closure of MSF activities, inaccessibility to communities, supply issues, referral blockages and increased risks for national staff.

REDUCED ACCESS TO HEALTHCARE

Healthcare facilities have been repeatedly destroyed or looted across the country, which further erodes an already essentially collapsed system. For specific services, many communities have no options, including access to SGBV services. Attacks on healthcare have significant repercussions for people's access to essential medical services, with the loss of MSF facilities and assets leaving hundreds of thousands without healthcare, particularly in a context of shrinking humanitarian funding.

Between January 2025 and April 2026, an estimated 762,000 people have lost access to healthcare in South Sudan due to attacks on MSF facilities, assets, and people. In 2025, more than 400,000 people lost access to MSF healthcare due to the looting of Ulang and bombing of Old Fangak, where projects were forced to close, and the suspension of activities in Yei and Morobo following abductions of staff.

MSF staffs offload non-food relief items transported by a United Nations helicopter in Chuil, Jonglei State, South Sudan, where displaced communities are receiving emergency assistance following recent violence.



The figure for 2026 had already reached 366,000 within the first three months of the year after the bombing of Lankien hospital and the looting of Pieri PHCC and MSF-supported Akobo hospital. Attacks on MSF healthcare facilities have eroded options for critical referrals in opposition areas. The MSF-supported hospital in Malakal remains the only facility with a functional operating theatre following the closure of Nasir, Ulang, Lankien, Akobo and Old Fangak hospitals due to the escalation of violence in Upper Nile and Jonglei states since March 2025.

MSF is concerned by the apparent targeting of health facilities in opposition areas, which is reducing healthcare for people in need from certain communities. Following the bombing and forced closure of hospitals and health facilities in Ulang, Old Fangak, Lankien, and Akobo, there are now no options for referral care within opposition-held areas in Jonglei and Upper Nile states. Conflict dynamics have further restricted access for various ethnic communities and war-wounded patients, who cannot cross conflict lines without risk, including in Malakal. As a result, the availability of trauma care and secondary health services in Jonglei and Upper Nile, including life-saving interventions such as C-sections for women in need of delivery assistance, are either impossible or severely restricted.

ACCESS DENIALS

Since the end of December 2025, MSF has experienced increasing access denials by the GoSS and the SSPDF. On 30 December, the SSPDF requested the evacuation of civilians from the Lou Nuer counties of Nyirol, Uror and Ayod. On the same day, MSF was denied by the Ministry of Defence's Joint Verification Monitoring Mechanism (JVMM) to fly a rotation of international medical staff into Lankien, and only evacuations were permitted. Despite persistent requests, MSF was completely restricted by the JVMM from accessing all five of its medical projects in Jonglei until 13 January, including Lankien hospital, Pieri PHCC, Akobo hospital and Toch PHCC, despite daily requests. During access denials, MSF observed that commercial flights to Akobo continued to operate, indicating that restrictions have applied exclusively to humanitarian movements.

Since 14 January, ad hoc flight approvals by the SSPDF and the JVMM to MSF projects in Jonglei have been limited mostly to Akobo – besides Toch, which has been more accessible. No authorisations were granted for Uror or Nyirol until 4 March, after the SSPDF took control of Pieri and Lankien. While flights to Akobo resumed more consistently as of 14 January, on 7 March, MSF was forced to evacuate its staff due to SSPDF evacuation orders on the previous day.

Despite the Presidential Decree on 23 February, which granted unhindered access across South Sudan, denials for MSF persist. Between 24 February and 9 April,³⁷ MSF was blocked by the JVMM and the Nyirol County Commissioner from flying to Nyatim, Nyirol county in Jonglei, where an estimated 30,000 people, including IDPs, were left without adequate access to water, food or shelter. Eventually, the population in Nyatim was forced to displace elsewhere due to dire conditions.

The persistent denials and ad hoc windows have blocked patient referrals, replenishment of medical supplies, and staff rotations, and have led to preventable deaths. Denials have undermined the continuous functioning of health facilities and made it impossible to scale up medical activities to respond to the level of needs. Despite the severe situation of people in inaccessible areas documented by MSF and reported to the SSPDF, access continued to be denied.

³⁷ MSF stopped requesting access as populations were eventually forced to displace to other locations.

INSTRUMENTALISATION OF AID

The presence of aid agencies and delivery of humanitarian assistance is being increasingly exploited by the SSPDF and the SPLA-IO to support conflict objectives, control populations, and seemingly gain strategic advantage. In all locations where MSF has been forced to withdraw international staff and suspend operations, GoSS and SSPDF evacuation notices precede military operations that appear to be aimed at forcibly displacing populations, removing access to humanitarian assistance, and destroying civilian infrastructure.

Incidents are consistent with the use of aid as a tool of control. During the access denials to Nyatim, MSF was repeatedly instructed to deliver aid instead to the nearby areas of Pultruk and Pading, which are under government control. MSF's delivery of aid to the 30,000 people in need was being denied unless the population relocated to the areas approved by the GoSS, which directly violates international humanitarian law principles of humanity, impartiality, neutrality, and independence.

Aid is increasingly being instrumentalised as an indicator of safety, in attempts to bring populations back to areas of recent clashes. After military operations and clashes have ceased, aid organisations, including MSF, face government and opposition instructions to return within a specific timeframe to locations from which civilians were forced to flee, attacked, and facilities were looted. In Akobo, when the SSPDF took control of the city, demands were made to humanitarian organisations to return despite a lack of clear security guarantees. When the SPLA-IO retook Akobo, similar requests to humanitarian agencies was made.

There is increasing rhetoric by local- and national-level government authorities that humanitarian organisations, including MSF, are supporting opposition forces by being present in certain areas. Since February 2026, humanitarian operations in Nasir and Ulang have faced escalating pressure from the Ulang County Commissioner, who has repeatedly instructed NGOs, including MSF, to relocate their operations to towns controlled by the government and to permit government involvement in recruitment-related processes. Between 24 March and mid-April, local authorities issued successive relocation orders for Ulang and Nasir, followed by a 72-hour ultimatum, including legal and security threats.

IMPACT OF VIOLENCE ON PEOPLE

FORCED DISPLACEMENT

Conflict, attacks, and fear of violence have forced families to displace, often multiple times, and under chaotic conditions, leading to family separation and increased exposure to further violence. Since the end of 2025, the GoSS has also begun issuing evacuation orders for people living in opposition areas. From January 2025, MSF has witnessed people forcibly displaced from nine areas due to violence or government-requested evacuation orders, including Old Fangak, Adong, Kajo Keji, Ulang, Nasir, Canal-Pigi, Pieri, Lankien, and Akobo. Between October 2025 and April 2026, MSF conducted 41 interviews with people in Akobo, Toch, Chuil, Malakal and Pieri, who were either forcibly displaced at the time of the interviews or had been within the last year.

In interviews where people were forced to flee, they describe running in fear from violence. Parents were forced to carry their children to safety, as they were too small or weak to escape fast enough. People, especially women and children, have been forced to walk long distances to reach locations where they feel safe, with little to no belongings, minimal food or water, and no protection from armed men. Since the Jonglei attacks, displaced people are living in dire conditions, with multiple families living under trees outside villages, lacking access to shelter, water, and food. The ongoing insecurity continues to discourage people from returning, as many displaced people fear renewed violence. In addition, many homes, communities, and infrastructure have been completely destroyed.

During attacks and forced displacement, tragic family separations have been reported. Patients and staff report being forced to flee, losing sight of their loved ones or left with no choice but to leave those who were less mobile behind, include older people and people with disabilities. MSF staff heard reports of unaccompanied children in Pieri, Chuil, and Tiergol whose parents had been killed in attacks.

During the journey we survived on rainwater and wild fruits only. We walked for 2 days until we found water for the first time, it was a swamp. We are here now but many did not arrive. They died or could not walk that far. We all have lost family members here. Families ran in all directions. We are still waiting to know what happened to them.

Woman from West Akobo,
March 2026

My family got separated. I have 6 children, I am here only with 2. The other 4 were with their grandmother. I don't know where they are. I don't know if they made it to the bush.

Young mother from Lankien, Chuil,
March 2026

Patients wounded in the helicopter gunship attack on the town of Old Fangak in South Sudan receive treatment following their evacuation to a safe location.

IMMEDIATE AND LONG-TERM PHYSICAL HARM

MSF medical data and testimonies since 2025 reported deaths and injuries resulting from shootings, airstrikes, assaults, and SGBV. Immediate impacts include gunshot wounds, shrapnel injuries, burns or fractures, often requiring urgent medical care. Many victims of attacks have sustained permanent, life-altering disabilities, or have lost their lives. People are suffering from chronic health conditions, such as amputations and long-lasting infections, as a result of violence. Survivors of SGBV are left with physical trauma and injuries, unintended pregnancies, sexually transmitted infections, and reproductive health issues.



Two of them [amputations] were above knee, which is much worse in terms of function... we also had a lot of gunshot bone injury that will certainly lead to disability. The bones will never heal perfectly."

MSF Staff, Ameth Bek Civil Hospital, Abyei, March 2026

Patients who are forcibly displaced due to conflict often lose total access to healthcare or have to travel further to reach facilities and have reduced access to consistent treatment. Untreated injuries and diseases have a higher risk of long-term physical and psychological impacts. Across Lankien, Old Fangak, and Ulang, MSF has lost access to more than 1,600 chronic care patients, including those with HIV, due to attacks and forced displacement.

INCREASED RISK OF MALNUTRITION AND DISEASE

Through testimonies, displaced people report living in crowded conditions with a critical lack of basic necessities, such as food, clean water, shelter, and medical care. The long journeys without consistent access to food and water, and harsh living conditions have increased IDPs' vulnerability to diseases and malnutrition, especially when combined with limited humanitarian access that have disrupted essential nutrition supplies, increasing malnutrition levels.

In addition to malnutrition, the main morbidities for displaced populations include malaria, acute watery diarrhoea, pneumonia and skin infections. Treatment for chronic diseases is almost non-existent. In 2026, MSF opened three emergency response projects in response to displacement from conflict-affected areas, including in Chuil, Minkaman and Duk. Between 4 February and 26 March 2026, MSF treated more than 1,000 cholera cases in Duk county, where people had been displaced to as a result of conflict.



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Close-up of a Mid-Upper Arm Circumference (MUAC) tape placed around a child's arm showing severe acute malnutrition during screening at an MSF mobile clinic in Thanakuach, Jonglei State, South Sudan.

There is no shelter no food there, I was eating leaves. At the end I had to keep going and leave them because my child was very sick and had to bring him to the doctor. I thought he would die. Now he is receiving treatment. In total, I walked for 3 days to reach Chuil."

Female Patient, MSF Facility in Chuil,
March 2026

The main challenges are flooding and water. This has caused a lot of diseases; people are not healthy. People have diarrhoea, fever, joint pain... We get our drinking water from the floodwater. In Old Fangak, getting access to health care was easy, there was not much travel and everything is available.

Woman Caretaker of MSF Patient, October 2025

HEIGHTENED MENTAL HEALTH NEEDS

Violence has eroded communities' sense of safety and security, and there is a need for mental health and psychosocial support for people affected by repeated violence. Exposure to repeated violence has resulted in widespread psychological trauma and chronic stress, including for people affected by the recent extreme acts of violence in Jonglei state. MSF staff who were in Kajo Keji during attacks by the UPDF report that the attacks led to significant emotional distress, with communities living in constant fear of attack. MSF staff in Fangak reported similar fears following bombardments. Fear of attacks were reported in testimonies collected since 2025, leading many individuals to restrict their movements and limiting their ability to carry out daily activities such as farming, going to markets, or accessing services, including healthcare.

This is a really deep pain. I feel incomplete, a piece of me is dead. I don't feel completely human, I have lost my entire family. I have lost everything.

Young father, Juba, April 2026

I cannot sleep, I have the image of my grandmother burning in my head.

Patient at MSF Facility in Chuil, March 2026

DIMINISHED LIVELIHOODS

Insecurity and attacks further undermine people's livelihoods. In the short term, violence disrupts local economies by damaging infrastructure, forcing closure of businesses, displacing communities, and eliminating employment opportunities. Conflict and the presence of armed actors throughout the country have restricted access to farmland, markets, essential goods, and income-generating activities due to fear of attacks. In the long term, the destruction of resources, including agricultural land, homes, and businesses prevents communities from being able to rebuild their lives. As a result, people are left with inadequate resources, weakened resilience and coping strategies, and an increased dependence on humanitarian assistance, which perpetuates needs.

CONCLUSION AND CALLS TO ACTION

MSF is witnessing an increase in the intensity, scale, and spread of violence, including both targeted and indiscriminate attacks on civilians. There is mounting disregard for civilian life by all parties to the conflict and growing normalisation of the levels of violence perpetrated against civilians. Across the country, populated towns and villages are being hit by airstrikes and ground attacks, resulting in devastating civilian casualties.

The level of attacks on civilian infrastructure has increased, and healthcare has not been spared. Attacks on civilian infrastructure further diminish an already low baseline of essential services. MSF alone has suffered 12 attacks on its staff and health facilities since the beginning of 2025, including the bombing of two hospitals. MSF is concerned that there appears to be targeting of health facilities in opposition areas, which is limiting essential medical care options for people living in these communities.

Simultaneously, humanitarian space is shrinking to an alarming level and the instrumentalisation of aid is increasing. General insecurity, denials of access, and the instrumentalisation of aid are reducing access to areas with the highest needs. There is an emerging pattern of access denials, recurring coercive letters, and evacuation orders by the GoSS aimed at civilians and humanitarian organisations in contested and SPLA-IO-controlled locations. At the same time, there are ongoing attempts by all parties to the conflict to instrumentalise humanitarian aid for military and political objectives.

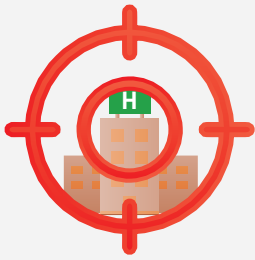
MSF is concerned about the magnitude of needs and the growing gaps in humanitarian response, which continue to receive very limited attention internationally. Despite access challenges, the current situation warrants an immediate scale up across all sectors of humanitarian response.

MSF car in Lankien, Jonglei state, South Sudan, was vandalized and shot at by unknown assailants following the bombardment on 3 February. One MSF staff member suffered minor injuries.





MSF calls on the Government of South Sudan, SPLA-IO, and all parties to the conflict to protect and respect civilians and civilian infrastructure. Civilians and civilian infrastructure, including healthcare, must never be targeted; direct attacks against them constitute serious violations of International Humanitarian Law (IHL). Under IHL, all parties have an obligation to respect and protect civilians and avoid the use of indiscriminate or disproportionate force, including the use of airstrikes and incendiary weapons in populated areas



Attacks on healthcare must not become the new normal in South Sudan. MSF calls on the Government of South Sudan to provide explanations of the bombing of MSF's hospitals in Old Fangak and Lankien and further calls on all parties to provide concrete guarantees that healthcare and health workers will be protected. All parties to the conflict must not only refrain from bombing, destroying, or looting medical facilities and attacking healthcare workers; they must take active steps to ensure they can continue to fulfil their life-saving role. Further attacks on healthcare in areas like Jonglei and Upper Nile would destroy the last remaining lifelines for hundreds of thousands of people already displaced by conflict.



MSF calls on all parties to the conflict to guarantee unhindered, sustained humanitarian access to ensure impartial humanitarian assistance can reach all people in need. The unimpeded delivery of humanitarian aid and essential services must be the rule, not the exception. Hospitals, medical referrals, and emergency responses depend on continuous access; without it, patients face preventable deaths and irreversible health impacts. MSF calls on all parties to stop instrumentalising aid for military and political objectives. Attempts to force NGOs to relocate aid to and from certain areas are depriving entire communities of life-saving assistance.



MSF calls on international donors to South Sudan to maintain presence and funding commitments and for the UN and other humanitarian actors to immediately scale up humanitarian response to conflict-affected areas. The humanitarian situation is only likely to deteriorate further throughout 2026. More agile and humanitarian approaches to delivering humanitarian assistance and healthcare are urgently required, especially in regions not under government control, to ensure all populations in need have access to care.