

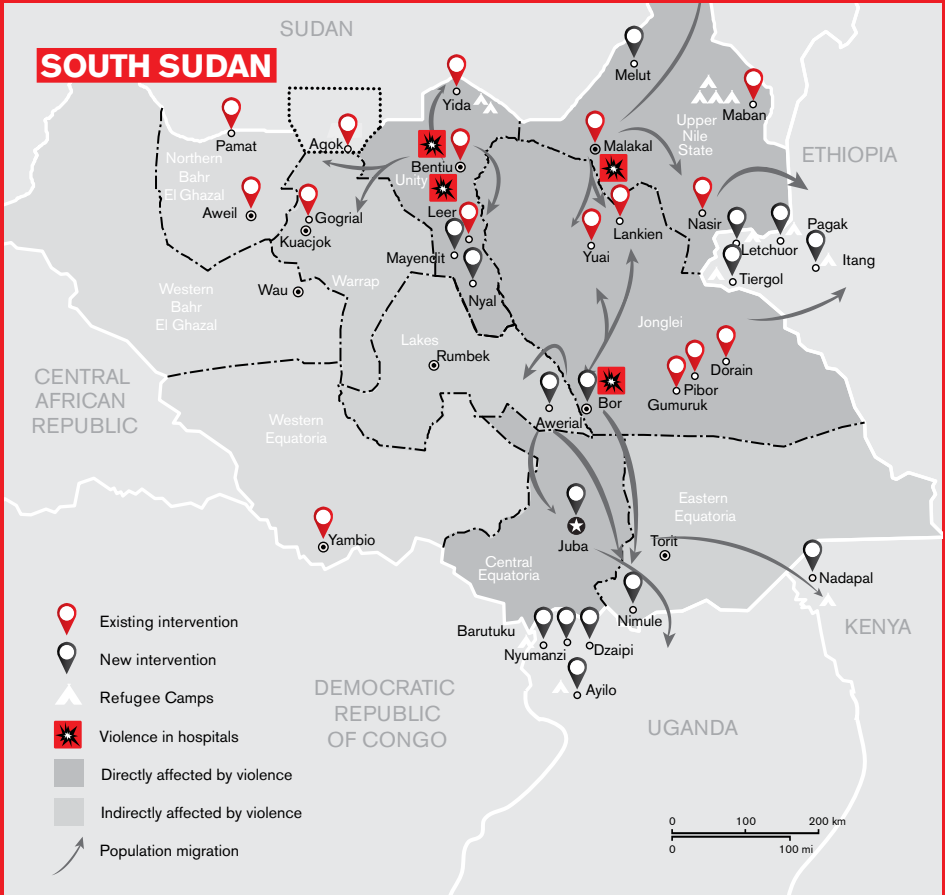


SOUTH SUDAN CONFLICT: VIOLENCE AGAINST HEALTHCARE



**MEDICAL
CARE**
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MEDECINS
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UNDER FIRE





Médecins Sans Frontières/Doctors Without Borders (MSF) has worked in the region that today constitutes South Sudan since 1983. Prior to December 2013, MSF ran around 12 projects across eight of the ten states - providing primary and secondary healthcare, nutritional support, reproductive healthcare, kala azar treatment, surgery and paediatric and obstetric care. Since December 2013, it has increased its capacity to respond to emergency medical needs.

Today, MSF has over 3600 staff running 22 projects in nine of the ten states in South Sudan. The projects include primary healthcare, nutritional support, surgery, vaccinations and supplying relief items, including clean water, to displaced people. MSF also runs emergency projects for South Sudanese refugees in Ethiopia, Kenya and Uganda.

Between 15 December 2013 and the end of May 2014, MSF conducted more than 330,000 outpatient consultations (including around 137,000 children under five); saw more than 14,600 inpatient admissions (including more than 8,600 children under five); delivered more than 8,300 babies, and treated nearly 2,600 war-wounded.

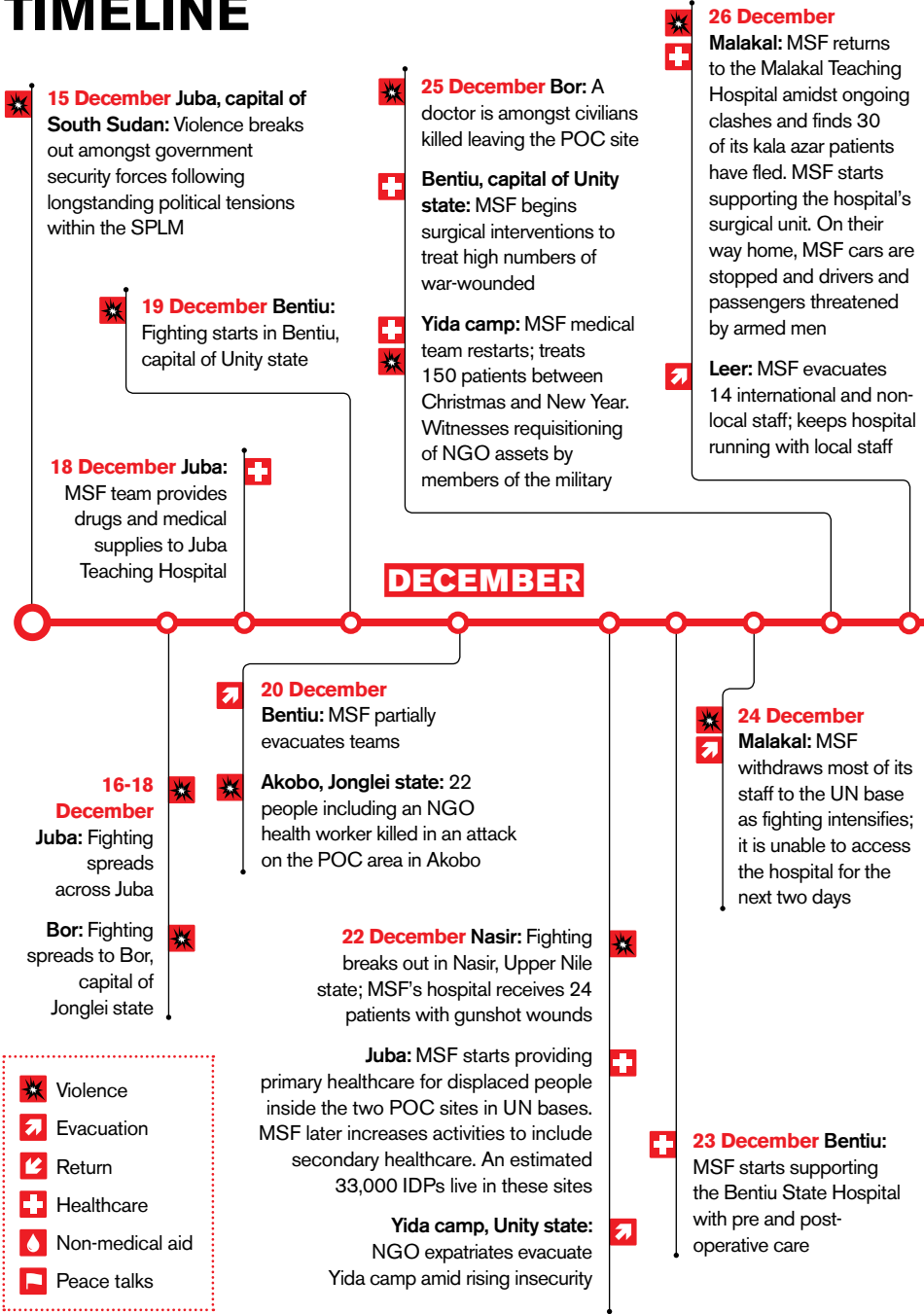
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Cover image: ©Michael Goldfarb/MSF. Leer, Unity state: A burned and destroyed minor operating theatre at MSF's Leer hospital. The hospital was burned, ransacked, looted and effectively destroyed; sometime between the end of January and early February | **Art Direction + Design:** Atomodesign.nl | ©2014 MSF | Published on 17 June 2014

Disclaimer: Figures used in this briefing paper are only representative of those incidents which relate to MSF activities, and about which MSF has direct and verifiable knowledge. They do not represent all incidents in South Sudan.

TIMELINE



DECEMBER

-  Violence
-  Evacuation
-  Return
-  Healthcare
-  Non-medical aid
-  Peace talks

“Medical care has come under fire in South Sudan. Rather than safe havens for treatment, hospitals are now targets of attack and brutality. They are places to fear rather than trust, a complete inversion of their purpose and role. Hundreds of thousands of people are in desperate need of shelter, food, water and healthcare in South Sudan. The question is: how can effective, neutral aid be provided in a climate of utter disrespect and fear?”

MSF head of mission, February 2014



30 December Minkammen camp, Lakes state: MSF sets up a primary and secondary healthcare project and water distribution for the approximately 65,000 IDPs from Bor and around (numbers later increase to 80-90,000)



Leer: A reduced MSF team returns to support local staff



Yida camp: MSF local staff member detained and questioned by security forces



Bentiu: MSF teams return



15 January Malakal: A group of armed men force their way into MSF's compound while the international team is out. They search the premises and threaten to kill the guards

JANUARY



3 January Lankien: MSF starts a surgical programme inside its Lankien hospital in response to growing needs



13 January Nimule, Eastern Equatoria state: MSF carries out water distribution and borehole repairs to help displaced people



9- 16 January Bentiu to Leer: MSF teams provide emergency food and water to displaced people walking from Bentiu to Leer. The 130 km journey is a 7-day walk for the slowest



16 January Malakal: Armed men force their way into MSF's compound as MSF international staff return from the hospital



27 December Bentiu: MSF team fully evacuates



Lankien and Yuai, northern Jonglei state: MSF teams treat 64 gunshot victims who have walked for three days from Bor

5 January

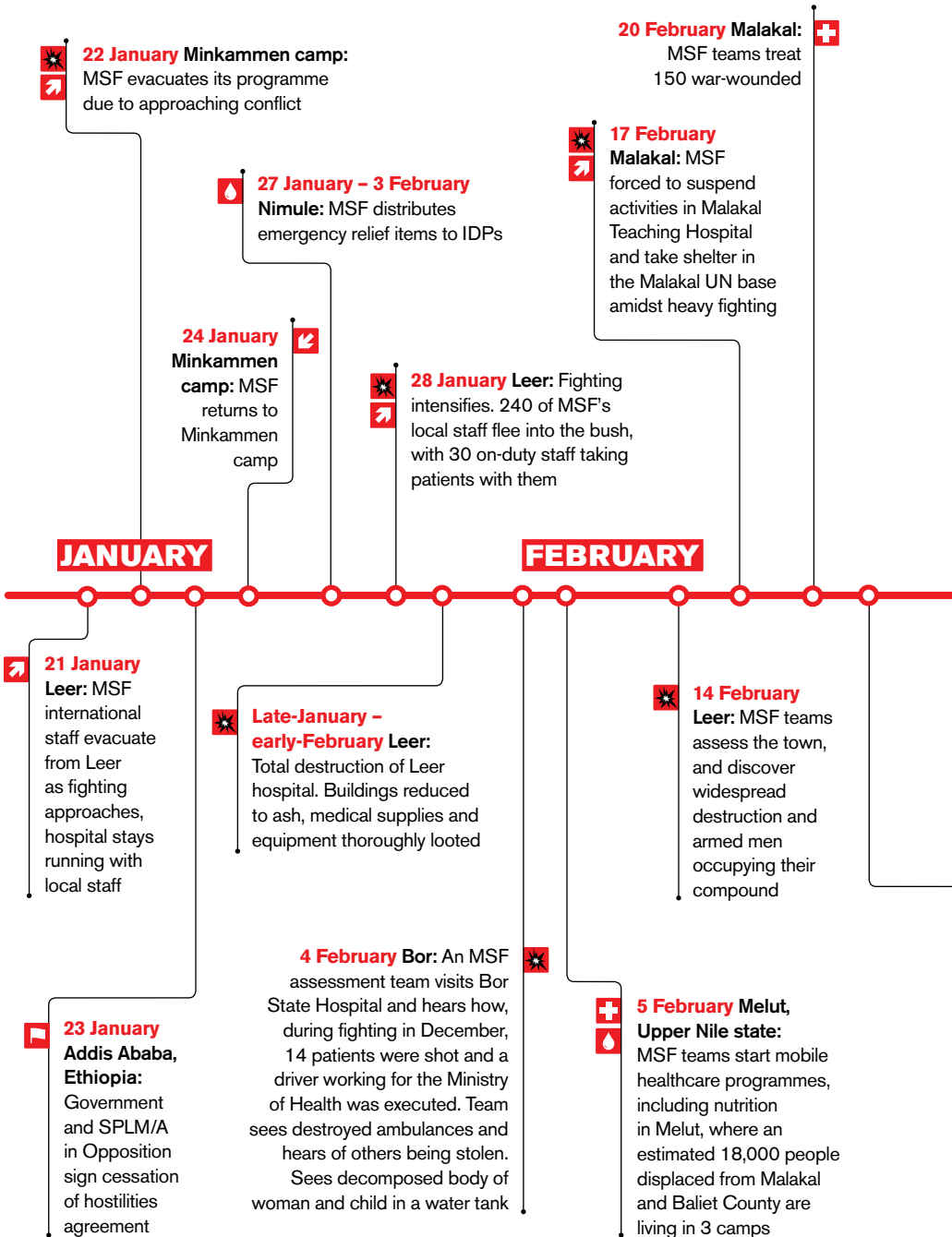
Leer: Full MSF team returns

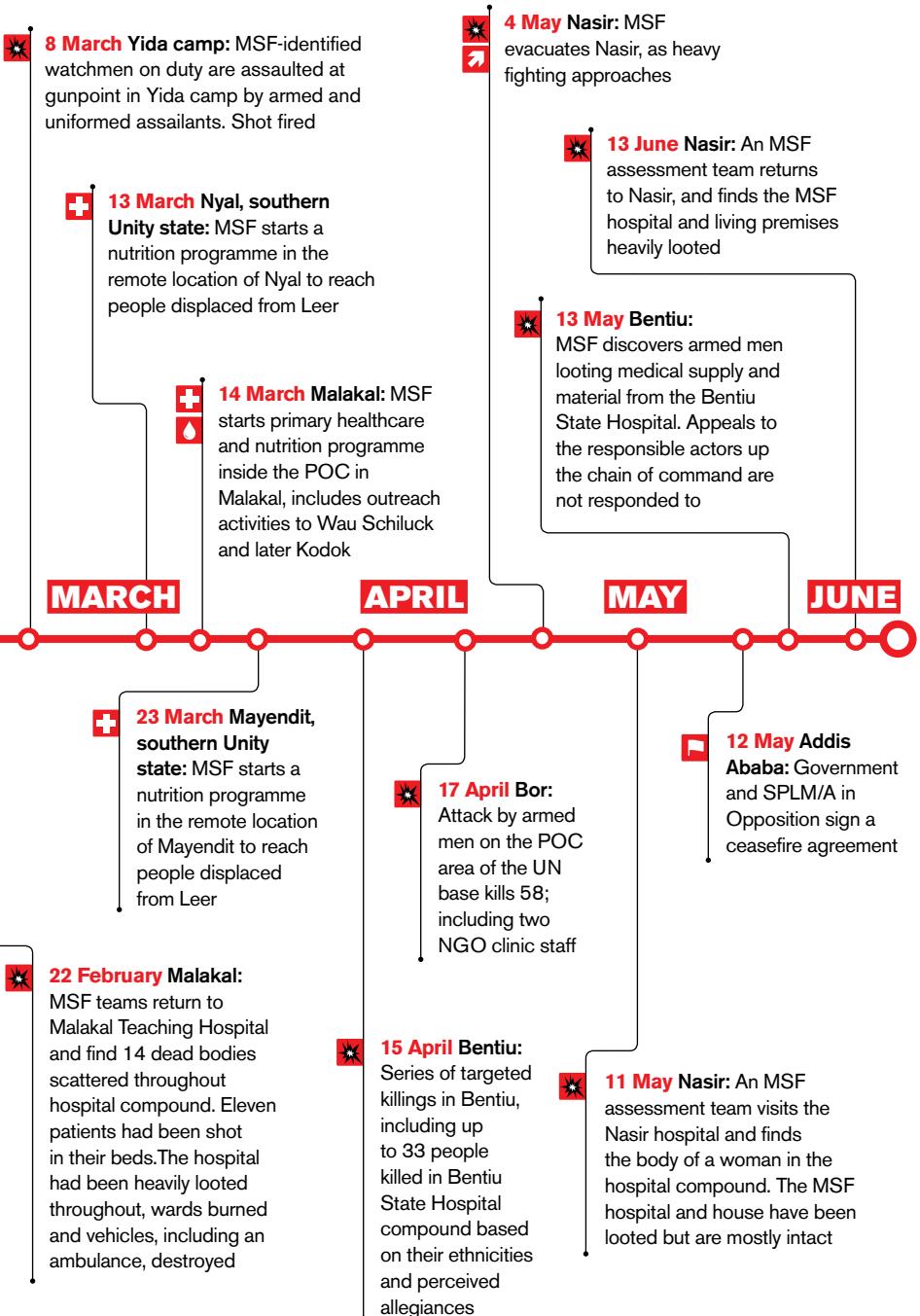


8 January Bentiu: MSF teams evacuate amidst rising insecurity. MSF's compound is looted and vandalised

17 January Malakal: MSF teams move to the UN base in Malakal, amidst intense fighting







Introduction

Six months into the crisis

Large parts of South Sudan have been engulfed in conflict for the past six months. On 15 December 2013, violence broke out amongst security forces in the capital Juba, following longstanding political tensions within the ruling party.

As security forces split largely along ethnic lines, fighting between forces loyal to President Salva Kiir and forces loyal to former Vice President Riek Machar quickly spread into Jonglei, Unity and Upper Nile states.

To date approximately 1.5 million people have fled their homes, with over one million displaced inside South Sudan, and 378,000 seeking refuge in Ethiopia, Kenya, Sudan and Uganda.¹ Inside South Sudan, internally displaced people (IDPs) are living in camps or the open air. Those in IDP camps include an estimated 94,000 people living in Protection of Civilian (POC) sites inside the United Nations Mission in South Sudan (UNMISS) bases across the country.²

In many areas camps are dangerously overcrowded and suffer inadequate water and sanitation. Such conditions heighten tensions and bring increased risks of epidemics. Those living in the open, without adequate food, clean water or shelter are also extremely vulnerable to malnutrition and outbreaks of diseases such as malaria. The conflict has seen disturbing trends of violence and brutality. This has included large scale killings of civilians, and targeting of people based on their ethnicities and perceived political allegiances – including in Juba, Bor, Malakal and Bentiu. In other areas, entire towns, such as Leer in Unity state, have been destroyed.

One particularly stark aspect of the conflict has been violence against healthcare. Patients have been shot in their beds, medical and humanitarian staff have been killed, and hospitals, ambulances and medical equipment have been burnt, looted and otherwise destroyed.

Hospitals and places meant to shelter civilians from hostilities are specifically protected under International Humanitarian Law (IHL). These rules have been violated repeatedly throughout the current conflict in South Sudan. An already fragile healthcare system has been destroyed in areas affected by conflict and largely neglected in other areas, leaving hundreds of thousands of people without medical care at a time when it is critically needed.

¹ OCHA South Sudan Situation Report, June 13 2014, <http://www.unocha.org/about-us/publications/humanitarian-reports> <http://reliefweb.int/report/south-sudan/south-sudan-crisis-situation-report-no-40-13-june-2014>

² When the conflict started, UNMISS allowed tens of thousands of people to take refuge in its bases; protection of civilians inside UN compounds on this scale was unprecedented in UN history.

MSF has repeatedly condemned such violence against healthcare facilities, patients and staff. Such incidents have greatly affected its ability to deliver humanitarian assistance to vulnerable people.

With this briefing paper, MSF seeks to bring into focus the impact of persistent violence on medical activities since 15 December 2013. The information presented is far from exhaustive, and only highlights those incidents of which MSF has direct or verifiable knowledge. It is important to note that many incidents that deny the wounded

and sick access to healthcare go unreported; this is particularly the case in rural areas.

Moreover, while this briefing paper focuses on violence against healthcare in the past six months, attacks against medical care are not new in South Sudan. Throughout its 30-year history in the country, MSF – as well as other humanitarian organisations and healthcare providers – has repeatedly witnessed violence against staff, patients, vehicles, compounds and healthcare facilities. What has been particularly alarming in the current conflict, however, has been the scale and breadth of the violence.

Malakal, Upper Nile state: The Malakal Teaching Hospital was attacked during fighting in February. MSF teams discovered 14 dead bodies in the hospital compound



A BRIEF HISTORY OF VIOLENCE AGAINST HEALTHCARE IN SOUTH SUDAN

Violence against healthcare, including against the medical mission of humanitarian organisations, is not new in South Sudan. MSF itself has experienced numerous serious security incidents in its projects, particularly in Jonglei and Unity states. This has included abductions of medical staff, killings of patients and medical staff, and attacks against MSF facilities and vehicles, including entire hospitals being burnt to the ground. In Unity state, between 1993 and 2000, eight of MSF's local health workers were killed, two trying to escape from an MSF hospital.

In the past decade, violence against healthcare provision was of particular concern in Jonglei state, where longstanding ethnic rivalries led to instances of healthcare being specifically targeted with the intention of depriving the perceived enemy of medical care.

Among the numerous incidents, one particularly violent attack was the killing of four patients in the MSF compound next to Bor State Hospital in 2007. As a result, MSF completely closed activities in Bor for several years. As of June 2014, MSF is planning on restarting operations to support the hospital.

More recently, MSF health centres were destroyed or looted in Pieri (August 2011), in Pibor and Lekwongole (December 2011), in Lekwongole again (August 2012), and in Gumuruk (September 2012). This adds up to six clearly marked MSF facilities being looted or destroyed in South Sudan over a span of 18 months.

In 2013, incidents against medical and humanitarian workers included an attack on a clearly marked MSF car, on the main road outside of Juba. Two MSF staff were seriously injured of whom, one died two days later.

MSF calls on all armed actors to cease violence against healthcare and to ensure respect for medical facilities, staff and patients. MSF appeals for greater accountability from all actors participating in hostilities throughout the entire chain of command.

IN NUMBERS

Violence against healthcare in South Sudan, 15 December 2013 to 15 June 2014

4 HOSPITALS WHERE PEOPLE HAVE BEEN KILLED



OF WHICH:



25 patients | At least 27 people seeking shelter | At least 2 Ministry of Health staff | 4 unidentified people

17 incidents in which medical vehicles stolen or destroyed



7 incidents in which MSF non-medical premises forcibly entered, ransacked, looted and/or occupied



6 incidents in which hospitals ransacked, looted and/or burnt



Disclaimer: Figures are only representative of those incidents which relate to MSF activities and about which MSF has direct and verifiable knowledge. They do not represent all incidents in South Sudan.

PROTECTION OF HEALTHCARE IN INTERNATIONAL LAW

South Sudan is a State party to the four Geneva Conventions of 1949 and the two Additional Protocols of 1977.

All parties to the conflict are bound by relevant provisions of International Humanitarian Law, including international humanitarian customary law applicable in both internal and international conflicts. Humanitarian law and principles provide legal protection to civilian populations and medical personnel and the medical mission in particular. Deliberate attacks on medical facilities and personnel constitute a clear violation of such provisions.

Killing and harming patients

The wounded and sick are protected persons, and must be respected in all circumstances; all parties to the conflict must not only refrain from harming them, but must also protect them from harm.

Attacks on medical facilities and vehicles

Facilities used for medical purposes must be respected and protected in all circumstances. Medical structures may not be attacked or used for military purposes, nor may access to them be blocked in any way. Parties to an armed conflict must take measures to protect medical facilities from attack. Protection under international law is extended to vehicles used for transporting the wounded and sick as well as medical equipment and supplies.

Attacks on medical staff

Humanitarian and medical personnel are also protected. Parties to an armed conflict may not impede the provision of care by preventing free movement of humanitarian staff. Additionally, they must facilitate access to the wounded and sick, and must provide necessary assistance to and protection of medical staff.





Malakal, Upper Nile state: An MSF emergency coordinator surveys the damage at Malakal Teaching Hospital after the hospital was attacked in February 2014

© Anna Surinychak/MSF

People killed in hospitals, including patients, staff and people seeking shelter



The state capitals and strategic towns of Bor, Malakal and Bentiu have seen some of the heaviest fighting since December 2013. Each town has changed hands multiple times, undergoing repeated waves of violence and insecurity. Horrific attacks have taken place inside their main hospitals, against patients, staff and people seeking shelter.

JONGLEI STATE: Bor State Hospital³

Ministry of Health facility

100 beds

Regional referral centre. Services included primary and secondary healthcare, including surgical and paediatric ward

Target population approx. 1.3 million

As of June 2014, MSF is planning to restart operations to support Bor State Hospital



15 people killed



14 patients



1 Ministry of Health staff

Bor, the capital of Jonglei state, was the first town outside Juba to experience significant violence in the initial days and weeks of fighting. The vast majority of the population fled – or were killed attempting to flee – to the UN base or across the river Nile into Lakes state. Only the most vulnerable – those too elderly, weak or sick to flee – stayed behind.

In February 2014, an MSF assessment team in Bor was told how, during attacks in December, 14 patients had been shot dead in the hospital and a driver working for the Ministry of Health had been killed. The MSF team also saw the decomposed bodies of a woman and child in a water tank in the hospital compound.

UPPER NILE STATE: Malakal Teaching Hospital⁴

Ministry of Health facility

³ Figures refer to pre-crisis situation. Target population figures are based on the entirety of Jonglei state.

⁴ Figures refer to pre-crisis situation. Target population figures are based on the entirety of Upper Nile state.

280 beds

Regional referral centre. Services included primary and secondary healthcare, surgery, paediatric unit, physical rehabilitation

Target population 964,000

MSF's pre-conflict programme treated kala azar patients, including an inpatient ward. MSF increased capacity in December 2013 to support the hospital with surgery. MSF is running primary and reproductive healthcare and nutrition programmes inside the POC site in Malakal⁵



14 people killed



11 patients



3 unidentified people

“There were 11 dead bodies in the hospital – patients murdered in their beds. We found three more bodies near one of the hospital gates. The feeding centre had been burned down and the supplies had been looted. It was unrecognisable as a hospital – everything was a mess.”

MSF emergency coordinator, February 2014

MSF teams temporarily withdrew from Malakal town to the UN base on 17 February amid heavy fighting. Returning on 22 February, MSF teams discovered 14 dead bodies scattered throughout the hospital compound. Eleven of these were patients

who had been shot in their beds. The dead bodies were scattered amongst 53 patients who had been stranded in the hospital for several days with no medical assistance, including one patient who was hiding on the roof. MSF immediately organised for the patients to be transferred to the UN base, setting up a tented hospital there.

“There were corpses lying on the beds, and medicines, clothes and suitcases scattered on the floor – a sign of the terror experienced by those who fled. We even found a patient hiding on the roof.”

MSF nurse, February 2014

The patients recounted how armed groups entered the hospital and shot people who had no money or mobile phones to hand over, how everyone was beaten, and how a number of women and young girls were raped.

“Every day they came: 10 to 15 armed men. And when they came, they would shoot. They demanded mobiles and money. If you didn't give them away, they would shoot you. If you gave them away, they would leave you, but if you didn't they would shoot you. In our ward many people were shot. They beat all of us – old men, young men, young girls. All of us were beaten. They even took some girls and women away. I don't know where they are now.”

59-year-old man who had gone to the hospital after his leg was injured in an attack on his house. He had believed the hospital would be a safe place to stay, March 2014

⁵ The hospital and town are empty and MSF is not working in Malakal Teaching Hospital at this time.

Prior to the February violence, people had used the hospital to shelter from the hostilities. In January, MSF had roughly estimated that up to 3,000 people were sleeping in the hospital compound.

“The hospital is effectively a disorganised IDP camp. Hygiene and sanitation are a serious concern. And general security cannot be guaranteed.”

MSF project coordinator, January 2014

**UNITY STATE:
Bentiu State Hospital⁶**

Ministry of Health facility

120 beds

Services included primary and secondary healthcare, surgery, paediatric unit.

Target population 586,000



At least 28 people killed

 At least 27 people seeking shelter

 At least 1 Ministry of Health staff

MSF’s pre-conflict programme treated HIV and TB patients, including an inpatient ward. From December 2013, it expanded its capacity to include nutrition and support surgery in Bentiu State Hospital, and started surgical activities and secondary healthcare in the POC site inside the UN base in Bentiu.

“On the morning of the fighting, people came to the hospital for safety, including children who had been separated from their families. Later that morning, soldiers came into the hospital. They started shooting people who ran away or tried to hide.”

Female healthcare worker, April 2014

Bentiu has also seen extreme violence, including large-scale targeted attacks against people sheltering in its mosque and hospital on 15 April 2014. In the compound of Bentiu State Hospital, at least 28 people – including at least one Ministry of Health employee – were killed. This time they were not patients, but people who had fled to the hospital in search of safety, and who were targeted based on their ethnicities, identities and perceived allegiances.

Witnesses recounted how groups of people seeking shelter from the fighting in the hospital were shot inside the hospital compound. On 23 April, an MSF assessment team saw an unverified number of bodies in a hole behind the hospital compound.

“Under one building, they shot one Dinka and one Darfuri who were trying to escape. One didn’t die right away – I tried to save him, but he died later. I think two Ministry of Health staff were killed. A group of at least 20 Darfuris were killed as they tried to escape out the back gate. There were also Nuer who were killed for being traitors. Later I

⁶ Figures refer to pre-crisis situation. Target population figures are based on the entirety of Unity state.

saw the bodies of three Darfuris that were killed outside the front gate. I am staying in UNMISS now. I will not say that I feel safe working at the hospital, but what am I supposed to do?"

Female healthcare worker, April 2014

As in Malakal, the hospital in Bentiu had been used as a place of refuge from the fighting by people from the start of the conflict until the attacks in April. In January, hospital staff had told MSF how they often slept in the hospital rather than return home, because they felt safer there.

UPPER NILE STATE: Nasir Hospital



1 unidentified person

MSF facility

80 beds⁷

Services included primary and secondary healthcare including a therapeutic feeding centre, maternity services, surgery, HIV/TB care and kala azar treatment.

Target population 300,000

MSF evacuated from Nasir on 4 May as heavy fighting approached. An MSF assessment team was able to return on 9 May, and found the body of a woman in the hospital compound. It appeared that she had been killed inside the hospital grounds.



Nasir, Upper Nile state: A patient, accidentally shot in the leg in Malakal on February 18, recovers in MSF's Nasir hospital in April 2014

© Adriane Chanesian

⁷ Pre-crisis figures, the bed occupancy rate increased to around 120 with the influx of wounded patients requiring surgery as a result of the conflict.

⁸ MSF runs primary and secondary healthcare programmes in Lankien & Yuai, Jonglei state. It added surgical capacity in January 2013.

Attacks on facilities and assets



Looting and burning of hospitals

All of the hospitals where violence has occurred have also been ransacked and looted, sometimes repeatedly.

In Bor, while the hospital structure was left intact, many of the wards, as well as the medical supply warehouse, were looted. Two ambulances were destroyed and three others were reportedly stolen.

In the February attacks on Malakal, the hospital was heavily looted and destroyed throughout, including the burning of the therapeutic feeding centre for malnourished children and the destruction of vehicles, including ambulances.

In Bentiu, in May 2014, an MSF team assessing the possibility of returning to the hospital found it being ransacked by armed men. The looting included many of the wards, the operating theatre and the area of the hospital where MSF ran its programmes. In both Malakal and Bentiu, all hospital equipment, medicines, beds and mattresses were stolen or destroyed.

In Nasir, MSF has now documented two instances of looting of its hospital. An initial assessment team in May saw looting in both the MSF hospital and house, in this case armed actors had shown more restraint compared with incidents in other

areas, and the damage was minimal. In June, however, a second assessment team found both the MSF hospital and house had been heavily looted, including the theft of furniture such as beds and mattresses, and the looting and ransacking of medical material and supplies.

UNITY STATE: Leer Hospital

An entire hospital destroyed

For an interactive map showing the destruction of MSF's Leer hospital see: www.msf.org/sites/msf.org/files/leer_plan.pdf

MSF-run facility

120 beds

Services included primary and secondary healthcare including a therapeutic feeding centre, maternity services, surgery, HIV/TB care.

Target population 270,000

“The destruction from fire was unbelievable. The medical storage is straight ahead when you come in the gate, but you couldn’t even recognise it. It had been burnt down and the roof had collapsed. The freezers and the fridges where we used to keep the vaccines cold were just melted white blobs. Also burned down was the place where we used to store food for our inpatients and the therapeutic food for malnourished children. I remember thinking, ‘Our supplies have really been targeted’.”

MSF project coordinator, Leer, February 2014

On 14 February 2014, MSF staff returned to Leer hospital following weeks of insecurity to find buildings reduced to ash, drug vials smashed and strewn throughout the grounds, and sterilised surgical equipment broken and discarded everywhere. Medicines, hospital beds and other supplies had been thoroughly looted.

Those buildings constructed of metal containers, such as the office, were totally burned out; others built of bricks and concrete were more intact, but had been emptied of everything. Not a single hospital bed remained. In one of the wards, the nurses' station had been destroyed, every cupboard had been opened and there were papers and discarded medicines everywhere. On the floor were a number of metal trunks with broken padlocks.

The emergency room had been gutted by fire. The operating theatres had been thoroughly ransacked and one of them extensively burned, including the operating table. In the sterilisation room, all the surgical instruments had been removed from their sterile packaging and thrown on the floor. The therapeutic feeding centre for malnourished children had been burnt and its roof had collapsed.

The exact date or dates of the destruction of Leer hospital are unknown, but it happened at some point between 28 January, when MSF teams were forced to evacuate the hospital, and 14 February, when MSF teams were able to return.



Armed robberies, lootings and occupations

“An armed group forced their way into the compound. There was one particular individual who was very threatening.”

MSF project coordinator, Malakal, January 2014

MSF facilities, including clinics, houses and offices, have been robbed, looted and occupied throughout the six months since the conflict started.

In Malakal, Bentiu, and Nasir, MSF houses and offices have been forcibly searched, or looted. In Leer, in February, MSF teams discovered their evacuated compound being occupied by armed uniformed men.

Attacks on the facilities of MSF and others have also been recorded in the past six months in areas away from areas of active conflict. The increased militarisation of Yida refugee camp,⁹ Unity state, for example, has led to increased insecurity. Between 25 December and 31 January, when all international staff were evacuated, NGO assets including vehicles, fuel, communications equipment and food were forcibly taken.

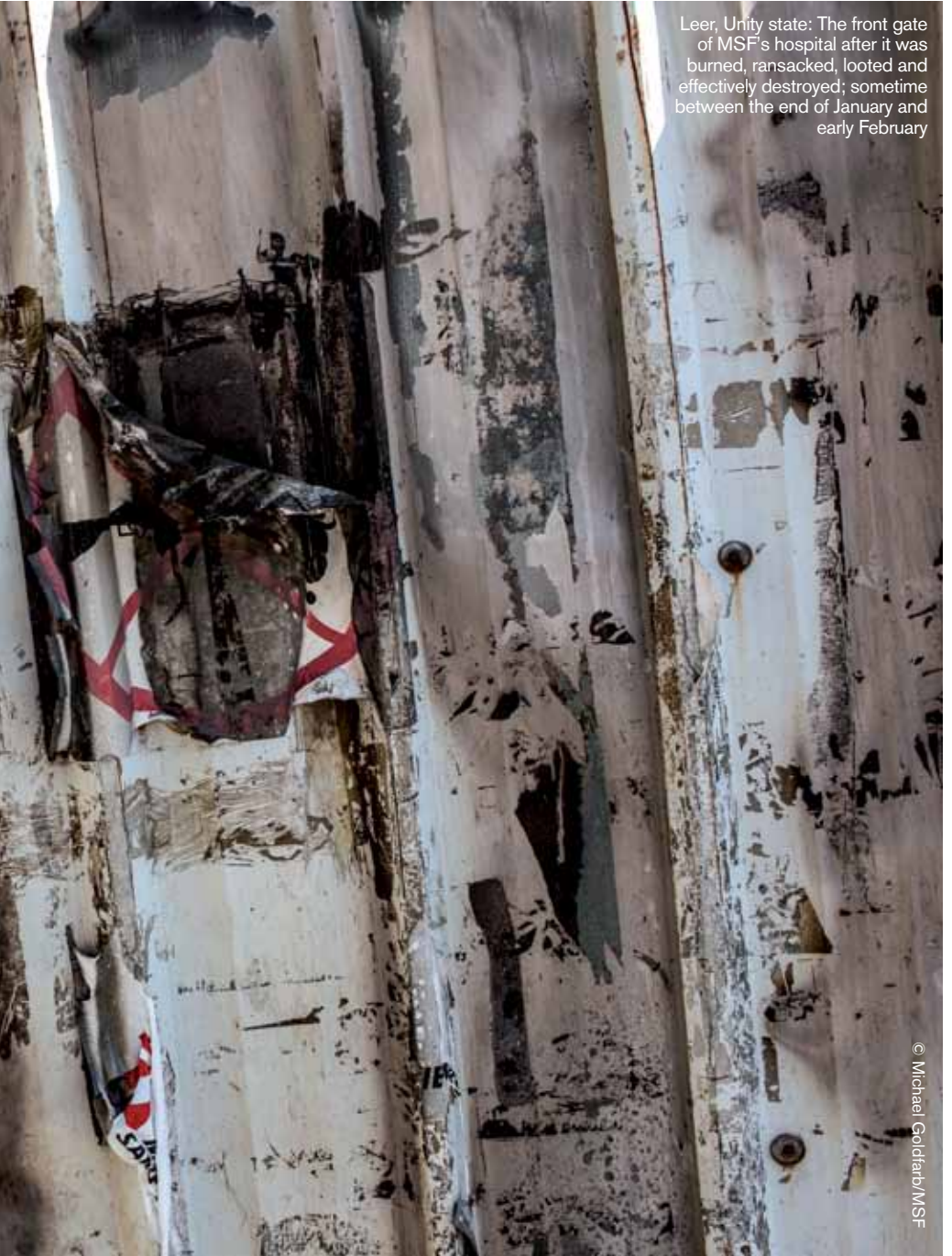
⁹ MSF runs primary and secondary healthcare and nutrition programmes in Yida refugee camp, Unity state. The camp is home to 70,000 Sudanese refugees.



“

The looting and destruction of healthcare facilities not only demonstrate utter disrespect for medical facilities, but also compound the longer term impact of the conflict on people's health. Such acts seriously affect the ability of organisations such as MSF to restart medical activities when people do return to their homes.

”



Leer, Unity state: The front gate of MSF's hospital after it was burned, ransacked, looted and effectively destroyed; sometime between the end of January and early February

© Michael Goldfarb/MSF

In Batil refugee camp,¹⁰ Upper Nile state, there were two armed robbery attempts on MSF's outpatient department on 23 and 24 March. In Lankien, Jonglei state, there was also an attempted armed robbery on MSF's clinic on 2 May.



Medical vehicles destroyed and stolen

“When the fighting came, we took the MSF vehicles with our patients in them, but the soldiers chased us. We ran further, but still they chased us and took the cars from us.”

MSF local staff member describes fleeing into the bush from Leer on 28 January

In the attack on Bor, Ministry of Health ambulances and other medical vehicles were destroyed and stolen.

In Leer, MSF cars were stolen. When fighting intensified on 28 January in Leer, 240 of MSF's local staff were among the thousands of people fleeing the town, and a team of 30 on-duty medical staff took several dozen of the most severely ill patients with them.

Transporting the patients in eight MSF cars, staff fled into the bush. Over the next days, as fighting advanced, staff were forced deeper into hiding with the patients. Part of the team carried the patients to safety on foot while three staff stayed back to hide the cars in the tall grass. When they heard armed men approaching, shooting into the air as they did so, they hid a few hundred metres from the vehicles. The staff heard more shots and the car engines start. When they were able to return to the site, all the cars had been taken.

“After we lost the vehicles, we carried the patients on blankets. It takes four people to carry one patient like that. When we become tired we rest and then we start again. There is no road, just bush.”

MSF local staff member describes fleeing into the bush from Leer on 28 January

¹⁰ MSF runs primary and secondary healthcare and nutrition programmes in Batil, Gendrassa, Doro and Kaya refugee camps in Maban County, Upper Nile state. The camps are host to around 122,000 Sudanese refugees. MSF also runs outreach programmes in the host Mabanese community.



Bentiu, Unity state: Aerial view of destruction of the town of Rubkona, on the outskirts of Bentiu, following heavy fighting in April 2014

© Hosanna Fox/MSF

Violence against, and harassment of, medical and humanitarian staff



Healthcare workers killed in the conflict

As outlined above, Ministry of Health staff were killed in the attacks on the hospitals in Bentiu and Bor. There are further recorded instances of medical and other humanitarian staff being caught in crossfire or targeted based on their ethnicities. MSF does not at this time know of any incidents of medical or humanitarian staff being killed because of the jobs they were performing, in the current conflict.

In Akobo, Jonglei state, an NGO health worker was killed in an attack on the POC site on 20 December.¹¹ The attack claimed 22 lives. In Bor, on 25 December, a doctor and member of the

South Sudan Doctors' Association was killed outside the POC site. A Canadian citizen, he had returned to South Sudan to support his home country's developing medical community.¹² On 17 April, 58 people died when the POC area in Bor was attacked by armed youths. Two of them worked in the health clinic in the camp.¹³

MSF staff threatened and beaten

MSF staff have come under significant pressure and been threatened and harassed over the past six months. In December in Malakal, armed men stopped MSF cars returning from the hospital, and threatened the drivers and passengers – including hitting a car with a spear. In January, armed men forced their way into the MSF compound while international staff were at the hospital. They forcibly searched the premises and threatened to kill the guards, some of whom were so terrified that they never came back to work, while others would only do so if international staff were present. The next day, MSF international staff were threatened when armed men forced their way into the compound and tried to steal a motorbike, firing shots into the air.

This type of harassment, combined with the escalating insecurity, forced MSF teams to evacuate Malakal on 17 January, leaving thousands of people without healthcare, including surgical care, at a time when it was desperately needed.

¹¹ https://internationalmedicalcorps.org/2013_12_20_south-sudan-crisis

¹² <http://www.theglobeandmail.com/news/world/canadian-heroes-confront-horrors-of-homeland/article16891890/> and <http://www.southsudanmedicaljournal.com/archive/february-2014/obituary-dr.-thomas-lul.html>

¹³ www.rescue.org/blog/jrc-mourns-loss-two-south-sudan-staff

In Yida, in December, MSF local staff trying to protect MSF assets from being stolen were threatened and beaten. One staff member was detained for a number of hours. In March, four MSF workers, including two on-duty guards identified as working for MSF, were beaten to

the ground and kicked by armed men, while all their personal items, such as mobile phones and money, were stolen. After being told to run, a shot was fired.

In Batil camp, an MSF guard was beaten with a stick during an armed robbery.



Leer, Unity state: Medical supplies lie strewn on the floor of MSF's hospital after it was burned, ransacked, looted and effectively destroyed; sometime between the end of January and early February

© Michael Goldfarb/MSF

Consequences of violence against healthcare in South Sudan

“When Nuer and Dinka fought, we ran away. We didn’t find any medicines; we ran away with nothing. We are very tired because here there is no food. I am sick, I don’t have medicines. I cannot find medicines because of the fighting – I have some but they will run out.”

30-year-old displaced woman, Upper Nile State, March 2014

“It’s always a very difficult moment - a mix of shame and helplessness - to understand that you can no longer help, and that you have to leave patients behind. We left supplies with the patients and their caretakers so they could continue their treatment even if they couldn’t access a health facility – a ‘runaway pack’ containing all the materials they would need.”

MSF project coordinator describes leaving Bentiu, January 2014

Even before the current conflict, South Sudan suffered from extremely weak health infrastructure and a severe lack of trained medical staff.

With life expectancy of 54 years, a maternal mortality rate of 730 per 100,000 live births, and an under five infant mortality rate of 104 per 1000,¹⁴ and with more than half of the population estimated to live more than a three-mile walk from the nearest clinic,¹⁵ South Sudan’s healthcare

system was already fragile and unable to meet the majority of the population’s health needs.

A look at some of MSF’s biggest projects in conflict-affected areas offers a snapshot of people’s healthcare needs, and the consequences that a loss of healthcare can have on vulnerable people. While the below is not a comprehensive analysis, it seeks to illustrate the significant impacts that the conflict has had on people’s health, and the challenges of providing healthcare in a conflict environment.

Leer and southern Unity state

In Leer, the MSF-run hospital of 120 beds was the only secondary healthcare facility available for 270,000 people in the town and surrounding area.

In 2013, the hospital averaged 5600 outpatient consultations a month - of which around 1700 were for children under five. Approximately 335 patients a month were hospitalised: around 150 patients in the inpatient ward (including around 50 children under five); 100 women in the maternity ward; 50 children in the intensive therapeutic feeding ward; and 35 patients in the surgical ward.

When fighting intensified on 28 January in Leer, tens of thousands of people fled into the bush, including 240 of MSF’s local staff. This community – some of whom went on to be displaced multiple times - lived in the bush for months without adequate food, clean water or

¹⁴ World Health Organization (WHO) Global Health Observatory Data Repository <http://www.who.int/countries/ssd/en/dan-staff>

¹⁵ http://csis.org/files/publication/121114_Downie_HealthSudan_Web.pdf

shelter. Such conditions make people vulnerable to malnutrition and disease outbreaks.

MSF's local staff did all they could to provide primary healthcare to displaced people in the bush, with limited supplies, carrying out over 3000 consultations in the period to the end of April.

However, there were no options for secondary healthcare for more than four months.

In the weeks after the community fled Leer and surrounding area, MSF received reports of high malnutrition rates amongst parts of the population. In response, MSF started nutrition programmes in the remote villages of Mayendit and Nyal in southern Unity state in March, admitting 1067 children under five in the first two months. In May, as the population started to return to Leer, MSF opened a nutrition programme in the town, and later some limited secondary healthcare, but has no surgical capacity.

Throughout 2013, MSF treated 13,400 malaria cases in Leer. Malaria is one of the biggest killers in South Sudan, endemic across the entire country. It has year-round transmission, with peak season usually lasting from August to November. Without improvements in their situation, displaced people living in the open will be particularly vulnerable to the disease.

When its teams were forced to leave Leer in January, MSF had 126 HIV and 74 TB patients on treatment. Of these MSF was only able to give 67 HIV and 46 TB patients three-month supply packs which would have lasted to the end of April. Since then, MSF has only been able to trace 41 of the HIV and 16 of the TB patients. MSF does not know the status of the rest of its patients.

Nasir

MSF evacuated its hospital in the town of Nasir on 4 May as heavy fighting was approaching and the population fled. The hospital was the only secondary healthcare facility for nearly 300,000 people in the region.

With the exception of the limited services available in the village of Chuil,¹⁶ there is no primary healthcare available at present for people living in the three counties along

¹⁶ MSF's kala azar and malaria programme is still running in Chuil, and MSF plans to support the primary healthcare clinic there.

In its first 3 weeks

1,675

children under five were admitted as outpatients to the nutrition programme

The nutrition programme formerly run by MSF in Leer hospital saw a total of

2,142

children admitted across the whole of 2013

the Sobat River.¹⁷ Ongoing fighting makes it too insecure, at this time, for MSF to return to Nasir, or to reach the majority of those displaced. A look at MSF's consultation figures in the first four months of 2014 gives an indication of the needs.

In the first four months of 2014 (January – April) the hospital averaged 4100 outpatient consultations each month, of which 1400 were children under five. Approximately 435 patients a month were hospitalised: around 150 in the inpatient ward (of which 30 were under five); 95 women in the maternity ward; 50 children in the intensive therapeutic feeding ward; and 140 patients in the surgical ward.

Before MSF left Nasir hospital, the number of surgical interventions had increased from previous years, reflecting the growing surgical needs created by the conflict. Teams were performing around 140 surgeries each month, of which around 75 were violence-related. During a peak of casualties in February, more than 400 war-wounded cases were received in a two week period. In contrast in 2013, teams performed around 43 surgeries each month, around 12 of them violence-related.

¹⁷ The Sobat River runs through Baliét, Ulang and Nasir counties in Upper Nile State.

¹⁸ A further 15,000 are estimated to be in the nearby town of Yuai where MSF runs an outreach programme from its Lankien project.

Lankien

Lankien has not seen active fighting, and MSF's medical activities have been able to continue uninterrupted since the beginning of the conflict. The town has absorbed around 16,000 IDPs,¹⁸ and the hospital has been dramatically impacted by the increase in needs created by the conflict. MSF's hospital is completely over capacity. Despite huge increases in its programmes; it is unable to meet all of the needs.

The figures below give some indication of how high healthcare needs are, and the severe consequences for those unable to access it.

Prior to the conflict the hospital had a bed capacity of 98, yet at the moment it has an average of 250 patients a day.

Between January and April 2014, the Lankien hospital performed an average of

7320

outpatient consultations each month

In 2013, it performed an average of

4805

outpatient consultations each month

Between January and April 2014,

311

children under five admitted to nutritional programme each month

115

children under five admitted to nutritional programme each month in 2013

In response to escalating needs created by the conflict, MSF constructed a dedicated emergency surgical unit in the hospital in January 2014. From January to the end of May 2014 it had performed 287 surgeries, of which 258 were violence-related.

Since the closure of MSF's hospital in Nasir,

SURGICAL CAPACITY

in the area has dramatically decreased, and Lankien is one of only two surgical units available in the region at this time

Malakal

Endemic in South Sudan, kala azar is a parasitic disease which is fatal if left untreated. MSF has run programmes to treat outbreaks of the disease for for many years. In Malakal, an outbreak at the end of October 2013 led MSF to open an emergency kala azar programme there, in conjunction with the Ministry of Health, including opening a 16-bed ward for severely sick patients.

MSF had 62 patients on treatment when the hospital came under attack. Some came to MSF's clinic in the UN base, but most were not traced again and will not have been able to finish their treatment.

MSF has also set up mobile primary healthcare clinics and nutrition programmes in Melut, but many thousands of people remain out of reach.

Bentiu

Tens of thousands of people have been displaced from Bentiu town and surrounding areas. MSF provides secondary healthcare and surgical support inside the UN base where around 38,000 IDPs are sheltering. The ongoing insecurity means, however, that MSF is no longer able to reach displaced people located outside of the POC area, nor people in the smaller towns and villages in the surrounding area that it used to reach with outreach programmes.

MSF also had 147 TB and 33 HIV patients on treatment at the end of December when it first had to evacuate. Of the TB patients, 58 were able to receive their full treatment, but 89 needed further follow up care – just 38 of these TB patients have come to MSF's clinic in the POC, the rest are unaccounted for. A few HIV patients have also come to the POC clinic; but most are unaccounted for.

Conclusions and recommendations

While the full effects of the conflict on healthcare in South Sudan are unlikely ever to be fully quantified, what has been documented so far offers an alarming insight into a desperate situation that must be addressed urgently.

THE VIOLENCE carried out against the WOUNDED & SICK and against those SEEKING SHELTER in hospitals and against medical facilities themselves are not only VIOLATIONS of international laws and humanitarian principles, but an affront to HUMAN DIGNITY

MSF condemns such attacks, which represent a complete inversion of the purpose and role of medical facilities as places of care and safety, and which deprive vulnerable people of medical assistance at the moment they need it most.

The destruction and neglect of an already fragile healthcare system further impedes access to medical care in South Sudan. In such an environment it becomes almost impossible to deliver effective, impartial, neutral aid.

Such acts also have far-reaching consequences, as people become afraid of hospitals and of seeking medical care.

MSF calls upon all stakeholders to take urgent action to address this shocking lack of respect for medical care. MSF calls for non-interference in its operations, including all its premises and assets, such as cars, that are needed to support the delivery of medical care.

MSF acknowledges those instances where orders to respect healthcare have been given and respected.

MSF appeals for greater accountability from all armed actors engaged in hostilities, throughout the chain of command.

MSF calls on all parties participating in hostilities to:

- Cease all violence against healthcare, including violence against patients, against civilians using hospitals as shelter, against medical staff and against medical facilities. Also to assume responsibility under international law to refrain from attacks against healthcare, including any interference in the provision of medical assistance.
- Put in place measures to prevent further violations. Also to take steps to improve knowledge of these legal obligations within their respective forces, as well as to ensure mechanisms for monitoring and accountability.

MSF calls on the Ministry of Health and the Sudan People's Liberation Movement in Opposition (SPLM-IO) to:

- Ensure that staff in medical facilities under their control are aware of their rights and responsibilities as medical providers in conflict areas, including taking measures to ensure that healthcare workers can carry out their jobs without fear of violence.
- Take all possible measures to ensure that patients can seek healthcare without fear of violence and to ensure that patients in medical facilities under their control are aware of their rights.

MSF calls on South Sudan's civil society and medical community to:

- Actively participate in encouraging respect for healthcare. Initiatives could include raising awareness on the impact of violence on healthcare, and advocating on this issue to armed groups and health organisations.



**MEDICAL
CARE** 
UNDER FIRE

MEDICAL CARE UNDER FIRE

In November 2013, MSF launched a project to examine and address the impacts of violence against healthcare in South Sudan. The initiative is part of MSF's global Medical Care Under Fire project, which seeks to better understand the nature of violence that healthcare providers are facing in conflict zones, in order to improve the security of patients, staff and healthcare facilities. In South Sudan, MSF works with communities, medical and humanitarian actors and authorities at local and international levels to create a safer environment for the provision of medical care.