

“THEY KILLED THEM WHILE WE WERE RUNNING”

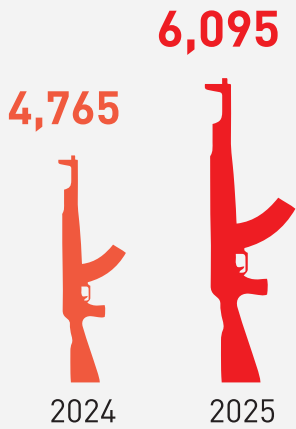
ESCALATING VIOLENCE IN SOUTH SUDAN
May 2026



REPORT SUMMARY

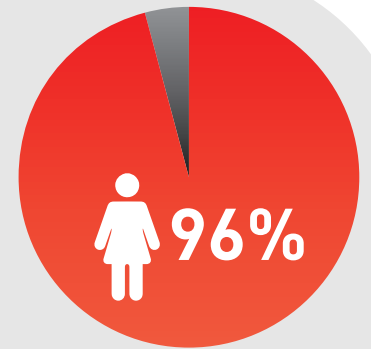


KEY FIGURES: MSF IN SOUTH SUDAN

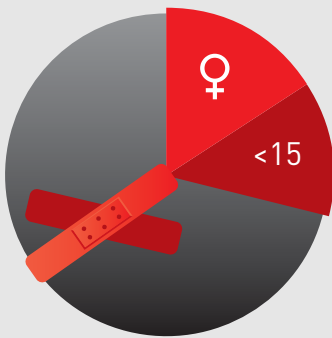


In 2025, MSF treated **6,095** patients who had experienced different forms of violence.

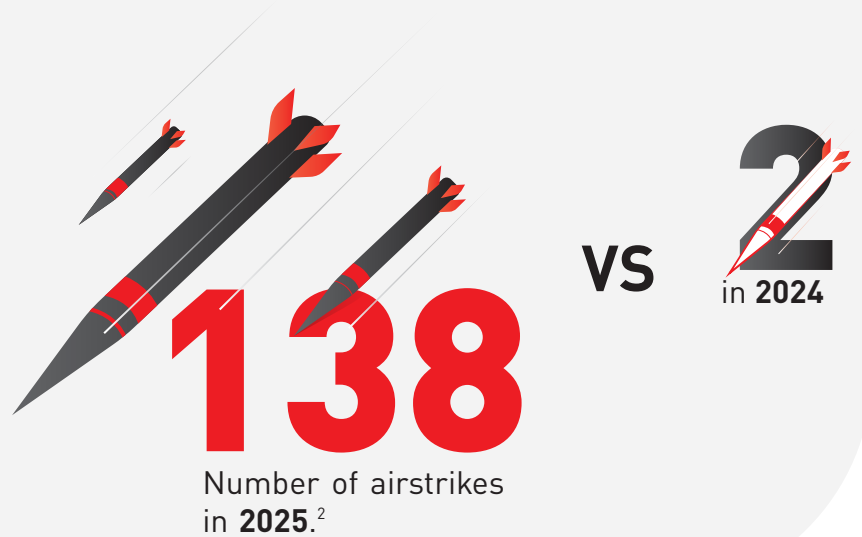
In 2025, **2,616 SGBV survivors** were cared for across all **11 MSF projects** that provided SGBV services.



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.

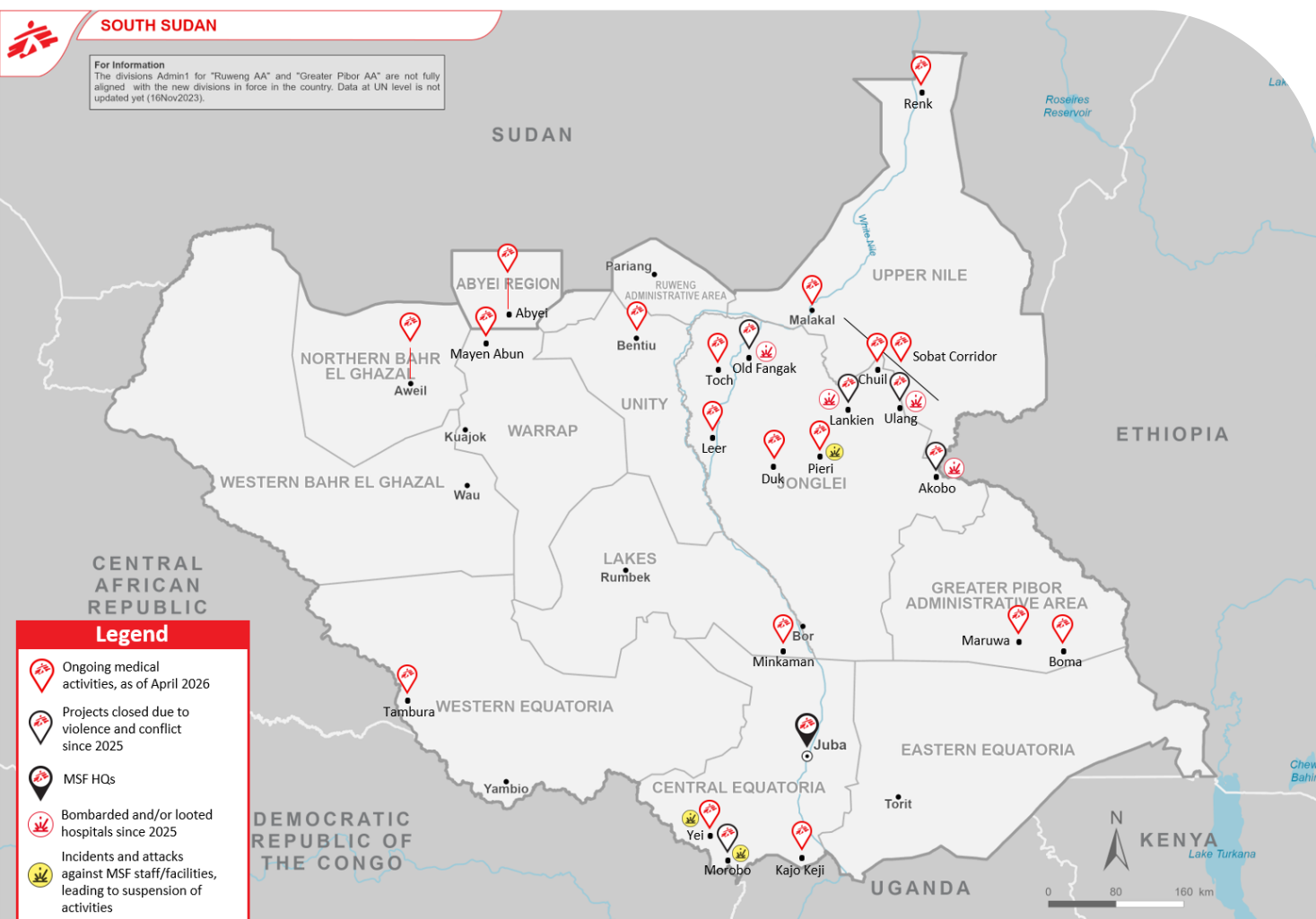
² Data on airstrikes are according to ACLED data: <https://acleddata.com/conflict-data/data-export-tool>

South Sudan is once again experiencing a sharp escalation in conflict, with devastating consequences for civilian populations. Since the beginning of 2025, armed conflict has worsened between government forces, the South Sudan People's Defence Forces (SSPDF), the Sudan People's Liberation Army-in-Opposition (SPLA-IO), and other allied armed groups on both sides.

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. Civilians are increasingly facing both targeted and indiscriminate attacks, sexual and gender-based violence (SGBV), forced recruitment, and abductions. Civilian infrastructure, including health facilities, is increasingly under attack. Attacks further jeopardise the delivery of healthcare, which is already near collapse, and the system has no capacity to respond to the growing needs.

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). MSF's medical data, alongside over 70 interviews with MSF staff, patients, and community members, illustrates the devastating impact violence is having on communities across the country. The resulting humanitarian needs are immense, including immediate and long-term detrimental impacts on health, malnutrition, food insecurity, and protection. At the same time, the gap between the growing needs and the humanitarian response is widening. Aid assistance is increasingly being constrained by access denials and the instrumentalisation of aid.

Médecins Sans Frontières/Doctors Without Borders (MSF) has been working in what is now South Sudan since 1983, and the country remains one of the organisation's largest operations.



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

Since the start of 2025, MSF has been witnessing an increase in the intensity, scale, and spread of violence, including attacks against civilians, sexual and gender-based violence, abductions, and forced recruitment. Patient, staff, and community stories and testimonies reveal that violence is clearly perpetrated by all parties to the conflict, including the SSPDF, the SPLA-IO and allied militia on both sides. MSF has also treated patients injured in localised clashes between different community groups. Dynamics vary depending on the location and type of attack.

Attacks on civilians: Out of 72 qualitative interviews conducted, 55 mentioned attacks on civilians, and 31 described the deliberate destruction of homes and essential civilian infrastructure. Airstrikes in heavily populated areas have resulted in widespread civilian casualties, including in Ulang and Nasir in early 2025, Old Fangak in May 2025, and Lankien on 3 February, killing and maiming civilians and destroying homes, markets and hospitals. All available data indicates that only the SSPDF and the Uganda People's Defence Forces have the capability to conduct such airstrikes.

Since January 2025, MSF has responded to at least five separate instances of mass attacks on civilians, perpetrated by the SSPDF, the SPLA-IO, the White Army, and affiliated armed groups. This includes airstrikes in Ulang and Nasir, attacks on civilians in Adong and Abiemnhom, and violence in different parts of Jonglei state, which has reached an alarming level of brutality and scale. Interviews with MSF staff, patients, and community members who had fled Nyirol, Uror, and Akobo counties, Jonglei state, reveal horrific stories of violence perpetrated by the SSPDF as people ran for their lives, including the killings and rape of elders, women, men, boys and girls, widespread destruction of civilian infrastructure, and burning of homes, sometimes with people inside.

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."

Elder woman from Lankien, Chuil,
March 2026

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."

Woman at MSF facility in Chuil,
March 2026

Sexual and gender-based violence: MSF interviews and medical data indicate a brutal pattern of SGBV, including conflict-related sexual violence and intimate partner violence, perpetrated by parties to the conflict, unidentified armed individuals and groups, intimate partners, and members of communities. Significant barriers prevent or delay women from seeking care, including stigma, distance to facilities with comprehensive services, and fear of exposure and retaliation.

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. Any movement within conflict-affected areas exposes women to SGBV – the prevalence is so high that women and girls are experiencing 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

Forced recruitment and abductions: MSF medical data and interviews with patients, staff, and community members in Central Equatoria, as well as different areas of Jonglei state and Upper Nile, indicate that abductions and forced recruitment is ongoing by different actors, including the SSPDF, SPLA-IO, and groups like the NAS and Agwelek forces. An alarming level of child abductions in Jonglei by Murle groups was highlighted.

Interviews indicate that most women abducted or forcibly recruited are between 17 and 35 years of age. Motivations include for domestic activities, sexual slavery, and forced marriage – some women even become pregnant while being held. Women whom MSF staff have treated have been held for up to 1.5 years by their abductors. Men, typically below the age of 35, are targets for forced recruitment. Testimonies mentioned beatings, humiliations, food deprivation, lack of medical care and lack of contact with their families.

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

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 civilian infrastructure have increased, and healthcare has not been spared. MSF alone has faced 12 attacks on its staff and facilities since the beginning of 2025, including three aerial bombardments, two instances of gunfire on staff and facilities, four separate occasions of looting and destruction of health facilities, and three abductions of staff. Two MSF hospitals have been destroyed by bombings: Old Fangak on 3 May 2025 and Lankien on 3 February 2026, forcing both facilities to close.

Attacks on civilian infrastructure further diminish an already low baseline of essential services – since 2025, MSF estimates at least 762,000 lost access to healthcare due to attacks on MSF facilities, assets and staff. There is a concerning level of apparent targeting of health facilities in opposition areas, which is limiting people's access to essential medical care. 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.

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

Simultaneously, humanitarian space is shrinking to an alarming level and the instrumentalisation of aid is increasing. 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, Yei, Nasir, and Ulang. General insecurity and denials of access are preventing aid from reaching areas with the highest needs, and there is increasingly a clear lack of guaranteed, predictable humanitarian access for MSF and other organisations.

The instrumentalisation of humanitarian assistance is growing and there is an emerging pattern of access denials, recurring coercive letters, and evacuation orders by the government of South Sudan aimed 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.

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

MSF is concerned about the magnitude of needs and the growing gaps in humanitarian response, which continue to receive very limited attention internationally. Attacks on civilians and civilian infrastructure have caused significant levels of displacement that have led to the erosion of livelihoods and coping mechanisms. People are forced to endure health impacts such as severe injury, permanent disability, and loss of life. Despite access challenges, the current situation warrants an immediate scale-up across all sectors of humanitarian response. Healthcare, shelter, food and nutrition are desperately needed in areas of conflict and displacement.

Displaced people are living in the open, sheltering under trees, relying on leaves for food, drinking from unsafe water sources, and practicing open defecation due to the absence of sanitation facilities. MSF’s emergency response in Chuil indicates worrying levels of malnutrition. Out of 2,500 children screened between 23 February and 23 March, 36 per cent were classified as moderately acutely malnourished (MAM), and an alarming 22 per cent identified as severely acutely malnourished (SAM). In addition to malnutrition, the main morbidities for displaced people include malaria, acute watery diarrhoea, and pneumonia. Care for chronic diseases is almost non-existent, including for HIV and TB.

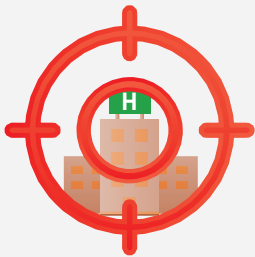
“It took us seven days to get to Chuil from Lankien. My children meant we could only go slow. They were sick, vomiting, had diarrhoea. They are still sick.”

Woman, Chuil, March 2026

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.

