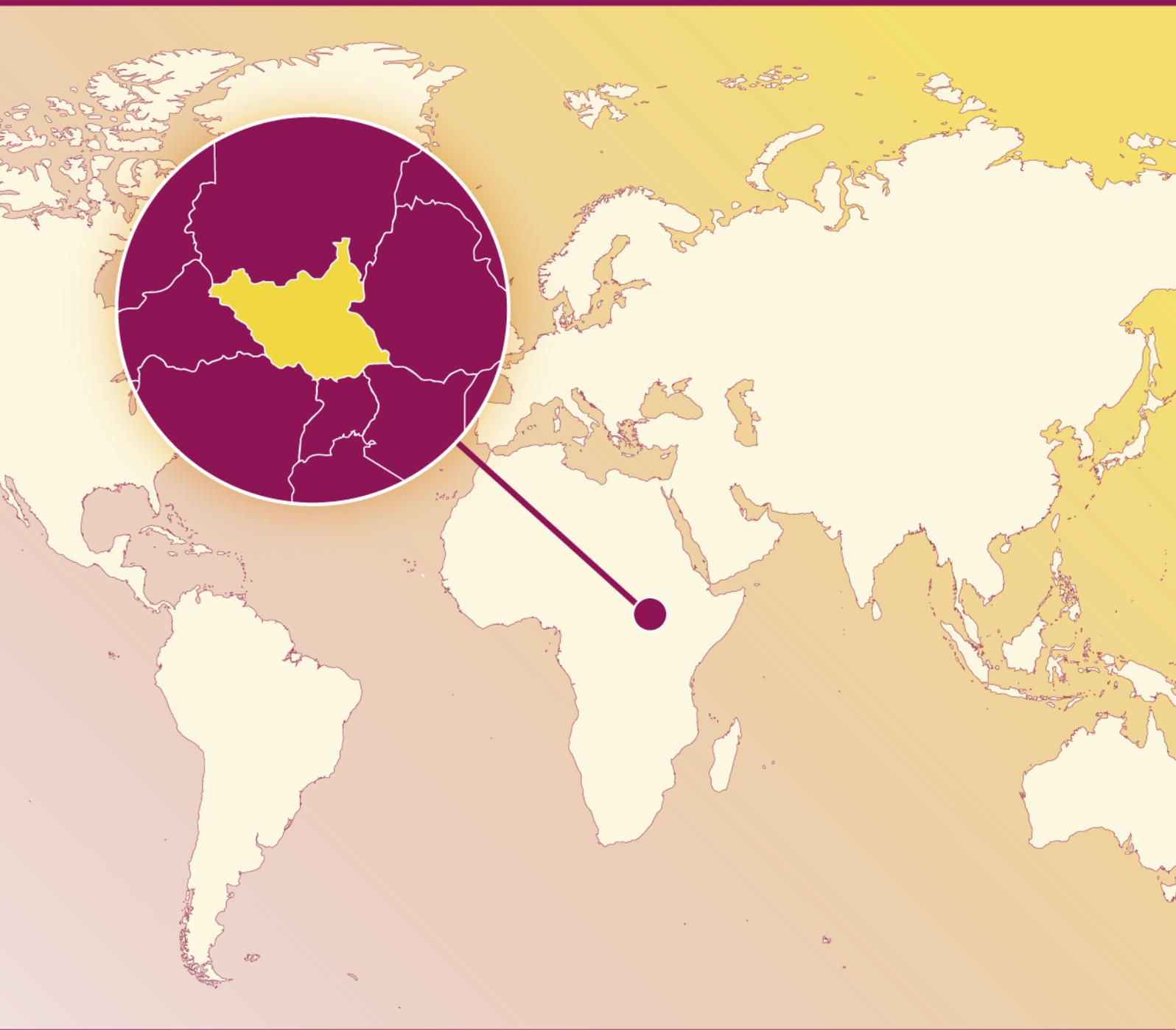


SOUTH SUDAN

Violence Against Health Care in Conflict

2022



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



The more than 1,900 incidents of violence against health care in war and situations of political unrest described in this report are by far the highest number documented by the Safeguarding Health in Conflict Coalition since it began reporting a decade ago. The more than 700 assaults by Russia on health care in Ukraine are the most committed in a single year in one country.

Russia's atrocities in Ukraine have brought global attention to assaults on health care in war, highlighting pervasive violations of long-standing humanitarian norms. But in less visible conflicts and civil strife, the numbers of acts of violence and the stories behind them are equally grim: doctors imprisoned – and sometimes killed – in Myanmar and Iran for treating people in need of care; female health workers in Afghanistan harassed and sometimes beaten as they seek to provide health care for women and children; community health workers murdered in Afghanistan, Pakistan, and elsewhere as they go door to door to immunize children against polio and other infectious diseases.

In the face of the profound harms communities and health workers endure from this violence, the international community has long been passive, even ignoring commitments it has made to prevent attacks and hold perpetrators to account. Impunity for the violence has continued, and even the tracking of attacks has faltered. The World Health Organization's (WHO) system for collecting and disseminating data on attacks on health care in emergencies is plagued by inadequate reporting, lack of transparency, and resistance to reform. After being criticized for reporting zero attacks in Ethiopia despite evidence of looting or damage to hospitals and health centers during the conflict in Tigray, the WHO removed Ethiopia from its public dashboard on attacks on health care.

If we mobilize, however, the war in Ukraine could prove an inflection point. Never have calls for accountability for attacks on health care been as loud and sustained as now. We have an opportunity to press for justice for the people of Ukraine in the face of these atrocities and to extend that demand to people everywhere. The time for accountability for these devastating assaults on health care throughout the world is *now*.

A handwritten signature in black ink that reads "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



24
REPORTED
INCIDENTS



20
HEALTH WORKERS
KIDNAPPED



10
HEALTH WORKERS
KILLED

↓ Source: 2022 SHCC Health Care South Sudan Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 24 incidents of violence against or obstruction of health care in South Sudan in 2022, a similar number to 29 recorded in 2021. At least 20 health workers were kidnapped and 10 killed in these incidents, impacting health care providers' ability to maintain safe staffing levels to effectively meet patient needs. This factsheet is based on the dataset [2022 SHCC Health Care South Sudan Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Armed conflict in South Sudan is widespread, with intercommunal violence in Central and Eastern Equatoria, Jonglei, and Warrap states affecting health care delivery. Threats and violence from parties to the conflict affected health workers in Unity state. Food insecurity also reached the most extreme levels since independence in 2011, which put nutrition programs at even higher risk of having their supplies looted.

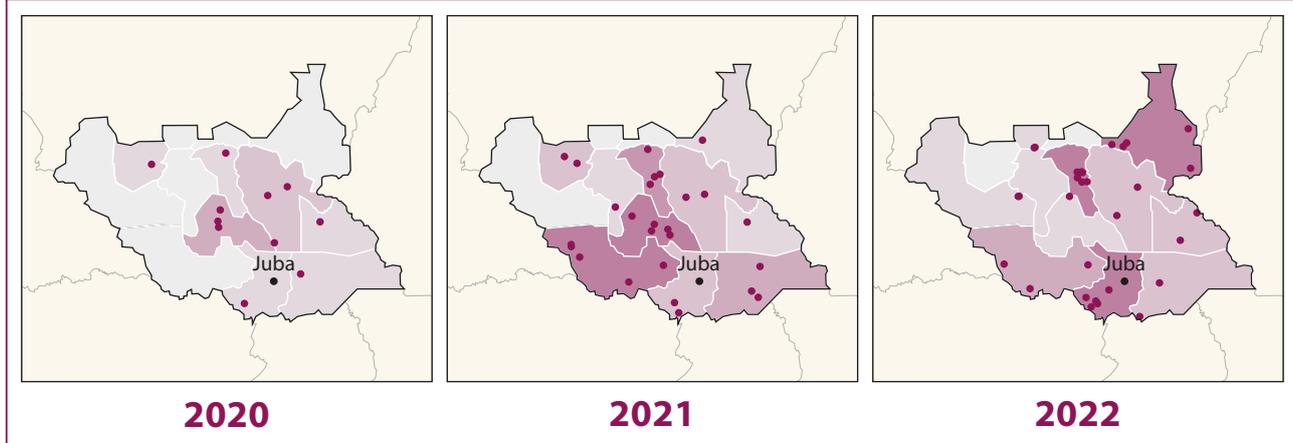
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Incidents were reported throughout 2022 and occurred in nine of South Sudan's 10 states and administrative areas. The highest numbers were documented in Central Equatoria, Jonglei, and Unity states. This represents a change from 2021, when most incidents were reported in Western Equatoria, reflecting the conflict dynamics in the state, where armed violence in the Tambura area decreased significantly by mid-2021. Over two-thirds of incidents recorded threats or armed violence towards health workers, as was the case in 2021. Most of those affected were South Sudanese working for the national health structure, with five incidents reported as directly affecting INGOs and one the UN.



Most incidents were attributed to members of unidentified non-state armed groups. The National Police Service, the South Sudan People's Defense Forces (SSPDF), Sudan People's Liberation Movement/Army in Opposition (SPLM/A-IO), National Salvation Front (NAS), and armed youths were also reported to be perpetrators of at least one incident each. In most cases, perpetrators were armed with firearms, except for a case where a primary health care facility was burned down during fighting between rival militia groups in Lakes state in February, and an instance where a doctor was dragged from a health center and killed in Eastern Equatoria in May.¹

The shifting known locations of reported incidents affecting health care in South Sudan, 2020-2022



WORKERS KILLED, INJURED, OR KIDNAPPED

Twenty health workers were kidnapped in three incidents, with two of these affecting multiple staff: seven South Sudanese INGO staff and 12 community vaccinators were taken by NAS fighters in two abductions in Central Equatoria state. One health worker was kidnapped during a raid on a nutrition site in Upper Nile, in which an NGO aid worker was shot dead, another injured, medicine stolen, and INGO vehicles set on fire.² Three health workers were reportedly held captive for more than 24 hours by breakaway factions of the SPLM/A-IO known as Kitgwang in Unity in August.³

Ten health workers, including doctors, nurses, polio and COVID-19 vaccinators, and health technicians, were killed in 2022. Six worked for the national health structure, three were employed by an INGO, and one by the UN. Most of those killed were fatally shot in direct one-sided violence by unidentified non-state armed groups, with two INGO nurses being killed amid fighting in Unity and Warrap states in February.⁴

Three health staff were shot and injured when their vehicle came under fire en route to a health facility in Unity state in February, and a doctor was beaten by SSPDF soldiers and accused of providing treatment to members of a rebel group in Central Equatoria.⁵ This violence against health workers impacts health providers' ability to maintain staffing levels that can fulfill patient needs and affects staff well-being.



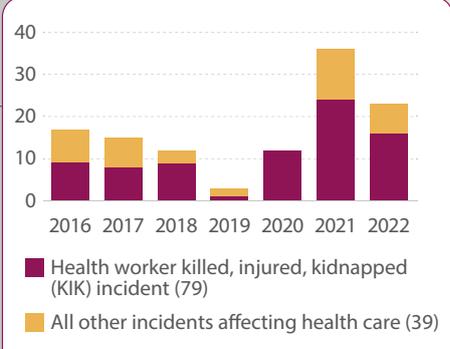
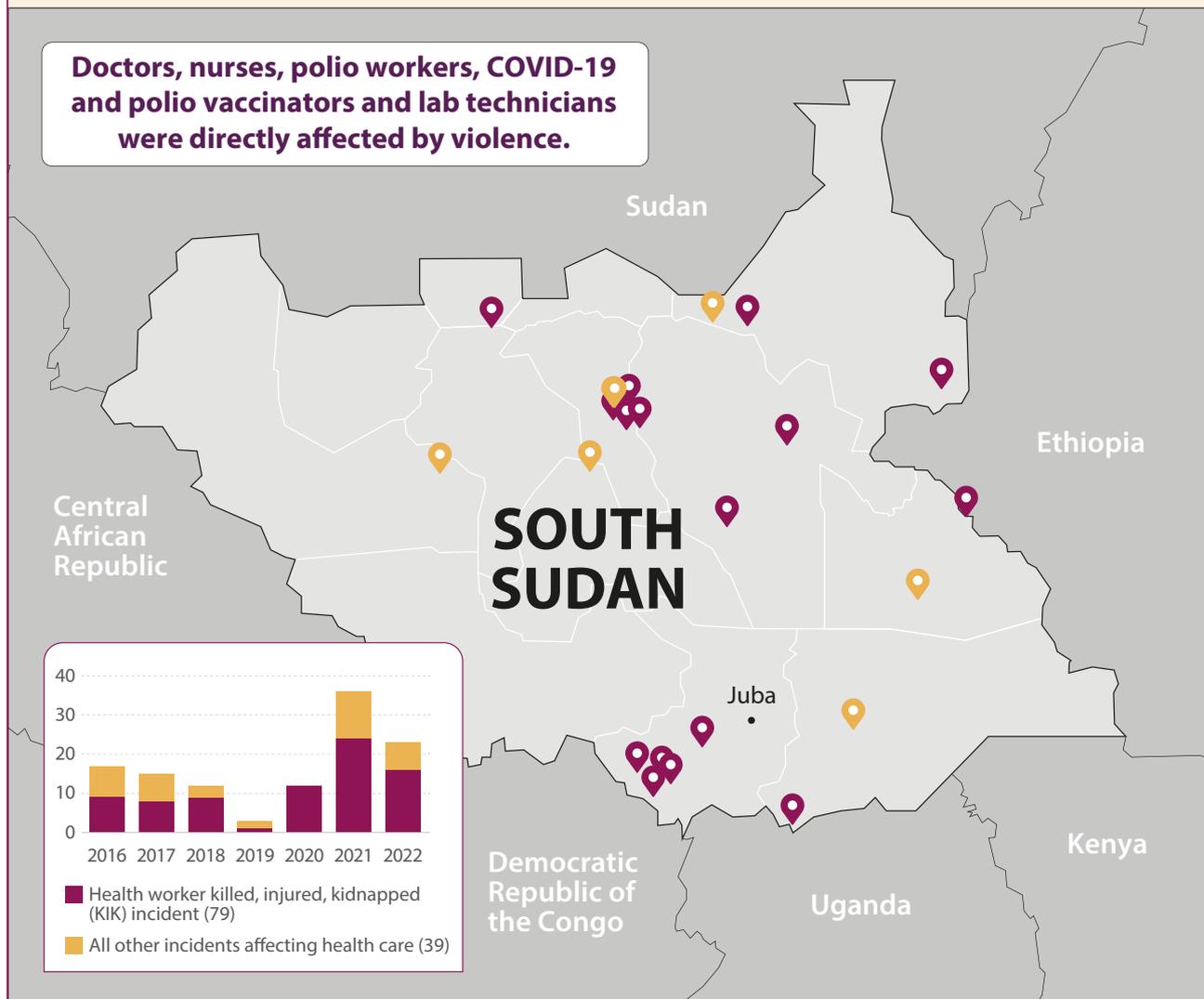
DAMAGE TO HEALTH CARE INFRASTRUCTURE

Vital medicine supplies, malnutrition treatment, and equipment were taken from health facilities by armed groups in Jonglei, Pibor, Central Equatoria, and Western Bahr el Ghazal states. The looting of medical supplies temporarily reduces access to vital medication. Repeated lootings prevent health care providers from stocking vital medicines and can put health workers at risk from frustrated patients and their families. In addition, a primary health care facility was burned down during fighting between rival militia groups that killed 20 civilians and injured eight in Lakes in February.⁶

Reported incidents affecting health care in South Sudan in 2022

Over two-thirds of incidents affected health workers – a similar trend to previous years. Most of those affected were South Sudanese working for the national health structure. Staff working for NGOs were also affected, but less frequently.

Doctors, nurses, polio workers, COVID-19 and polio vaccinators and lab technicians were directly affected by violence.



📍 Incidents in which health workers were killed, injured, or kidnapped (15)

📍 Incidents in which health infrastructure was affected (7)

100km



ATTACKS ON VACCINATION CAMPAIGNS IN SOUTH SUDAN IN 2022

Outbreaks of measles were a key concern in South Sudan in 2022. Almost 69% of all counties are at high risk of measles outbreaks, with 20 counties identified as measles hotspots and immunization coverage remaining extremely low. Fifty-nine polio cases have been reported since the last outbreak in 2020. In 2022 vaccination campaigns personnel were attacked four times:

Jonglei: An INGO vaccination team was ambushed and robbed of health supplies while en route to an immunization campaign in May.

Central Equatoria: 12 community vaccinators were kidnapped by NAS fighters in August.

Pibor: A COVID-19 vaccinator was fatally shot and robbed by gunmen while en route to deliver a report in September.

Unity: A UN polio worker was killed by a gunman at an IDP camp clinic in September.

For more information on attacks on vaccination campaigns in South Sudan, explore the 'Attacked and Threatened' global map by selecting vaccinations and zooming in on South Sudan. Access the data on HDX.

THE IMPACT OF ATTACKS ON HEALTH CARE

The health crisis in South Sudan is one of the worst in the world: almost half of the country's 12.4 million people are in need of humanitarian assistance to enable them meet their health needs. Maternal mortality is among the highest in the world, with a ratio of 789 deaths per 100,000 live births. According to the WHO, only 11% of health facilities across the country provide the minimum level of services. Attacks on health care were identified as one of the main drivers of this health crisis.

A joint study by IRC, MedAir, CASS, IHO, TRI-South Sudan, and UNH in September 2022 detailed the impact of the violence. The 126 health staff surveyed who witnessed or experienced violent incidents experienced signs of heightened distress, with almost 65% reporting one or more symptoms, including difficulties sleeping. A significant majority did not receive any formal support to help them cope. Not going to work is often used by health workers as a coping mechanism to help them deal with a violent incident. A combined 3.5 years of working days were missed by the 126 respondent health staff following the incidents reported. This health worker attrition, and the overall damage to the health system, makes it more difficult for the population to access lifesaving health care. After 73% of reported incidents, communities faced additional difficulties in accessing the required health services. The reluctance of the population to visit health services out of fear is among the most important immediate effects reported by respondents. Respondents indicated that for half of the incidents, difficulties in accessing health care persisted even three months after the attack. For example, in the three months before armed youths attacked health facilities in Mayendit county, Unity state, these facilities served almost 10,000 patients. During the three months after the attack not even half that number of patients could receive support in these clinics, with only about 4,000 visits reported.⁷



KEY SURVEY FINDINGS

The joint [study](#) referred to above detailed the direct impact of violence on health care and found the following:

- 64% of the 126 respondents who experienced an incident reported little interest or pleasure in doing their work or in their personal lives after the incident.
- 23% reported having trouble falling or staying asleep.
- 23 of the 82 health workers who witnessed an incident had to take time off from work after the experience.
- A combined 1,212 working days, or 3.5 years, were missed by health staff following the incidents reported as part of this survey (on average 50 days per organizational grouping of health staff).
- One out of three respondents did not feel safe when traveling to their place of work, providing health services at a health center, or working in the community.
- Due to the direct impact on health facilities and the relocation of health staff, health facilities in nine areas were forced to suspend services after an incident. Six of these health facilities were closed for more than a month.

- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident numbers 32877; 34070.
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident number 35917.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident number 35351.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident numbers 31697; 36950.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident numbers 31696; 32696.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident number 34070.
- 7 South Sudan Health Information System, accessed September 2022.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org

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