

**WATCH** LIST ON CHILDREN AND ARMED CONFLICT



THE IMPACT ON CHILDREN OF  
ATTACKS ON HEALTH CARE AND  
DENIAL OF HUMANITARIAN  
ACCESS IN SOUTH SUDAN

# “Everyone and Everything Is a Target”

## About Watchlist

Watchlist on Children and Armed Conflict (“Watchlist”) strives to end violations against children in armed conflicts and to guarantee their rights. As a global network, Watchlist builds partnerships among local, national, and international nongovernmental organizations (NGOs), enhancing mutual capacities and strengths. Working together, we collect and disseminate information on violations against children in conflicts in order to influence key decision-makers and implement programs and policies that effectively protect children.

For further information about Watchlist, please contact:

[watchlist@watchlist.org](mailto:watchlist@watchlist.org) or visit: [www.watchlist.org](http://www.watchlist.org)

This report was researched and written by Christine Monaghan, PhD, with support from Bonnie Berry, Adrienne Lapar, and Cara Antonaccio. Vesna Jaksic Lowe copyedited the report.

Watchlist would also like to thank the many domestic and international NGOs, UN agencies, and individuals who participated in the research, generously shared their stories and experiences, and provided feedback on the report.

# “Everyone and Everything Is a Target”

THE IMPACT ON CHILDREN OF ATTACKS ON HEALTH CARE  
AND DENIAL OF HUMANITARIAN ACCESS IN SOUTH SUDAN





# Table of Contents

Map of South Sudan	2
Acronyms	3
Executive Summary and Recommendations	4
Methodology	10
Conflict Context	11
Pre-2016 Health Context	13
Health Context during the Reporting Period	14
Compounding Health Challenges due to Attacks and Denial of Humanitarian Access	16
Focus Regions	20
<b>a.</b> Greater Upper Nile	20
<b>b.</b> Bahr el Ghazal	25
<b>c.</b> Equatoria	27
Conclusion	32
Endnotes	33





# Acronyms

<b>ICRC</b>	International Committee of the Red Cross
<b>IDP</b>	Internally Displaced Persons
<b>IMC</b>	International Medical Corps
<b>INGO</b>	International Nongovernmental Organization
<b>MRM</b>	Monitoring and Reporting Mechanism
<b>MSF</b>	Médecins Sans Frontières
<b>NGO</b>	Nongovernmental Organization
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>OHCHR</b>	Office of the High Commissioner for Human Rights
<b>PoC</b>	Protection of Civilians
<b>SPLA</b>	Sudan People's Liberation Army
<b>SPLA-IO</b>	Sudan People's Liberation Army-in Opposition
<b>UNICEF</b>	United Nations Children's Fund
<b>UNMISS</b>	United Nations Mission in South Sudan
<b>WBeG</b>	Western Bahr el Ghazal



# Executive Summary and Recommendations

- The civil war in South Sudan that broke out in December 2013 has led to the near collapse of the nascent health care system.

**T**he United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reported that as of December 2017, at least 20 percent of the country's 1,900 medical facilities<sup>1</sup> had closed and about 50 percent were functioning at extremely limited capacity (e.g., with severe shortages of medicines, equipment, and staff).<sup>2</sup> Only about 400 health facilities were fully operational.<sup>3</sup> More than 7 million of South Sudan's 12 million people were in need of humanitarian aid,<sup>4</sup> and about 70 percent of South Sudanese lacked access to adequate health care.<sup>5</sup>

Medical facilities have been indirectly damaged during the conflict, but parties to the conflict have also directly attacked medical facilities and personnel as a tactic of war. They have also routinely prevented humanitarian organizations from accessing civilian populations, further increasing civilians' needs for health care, while limiting the functionality of the clinics and hospitals that remain open.

Several of the attacks documented in this report fall within the definition of attacks on hospitals and protected persons by the UN Guidance Note on Security Council Resolution 1998, which highlights attacks on schools and hospitals, as well as related personnel, in armed conflict, and directs the Security-General to list parties responsible for those violations in his



annual report on children and armed conflict.<sup>6</sup> Many of the documented incidents also fall within the definition of denials of humanitarian access—a grave violation but not a trigger for listing—as described in the Monitoring and Reporting Mechanism (MRM) Field Manual.<sup>7</sup>

Prompted by reports of these attacks and denials of access, Watchlist on Children and Armed Conflict ('Watchlist') conducted research missions to northern Uganda in September 2017 and South Sudan in December 2017. Watchlist interviewed South Sudanese refugees, humanitarian actors, and medical personnel<sup>8</sup> to investigate attacks on hospitals and denials of humanitarian access, and their impact on children's health and well-being. Watchlist also conducted a systematic desk review of UN and non-UN organizations' reports of attacks on health care, denial of humanitarian access, and public health. Watchlist focused its inquiry on the three historical regions that comprise South Sudan—Greater Upper Nile, Bahr el Ghazal, and Equatoria.

Watchlist found that attacks on medical facilities and personnel and denial of humanitarian access occurred widely during the reporting period, covering January 2016 to December 2017. Parties responsible for attacks on medical facilities and personnel and denials of humanitarian access include the Sudan People's Liberation Army (SPLA) and the Sudan People's Liberation Army-in Opposition (SPLA-IO). In 2016, there were at least 28 attacks on medical facilities, two attacks on medical personnel, and 445 incidents of denials of humanitarian access, according to the UN Secretary-General's 2017 annual report on children and armed conflict.<sup>9</sup> Official figures have not been released for 2017, but information gathered from a variety of sources indicates that parties to the conflict carried out at least 26 attacks against medical facilities and personnel between January and December; the number of denials appears consistent with those perpetrated in 2016.<sup>10</sup> In total, during the reporting period, there have been at least 50 attacks against medical facilities and personnel and at least 750 denials of humanitarian access.

However, these figures are likely significantly smaller than the actual number of attacks, in part due to chronic underreporting by health and humanitarian organizations. A representative of a humanitarian organization said: "Health partners are very concerned that they risk antagonizing the armed forces or groups controlling their area if they report. Also, so many staff don't even consider things that happen as serious incidents that merit reporting—it's just the way things are."<sup>11</sup>

Watchlist found that parties to the conflict have damaged or destroyed medical facilities through arson and looting; occupied medical facilities; threatened, intimidated, detained, abducted, and killed medical personnel and humanitarian workers; shot at and stolen ambulances; looted humanitarian convoys filled with lifesaving medicines and nutrition supplements; detained, extorted, or denied passage at checkpoints to persons attempting to reach medical facilities to receive lifesaving treatment or deliver essential medicines or humanitarian aid; and suspended airdrops of food aid to areas unreachable by road. Parties to the conflict have also forced the suspension of water, sanitation, and hygiene activities, and prevented access to humanitarian missions seeking to conduct assessments for famine and cholera. They have

imposed bureaucratic impediments, including: escalating fees for work permits required for foreign staff, taxes on humanitarian organizations, demands that humanitarian organizations pay for the release of humanitarian aid, and requirements for clearance by multiple government agencies at national and local levels for transportation and delivery of humanitarian aid.

Since 2013, humanitarian organizations have worked beyond their traditional mandate of providing emergency health assistance and have provided up to 80 percent of health care services in the country.<sup>12</sup> As such, there is a thin line delineating attacks on medical facilities and personnel from denials of humanitarian access. In this context, an attack is a de facto denial of access, especially when it results in the evacuation of humanitarian organizations providing health services, as has often happened.

Watchlist also found that attacks on medical facilities and personnel and denials of humanitarian access have compounded challenges to children's health, already exacerbated by years of armed conflict that has targeted civilians.

Millions of South Sudanese are unable to access health care, either due to insecurity (e.g., access would require crossing frontlines), lack of availability (e.g., closures or limited capacity of facilities that remain open), or immobility during the rainy season, which makes many roads impassable. The vast majority of illnesses and injuries go untreated, which has led to increased suffering and death from preventable diseases. More than 1,750,000 children under 5 and pregnant and lactating women suffer from acute malnutrition.<sup>13</sup> In February 2017, famine was declared in two counties in Greater Upper Nile.<sup>14</sup> At the time of writing, the longest-running cholera outbreak in history was gripping multiple parts of the country.<sup>15</sup> As of November 2017, more than 20,000 cases had been reported since the outbreak started in June 2016.<sup>16</sup> Disease outbreaks have lasted longer than ever, reached previously unaffected areas, and spread unchecked, according to OCHA.<sup>17</sup>

Four million South Sudanese have been displaced—1.9 million internally and 2.1 million to neighboring countries; children and women comprise as much as 85 percent of the displaced.<sup>18</sup> Many fled unexpectedly when their villages were attacked—some with serious conflict-related injuries (e.g., gunshot wounds)—and walked for hundreds of miles, surviving off of wildlife and vegetation, and sustaining injuries or contracting diseases en route (e.g., open and infected sores on their feet, malaria). Health care systems have been strained beyond capacity to treat internally displaced persons and refugees.

In sum, while children's needs for health care and humanitarian aid have risen, in South Sudan and countries of refuge, their access to resources needed to treat them has dropped dramatically, in part due to targeted attacks on medical facilities and personnel and denial of humanitarian access. "Everyone and everything is a target here," said a humanitarian worker interviewed for the report. "Everything is collateral damage."<sup>19</sup>

## Key Recommendations

\*Watchlist notes that the recommendations of the UN Secretary-General, pursuant to paragraph 13 of Security Council Resolution 2286 on measures to protect health care in conflict,<sup>20</sup> are relevant to the situation in South Sudan and should be implemented by all stakeholders. This report includes many of those recommendations.

### To All Parties to the Conflict

- Immediately cease attacks on medical facilities and personnel, and occupation of medical facilities.
- Allow international and national humanitarian agencies unhindered and safe access to provide assistance to civilians, particularly children, affected by the conflict.
- Publish and disseminate an official order informing all troops about the legal protections for medical and humanitarian facilities and personnel.
- Take concrete steps to end grave violations perpetrated against children, including attacks on hospitals pursuant to Resolution 1998, documented by UN agencies, international nongovernmental organizations (INGOs), and national nongovernmental organizations (NGOs) in 2016 and 2017.
- Cooperate fully in any internationally or regionally-mandated investigations of attacks against medical facilities and personnel and denials of humanitarian access.

### To the Government of the Republic of South Sudan

- Uphold obligations and commitments to facilitate unimpeded humanitarian access.
- Establish consistent and transparent authorization procedures across all relevant ministries for humanitarian I/NGOs to operate.
- Create a dedicated, permanent, and independent body to investigate incidents related to attacks on medical facilities and personnel and denials of humanitarian access involving South Sudanese government ministries and/or forces.
- At the national level, establish a stakeholder forum with representatives of communities affected by attacks on medical facilities and personnel and denials of humanitarian access. Facilitate regular meetings where they can share challenges and successful



practices for preventing and addressing acts of violence and bureaucratic impediments that impact the delivery of medical care and humanitarian aid.

- Report to the UN Secretary-General on measures taken to implement relevant provisions of Security Council Resolution 2286.
- If the SPLA is listed in the UN Secretary-General's 2018 annual report on children and armed conflict for attacks on hospitals pursuant to Resolution 1998, relevant ministries, including the Ministry of Defense and Ministry of the Interior, sign a relevant action plan with the UN to stop and prevent these attacks, and share verifiable information on its implementation.

### **To INGO and NGO Health Care Service Providers**

- Report all attacks on medical facilities and personnel and denials of humanitarian access to relevant monitoring and reporting bodies, including the Country Task Force on Monitoring and Reporting and the World Health Organization.

### **To the UN Office of the High Commissioner for Human Rights (OHCHR)**

- Investigate incidents of attacks on medical facilities and personnel and denials of humanitarian access.

### **To the UN Human Rights Council**

- In the event that the investigations conducted by the OHCHR are unable to proceed effectively, establish a Commission of Inquiry to investigate attacks on medical facilities and personnel and to promote accountability for violations of human rights and humanitarian law, including all grave violations against children.

### **To the UN Secretary-General**

- In accordance with Resolution 1998, list the SPLA and SPLA-IO as responsible for attacks on hospitals in the 17th annual report on children and armed conflict, to be published this year.



## To UN Member States

- Immediately cease the sale or transfer of weapons to the Government of South Sudan where there is a risk these weapons might be used by the SPLA to violate International Humanitarian Law and International Human Rights Law, including attacks on hospitals pursuant to UN Security Council Resolution 1998.
- Implement policies that render funding for reconstruction and other development projects contingent upon unhindered delivery of humanitarian access, removal of bureaucratic impediments, and improved security.

## To the UN Security Council and its Working Group on Children and Armed Conflict

- Ensure that the Administrative and Budgetary Committee (Fifth Committee) retains distinct lines in the budget of the United Nations Mission in South Sudan for child protection, to provide for a dedicated, standalone Child Protection Section with a sufficient number of Child Protection Advisors.
- Establish a Commission of Inquiry to investigate attacks on medical facilities and personnel and promote accountability for violations of human rights and humanitarian law, including grave violations against children.
- Ensure full and unimpeded delivery of humanitarian aid, and support the political process as the only meaningful way of ending the conflict.
- Urge the relevant Security Council Sanctions Committee to include individuals and entities responsible for grave violations against children, particularly attacks on hospitals, in the relevant Security Council sanctions list. Encourage the Special Representative of the Secretary-General for Children and Armed Conflict to continue to share information with the 2206 Sanctions Committee and Panel of Experts on the responsible parties.



# Methodology

Prompted by reports of high numbers of attacks on medical facilities and personnel and denials of humanitarian access throughout South Sudan, Watchlist conducted research missions to northern Uganda in September 2017 and South Sudan in December 2017.

Watchlist interviewed more than 90 people, including South Sudanese refugees, humanitarian actors, and medical personnel. In northern Uganda, Watchlist conducted interviews in Rhino, Imvepi, Bidibidi, and Bororo refugee camps with South Sudanese refugees who had directly and indirectly experienced attacks on health care and denial of humanitarian access. In South Sudan, Watchlist interviewed administrators from health and humanitarian organizations, as well as health and humanitarian workers. The incidents included in this report are based on both primary sources (e.g., eyewitness interviews) and secondary sources (e.g., interviews with health directors who were not present during attacks or denials of access but had received primary source information). Watchlist also conducted a systematic desk review of UN and other organizations' reports related to attacks on health care, as well as the delivery of humanitarian aid and public health.

Many of the attacks documented fall within the definition of attacks on hospitals and other medical facilities and related protected persons per the UN Guidance Note on Security Council Resolution 1998.<sup>21</sup> Many of the documented denials also fall within the

definition of denials of humanitarian access in the MRM Field Manual.<sup>22</sup> Watchlist also documented cases of military use of hospitals, which do not fall under the UN definition of an attack on a hospital,<sup>23</sup> but may violate International Humanitarian Law and International Human Rights Law in certain circumstances. Military use can include a range of activities in which armed forces or groups use hospital space to support the military effort.<sup>24</sup>

In order to document attacks and denials of access, as well as their impact on children, Watchlist included incidents from the three historical regions that comprise South Sudan: Greater Upper Nile, Bahr el Ghazal, and Equatoria. States comprising each region have been areas of active conflict, where ongoing fighting has eroded a health care system that was already fragile prior to the conflict's outbreak in December 2013.<sup>25</sup> In order to capture the impact of attacks and denials of access over time, Watchlist focused on incidents committed between January 2016 and December 2017. The incidents are representative, rather than exhaustive, of attacks and denials of access that have occurred throughout South Sudan during the reporting period.



## Conflict Context

In December 2013, following months of escalating political tension, civil war broke out in South Sudan when soldiers loyal to President Salva Kiir, a Dinka, and those loyal to former Vice President Riek Machar, a Nuer, engaged in ground fighting in the capital city, Juba.<sup>26</sup>

**T**he two predominant parties in the civil war are the national army, known as the Sudan People's Liberation Army (SPLA), and the Sudan People's Liberation Army-in Opposition (SPLA-IO).<sup>27</sup> The SPLA-IO split from the SPLA in 2013 and is loyal to former Vice President Machar, while the SPLA is loyal to President Kiir.<sup>28</sup> Since the conflict started four years ago, there have been various other armed groups and ethnic militias involved as well, such as the White Army, Johnson Olony's armed group, and Equatorian self-defense militias, some of which have pledged allegiance to the SPLA-IO. Additionally, unnamed factions have formed within the different armed groups.

The SPLA and SPLA-IO have waged intense insurgency and counterinsurgency operations targeting civilian areas.<sup>29</sup> Both parties to the conflict have employed "scorched-earth" tactics, systematically

razing villages to the ground, destroying farmland and livestock, abducting and sexually abusing women and girls, and forcibly displacing one-third of the country's population.<sup>30</sup> Children and women comprise as much as 85 percent of the displaced.<sup>31</sup>

As a result of chronic insecurity and targeted attacks, many civilians have also sought refuge in Protection of Civilians (POC) sites, which are under the protection of the United Nations Mission in South Sudan (UNMISS). Parties to the conflict and their supporters (i.e., armed groups and ethnic militias) have attacked PoC sites, some repeatedly.<sup>32</sup> Government forces have taken control of and in effect garrisoned major cities and towns, causing tens of thousands of civilians to flee into the surrounding areas largely controlled by opposition forces.

Since 2014, operations have moved from one region to the next, concentrating first in the Greater Upper Nile region in 2014 and 2015, the Bahr el Ghazal region in 2015 and part of 2016, and spreading to the previously peaceful Equatoria region in 2016 and 2017. Conflict has tended to escalate sharply in the dry season (January-June), and slow during the rainy season (July-December). The conflict has prevented humanitarian organizations from accessing civilian populations because of insecurity resulting from fighting; impassable roads due to rain have also impeded humanitarian access.<sup>33</sup> The country's dissolution from 10 to 28 states in December 2015, and then to 32 states in January 2017, has also further driven conflict and increased bureaucratic impediments to humanitarian access.<sup>34</sup>

Several ceasefire agreements have been ignored within weeks, or even days of signing. The splintering of the SPLA-IO into multiple factions has further limited the effectiveness of ceasefire agreements, and complicated humanitarian access. "Despite negotiations, fragmentation makes it very difficult," said a representative of a humanitarian organization. "One group will give the go-ahead, but then just down the road, another group will say you don't have the authorization and demand a fee or turn you back."<sup>35</sup>

All parties to the conflict have targeted civilians and UN human rights reports have found the SPLA and SPLA-IO to be responsible for gross and systematic human rights abuses, amounting to war crimes or crimes against humanity.<sup>36</sup> These reports have found that the majority of civilian casualties appear to be the result of deliberate attacks, not combat operations. Whenever areas have changed hands, the armed party or group in charge has tried to kill or displace the maximum number of civilians.<sup>37</sup> A South Sudanese refugee who fled from Central Equatoria to a settlement in northern

Uganda explained: "I spent most of my life in Uganda, and moved back to Eastern Equatoria in 2011. But then earlier this year, the government came and met with the rebels and started shooting. Everyone started running and we made our way to the bush. I left everything, but was able to come here [Uganda] with my family."<sup>38</sup>

Prior to the conflict, South Sudan was dependent on oil exports for more than 90 percent of revenue; however, conflict has nearly paralyzed oil production, devastating the economy.<sup>39</sup> The United States, the European Commission, and Germany remain South Sudan's leading donors.<sup>40</sup> In 2017, they contributed close to \$1 billion in humanitarian funding,<sup>41</sup> even though the government of South Sudan continued spending more than 50 percent of its budget on arms and military salaries.<sup>42</sup> Meanwhile, civil servants, doctors, and even parliamentarians were unpaid for months.<sup>43</sup>

”  
All parties to the conflict have targeted civilians and UN human rights reports have found the SPLA and SPLA-IO to be responsible for gross and systematic human rights abuses, amounting to war crimes or crimes against humanity.



## Pre-2016 Health Context

Prior to the civil war that started in late 2013, the vast majority of South Sudanese already had very little access to health care. There was one physician for every 66,000 people,<sup>44</sup> and child and maternal health indicators were among the lowest in the world.<sup>45</sup>

While there were significant challenges to South Sudan's health care system, improvements had also been made. When it gained independence in 2011, South Sudan had about 120 doctors and 100 nurses for a population of more than 9 million.<sup>46</sup> There were few clinics and hospitals, particularly outside of major cities and towns.<sup>47</sup> A health worker said: "Perhaps here more than anywhere else in the world, there was no health care infrastructure to begin with. You almost started from nothing."<sup>48</sup>

Donors had contributed hundreds of millions of dollars in "development funding" to build the country's health care infrastructure by training

doctors, nurses, and other medical personnel, and establishing clinics and hospitals. However, the civil war that erupted in December 2013 quickly eroded many of the small gains made. By the end of 2015, nearly all progress had been reversed.

The South Sudanese State has never contributed more than a fraction of the required costs to the health sector.<sup>49</sup> Several humanitarian organizations have actively provided medical assistance in South Sudan for years, including before its independence from Sudan. These include the International Committee of the Red Cross since 1986,<sup>50</sup> and Médecins Sans Frontières since 1987.<sup>51</sup>



# Health Context during the Reporting Period

## Rising Needs

From January 2016 to December 2017, the number of South Sudanese requiring health care skyrocketed, while the availability of health care rapidly contracted. As of November 2017, out of almost 1,900 health facilities, more than 400 are non-functional, and only about 500 are functioning at more than 10 percent capacity, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA).<sup>52</sup> This is in part due to attacks and denials of humanitarian access.

**H**umanitarian organizations have worked beyond their traditional mandate of emergency health assistance by providing up to 80 percent of all health care services.<sup>53</sup> Because of this, there is a thin line delineating an attack on a medical facility or worker from a denial of humanitarian access. An attack is a de facto denial, especially when it results in the evacuation of humanitarian organizations providing health services. Additionally, disruptions and shortfalls in humanitarian funding have limited the availability of already scarce services in many areas.

Parties to the conflict have directly and indirectly halted food production and exacerbated food shortages, resulting in widespread hunger and malnutrition. In early 2017, famine was declared in two areas in Unity State in the Greater Upper Nile region.<sup>54</sup> An estimated 1.1 million children under 5 and 672,000 pregnant and lactating women suffered from acute malnutrition by December 2017.<sup>55</sup> As of November 2017, 300,000 children were on the verge of death by starvation, according to Save the Children.<sup>56</sup>

About 50 percent of South Sudanese lack clean water and only 10 percent have access to basic sanitation.<sup>57</sup> In the absence of safe water, people have been forced to use contaminated rivers or streams.<sup>58</sup> The longest-running cholera outbreak in history was gripping multiple parts of the country at the time of writing.<sup>59</sup> As of November 2017, more than 20,000 cases had been reported since June 2016, when the outbreak began.<sup>60</sup>

There is an increased risk of the spread of preventable diseases due to the curtailing of vaccination programs, according to OCHA.<sup>61</sup> Children under 5 are at increased risk of contracting measles. In a measles outbreak that began in July 2017 in Unity State, children comprised 75 percent of the cases. None had been vaccinated.<sup>62</sup>

Malaria has become the most prevalent illness throughout the country. People forced to flee due to the conflict and resulting insecurity have often taken refuge in swamplands laden with pathogen-carrying mosquitoes and gone without adequate shelters, including without mosquito nets.<sup>63</sup> More



than 2 million malaria cases were reported in 2017.<sup>64</sup> Malaria is easily treated with oral medication, but due to limited access to health services and supplies, it has become the leading cause of death from disease in South Sudan.<sup>65</sup> Every week, the disease kills about 220 people, the majority of whom are children under 5, according to United Nations Children's Fund (UNICEF).<sup>66</sup>

## Forced Displacement

More than 4 million people have been displaced, including 1.9 million displaced internally,<sup>67</sup> and 2.1 million forced to neighboring countries. These include Ethiopia (at least 418,000), Kenya (at least 111,000), Sudan (at least 543,000), and Uganda (at least 1 million).<sup>68</sup> As many as 85 percent of the displaced are children and women.<sup>69</sup> Many fled unexpectedly when their villages were attacked, some with serious conflict-related injuries (e.g., gunshot wounds). They walked for hundreds of miles, surviving off of wildlife and vegetation and sustaining injuries or contracting diseases (e.g., open and infected sores on their feet, malaria). Additionally, many lack adequate shelters, resulting in increased risks of malaria, upper respiratory tract infections, and cholera.<sup>70</sup>

The sheer numbers of internally displaced persons (IDPs) throughout South Sudan, and South Sudanese refugees in neighboring countries, have strained already limited supplies of humanitarian aid and overwhelmed public services, particularly health care. A program administrator for a health care organization in Uganda described refugees' health needs: "On arrival, malnutrition is a major health challenge—they have parasitic infections, malnutrition, they haven't eaten for weeks. Pregnant women have poor immunization. TB [tuberculosis] and HIV treatments go interrupted during migration, so now we're seeing multi-resistant TB. Fifty percent of our budget alone is spent on treating malaria."<sup>71</sup>



## Shortages of Medical Personnel

The majority of South Sudan's medical personnel are local staff and many have been displaced when conflict has come to their areas. A South Sudanese refugee who formerly served as a health care worker explained: "[Health care] workers fear for their lives. They have to abandon the health facility. Many health workers also fear being abducted. Before I left, in the clinic in the next county, IO [the SPLA-IO] went in and told the staff 'Come on, you're working for us now.' And they were taken to provide care for the opposition."<sup>72</sup>

Many facilities that remain open, or have reopened after closure, have had to rely on volunteers with limited training and experience to treat many patients suffering from basic or chronic illnesses, or complex trauma-related injuries (e.g., compound fractures from gunshot wounds). A health care administrator said: "Most of the staff can treat basic illnesses—diarrhea or malnutrition or malaria. But they can't identify cases that require referral to a major hospital."<sup>73</sup> Another health care coordinator told Watchlist: "Some staff overestimate their qualifications. We have a health worker who went to a training program to learn to perform surgery on certain cases, and he left thinking he was the best in the world. But he's not a doctor, and in fact he was killing people because he was improperly performing procedures."<sup>74</sup>



# Compounding Health Challenges due to Attacks and Denials of Humanitarian Access

Parties to the conflict have attacked medical facilities and personnel and routinely denied humanitarian organizations access to civilian populations. According to the UN Secretary-General's annual report on children and armed conflict, in 2016, parties to the conflict carried out at least 28 attacks against medical facilities, two attacks against personnel, and at least 445 denials of humanitarian access.<sup>75</sup>

Official figures have not been released for 2017, but information gathered from a variety of sources indicates that parties to the conflict carried out at least 26 attacks against medical facilities and personnel between January and December; the number of denials appears consistent with those perpetrated in 2016.<sup>76</sup> However, these figures are likely smaller than the actual number of attacks, in part due to chronic underreporting by health and humanitarian organizations.

As one representative of a humanitarian organization explained to Watchlist: "Health partners are very concerned that they risk antagonizing the armed forces or groups controlling their area if they report. Also, so many staff don't even consider things that happen as serious incidents that merit reporting—it's just the way things are."<sup>77</sup>

Representatives of several health and humanitarian organizations interviewed separately drew the same

conclusion: parties to the conflict see humanitarian aid as a weapon. One explained: “Yes, there’s SPLA and SPLA-IO, but really there are multiple, competing factions that occasionally align under these two umbrellas. This is a country of multiple warlords, and you’re not going to be a warlord of an area if you can’t get humanitarian assistance there.”<sup>78</sup>

Another representative said: “Having an NGO in your area provides legitimacy, but having an NGO in a neighboring area is a threat. There are big power dynamics constantly at play with humanitarian aid at the center.”<sup>79</sup> A third representative summed it up: “Humanitarian aid is being used as a pawn in a Machiavellian game. Humanitarians are playing by the rules of International Humanitarian Law and parties to the conflict are playing a game by an entirely different set of rules.”<sup>80</sup>

## Attacks on Medical Facilities and Personnel

In 2016 and 2017, parties to the conflict damaged or destroyed medical facilities through arson and looting; occupied medical facilities; intimidated, detained, abducted and killed medical personnel and humanitarian workers; shot at and stole ambulances; and denied passage at checkpoints to persons attempting to reach medical facilities to receive lifesaving treatment.

Medical workers were also attacked while transporting patients to hospitals via ambulance or threatened for treating the opposition. A doctor from Central Equatoria described threats he had received from SPLA and

SPLA-IO: “During one of the clashes, a government official came to the hospital and said: ‘You have to come and treat the soldiers in the barracks.’ Then one of the rebels came and said, ‘If you step one foot in there, it will be the end of it all.’ So we told the government no and knew then we had to leave and go to Uganda.”<sup>81</sup>

## Denial of Humanitarian Access

Organizations tracking security incidents against humanitarians have declared South Sudan to be one of the world’s most dangerous countries for aid workers, based on incident numbers and resultant deaths.<sup>82</sup> Denials of access have taken many forms, including abduction and killing of humanitarian workers; the suspension of water, sanitation, and hygiene activities; and prevention of access to humanitarian missions delivering aid. Denials of access also include the government’s imposition of bureaucratic impediments, including escalating fees for work permits required for

foreign staff, taxing humanitarian organizations, demanding that humanitarian

organizations pay for the release of humanitarian aid to civilians, and requiring clearance by government agencies at national and local levels for transportation and delivery of humanitarian aid.

Additionally, denials of access have prevented comprehensive surveillance of communicable diseases and other public health indicators (e.g., mortality for children under 5), leaving gaps in health and humanitarian organizations’ knowledge.<sup>83</sup>



# Bureaucratic Impediments Hindering Humanitarian Access

The majority of health and humanitarian organizations interviewed described facing increasing challenges due to bureaucratic impediments formally legislated in Juba or informally imposed by government forces or SPLA-IO in towns, counties, and states.

## NGO Work Permits and Registration

In 2017, the South Sudanese government increased work permit fees for international staff members of I/NGOs and registration fees for I/NGOs. It also frequently changed policies for workers and organizations seeking authorization to operate in the country, further making the process unclear and expensive. For example, on March 8, 2017, following the declaration of famine in two counties in Unity State (Greater Upper Nile region), the government increased work permit fees for each foreign national from US\$100 to \$10,000. On May 3, 2017, the government increased INGO registration fees from US\$2,000 to \$3,500.

“You wait for months to get a work permit. Meanwhile, without a work permit, changes are made on a whim in procedures for leaving Juba and going out into the field. One day they say if you don’t have the work permit, you can’t travel. Other days they say if you show your receipt it’s fine. And then you have the Ministry of Labor saying one thing and the RRC [Relief and Rehabilitation Commission] saying something else. Meanwhile, you show up at the airport and don’t know what might happen.”\*

## NGO Staff Recruitment

Representatives of government ministries and commanders of SPLA and SPLA-IO have demanded

involvement in I/NGO staff recruitment in an effort to ensure their respective affiliates are rewarded for loyalty with I/NGO jobs.

“Both the Ministry of Labor and the RRC say we need to tell them before we advertise the position and to give us a list of interview candidates for their review. They sit in on interviews and veto our choices. Sometimes they also make us pay the staff they tell us to hire in their presence.”\*

## Evolving Fees and Authorization Requirements

Government ministries and commanders of SPLA and SPLA-IO have imposed a series of evolving fees and authorization requirements on health and humanitarian operations.

“There are ‘sitting fees’ you need to pay to government and IO when negotiating access to deliver aid. There are ‘airport fees’ for landing at the airstrip; to carry cash into the field—anything more than about US\$100 requires an authorization from at least five different ministries. You line everything up and then they will say something is missing or something has changed.”\*

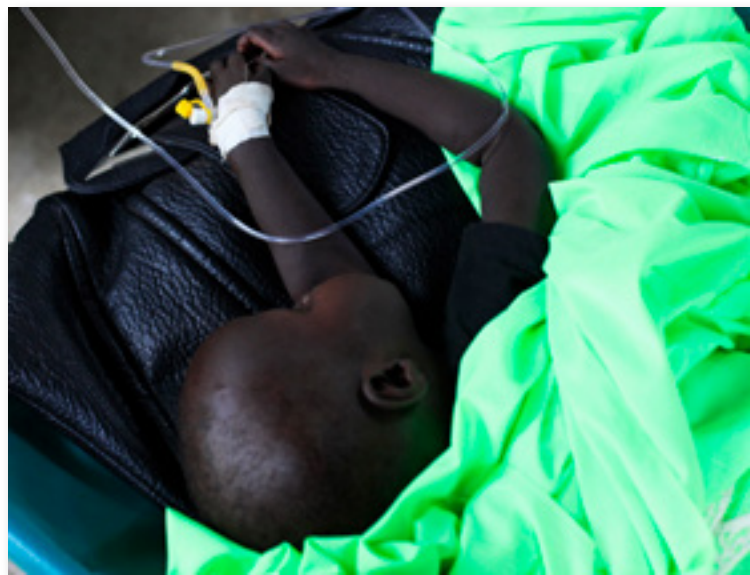
“Driving restrictions have become a big issue this year. The government has required new license plates at least three times, which also requires new driver’s licenses and new registrations. They announce the new procedure on Thursday and then pull you over on Friday if you haven’t complied and make you pay a fee.”\*

\*Watchlist Interviews, December 2017

More than 60 percent of South Sudan is inaccessible by road during the rainy season, between July and December.<sup>84</sup> During the dry season, humanitarian and health organizations generally transport several months of supplies by road and air to stock county health offices and hospitals. However, health care providers have reported increasing challenges with pre-positioning critical, lifesaving supplies during the dry season, which usually lasts between January and June.

Delays in obtaining necessary clearances in Juba, along with denials at checkpoints or ambushes of road convoys, have limited—and, in some cases, prevented altogether—supply delivery. For example, in July 2017, OCHA reported at least 20 incidents of robbery or ambushing of vehicles traveling to pre-position supplies or conduct health assessments.<sup>85</sup>

Disease outbreaks have lasted longer than ever and reached previously unaffected areas, according to OCHA.<sup>86</sup> Measles, malaria, and other infectious diseases have spread unchecked, and cases of meningitis are on the rise.<sup>87</sup> Children are dying as a direct result of the conflict, but far more are suffering or dying from preventable diseases due to lack of access to health care and humanitarian aid. As of December 2017, one out of 10 children died before reaching the age of 5, and almost one in 100 births resulted in the mother's death, according to UNICEF.<sup>88</sup>







# Focus Regions

Watchlist focused its inquiry on incidents and the impact on children in the three historical regions: Greater Upper Nile, Bahr el Ghazal, and Equatoria. Each region has had active conflict, with frequent and sustained attacks on medical facilities and personnel and denials of humanitarian access, and a significant decline in child health indicators.



## Greater Upper Nile

The Greater Upper Nile Region encompasses northeastern South Sudan, previously the states of Jonglei, Unity, and Upper Nile, under the 10-state system that existed until 2015.

### Conflict and Public Health Context

Prior to the conflict, there were frequent clashes between Dinka and Nuer pastoralist ethnic groups, and between competing clans within each group, over access to grazing land. In part due to ongoing inter and intra-communal violence, South Sudanese living in the Greater Upper Nile region “faced the most chronic low-development indicators with low levels of food security,” according to the South Sudan Protection Cluster.<sup>89</sup>

Following the outbreak of fighting in Juba in December 2013, conflict quickly spread to the three states that formerly comprised the Greater Upper Nile region: Jonglei, Unity, and Upper Nile. While the scale and intensity has fluctuated, fighting between the Sudan People’s Liberation Army (SPLA) and the Sudan People’s Liberation Army-In Opposition (SPLA-IO) has been near-constant in the last four years, resulting in persistent instability and mass forced displacement.

Tens of thousands of people have rapidly fled, many to swamps in an effort to evade fighting forces, and many others to UN Protection of Civilian (PoC) sites. Living conditions in PoCs have been extremely poor; many are overcrowded with thousands or even tens of thousands of people occupying small spaces, with limited access to

clean water and sanitation. During rainy seasons, some PoCs have flooded, exacerbating already high rates of preventable diseases such as cholera and malaria.<sup>90</sup> As of December 2017, more than 140,000 people were living in the region's four PoC sites.<sup>91</sup> However, the presence of armed forces and groups around PoCs, including SPLA "defense rings" with established checkpoints, has restricted the freedom of movement of civilians. This has prevented some from accessing PoCs and those inside from leaving, including to collect firewood, fetch water, hunt, or conduct other livelihood activities.<sup>92</sup> Due to insecurity caused by shifting frontlines, humanitarian organizations in many locations have been forced to operate exclusively within PoCs. This has left some civilians almost entirely cutoff from any form of humanitarian assistance or access to medical care.

By late 2015, at least 55 percent of all health facilities throughout the Greater Upper Nile region had closed.<sup>93</sup> In some areas, there were no health facilities, while in others there were one or two serving large populations. For example, by November 2015 in Unity State, there was one hospital for more than 1 million people.<sup>94</sup>

## Attacks on Health Care and Denial of Humanitarian Access

Parties to the conflict have looted, damaged, or destroyed multiple clinics, hospitals, and humanitarian compounds, and injured or killed health workers and humanitarian personnel during attacks. For example, on February 17, 2016, fighting erupted in the Malakal PoC site (Upper Nile State) between Dinka and Shilluk internally displaced persons (IDP) communities. Violence escalated the following day when armed men in SPLA uniforms entered the camp and took part in fighting, looting, and destruction of civilian property. The SPLA and other armed assailants damaged International Medical Corps' (IMC) primary health clinics, including the operating theater, post-operative rooms, and facilities for nutrition, and looted medical supplies.<sup>95</sup>

The violence and ensuing fire left approximately 30 dead, at least 123 wounded, and a significant portion of the camp destroyed, according to the UN Board of Inquiry.<sup>96</sup> Among those killed were two Médecins Sans Frontières (MSF) staff who were trying to provide medical care to the wounded.<sup>97</sup>

Less than a week later, on February 23, 2016, when fighting broke out in Pibor (Jonglei State), parties to the conflict looted an MSF compound and took supplies ranging from therapeutic food to hospital beds.<sup>98</sup> MSF staff were forced to evacuate.<sup>99</sup> Bullet casings were found throughout the compound and intravenous bags, lifesaving drugs, and medical documents were damaged and strewn across the floor.<sup>100</sup> MSF resumed limited operations shortly after the fighting ceased, but was unable to treat many complex trauma wounds and provide other routine care as a result of the attack.<sup>101</sup> MSF's medical center was the only functioning facility in the entire sub-region, serving a population of approximately 170,000.<sup>102</sup>





On March 18, 2016, a South Sudanese health care worker employed by Save the Children was shot and killed by unknown perpetrators in the city of Akobo (Jonglei State).<sup>103</sup> In Leer (Unity State), in July 2016, the SPLA destroyed a hospital during an offensive against the SPLA-IO.<sup>104</sup> The hospital had been operational for more than 30 years, but this was the third time it was attacked since 2013. “After that, it didn’t reopen,” said a humanitarian worker. “People cut their losses.”<sup>105</sup> Two clinics in the Greater Upper Nile region were also destroyed during fighting between the SPLA and the SPLA-IO in late July 2016, leaving civilians who remained in the area without access to health care, according to MSF.<sup>106</sup>

Also in July 2016, shortly before the escalation of ground fighting, parties to the conflict ordered humanitarians in Leer County (Unity State) to leave the area. However, when humanitarian workers attempted to move personnel and aid to the United Nations Mission in South Sudan (UNMISS) compound, the SPLA turned them back at a government checkpoint. After four successive attempts, the SPLA finally allowed humanitarians and supplies to proceed, though it took another 36 hours for the government ministries to grant flight security clearances. During

this time, there was heavy fighting nearby and humanitarians were forced into hiding in the UNMISS compound until they got permission to leave the area on an evacuation flight organized by the International Committee of the Red Cross (ICRC).<sup>107</sup>

In August 2016, parties to the conflict looted humanitarian compounds in Leer County; it was the third time these compounds had been looted since 2013.<sup>108</sup> In November 2016, after aid workers had fled fighting in Nhialdu (Unity State), parties to the conflict looted and destroyed about US \$100,000 worth of humanitarian supplies.<sup>109</sup>

On January 26, 2017, in Malakal, when parties to the conflict exchanged artillery fire, a shell landed very close to an MSF clinic in Malakal town.<sup>110</sup> During intense ground fighting in Uror and Nyirol counties (Jonglei State) between February 15 and 25, 2017, multiple humanitarian compounds were looted and damaged by parties to the conflict.<sup>111</sup>

In Mayendit (Unity State), in April 2017, the SPLA forcibly entered a hospital and destroyed medical supplies and infrastructure. The hospital staff had been notified in advance and evacuated patients.<sup>112</sup> After the attack, the SPLA said civilians were no longer allowed in the area because they had come to the hospital after living in opposition-held areas.<sup>113</sup> A humanitarian worker who was in Mayendit during the attack said: “There was not an offensive happening. The attack was about intimidating the population, very directly.”<sup>114</sup> The same worker further explained: “The hospital was located in what had traditionally been an SPLA-IO-affiliated area and the SPLA wanted the clinic moved into a government-affiliated area. They thought they could leverage the population to get the hospital to move, so they prevented people from resettling, in part by chopping down all of the trees so there was no shade in the area, making it less livable.”<sup>115</sup>



In May 2017, also in Mayendit, an interagency humanitarian mission was delivering nutritional supplements, survival kits, and other humanitarian supplies when youth allegedly affiliated with the SPLA attacked the area.<sup>116</sup> Humanitarian workers evacuated, but the primary health care center was looted during the attack.<sup>117</sup>

On June 24, 2017, several bullets hit humanitarian compounds inside the Leer UNMISS base (Unity State).<sup>118</sup> Humanitarian workers had been forced to go into hiding when heavy fire was exchanged around 10:30 pm.<sup>119</sup> According to a humanitarian worker, the occupants of the GhanBatt clinic (located on the UNMISS base), including an SPLA soldier being treated for gunshot wounds and his civilian caretaker, were forced to flee the clinic to a nearby bunker and wait there for several hours.<sup>120</sup>

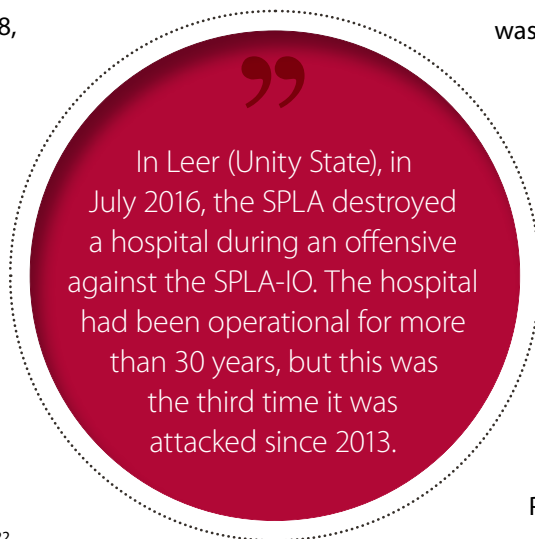
In Pariang (Unity State), on June 28, 2017, a group of youth forcibly entered an nongovernmental organization (NGO) compound, barricaded the entry, and assaulted staff members.<sup>121</sup>

On July 8, 2017, in Mayendit, several bullets hit humanitarian compounds when parties to the conflict exchanged heavy fire, forcing aid workers providing emergency response to relocate.<sup>122</sup>

On July 13, 2017, in Pibor, at least six unidentified armed men broke in to an MSF facility at 1:30 am.<sup>123</sup> The assailants threatened staff members with guns, injured two staff, and stole office equipment, including phones and computers.<sup>124</sup> Patients were forced to flee, including two women who had given birth the previous day.<sup>125</sup> Following the attack, MSF evacuated

part of the team, limiting the organization's ability to provide specialized health care services.<sup>126</sup>

On September 6, 2017, during intense ground fighting between SPLA and SPLA-IO in Pakur (Unity State), parties to the conflict razed the entire town, including a health center.<sup>127</sup> On November 28, 2017, armed men allegedly affiliated with SPLA-IO forcibly entered a county hospital in Duk (Jonglei State) around 5 am.<sup>128</sup> They attacked staff members who lived in the hospital, chased them outside, and shot at them.<sup>129</sup> One nurse and one medical technologist died of gunshot wounds, while three more staff sustained injuries.<sup>130</sup> The armed men also damaged and destroyed medicines and supplies.<sup>131</sup> After leaving the hospital, they attacked a nearby village, setting fire to homes and crops, stealing 2.4 metric tons of humanitarian food items, and killing at least 44 villagers.<sup>132</sup> Following the attack, staff were evacuated and the hospital closed. It was the county's only health facility.<sup>133</sup>



Parties to the conflict have also prevented humanitarian organizations from delivering aid, and detained and attempted to extort humanitarian personnel at checkpoints. For example on June 5, 2017, SPLA soldiers prevented food distribution to more than 7,500 people in Pibor and Vertet (Jonglei State).<sup>134</sup>

Additionally, health and humanitarian workers have been ambushed, kidnapped, or killed. On March 13, 2017, in Mayendit, SPLA-IO kidnapped eight local aid workers employed by Samaritan's Purse and demanded aid items as ransom; the staff were released the following day.<sup>135</sup> In Guit County (Unity State), on June 6, 2017, 14 health workers and community volunteers were detained by the SPLA.<sup>136</sup>



## Case Study: A South Sudanese Humanitarian Worker Describes His Detention by the SPLA-IO

In June 2017, I was contracted to do a needs assessment with a team of three [South Sudanese staff] in Upper Nile [State]. When we arrived from Juba, we introduced ourselves to local authorities and the IO military intelligence. We were given the green light for the project. A few days later, government forces moved in very rapidly, and the IO told us we needed to evacuate immediately. We got in the car and started driving, and when we arrived to the next town, where we were going to get on a flight back to Juba, the IO commander there arrested us. They took us to the prison and chained us together around our legs, and then for several days interrogated us one by one. They accused us of being spies for the SPLA and asked, “Why is it that you come and then just a few days later the SPLA comes?” When the SPLA offensive then came close to reaching the town where we were being held, they moved us into the bush. The commander said they would do an investigation, rather than kill us. Nobody wanted to be the one responsible for killing us if it was the wrong decision. July passed, then August, then September, while the “investigation” went on. Finally, in October they came and released us, and the commander said, “Go. But never forget you brought the government forces to our area.” I said nothing, but know we have not committed any crimes. Just the crime of being humanitarians.

- Watchlist Interview, December 2017

Parties to the conflict have also threatened humanitarian workers. In June 2017, in Mankien (Unity State), the county commissioner issued a threatening letter, demanding humanitarian staff leave the area.<sup>137</sup> That same month, in Bor (Jonglei State) a group that identified itself as the ‘Bor Community Youth Association’ issued a letter to humanitarian organizations threatening violence against aid workers from the Equatorias working in the region.<sup>138</sup>

### Impact of Conflict and Attacks on Health Care and Humanitarian Access

Ongoing conflict, and repeated attacks on medical facilities and personnel and denials of humanitarian access have resulted in what the UN Office for the Coordination of Humanitarian Affairs (OCHA) has called

“a dire humanitarian situation” in the Greater Upper Nile region.<sup>139</sup> Multiple humanitarian organizations have had to frequently evacuate their staff and suspend operations, leading some to significantly scale down or pull out of the region entirely. For example, the international nongovernmental organization (INGO) GOAL had been a leading health partner and had supported more than 50 facilities before reducing its programming in January 2017; almost 40 of the facilities were closed.<sup>140</sup> At the same time, there were multiple outbreaks of communicable diseases. In February 2017, famine was declared in two areas, and cholera outbreaks had been reported in multiple counties; the majority of cases were children.<sup>141</sup>

Additionally, humanitarian organizations that remain in the area, largely constrained to government-controlled



cities and towns, have been increasingly unable to respond to civilians' escalating needs. A nurse who formerly worked in Unity State said: "There are no supplies and there are no staff—no supplies because they're not making it through the checkpoints, no staff because most have had to run. And the community is residing in SPLA-IO-controlled areas, so they can't even come and get what little health care there is."<sup>142</sup>

A humanitarian worker interviewed who had frequently worked throughout the Greater Upper Nile region discussed how attacks on health care and denial of humanitarian access have led to the breakdown in treatment for cases of rape and sexual and gender-based violence (widely used by parties to the conflict as a tactic of war in South Sudan). The humanitarian worker said: "The few partners who are trained in clinical management of rape see a high turnover of staff, lack of access and availability of PEP kits [post-exposure prophylaxis], and a shortage of qualified female health practitioners—all leading to decreased reporting. Combine this with the difficulties of accessing populations and there is a critical protection crisis with regards to the clinical management of rape and treatment of sexually transmitted diseases."<sup>143</sup>



## Bahr el Ghazal

The historical Bahr el Ghazal Region encompasses northwestern South Sudan, previously the states of Lakes, Northern Bahr El Ghazal, Warrap, and Western Bahr El Ghazal, under the 10-state system that existed until 2015.

### Conflict and Public Health Context

Since the beginning of 2016, the SPLA and SPLA-IO have waged intense conflict, particularly in and around the town of Wau, the capital of Western Bahr el Ghazal State (WBeG). In late 2015, tension between

ethnic groups rose as SPLA troops moved in to some areas to counter alleged SPLA-IO troop movements in the region. During the government's offensive in Wau and surrounding villages, SPLA soldiers looted and burned houses, marketplaces, schools, and health and humanitarian facilities, and raped and killed hundreds of civilians.<sup>144</sup> A South Sudanese health worker who had formerly worked in the region said: "When the area was captured, they [the SPLA] killed the civilians, saying they [the civilians] were helping the opposition. 'Why are you helping when people are fighting?,' they said to me. 'Why don't you come with us and pick up a gun and fight?'"<sup>145</sup>

Throughout the past two years, intense clashes throughout the region have caused thousands of civilians to flee deep into the bush for days, weeks, or sometimes even months at a time. Many survived off of wild roots and cassava leaves.<sup>146</sup> Because of displacement, many civilians were also prevented from cultivating crops on their lands, leading to widespread hunger and surges in rates of malnutrition and the number of people in need of emergency food aid.<sup>147</sup>

### Attacks on Health Care and Denial of Humanitarian Access

Multiple health and humanitarian facilities have been looted and vandalized, and humanitarian operations have been delayed in the Bahr el Ghazal region. For example, in both March<sup>148</sup> and October of 2016,<sup>149</sup> humanitarian organizations reported multiple incidents of parties to the conflict denying them access to civilian populations residing outside of the city of Wau. Tens of thousands of civilians had fled the city between May and July 2016 during intense ground fighting between the SPLA and SPLA-IO. Many had sought refuge in surrounding counties, but a series of checkpoints and roadblocks manned by government and opposition forces prevented civilians from accessing health and



## Case Study: A Former Health Care Worker Describes Working Conditions in a Hospital

I was helping in the primary health ward of a hospital in Western Bahr el Ghazal. The hospital was good, but when the government came, payment stopped, and the feeding program stopped. Government and rebels began coming to the hospital for treatment—sometimes they were all there at the same time. Government would come to the hospital to get treatment in uniform, but rebels would come in ordinary clothes. I felt very insecure while working at the hospital. Having rebels and government in the same area was very scary.

- Watchlist Interview, September 2017

humanitarian assistance. Denials of access continued for several months. For example, on September 15, 2016, government forces at a checkpoint in Baggari (WBeG) blocked a multi-sectoral humanitarian team intending to deliver health care, non-food items, and sanitation and hygiene services outside Wau, despite verbal assurances and an official letter approving access.<sup>150</sup> On October 21, 2016, a humanitarian worker was detained at a checkpoint at Lokoloko (WBeG).<sup>151</sup> On November 10, 2016, government forces again blocked a humanitarian convoy from leaving Wau to deliver lifesaving humanitarian aid.<sup>152</sup>

In February 2017, the only health care facility in Ngisa (WBeG), outside of Wau, was looted and closed as a result.<sup>153</sup> The nearest and only other functioning health care facility—in Ngo Halima (WBeG), about 10 miles away—frequently suffered from supply shortages, as humanitarian organizations had repeatedly been denied access.<sup>154</sup> On March 14, 2017, in Lakes State, armed men attacked an aid convoy returning from providing cholera relief assistance, killed two aid workers from the International Organization for Migration, and injured three others.<sup>155</sup>

On May 2, 2017, in Wulu (Lakes State), armed men attacked an aid convoy; the driver was shot and injured, and another staff member sustained injuries during the attack.<sup>156</sup> In May 2017, in Raja (WBeG) during fighting between the SPLA and SPLA-IO, parties to the conflict looted three humanitarian compounds, including an NGO warehouse with nutritional supplies for malnourished children.<sup>157</sup>

On August 15, 2017, government forces arrested three humanitarian workers who had been conducting food security and nutrition monitoring in Baggari.<sup>158</sup>

On September 16, 2017, in Raja, government forces arrested two NGO staff who were attempting to deliver nutrition supplies, saying the NGO's vehicle lacked proper clearance.<sup>159</sup> Government forces detained the staff for one night, and then released them the following day.<sup>160</sup>

### Impact of Conflict and Attacks on Health Care and Humanitarian Access

By August 2016, health organizations in several parts of the country, including WBeG, had reported that they were operating with very limited capacity.<sup>161</sup> Parts

of the region previously considered relatively stable had reported outbreaks of preventable diseases and sharp increases in humanitarian needs. For example, in 2016, health partners confirmed a measles outbreak in Wau.<sup>162</sup> That same year, in Northern Bahr el Ghazal, more than twice the number of malaria cases were documented compared to 2015.<sup>163</sup> Additionally, WBeG was among the areas where displaced persons faced the greatest challenge accessing health care, due to lack of availability and access restrictions, according to OCHA.<sup>164</sup>



## Equatoria

The historical Equatoria Region encompasses the southern portion of South Sudan, previously the states of Central Equatoria, Eastern Equatoria, and Western Equatoria, under the 10-state system that existed until 2015.

### Conflict and Public Health Context

The capital city of Juba, which had been a government stronghold for the first two years of the conflict, witnessed renewed violence in July 2016. That month, fighting again broke out between the SPLA and the SPLA-IO.<sup>165</sup> Former Vice President Riek Machar, leader of the SPLA-IO, who had returned to the capital in April 2016 under a 2015 peace agreement,<sup>166</sup> escaped to the bush.<sup>167</sup> SPLA-IO forces fled with him to the outskirts of the city, and dispersed throughout the Equatoria region, which had until then largely remained outside the conflict.<sup>168</sup>

The Equatorias are of strategic importance for several reasons. The center of agricultural production, Western Equatoria, is the country's "bread basket," while the main trade route between South Sudan and several neighboring countries crosses Central and Eastern Equatoria, running from Juba to the town of Nimule on the border with Uganda.<sup>169</sup> South Sudan's capital city of Juba lies in Central Equatoria.

The SPLA-IO has armed and supported local Equatorian groups against government forces, who have waged an intense counter-insurgency operation—arresting, disappearing, torturing or even killing anyone with suspected links to the SPLA-IO.<sup>170</sup> A South Sudanese teacher from Western Equatoria who fled to Uganda told Watchlist: "The SPLA came and threw a grenade into my school [in South Sudan]. The blast killed one of my colleagues. We were all rounded up and kept in one building, and as I looked from the window, I saw another teacher who was trying to run get shot. We got away only because one of the soldiers came and said, 'We are going to stop attacking the area in 30 minutes, and when we do, you need to run.'"<sup>171</sup>

Civilians have fled the Equatorias en masse. In December 2016, the UN Commission on Human Rights in South Sudan concluded that South Sudanese government forces were carrying out a campaign of ethnic cleansing in Central Equatoria.<sup>172</sup> Throughout 2017, an average of 1,800 people crossed from South Sudan into Uganda each day.<sup>173</sup> A Ugandan doctor working in a health clinic in a refugee settlement in northern Uganda explained: "There are so many cases of trauma. Children have seen whole clans killed, and some make their way here as the only survivors."<sup>174</sup> A Ugandan



teacher working in a school in a refugee settlement described how the conflict has affected some of his students: “Explosive weapons have blown out the hearing of many of the learners. So many are also here without parents or any family. Especially those ones, they really struggle to feed themselves and get by.”<sup>175</sup>

With a number of major towns, including Yei in Central Equatoria and Yambio in Western Equatoria, garrisoned by the government, many civilians remaining in the Equatoria Region have faced severe restrictions of movement, been cut off from harvesting crops or planting new crops,<sup>176</sup> and accessing humanitarian assistance or health care. A health worker from Central Equatoria stated: “This region feeds Juba and the rest of the country—but people have left their fields of cassava and grain. And the government and rebel troops have destroyed everything. Everything everywhere has been destroyed.”<sup>177</sup>

## Attacks on Health Care and Denial of Humanitarian Access

Throughout the Equatorias, parties to the conflict have delayed or blocked humanitarian convoys from accessing displaced civilian populations, and damaged or destroyed health and humanitarian facilities. When fighting broke out south of Mundri town (Western Equatoria) in March 2016, parties to the conflict damaged or looted at least three health facilities.<sup>178</sup> The only facilities that remained functioning and had essential drugs were in Mundri town and Kotobi town (Western Equatoria), which, due to insecurity and continued clashes, were still inaccessible to most people.<sup>179</sup> At least seven water sources were damaged or destroyed,<sup>180</sup> further hampering civilians from meeting their basic needs, according to OCHA. In May 2016, an assessment team discovered that a health center in Lozoh (Western Equatoria) had been damaged and looted by unidentified assailants.<sup>181</sup>

### Outbreak of Violence in Juba, 2016<sup>182</sup>

On July 8, 2016, intense fighting erupted in Juba, South Sudan’s capital city. While difficult to confirm the affiliation of the assailants, evidence suggests that over the course of four days, SPLA troops attacked civilian and humanitarian infrastructure, including the PoC site, humanitarian compounds, medical facilities, commercial centers, and hotels and apartment complexes. During the fighting, SPLA soldiers looted a World Food Programme warehouse, including food supplies for at least 220,000 people. On July 11, SPLA soldiers stormed into a hotel/residential compound and attacked the residents, including international and national aid workers. SPLA soldiers raped and gang-raped several women, assaulted some of the staff, staged mock executions of aid workers, executed a journalist, and looted the entire complex. That same day, the maternity ward of a hospital run by the IMC was hit by shelling, forcing its staff to relocate patients to another facility. In the days and weeks after the conflict had subsided, multiple health and humanitarian organizations suspended operations and evacuated their staff.

On August 11, 2016, in Mitika, about 16 miles south of Yei, armed men stopped a humanitarian convoy carrying 15 metric tons of food intended for refugees in Lasu (Central Equatoria).<sup>183</sup> The men seized the shipment and detained staff traveling with the convoy for several hours before releasing them and demanding they return to the city of Yei. Food distribution had not taken place in the settlement since late June 2016.<sup>184</sup> About a month later, on September 18, 2016, armed groups attacked the settlement in Lasu; they ransacked a medical center; stole medicine, medical supplies, and hospital beds; and threatened health workers at gunpoint.<sup>185</sup>

Government troops denied passage to humanitarian convoys outside of Yei town on November 11, 2016,<sup>186</sup> and May 5, 2017.<sup>187</sup> During fighting in Wonduruba (Central Equatoria) in April 2017, medical personnel fled the area, and assailants looted the health facility, stealing essential medicines, hospital beds, and equipment.<sup>188</sup> The facility closed after the attack.<sup>189</sup>

In June 2017, government troops also blocked three interagency humanitarian convoys from delivering aid to Liwolo (Central Equatoria) IDP camp.<sup>190</sup> They claimed that humanitarian organizations did not have the necessary authorizations,<sup>191</sup> and repeatedly denied them access to areas outside of Torit town (Eastern Equatoria),<sup>192</sup> and Mundri town.<sup>193</sup> In October 2017, also in Mundri town, government security officials confiscated samples of medicines during a preparatory meeting of humanitarian partners for a mission to deliver medical supplies and drugs in the surrounding counties.<sup>194</sup>

Parties to the conflict have also abducted, injured, and shot and killed health and humanitarian workers in roadside ambushes, at checkpoints, or inside health and humanitarian facilities. On May 16, 2016, SPLA soldiers manning a checkpoint outside of Yei shot a Slovakian nun, who was also a doctor.<sup>195</sup> At the time



of the attack, she was driving an ambulance and returning from dropping off two pregnant women at Harvester's Health Center, a specialized facility for women and children.<sup>196</sup> She had driven the women one at a time, so had already passed through the checkpoint three times without incident. It is unclear why SPLA soldiers shot her on her fourth trip. She died of her wounds four days later on May 20, 2016.<sup>197</sup>

On June 7, 2016, in Central Equatoria, men armed with machetes entered an INGO compound and assaulted the staff and guards.<sup>198</sup> In Western Equatoria, on September 8, 2017, unknown assailants shot at a clearly marked nine-vehicle humanitarian convoy, killing an ICRC staff member.<sup>199</sup> Following the attack, the ICRC suspended all operations in the area, save for medical evacuations of critically wounded patients.<sup>200</sup> In Eastern Equatoria, on October 14, 2016, unknown assailants shot and killed an NGO staff member traveling in a clearly marked NGO vehicle outside of Torit.<sup>201</sup> On October 29, 2016, also outside of Torit, SPLA-IO reportedly ambushed a clearly marked NGO vehicle; the attackers beat the driver and looted hygiene and sanitation supplies.<sup>202</sup>





## Case Study: An Administrator of a Humanitarian Organization Discusses Ambushes

Ambushes [by SPLA, SPLA-IO, and criminal groups] are a very big problem for us. In July 2016, we had four ambushes just in that one month on roads in Eastern Equatoria. They stop a vehicle, make it pull into the bush, and then they tie up the driver and passengers and hold them at gunpoint. They do this to several cars that come down the road—maybe six or seven of them. So if you are the first car to get pulled, you will be waiting for several hours. Once they reach the number they want, they go car by car and take everything and then let people get back in their cars and tell them which direction to go. Sometimes this forces cars to go back to Juba.

- Watchlist Interview, December 2017

On December 2, 2016, in Yei, SPLA-IO troops shot at an ambulance that was being followed by SPLA troops.<sup>203</sup> The ambulance driver was hit in the leg and SPLA-IO kidnapped one of the NGO staff members during the attack.<sup>204</sup> One week later, on December 9, 2016, the SPLA-IO abducted three health staff working in Lasu refugee settlement during a roadside clash. The SPLA-IO claimed they had rescued the aid workers from the ambush and later released them.<sup>205</sup>

On January 4, 2017, SPLA troops arrested six MSF staff working in Yei and accused them of smuggling weapons to the SPLA-IO after leaving Yei town without authorization.<sup>206</sup> On May 14, 2017, on the road between Kapoeta (Eastern Equatoria) and Torit, unidentified gunmen ambushed two UN trucks; one of the drivers was killed in the attack.<sup>207</sup> On June 21, 2017, armed men ambushed an NGO vehicle on the road between Ikwotos and Torit (Eastern and Central Equatoria, respectively).<sup>208</sup> On June 24, 2017, government soldiers forcibly entered an NGO compound in Budi County (Eastern Equatoria), assaulted the guards, and stole the organization's vehicle.<sup>209</sup>

On October 11, 2017, government forces in Yei blocked an interagency response mission from traveling outside of the city to the refugee settlement in Lasu; humanitarian partners had planned the mission in response to high humanitarian needs.<sup>210</sup>

Unknown individuals or groups have also sent threatening letters to NGOs. For example, in June 2017, in Torit, a letter was posted to an NGO compound demanding that staff from outside the region, including Upper Nile and Bahr el Ghazal, vacate their jobs and the area.<sup>211</sup>

### Impact of Conflict and Attacks on Health Care and Humanitarian Access

Before conflict reached the Equatorias, the region had South Sudan's highest number of health workers and facilities, according to the World Health Organization.<sup>212</sup> However, by the end of 2017, OCHA reported that more than 70 percent of the Equatorias' health facilities were nonfunctional due to insecurity, conflict-related destruction, and flight of medical personnel.<sup>213</sup> After attacks, many health and humanitarian



organizations have temporarily evacuated staff, or suspended or terminated operations.

Health indicators make clear the impact of attacks and denials of access. For example, rates of food insecurity in the region more than doubled from 2015 to 2016, from 400,000 to more than 1 million,<sup>214</sup> as did rates of acute malnutrition, from about 4 to 8 percent.<sup>215</sup>



### Case Study: Two Doctors Describe Working and Fleeing Central Equatoria

Since 2013, we had been running an outpatient clinic. The conflict came to our area at the end of last year [2016]. Getting the medicine to the clinic was very difficult. The government thought we were giving it to the IO, so we just made do as best we could. Then things got really bad—there was gun-fighting between the government forces and IO, and everyone started moving out. By March the population was almost gone—there was no one to treat. Soldiers were the main ones coming to the clinic—we had to treat them. Over 20 would come—they would show us their guns as “payment.” We never wanted to leave. We were overseeing the construction of a pediatric hospital with 22 beds, funded by the U.S. But finally the IO ordered us to go, and we knew they would kill us if we didn’t. We locked our equipment in a shipping container and welded it shut. But weeks later, we saw some of the supplies for sale in the market in Moyo town [Uganda]—things priced at a fraction of their value. The soldiers didn’t know the actual cost—they just wanted anything they could get. Some of it we were able to buy back, but donors lost so much of what they had invested. And also the pediatric hospital that was never built—that was US\$150,000, just gone. When we go back one day, we expect to find nothing. For now we will open a clinic in Uganda and the refugees who used to come to us in South Sudan will find us here.

- Watchlist Interview, September 2017



## Conclusion

Watchlist's investigation found that warring parties' attacks on medical facilities and personnel and denials of humanitarian access in 2016 and 2017 have compounded challenges to children's health, already exacerbated by armed conflict targeting civilians. In the past two years, in states comprising the historical regions of Greater Upper Nile, Bahr el Ghazal, and Equatoria, armed conflict, targeted attacks on medical facilities and personnel, and denials of humanitarian access have led to many more children directly injured and suffering and dying from preventable causes, including malnutrition, malaria, diarrheal disease, and vaccine-preventable diseases (e.g., measles).

**W**atchlist calls upon all parties to the conflict to immediately cease attacks against medical facilities and personnel and to allow unhindered access to humanitarian aid. It also calls on concerned member states to take concrete measures to remedy impunity for violations of international law related to humanitarian aid in armed conflict. The UN Secretary-General, in his 2018 annual report on children and armed conflict, should list

the SPLA and SPLA-IO for attacks on hospitals, in accordance with Security Council Resolution 1998.

Finally, Watchlist hopes that all stakeholders will use this report to strengthen efforts to prevent attacks on medical facilities and personnel and denials of humanitarian access, and to promptly respond to any violations.

# Endnotes

- <sup>1</sup> The Special Representative of the Secretary-General for Children and Armed Conflict (SRSG-CAAC) interprets its mandate to list parties responsible for attacks against 'hospitals,' a term that refers to all medical facilities, including medical units and services, whether military or civilian, fixed or mobile, permanent, ad hoc, or temporary, aiming at the delivery of preventive and/or curative medical care. The term includes, for example, hospitals in the strict sense of the word, medical depots, maternity wards, medical transports, blood transfusion centers, and mobile vaccination and community-based services. Such medical care facilities are known to the community as such and are not required to be recognized or authorized by parties to conflict. Office of the SRSG-CAAC, United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the United Nations Educational, Scientific, and Cultural Organization (UNESCO), "Protect Schools + Hospitals: Guidance Note on Security Council Resolution 1998," May 2014, <https://childrenandarmedconflict.un.org/publications/AttackonSchoolsHospitals.pdf> (accessed March 5, 2018). The legal basis for this violation lies in relevant International Humanitarian Law, Rule 28, which protects all 'medical units,' a term which includes all facilities organized for a medical purpose and used exclusively for this purpose. International Committee of the Red Cross (ICRC), "Customary International Humanitarian Law, Rule 28 (Medical Units)," [https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1\\_rul\\_rule28](https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule28) (accessed March 5, 2018).
- <sup>2</sup> UN Office for the Coordination of Humanitarian Affairs (OCHA), "2018 Humanitarian Needs Overview: South Sudan," November 2017, [https://reliefweb.int/sites/reliefweb.int/files/resources/South\\_Sudan\\_2018\\_Humanitarian\\_Needs\\_Overview.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/South_Sudan_2018_Humanitarian_Needs_Overview.pdf) (accessed December 17, 2017), p. 2.
- <sup>3</sup> Ibid., p. 22.
- <sup>4</sup> Ibid., p. 5.
- <sup>5</sup> Peter M. Macharia, Paul O. Ouma, Ezekiel G. Gogo, Robert W. Snow, and Abdisalan M. Noor, "Spatial Accessibility to Basic Public Health Services in South Sudan," *Geospatial Health*, Volume 12, Issue 1, May 2017, pp. 1-3.
- <sup>6</sup> OSRSG-CAAC, UNICEF, WHO, and UNESCO, "Protect Schools + Hospitals: Guidance Note on Security Council Resolution 1998," Annex II.
- <sup>7</sup> UNICEF, "Field Manual—The Monitoring and Reporting Mechanism (MRM) on Grave Violations Against Children in Situations of Armed Conflict," June 2014, [https://childrenandarmedconflict.un.org/wp-content/uploads/2016/04/MRM\\_Field\\_5\\_June\\_2014.pdf](https://childrenandarmedconflict.un.org/wp-content/uploads/2016/04/MRM_Field_5_June_2014.pdf) (accessed December 17, 2017), p. 10.
- <sup>8</sup> Medical personnel interviewed included those employed by I/NGOs as well as South Sudan's Ministry of Public Health.
- <sup>9</sup> UN Security Council, Report of the Secretary-General on children and armed conflict (A/70/836-S/2016/360), April 20, 2016, [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/70/836&Lang=E&Area=UNDOC](http://www.un.org/ga/search/view_doc.asp?symbol=A/70/836&Lang=E&Area=UNDOC) (accessed November 30, 2016), para. 170.
- <sup>10</sup> Information not publicly available.
- <sup>11</sup> Watchlist interview (name and location withheld), September 2017.
- <sup>12</sup> OCHA, "2018 Humanitarian Needs Overview: South Sudan," p. 22.
- <sup>13</sup> Ibid., p. 23.
- <sup>14</sup> Ibid., p. 6.
- <sup>15</sup> Ibid., p. 8.
- <sup>16</sup> Ibid., p. 8.
- <sup>17</sup> Ibid., p. 2.
- <sup>18</sup> Ibid.
- <sup>19</sup> Watchlist interview (name and location withheld), September 2017.
- <sup>20</sup> UN Security Council, Recommendations of the Secretary-General, submitted pursuant to paragraph 13 of Security Council resolution 2286 (S/2016/722), [http://www.un.org/en/ga/search/view\\_doc.asp?symbol=S/2016/722](http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2016/722) (accessed January 31, 2017).
- <sup>21</sup> OSRSG-CAAC, UNICEF, WHO, and UNESCO, "Protect Schools + Hospitals: Guidance Note on Security Council Resolution 1998," Annex II.
- <sup>22</sup> UNICEF, "Field Manual—The Monitoring and Reporting Mechanism (MRM)," p. 10.
- <sup>23</sup> OSRSG-CAAC, UNICEF, WHO, and UNESCO, "Protect Schools + Hospitals: Guidance Note on Security Council Resolution 1998," Annex II, pp. 6-13.
- <sup>24</sup> Ibid., p. 11.
- <sup>25</sup> South Sudan's three contemporary regions were formerly comprised of 10 states; since October 2015, they have been divided to 32 states. In this report, Watchlist will document incidents and impacts of attacks utilizing the 10 former states, as is in line with how incidents and impacts have continued to be predominately reported in UN and INGO reports.
- <sup>26</sup> International Crisis Group (ICG), "South Sudan: A Civil War by Any Other Name," April 10, 2014, <https://d2071andvip0wj.cloudfront.net/south-sudan-a-civil-war-by-any-other-name.pdf> (accessed December 17, 2017), pp. 1-2.
- <sup>27</sup> Ibid.
- <sup>28</sup> Ibid.
- <sup>29</sup> UN Human Rights Council (HRC), Assessment Mission by the Office of the United Nations High Commissioner for Human Rights to Improve Human Rights, Accountability, Reconciliation and Capacity in South Sudan: Detailed Findings (A/HRC/31/CRP.6), March 10, 2016, [http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session31/Documents/A-HRC-31-CRP-6\\_en.doc](http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session31/Documents/A-HRC-31-CRP-6_en.doc) (accessed December 17, 2017), paras. 1-10.
- <sup>30</sup> Ibid.
- <sup>31</sup> OCHA, "2018 Humanitarian Needs Overview: South Sudan," p. 2.

- <sup>32</sup> In some incidents, the UN could not verify the identity or affiliation of the perpetrators responsible, and whether they were acting on behalf of a party to the conflict.
- <sup>33</sup> OCHA, "2018 Humanitarian Needs Overview: South Sudan," p. 27.
- <sup>34</sup> Human Rights Watch (HRW), "South Sudan, Events of 2017," <https://www.hrw.org/world-report/2018/country-chapters/south-sudan> (accessed February 24, 2018).
- <sup>35</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>36</sup> HRC, Assessment Mission (A/HRC/31/CRP.6), para. 1.
- <sup>37</sup> Ibid., para. 144.
- <sup>38</sup> Watchlist interview (name and location withheld), September 2017.
- <sup>39</sup> Kim Lewis, "Conflict Stifles South Sudan's Oil Industry," VOA, July 13, 2015, <https://www.voanews.com/a/oil-conflict-revenue-investment-production-instability-sudan-globaldata/2859593.html> (accessed February 24, 2018).
- <sup>40</sup> Financial Tracking Service (FTS), "South Sudan," <https://fts.unocha.org/countries/211/summary/2017> (accessed December 17, 2017).
- <sup>41</sup> Ibid.
- <sup>42</sup> "South Sudan Keeps Buying Weapons Amid Famine: UN," *Al Jazeera*, March 17, 2017, <https://www.aljazeera.com/news/2017/03/south-sudan-buying-weapons-famine-170317200215330.html> (accessed March 5, 2018).
- <sup>43</sup> Ibid.
- <sup>44</sup> OCHA, "2016 Humanitarian Needs Overview: South Sudan," November 2015, [http://reliefweb.int/sites/reliefweb.int/files/resources/2016\\_HNO\\_South%20Sudan.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/2016_HNO_South%20Sudan.pdf) (accessed December 17, 2017), p. 5.
- <sup>45</sup> Ibid., p. 20.
- <sup>46</sup> "South Sudan: Desperate Struggle for Health Care in World's Newest Nation," International Committee of the Red Cross (ICRC) news release, July 6, 2012, <https://www.icrc.org/eng/resources/documents/news-release/2012/south-sudan-news-2012-07-06.htm> (accessed December 7, 2017).
- <sup>47</sup> Ibid.
- <sup>48</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>49</sup> Richard Downie, "The State of Public Health in South Sudan," Center for Strategic and International Studies, November 2012, [https://csis-prod.s3.amazonaws.com/s3fs-public/legacy\\_files/files/publication/121114\\_Downie\\_HealthSudan\\_Web.pdf](https://csis-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/121114_Downie_HealthSudan_Web.pdf) (accessed February 24, 2018), p. 8.
- <sup>50</sup> ICRC, "The ICRC in South Sudan," February 13, 2013, <https://www.icrc.org/eng/where-we-work/africa/south-sudan/overview-south-sudan.htm> (accessed December 17, 2017).
- <sup>51</sup> Médecins Sans Frontières (MSF), "South Sudan," <http://www.msf.org/en/where-we-work/south-sudan> (accessed December 17, 2017).
- <sup>52</sup> OCHA, "2018 Humanitarian Needs Overview: South Sudan," p. 22.
- <sup>53</sup> Ibid.
- <sup>54</sup> Ibid., p. 6.
- <sup>55</sup> Ibid., p. 23.
- <sup>56</sup> "Save the Children Statement In Response to UN Humanitarian Conference Press Conference, Juba, 22.11.17," Save the Children press release, <https://reliefweb.int/report/south-sudan/save-children-statement-response-un-humanitarian-coordinator-press-conference> (accessed February 24, 2018).
- <sup>57</sup> UNICEF, "Childhood Under Attack: The Staggering Impact of South Sudan's Crisis on Children," December 15, 2017, [https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20South%20Sudan\\_Report\\_Childhood%20under%20Attack\\_15Dec\\_FINAL.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20South%20Sudan_Report_Childhood%20under%20Attack_15Dec_FINAL.pdf) (accessed December 17, 2017), p. 2.
- <sup>58</sup> Ibid., p. 7.
- <sup>59</sup> OCHA, "2018 Humanitarian Needs Overview: South Sudan," p. 2.
- <sup>60</sup> Ibid., p. 8.
- <sup>61</sup> Ibid., p. 22.
- <sup>62</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 17," November 17, 2017, [https://reliefweb.int/sites/reliefweb.int/files/resources/SS\\_171117\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin17\\_0.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/SS_171117_OCHA_SouthSudan_Humanitarian_Bulletin17_0.pdf) (accessed December 17, 2017), p. 4.
- <sup>63</sup> "South Sudan: Fighting in Wau Displaces Thousands," MSF press release, June 29, 2016, <https://reliefweb.int/report/south-sudan/south-sudan-fighting-wau-displaces-thousands> (accessed February 24, 2018).
- <sup>64</sup> OCHA, "2018 Humanitarian Needs Overview: South Sudan," p. 8.
- <sup>65</sup> Ibid.
- <sup>66</sup> UNICEF, "Childhood Under Attack: The Staggering Impact of South Sudan's Crisis on Children," p. 7.
- <sup>67</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 17," November 17, 2017, p. 1.
- <sup>68</sup> UNHCR, "Regional Update: South Sudan Situation," October 2017, <https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR%20South%20Sudan%20Situation%20Regional%20Update%20-%202031OCT17.pdf> (accessed December 17, 2017), p. 1.
- <sup>69</sup> OCHA, "2018 Humanitarian Needs Overview: South Sudan," p. 2.
- <sup>70</sup> WHO, "South Sudan Health Crisis Worsens as More Partners Pull Out and Number of Displaced Rises," August 18, 2016, <http://reliefweb.int/report/south-sudan/south-sudan-health-crisis-worsens-more-partners-pull-out-and-number-displaced> (accessed December 17, 2017).
- <sup>71</sup> Watchlist interview (name and location withheld), September 2017.
- <sup>72</sup> Watchlist interview (name and location withheld), September 2017.
- <sup>73</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>74</sup> Watchlist interview (name and location withheld), December 2017.

- <sup>75</sup> UN Security Council, Report of the Secretary-General on children and armed conflict (A/70/836-S/2016/360), para. 170.
- <sup>76</sup> Information not publicly available.
- <sup>77</sup> Watchlist interview (name and location withheld), December, 2017.
- <sup>78</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>79</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>80</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>81</sup> Watchlist interview (name and location withheld), September 2017.
- <sup>82</sup> Denis Dumo, "Kidnapped Aid Workers in South Sudan Released: U.N., Rebels," *Reuters*, December 20, 2017, <https://www.reuters.com/article/us-southsudan-aid/kidnapped-aid-workers-in-south-sudan-released-u-n-rebels-idUSKBN1EE22I> (accessed February 24, 2018).
- <sup>83</sup> WHO, "South Sudan Health Crisis Worsens as More Partners Pull Out and Number of Displaced Rises."
- <sup>84</sup> World Food Programme, "WFP The Republic of South Sudan (RoSS) Special Operation SO 201029," [http://one.wfp.org/operations/current\\_operations/project\\_docs/201029.pdf](http://one.wfp.org/operations/current_operations/project_docs/201029.pdf) (accessed March 15, 2018), p. 2.
- <sup>85</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 11," July 15, 2017, [http://reliefweb.int/sites/reliefweb.int/files/resources/SS\\_170715\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin11.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/SS_170715_OCHA_SouthSudan_Humanitarian_Bulletin11.pdf) (accessed December 17, 2017), p. 3.
- <sup>86</sup> OCHA, "2018 Humanitarian Needs Overview: South Sudan," p. 2.
- <sup>87</sup> Ibid.
- <sup>88</sup> UNICEF, "Childhood Under Attack: The Staggering Impact of South Sudan's Crisis on Children," p. 7.
- <sup>89</sup> South Sudan Protection Cluster, "Macro Analysis of Conflict in South Sudan," August 2014, <https://reliefweb.int/sites/reliefweb.int/files/resources/Macro%20Analysis%20of%20Conflict%20in%20South%20Sudan%20SSPC%20August%202014.pdf> (accessed February 1, 2018), p. 19.
- <sup>90</sup> MSF, "South Sudan: Extremely Poor Living Conditions in Juba Camp for the Displaced," February 28, 2014, <http://www.msf.org/en/article/south-sudan-extremely-poor-living-conditions-juba-camp-displaced> (accessed December 17, 2017).
- <sup>91</sup> United Nations Mission in South Sudan (UNMISS), "PoC Update," December 11, 2017, <https://reliefweb.int/sites/reliefweb.int/files/resources/171211%20PoC%20Update%20-%20183.pdf> (accessed December 17, 2017), p. 1.
- <sup>92</sup> UNMISS and United Nations Human Rights Office of the High Commissioner, "The State of Human Rights in the Protracted Conflict in South Sudan," December 4, 2015, [https://unmiss.unmissions.org/sites/default/files/human\\_rights\\_update\\_report\\_of\\_4\\_december\\_2015\\_final.pdf](https://unmiss.unmissions.org/sites/default/files/human_rights_update_report_of_4_december_2015_final.pdf) (accessed February 24, 2018), para. 261.
- <sup>93</sup> OCHA, "2016 Humanitarian Needs Overview: South Sudan," p. 1.
- <sup>94</sup> Ibid., p. 24.
- <sup>95</sup> International Medical Corps (IMC), "International Medical Corps Continues to Operate Amid Outbreak of Deadly Violence in Malakal, South Sudan," February 19, 2016, <https://reliefweb.int/report/south-sudan/international-medical-corps-continues-operate-amid-outbreak-deadly-violence> (accessed December 17, 2017).
- <sup>96</sup> "South Sudan: Special Investigation Into Malakal Violence Completed, says UN," *UN News*, June 21, 2016, <http://www.un.org/apps/news/story.asp?NewsID=54289#.WlThLd-nGM8> (accessed February 24, 2018).
- <sup>97</sup> MSF, "South Sudan: 73 Wounded Treated in Malakal PoC After New Fighting Erupted on Thursday," February 19, 2016, <http://reliefweb.int/report/south-sudan/south-sudan-73-wounded-treated-malakal-poc-after-new-fighting-erupted-thursday> (accessed December 17, 2017).
- <sup>98</sup> MSF, "South Sudan: Looming Medical Crisis in Pibor Following Devastating Violence and Looting of MSF Compound, March 4, 2016," <http://reliefweb.int/report/south-sudan/south-sudan-looming-medical-crisis-pibor-following-devastating-violence-and> (accessed December 17, 2017).
- <sup>99</sup> Ibid.
- <sup>100</sup> Ibid.
- <sup>101</sup> Ibid.
- <sup>102</sup> Ibid.
- <sup>103</sup> Insecurity Insight, "The Aid Security Monthly News Brief," March 2016, <http://www.insecurityinsight.org/aidindanger/wp-content/uploads/2016/04/The-Aid-Security-Monthly-News-Brief-MAR-2016-.pdf> (accessed December 17, 2017), p. 2.
- <sup>104</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>105</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>106</sup> MSF, "South Sudan: Access to Essential Healthcare Dramatically Reduced Due to Increased Violence," August 25, 2016, <http://reliefweb.int/report/south-sudan/south-sudan-access-essential-healthcare-dramatically-reduced-due-increased> (accessed December 17, 2017).
- <sup>107</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>108</sup> Health Cluster, "South Sudan Health Cluster Bulletin # 2," August 9, 2016, <http://reliefweb.int/sites/reliefweb.int/files/resources/South%20Sudan%20Health%20Cluster%20Bulletin-%202.pdf> (accessed December 17, 2017), p. 2.
- <sup>109</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 20," December 21, 2016, <http://reliefweb.int/sites/reliefweb.int/files/resources/ss.pdf> (accessed December 17, 2017), p. 4.
- <sup>110</sup> MSF, "South Sudan: Fleeing Civilians Cut Off from Emergency Healthcare in Wau Shilluk," February 3, 2017, <http://reliefweb.int/report/south-sudan/south-sudan-fleeing-civilians-cut-emergency-healthcare-wau-shilluk> (accessed December 17, 2017).
- <sup>111</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 4," March 10, 2017, [http://reliefweb.int/sites/reliefweb.int/files/resources/170310\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin\\_4.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/170310_OCHA_SouthSudan_Humanitarian_Bulletin_4.pdf) (accessed December 17, 2017), p. 3.



- <sup>112</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>113</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>114</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>115</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>116</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 8," May 28, 2017, [http://reliefweb.int/sites/reliefweb.int/files/resources/170528\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin\\_8.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/170528_OCHA_SouthSudan_Humanitarian_Bulletin_8.pdf) (accessed December 17, 2017), p. 3.
- <sup>117</sup> Ibid.
- <sup>118</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>119</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>120</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>121</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 11," July 15, 2017, pp. 2-3.
- <sup>122</sup> Ibid., p. 4.
- <sup>123</sup> MSF, "South Sudan: MSF Strongly Condemns the Armed Robbery of its Clinic," July 14, 2017, <http://reliefweb.int/report/south-sudan/south-sudan-msf-strongly-condemns-armed-robbery-its-clinic> (accessed December 17, 2017).
- <sup>124</sup> Ibid.
- <sup>125</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>126</sup> MSF, "South Sudan: MSF Strongly Condemns the Armed Robbery of its Clinic."
- <sup>127</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 15," October 10, 2017, [https://reliefweb.int/sites/reliefweb.int/files/resources/SS\\_171010\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin15.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/SS_171010_OCHA_SouthSudan_Humanitarian_Bulletin15.pdf) (accessed December 17, 2017), p. 3.
- <sup>128</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>129</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>130</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>131</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>132</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 18," December 8, 2017, [https://reliefweb.int/sites/reliefweb.int/files/resources/171208\\_OCHA\\_SouthSudan\\_humanitarian\\_bulletin\\_18.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/171208_OCHA_SouthSudan_humanitarian_bulletin_18.pdf) (accessed December 17, 2017), p. 1.
- <sup>133</sup> Ibid.
- <sup>134</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 11," July 15, 2017, p. 3.
- <sup>135</sup> Insecurity Insight, "Aid in Danger Monthly News Brief," March 2017, <http://www.insecurityinsight.org/aidindanger/wp-content/uploads/2017/04/Aid-in-Danger-Monthly-News-Brief-March-2017.pdf> (accessed December 17, 2017), p. 2.
- <sup>136</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 9," June 12, 2017, [http://reliefweb.int/sites/reliefweb.int/files/resources/170528\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin\\_9.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/170528_OCHA_SouthSudan_Humanitarian_Bulletin_9.pdf) (accessed December 17, 2017), p. 3.
- <sup>137</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 11," July 15, 2017, p. 3.
- <sup>138</sup> Ibid.
- <sup>139</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 19," December 6, 2016, [http://reliefweb.int/sites/reliefweb.int/files/resources/161206\\_OCHA\\_SouthSudan\\_humanitarian\\_bulletin\\_19.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/161206_OCHA_SouthSudan_humanitarian_bulletin_19.pdf) (accessed February 25, 2018), p. 2.
- <sup>140</sup> Health Cluster, "South Sudan Health Cluster Bulletin # 1," January 31, 2017, <http://reliefweb.int/sites/reliefweb.int/files/resources/Health-Cluster-Bulletin-01-to-31-January-2017-1.pdf> (accessed December 17, 2017), p. 1.
- <sup>141</sup> ACAPS, "ACAPS Briefing Note: South Sudan: Food Security and Nutrition," April 5, 2017, [http://reliefweb.int/files/resources/20170405\\_acaps\\_briefing\\_note\\_south\\_sudan\\_food\\_security\\_and\\_nutrition.pdf](http://reliefweb.int/files/resources/20170405_acaps_briefing_note_south_sudan_food_security_and_nutrition.pdf) (accessed December 17, 2017), p. 1.
- <sup>142</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>143</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>144</sup> HRW, "South Sudan: Civilians Killed, Tortured in Western Region," May 24, 2016, <https://www.hrw.org/news/2016/05/24/south-sudan-civilians-killed-tortured-western-region> (accessed December 17, 2017).
- <sup>145</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>146</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 7," May 30, 2016, [http://reliefweb.int/sites/reliefweb.int/files/resources/160530\\_OCHA\\_SouthSudan\\_hb7.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/160530_OCHA_SouthSudan_hb7.pdf) (accessed December 17, 2017), p. 2.
- <sup>147</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 2," February 3, 2017, [http://reliefweb.int/sites/reliefweb.int/files/resources/170203\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin\\_2.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/170203_OCHA_SouthSudan_Humanitarian_Bulletin_2.pdf) (accessed December 17, 2017), pp. 2-3.
- <sup>148</sup> ACAPS, "ACAPS Briefing Note: South Sudan: Food Security and Nutrition," p. 3.
- <sup>149</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 16," October 20, 2016, [http://reliefweb.int/sites/reliefweb.int/files/resources/1601020\\_OCHA\\_SouthSudan\\_humanitarian\\_bulletin16.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/1601020_OCHA_SouthSudan_humanitarian_bulletin16.pdf) (accessed February 25, 2018), p. 2.
- <sup>150</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 14," September 22, 2016, [http://reliefweb.int/sites/reliefweb.int/files/resources/SS\\_160922\\_OCHA\\_SouthSudan\\_humanitarian\\_bulletin14.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/SS_160922_OCHA_SouthSudan_humanitarian_bulletin14.pdf) (accessed December 17, 2017), pp. 3-4.

- <sup>151</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 17," November 6, 2016, [http://reliefweb.int/sites/reliefweb.int/files/resources/1601106\\_OCHA\\_SouthSudan\\_humanitarian\\_bulletin17.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/1601106_OCHA_SouthSudan_humanitarian_bulletin17.pdf) (accessed December 17, 2017), p. 4.
- <sup>152</sup> Insecurity Insight, "The Aid Security Monthly News Brief," November 2016, <http://www.insecurityinsight.org/aidindanger/wp-content/uploads/2017/01/The-Aid-Security-Monthly-News-Brief-November-2016.pdf> (accessed February 25, 2018), p. 13.
- <sup>153</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 3," February 17, 2017, [http://reliefweb.int/sites/reliefweb.int/files/resources/170217\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin\\_3.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/170217_OCHA_SouthSudan_Humanitarian_Bulletin_3.pdf) (accessed December 17, 2017), p. 3.
- <sup>154</sup> Ibid.
- <sup>155</sup> ACAPS, "ACAPS Briefing Note: South Sudan: Food Security and Nutrition," p. 4.
- <sup>156</sup> Insecurity Insight, "The Aid in Danger Monthly News Brief," May 2017, <http://www.insecurityinsight.org/aidindanger/wp-content/uploads/2017/06/Aid-in-Danger-Monthly-News-Brief-May-2017.pdf> (accessed December 17, 2017), p. 2.
- <sup>157</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 7," May 9, 2017, [http://reliefweb.int/sites/reliefweb.int/files/resources/170509\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin\\_7.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/170509_OCHA_SouthSudan_Humanitarian_Bulletin_7.pdf) (accessed December 17, 2017), p. 3.
- <sup>158</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 15," October 10, 2017, p. 2.
- <sup>159</sup> Ibid.
- <sup>160</sup> Ibid.
- <sup>161</sup> Health Cluster, "South Sudan Health Cluster Bulletin #2," August 2016, p. 2.
- <sup>162</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 20," December 21, 2016, p. 1.
- <sup>163</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 17," November 6, 2016, p. 3.
- <sup>164</sup> OCHA, "2016 Humanitarian Needs Overview: South Sudan," p. 20.
- <sup>165</sup> Center for Civilians in Conflict (CIVIC), "Under Fire: The July 2016 Violence in Juba and the UN Response," 2016, [https://reliefweb.int/sites/reliefweb.int/files/resources/CIVIC\\_-\\_Juba\\_Violence\\_Report\\_-\\_October\\_2016.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/CIVIC_-_Juba_Violence_Report_-_October_2016.pdf) (accessed February 25, 2018), p. 4.
- <sup>166</sup> Ibid., p. 15.
- <sup>167</sup> Jacey Fortin, "South Sudan's Opposition Leader Flees Country as Peace Deal Unravels," *The New York Times*, August 18, 2016, <https://www.nytimes.com/2016/08/19/world/africa/south-sudan-riek-machar.html> (accessed February 25, 2018).
- <sup>168</sup> ACLED, "South Sudan-November 2016 Update," <https://www.acleddata.com/2016/11/14/south-sudan-november-2016-update/> (accessed February 25, 2018).
- <sup>169</sup> ACAPS, "Widespread Conflict Between Dinka and non-Dinka in the Equatorias," March 16, 2017, <http://reliefweb.int/report/south-sudan/widespread-conflict-between-dinka-and-non-dinka-equatorias> (accessed December 17, 2017).
- <sup>170</sup> Jason Patinkin and Simona Foltyn, "The War in Equatoria: A Rare Look Inside South Sudan's Spreading Conflict," *IRIN News*, July 12, 2017, <https://www.irinnews.org/special-report/2017/07/12/war-equatoria> (accessed December 17, 2017).
- <sup>171</sup> Watchlist interview (name and location withheld), September 2017.
- <sup>172</sup> HRC, Report of the Commission on Human Rights in South Sudan (A/HRC/24/63), March 24, 2017, [http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session34/layouts/15/WopiFrame.aspx?sourcedoc=/EN/HRBodies/HRC/RegularSessions/Session34/Documents/A\\_HRC\\_34\\_63\\_AEV%20-final.docx&action=default&DefaultItemOpen=1](http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session34/layouts/15/WopiFrame.aspx?sourcedoc=/EN/HRBodies/HRC/RegularSessions/Session34/Documents/A_HRC_34_63_AEV%20-final.docx&action=default&DefaultItemOpen=1) (accessed March 5, 2018), para. 82.
- <sup>173</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 13," August 2017, [https://reliefweb.int/sites/reliefweb.int/files/resources/SS\\_170817\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin\\_13-2.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/SS_170817_OCHA_SouthSudan_Humanitarian_Bulletin_13-2.pdf) (accessed December 17, 2017), p. 1.
- <sup>174</sup> Watchlist interview (name and location withheld), September 2017.
- <sup>175</sup> Watchlist interview (name and location withheld), September 2017.
- <sup>176</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 19," December 6, 2016, pp. 4-5.
- <sup>177</sup> Watchlist interview (name and location withheld), September 2017.
- <sup>178</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 4," March 28, 2016, [http://reliefweb.int/sites/reliefweb.int/files/resources/20160328\\_OCHA\\_SouthSudan\\_humanitarian\\_bulletin.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/20160328_OCHA_SouthSudan_humanitarian_bulletin.pdf) (accessed December 17, 2017), p. 1.
- <sup>179</sup> Ibid.
- <sup>180</sup> Ibid.
- <sup>181</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 6," May 9, 2016, [http://reliefweb.int/sites/reliefweb.int/files/resources/160509\\_OCHA\\_SouthSudan\\_humanitarian\\_bulletin.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/160509_OCHA_SouthSudan_humanitarian_bulletin.pdf) (accessed December 17, 2017), p. 1.
- <sup>182</sup> CIVIC, "Under Fire: The July 2016 Violence in Juba and the UN Response," pp. 4-27.
- <sup>183</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 12," August 23, 2016, [http://reliefweb.int/sites/reliefweb.int/files/resources/OCHA\\_SouthSudan\\_humanitarian\\_bulletin\\_12.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/OCHA_SouthSudan_humanitarian_bulletin_12.pdf) (accessed December 17, 2017), p. 2.
- <sup>184</sup> Ibid.
- <sup>185</sup> Insecurity Insight, "The Aid Security Monthly News Brief," September 2016, [http://www.insecurityinsight.org/aidindanger/wp-content/uploads/2016/10/The\\_Aid\\_Security\\_News\\_Brief\\_September\\_2016.pdf](http://www.insecurityinsight.org/aidindanger/wp-content/uploads/2016/10/The_Aid_Security_News_Brief_September_2016.pdf) (accessed December 17, 2017), p. 2.
- <sup>186</sup> Insecurity Insight, "The Aid Security Monthly News Brief," November 2016, <http://www.insecurityinsight.org/aidindanger/wp-content/uploads/2017/01/The-Aid-Security-Monthly-News-Brief-November-2016.pdf> (accessed December 17, 2017), p. 13.
- <sup>187</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 7," May 9, 2017, p. 2.

- <sup>188</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 6," April 20, 2017, [http://reliefweb.int/sites/reliefweb.int/files/resources/170420\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin\\_6.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/170420_OCHA_SouthSudan_Humanitarian_Bulletin_6.pdf) (accessed December 17, 2017), pp. 3-4.
- <sup>189</sup> Ibid.
- <sup>190</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 10," June 28, 2017, [http://reliefweb.int/sites/reliefweb.int/files/resources/SS\\_170628\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin10.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/SS_170628_OCHA_SouthSudan_Humanitarian_Bulletin10.pdf) (accessed December 17, 2017), p. 4.
- <sup>191</sup> Ibid.
- <sup>192</sup> Ibid.
- <sup>193</sup> Ibid.
- <sup>194</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 15," October 10, 2017, p. 2.
- <sup>195</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 7," May 30, 2016, p. 1.
- <sup>196</sup> Ibid.
- <sup>197</sup> Watchlist interview (name and location withheld), December 2017.
- <sup>198</sup> Insecurity Insight, "The Aid Security Monthly News Brief," June 2016, <http://www.insecurityinsight.org/aidindanger/wp-content/uploads/2017/01/The-Aid-Security-Monthly-News-Brief-JUN-2016.pdf> (accessed December 17, 2017), p. 2.
- <sup>199</sup> ICRC, "South Sudan: ICRC Condemns Killing of Staff Member," September 9, 2017, <https://www.icrc.org/en/document/south-sudan-icrc-condemns-killing-staff-member> (accessed December 17, 2017).
- <sup>200</sup> Ibid.
- <sup>201</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 16," October 20, 2016, p. 1.
- <sup>202</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 17," November 6, 2016, p. 2.
- <sup>203</sup> Insecurity Insight, "The Aid Security Monthly News Brief," December 2016, [http://www.insecurityinsight.org/aidindanger/wp-content/uploads/2017/01/The\\_Aid\\_Security\\_Monthly\\_News\\_Brief\\_December\\_2016.pdf](http://www.insecurityinsight.org/aidindanger/wp-content/uploads/2017/01/The_Aid_Security_Monthly_News_Brief_December_2016.pdf) (accessed December 17, 2017), p. 2.
- <sup>204</sup> Ibid.
- <sup>205</sup> Ibid.
- <sup>206</sup> Insecurity Insight, "The Aid in Danger Monthly News Brief," April 2017, <http://www.insecurityinsight.org/aidindanger/wp-content/uploads/2017/05/The-Aid-in-Danger-Monthly-News-Brief-April-2017.pdf> (accessed December 17, 2017), p. 2.
- <sup>207</sup> Insecurity Insight, "Aid Monthly News Brief," May 2017, p. 3.
- <sup>208</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 10," June 18, 2017, p. 4.
- <sup>209</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 11," July 15, 2017, p. 3.
- <sup>210</sup> OCHA, "Humanitarian Bulletin, South Sudan, Issue 16," October 27, 2017, [https://reliefweb.int/sites/reliefweb.int/files/resources/SS\\_171027\\_OCHA\\_SouthSudan\\_Humanitarian\\_Bulletin16.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/SS_171027_OCHA_SouthSudan_Humanitarian_Bulletin16.pdf) (accessed March 5, 2018), p. 3.
- <sup>211</sup> "South Sudan: Humanitarian Coordinator A.I. Condemns Threat Letters Against Aid Workers," OCHA press release, July 20, 2017, <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-coordinator-ai-condemns-threat-letters-against-aid> (accessed December 17, 2017).
- <sup>212</sup> Global Health Workforce Alliance, "South Sudan," <http://www.who.int/workforcealliance/countries/ssd/en/> (accessed December 17, 2017).
- <sup>213</sup> OCHA, "2018 Humanitarian Needs Overview: South Sudan," p. 7.
- <sup>214</sup> ACAPS, "ACAPS Briefing Note: South Sudan: Food Security and Nutrition," p. 2.
- <sup>215</sup> ACAPS, "Widespread Conflict Between Dinka and non-Dinka in the Equatorias."

## Photo captions and credits

Cover: A child sick with malaria and from malnutrition lies on a bed in a hospital in Bor March 15, 2014.  
© REUTERS/Andreea Campeanu.

Map of South Sudan, page 2: © The United Nations.

Page 1 (Table of Contents): A South Sudanese child suffering from cholera sits on a bed in Juba Teaching Hospital in Juba, May 27, 2014. According to the Office for the Coordination of Humanitarian Affairs (OCHA), 86 new cases of cholera were admitted in Juba Teaching hospital, with over 500 cases of cholera treated since the outbreak was declared by the Ministry of Health on May 15. © REUTERS/Andreea Campeanu.

Page 4: Women wait to have their children examined and immunized at a health clinic in the capital Juba, South Sudan, January 23, 2017. © REUTERS/Siegfried Modola.

Page 11: A UN peacekeeper keeps watch as children gather in a camp for displaced civilians in Juba, South Sudan, June 17, 2017.  
© REUTERS/David Lewis.

Page 13: A South Sudanese girl suffering from cholera is being treated by medics in Juba Teaching Hospital in Juba, May 27, 2014. © REUTERS/Andreea Campeanu.

Page 15: A mother feeds her child with a peanut-based paste for treatment of severe acute malnutrition in a UNICEF supported hospital in the capital Juba, South Sudan, January 25, 2017.  
© REUTERS/Siegfried Modola.

Page 16: A U.N. ambulance drives past a displaced South Sudanese man in a camp for internally displaced people in the United Nations Mission in South Sudan (UNMISS) compound in Tomping, Juba, South Sudan, July 12, 2016.  
© Beatrice Mategwa/UNMISS.

Page 19: A South Sudanese baby suffering from cholera lies in a bed in Juba Teaching Hospital in Juba, May 27, 2014.  
© REUTERS/Andreea Campeanu.

Page 20: Women and children wait to be registered prior to a food distribution carried out by the United Nations World Food Programme (WFP) in Thonyor, Leer County, South Sudan, February 26, 2017. © REUTERS/Siegfried Modola.

Page 21: An unexploded rocket propelled grenade lies inside a cement water catchment in the village of Nhialdiu, northern South Sudan, February 7, 2017. © REUTERS/Siegfried Modola.

Page 22: A child is checked for signs of malnutrition by a United Nations International Children's Emergency Fund (UNICEF) health worker during a registration prior to a humanitarian food distribution carried out by the United Nations World Food Programme (WFP) in Thonyor, Leer County, South Sudan, February 25, 2017. © REUTERS/Siegfried Modola.

Page 27: A baby is weighted on a scale in a health clinic in the capital Juba, South Sudan, January 23, 2017. © REUTERS/Siegfried Modola.

Page 29: A mother holds her child in a hospital ward in the capital Juba, South Sudan, January 24, 2017. © REUTERS/Siegfried Modola.

Page 32: A woman rests in bed with her children in the pediatric ward at the Médecins Sans Frontières (MSF) hospital inside the United Nations Mission in South Sudan (UNMISS) base, Bentiu, Rubkona County, South Sudan March 23, 2017. © REUTERS/Siegfried Modola.

**Please note:** The people represented in the photos in this report are not necessarily themselves perpetrators, or victims, or survivors of human rights violations or other abuses.

**Design Credits:** Concept and Production: Green Communication Design Inc. [www.greencom.ca](http://www.greencom.ca)



Watchlist on Children and Armed Conflict  
122 East 42nd Street, Suite 1620  
New York, NY 10168-1289

Phone: +1-212-972-0695  
Fax: +1-212-972-0701

Email: [watchlist@watchlist.org](mailto:watchlist@watchlist.org)  
Access reports at: [www.watchlist.org](http://www.watchlist.org)

**WATCH LIST** ON CHILDREN AND ARMED CONFLICT