

MSF in South Sudan Activity Report

2025



The MSF Charter

Médecins Sans Frontières is a private, international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic or religious powers.

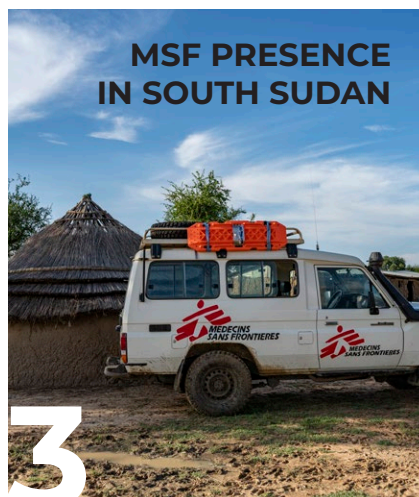
As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

The texts in this report provide descriptive overviews of MSF's operational activities throughout South Sudan between January and December 2025. Country summaries are representational and, owing to space considerations, may not be comprehensive.

To facilitate the reading of this document, we have chosen not to name the states every time an MSF project location is mentioned. The project locations and states are as follows: Abyei – Abyei Special Administrative Area; Akobo – Jonglei state; Aweil – Northern Bahr El Ghazal state; Bentiu – Unity state; Boma – Greater Pibor Administrative Area; Kajo Keji – Central Equatoria state; Lankien – Jonglei state; Leer – Unity state; Malakal – Upper Nile state; Maruwa – Greater Pibor Administrative Area; Mayen-Abun – Warrap state; Old Fangak – Jonglei state; Pieri – Jonglei state; Renk – Upper Nile state; Toch – Jonglei state; Ulang – Upper Nile state; Yei – Central Equatoria state; and Yambio – Western Equatoria state.

The place names and boundaries used in this report do not reflect any position by MSF on their legal status.

Contents



Background

Aisha Ibrahim is accompanying her mother to the mobile clinic run by MSF for displaced people from Sudan in Atam, Renk County. After thousands of people entered South Sudan's Renk County fleeing conflict in Sudan, MSF has started running mobile clinics in Girbanatand Atam.
©Paula Casado Aguirregabiria/MSF



In 2025, South Sudan saw a sharp escalation in political tension, violence and insecurity, worsening an already severe situation marked by extremely limited access to healthcare and services. Clashes between the government, opposition forces and non-state armed groups, particularly in Upper Nile, Jonglei, Unity, Central Equatoria and Warrap states, involved airstrikes and attacks on civilians on a scale not seen since the revitalised peace agreement was signed in 2018. This came at a time when international interest and support were already declining.

MSF has been working in the region since 1983, more than two decades before South Sudan gained independence in 2011, and the country remains one of the MSF's largest operations. Conflict, large-scale displacement, flooding and disease outbreaks all contribute to putting further strain on already stretched services. These emergencies are interconnected, driven and exacerbated by longstanding gaps in basic services, including healthcare and water, sanitation and hygiene (WASH) services.

Between January and June 2025, MSF treated over 700 patients with violence-related injuries across Jonglei and Upper Nile states. The injuries included gunshot wounds, knife wounds and burns from bombings.

In Upper Nile state, violent clashes between the South Sudan People's Defence Forces (SSPDF) and Nuer militia began in February 2025 in Nasir, with a heavy aerial bombardment that resulted in numerous civilian casualties and the displacement of tens of thousands of people, both within the county and into Ethiopia. Between February and March, MSF teams treated over 200 war-wounded people across the border in Ethiopia.

By March 2025, most humanitarian organisations in Ulang, Nasir and Longechuk counties had suspended their activities; all health facilities along the Sobat Corridor from Doma to Mandeng were forced to close by April. While some health staff working in facilities supported by the Health Sector Transformation Project (HSTP) reportedly tried to relocate services into areas where people had been displaced, HSTP partners were unable to access these areas with medical supplies.

In Upper Nile state, it was not until July that MSF teams could regain access to parts of Nasir county. In Lankien, for the first time MSF teams had to request SSPDF's permission to land its aircraft, impeding the arrival of medical staff and supplies into the territory and potentially feeding perceptions of the politicisation of aid, as well as delaying urgent medical referrals. Patients in need of immediate lifesaving medical care had to wait up to 48 hours for an MSF flight to be cleared in order to reach an operating theatre.

In 2025, MSF continued to strengthen its engagement with the Ministry of Foreign Affairs, which signed the 2023 Host Country Agreement on behalf of the Government of South Sudan. Within this framework, the Host Country Agreement provides a dedicated basis to facilitate MSF's independent and timely humanitarian operations, including administrative facilitation, operational access and the protection of its medical mission. Continued collaboration with the Ministry of Foreign Affairs remains key to ensuring the effective and consistent implementation of these provisions across the country.

This report provides an overview of MSF's activities and observations between January and December 2025, highlighting key achievements and challenges, as well as the urgent medical and humanitarian needs that persist across the country.

MSF presence in South Sudan

In 2025, our teams provided medical services in two administrative areas and six of the country's 10 states. In addition to regular projects, MSF opened 12 emergency projects in response to violence, cholera, malaria peaks, flooding and displacement.

Map of our activities

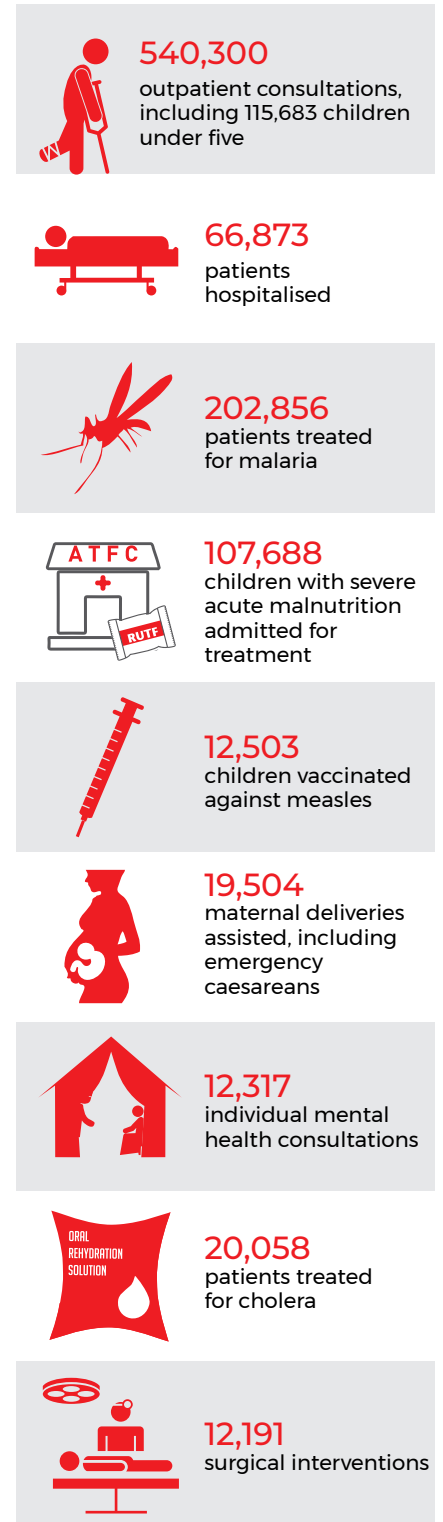


● Cities, towns or villages where MSF worked in 2025
 The maps and place names used do not reflect any position by MSF on their legal status.

MSF's impact

MSF has been providing essential services including basic healthcare, mental healthcare and specialised medical care to people in the region that is now South Sudan for more than 40 years. Our mobile teams also provide health assistance to displaced people and remote communities. In addition to responding to emergencies and disease outbreaks, we also carry out preventive activities, such as vaccination campaigns and seasonal malaria chemoprevention, as well as distributing safe drinking water and essential relief items. In 2025, our teams treated over 500,000 people in outpatient consultations and over 90,000 patients who needed hospital care.

Key figures 2025



South Sudan Overview

HP Supervisor and Outreach NAM had accompanied the Comms team to visit a discharged patient from Mayen Abun hospital. ©Paula Casado Aguirregabiria/MSF



EXPENSES

	<i>In EUR</i>
Personnel costs	62,782,162
Medical and nutrition	13,141,510
Travel and transportation	16,434,137
Office expenses	8,819,502
Logistics and sanitation	8,156,948
Professional services	1,389,336
Communications	1,721,917
Grants to external partners	58,494
Depreciation and amortisation	9,739
Taxes	33,606
Bank fees and financial expenses	812,741
Others	163,323
Programmes	113,523,414
Indirect supply costs	2,431,974
Country related expenses	115,955,388

FUNDING

	<i>In EUR</i>
Private and other income	62,782,162
Swiss Agency for Development and Cooperation Department (DDC)	13,141,510
International Humanitarian Assistance Department of Foreign Affairs and Trade Development (DFATD-IHA) - Canada	16,434,137
Public institutional income	3,327,547
Funding	115,955,388

HUMAN RESOURCES

	<i>full-time equivalents</i>
Locally hired staff	3,096
International mobile staff	323
Programme positions	3,418

Humanitarian context



Nyapuk family in an Internally Displaced People's camp in Abyei. Most of the people in this camp are Neur, some fled violence in Agok, others have come from Unity state to escape the flooding, especially around Bentiu.
©Sean Sutton/Panos Pictures

In 2025, South Sudan remained in the grip of a prolonged humanitarian crisis shaped by overlapping drivers, including conflict, widespread food insecurity, recurrent disease outbreaks, and climate extremes such as flooding and drought.

In 2025, violence escalated amid rising tensions and clashes between the government-led South Sudan People's Defence Forces (SSPDF) and the Sudan People's Liberation Army-in-Opposition (SPLA/IO), and non-state armed groups across Upper Nile, Jonglei, Unity, Central Equatoria and Warrap states. According to UNHCR,¹ by November 2025 an estimated 320,000 people had been newly displaced within South Sudan, adding to the 2.2 million internally displaced people (IDPs) already living in formal and informal displacement sites as a result of previous years of civil war.

With the arrival of more than one million returnees and refugees, over the course of its three-year duration, the war in

Sudan continued to strain South Sudan's fragile health system. The main areas of entry and transit, including Renk and Malakal in Upper Nile state, were severely overcrowded, with people living in dire conditions and lacking adequate food, clean water and shelter.

A cholera outbreak that started in Sudan in August 2024 rapidly spread across the border to South Sudan, exposing alarming gaps in WASH infrastructure and healthcare in South Sudan. By October 2025, the outbreak in South Sudan had claimed over 1,500 lives.

Poor access to health infrastructure, an insufficient number of health workers, and a lack of access to medical services have resulted in some of the world's worst health outcomes. As of mid-2025, UNICEF estimated² that 9.3 million people – out of a total population of 12 million – required humanitarian assistance. This included 7.7 million people facing food insecurity during the lean season and 2.3 million children at risk of acute malnutrition.³ More than 1.9 million people were internally

displaced,⁴ while 2.3 million had fled to neighbouring countries as refugees.⁵

The worsening situation in South Sudan follows years of conflict, declining international interest and chronic underfunding for both health and humanitarian responses. In early 2025, the US – which funded 55 per cent of South Sudan's 2024 humanitarian appeal – announced the suspension and subsequent termination of many humanitarian contracts. The resulting drastic 'reprioritisation' of the Humanitarian Needs and Response Plan (HNRP) reduced the number of people targeted for assistance from 5.4 to 2.9 million, despite an estimated 9.3 million people – 70 per cent of the population – being in need.

In 2025, the Ministry of Health's allocation was less than 2 per cent of the national budget.

¹ South Sudan Situation Displacement Overview, 2 November 2025, UNHCR

² 2025 HAC South Sudan Revision, UNICEF
³ IPC, 2025

⁴ Displacement Tracking Matrix (DTM), 2025
⁵ European Civil Protection and Humanitarian Aid Operations (ECHO), 2025

MSF response



A patient sits next to a wall of the new malaria ward at Aweil State Hospital. ©Isaac Buay

South Sudan remains an extremely high-risk environment for humanitarian workers.

In response to these escalating crises, MSF remained at the forefront of emergency and medical interventions across South Sudan, providing lifesaving healthcare, vaccinations, water and sanitation services, and distributions of essential relief items across seven states and two administrative areas. This included critical emergency support to refugees and returnees in Upper Nile state, particularly at key entry and transit points in Renk.

In collaboration with the Ministry of Health, MSF played a vital role in responding to outbreaks of cholera across key epicentres including

Malakal, Bentiu, Aweil, Juba and Pibor. The cholera response further exposed the gaps in healthcare system service delivery, highlighting the urgent need for stronger emergency healthcare systems and improved coordination. Sustained investment in healthcare –including capacity-building for health workers – remains essential to ensuring a resilient and responsive healthcare system.

South Sudan remains an extremely high-risk environment for humanitarian workers. Attacks on health facilities have been noticeably increasing, with nine attacks on MSF staff and facilities taking place in 2025. Continued violence against both civilians and aid workers is severely constraining humanitarian access and jeopardising the continuity of essential healthcare services.

MSF nurse administering the fluids to a child directly through the intravenous therapy in the Cholera Treatment Centre (CTC) in Malakal, South Sudan.
©Paula Casado Aguirregabiria/MSF



South Sudan's WASH sector is chronically underinvested, with recent funding cuts exacerbating the situation.

Responding to infectious disease outbreaks

Between October 2024 and October 2025, MSF responded to cholera in all of its projects, and opened additional emergency interventions, including in Juba, treating over 35,000 patients across nine states – over one-third of all cases reported nationally. A specialised cholera treatment unit was opened at Renk county hospital, treating 500 patients by August, while 1,414 cases were treated in Abyei in 2025. In Pibor, we treated 1,167 patients for cholera.

The rapid spread of infectious diseases was driven by population movement – including displacement due to violence – as well as limited surge capacity and chronically under-resourced WASH services. By November 2024, cholera had reached Malakal, in Upper Nile state, a major transit point for new arrivals from Sudan. MSF teams ran two treatment centres in Malakal county, treating over 600 patients between November 2024 and February 2025. In Bentiu, MSF set up a number of oral rehydration sites and operated 250 cholera beds across its specialised treatment centre in the IDP camp and the Ministry of Health's Bentiu state hospital until August.

This period saw almost 7,000 cases, with 3,240 patients hospitalised.

In Ulang, fighting in March 2025 forced 30 cholera patients to flee the MSF hospital, putting their lives at risk and increasing the likelihood of further disease spread. When looting forced the hospital to close in April, the cholera response was also disrupted.

South Sudan's WASH sector is chronically underinvested, with recent funding cuts exacerbating the situation. In Bentiu IDP camp and informal displacement sites around Bentiu town, which host thousands of people, the combination of devastating floods in 2021, the influx of refugees from Sudan since 2023, and reduced funding for essential WASH services have contributed to a worsening situation.

Fangak county, affected by severe flooding in 2024 and 2025, lacked latrines and clean water; people were forced to drink contaminated floodwater shared with animals. Between January and May 2025, before Old Fangak hospital was closed following an attack, MSF teams treated 860 cholera cases.

MSF supported the Ministry of Health through emergency interventions, including a 100-bed specialised cholera treatment centre in an IDP camp in Juba, treating 2,800 patients between December 2024 and February 2025.

In addition, MSF reached nearly 120,000 people through reactive cholera vaccination campaigns from December 2024 across various displacement sites in Juba. In Malakal, MSF donated supplies to the Ministry of Health facilities and supported vaccination campaigns, including in Mayom county, Lankien and Pieri.

While reactive campaigns to outbreaks are essential, preventive campaigns in hotspot areas are also necessary. Despite a recent decline in cholera cases, risks remain high due to flooding (especially in Unity, Jonglei and Upper Nile states), continued displacement, and chronic underinvestment in preventive measures. Hepatitis E – already a recurring public health concern in South Sudan – has surged and overlapped with cholera in parts of the country; Renk declared an outbreak in 2025. In early August, MSF teams in Aweil detected a spike in suspected hepatitis

E cases, with late arrivals and deaths among pregnant women, compounded by poor WASH infrastructure. MSF responded by treating patients and hospitalising severe cases, while distributing chlorine tablets and rehabilitating wells and hand pumps.

MSF also conducted door-to-door campaigns to raise awareness about cholera prevention, reaching thousands of people.

In Ulang county, MSF ran a 40-bed cholera treatment unit at the MSF hospital in Ulang and supported more than 11 decentralised facilities to triage patients and refer them to Ulang hospital. However, escalating violence in the region severely impacted the cholera response and other medical activities. In April 2025, armed looting forced the closure of Ulang hospital, the only functioning health facility in the area, halting vital medical services and cholera treatment. At the time of its closure, MSF had treated more than 467 patients for cholera.

Despite these challenges, MSF continued to support health initiatives and emergency response in other parts of

Upper Nile state and continuing to rally calls for the urgent need for safety and access to care for populations in need.

By the end of June 2025, MSF's cholera response was ongoing in several key locations including Bentiu, Lankien, Pieri and Abyei. Collaborative efforts to improve access to clean water and WASH facilities are vital to reduce the spread of cholera and prevent outbreaks in the future. Additionally, strengthening healthcare infrastructure, enhancing disease surveillance and response systems, and providing timely access to cholera vaccines can significantly mitigate risks.

Responding to malaria

Malaria remains the leading cause of morbidity and mortality in South Sudan, accounting for 30–50 per cent of deaths, according to the World Health Organization (WHO), particularly among children under five and pregnant and lactating women. In 2024, there were 3.8 million cases across the country, with annual peaks during the rainy season. Diagnostics, treatment and prevention methods are frequently missing or inconsistently applied. MSF

teams continued to treat hundreds of thousands of patients, providing care to more than 200,000 people in 2025, despite rising insecurity and people's reduced access to health services.

The malaria response has again exposed persistent supply challenges. HSTP drugs for July–October 2025 were only ordered in September, causing nationwide stock-outs during peak malaria season. Facilities in Kajo-Keji, Yei, Morobo, Twic, Aweil and Abyei Special Administrative Area were left for months without supplies. While some priority areas received delayed 'buffer stock', others were left without.

Between January and September 2025, MSF treated over 116,100 uncomplicated malaria cases (those which can be treated in the community or in primary care facilities). Patients often travel long distances due to a lack of local facilities, medication or staff, and some primary care facilities refer patients to MSF because they lack supplies.



Collecting blood samples for malaria testing during triage. ©Paula Casado Aguirregabiria/MSF

Attacks on healthcare: a rising threat to lives and medical services

Attacks on health facilities have been noticeably increasing, with nine attacks on MSF staff and facilities taking place in 2025.

In January, two clearly marked MSF boats carrying six staff were attacked while returning to Ulang after delivering medical supplies to Nasir county hospital, forcing MSF to suspend all outreach activities in the region.

In April, dozens of armed men stormed and looted MSF's 60-bed hospital in Ulang – one of the only secondary care facilities in the area – and forced its closure. Over 100 patients, including patients with gunshot wounds, pregnant women and children, were receiving critical treatment at the time.

In May, MSF's hospital in Old Fangak was bombed by two gunship helicopters, killing at least seven people and injuring 27, including four MSF staff. The pharmacy and recently-stocked medical supplies were destroyed, and the hospital was forced to close and teams relocated. MSF had treated over 220 patients with violence-related injuries between January and the hospital's closure.

In June, the MSF-supported Morobo county hospital was attacked and looted, and two ambulances burned. Following the abduction of one of its staff members, MSF was forced, not for the first time, to suspend its activities in Yei River and Morobo counties in August.

The closure of health activities due to attacks and insecurity has disastrous consequences for communities with already limited access to healthcare. The closure of Ulang hospital left 150,000 people without care. Old Fangak hospital was the only functional facility for over 110,000 people living in remote, flood-prone areas with limited access to medical care. The suspension of activities in Yei and Morobo left 150,000 people without access to essential services between August and November 2025. From November 2025, MSF resumed the provision of emergency and maternity support to the Yei civil hospital, but outreach activities – a lifeline for communities living in remote areas – did not resume.

In Ulang and Old Fangak, MSF teams lost access to over 1,000 patients with chronic diseases, including patients with HIV/AIDS and tuberculosis (TB). In Old Fangak, violence and flooding forced widespread displacement, and by October, 500 out of 638 HIV patients could no longer be accounted for, while others had died.

In Lankien on 29 December, airstrikes impacted an area close to the MSF healthcare facility, the local market and the airstrip routinely used by MSF aircraft for medical referrals and delivery of supplies. Following the bombing, MSF was forced to evacuate some of its staff; however, local staff in Lankien continued to provide medical care to those affected until the healthcare facility was closed following an attack in early 2026.



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

Activities by states / counties

11 ABYEI SPECIAL ADMINISTRATIVE AREA
Abyei

12 CENTRAL EQUATORIA STATE
Kajo Keji
Yei

13 GREATER PIBOR ADMINISTRATIVE AREA
Boma and Maruwa

14 JONGLEI STATE
Akobo
Lankien and Pieri
Toch

16 NORTHERN BAHR EL GHAZAL STATE
Aweil

17 UNITY STATE
Bentiu
Leer

18 UPPER NILE STATE
Malakal
Ulang
Sobat Corridor
Renk

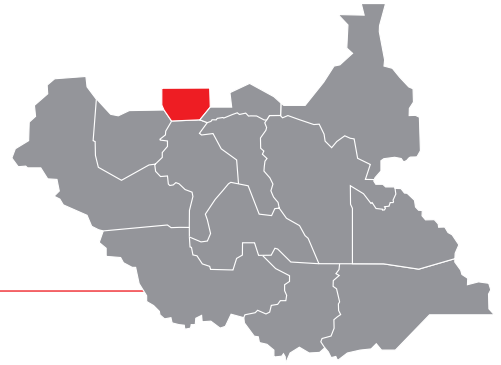
20 WARRAP STATE
Twic

20 WESTERN EQUATORIA STATE
Yambio emergency intervention



An MSF outreach team arrives by boat to a remote village to provide primary healthcare services. ©Nasir Ghafoor/MSF

Abyei Special Administrative Area



Malnutrition screening of one-year-old Alnel on the knees of his mother Nyanbeny. Ameth Bek Hospital, Abyei.
©Sean Sutton/Panos Pictures



The MSF team worked tirelessly to save 3-year-old girl, who arrived at the hospital early this morning with breathing difficulties. ©Sean Sutton/Panos Pictures

Abyei

In 2025, the Abyei Area faced periodic violence, displacement and limited access to healthcare, leaving vulnerable populations in urgent need of medical support. In collaboration with the Ministry of Health, MSF provided critical services, including the only surgical care in the area at Ameth Bek hospital.

Activities included a 24/7 emergency room, surgery, paediatrics, sexual and reproductive healthcare, and mental health services. MSF also supported treatment for non-communicable diseases, HIV and TB, and implemented integrated community case management to reach remote populations.

Central Equatoria State



Kajo Keji

In 2025, MSF provided essential healthcare services in Kajo-Keji, addressing limited access to secondary healthcare and supporting both the Ministry of Health and partner NGOs to deliver comprehensive medical care.

MSF operated emergency and intensive care services, surgical and post-operative care, and general internal medicine, alongside paediatric and maternity services, including obstetric complications and newborn care. Sexual and reproductive health services, including care for survivors of sexual and gender-based violence, were integrated into the response.

Outpatient department services, ambulance support, and referral pathways to higher-level facilities ensured continuity of care. These activities enabled MSF to provide both primary and secondary lifesaving healthcare to vulnerable communities throughout 2025.



A group of women collect water at a designated point set up by MSF in Jerbana, where the lack of water is the main issue for the population. ©Diego Menjibar

Yei

In 2025, MSF provided essential healthcare services in Yei, in a context marked by high levels of violence and limited access to care. MSF operated a primary healthcare unit in Yei town and conducted outreach activities in under-served and hard-to-reach areas.

MSF delivered primary healthcare through a fixed clinic on the outskirts of Yei town, as well as support to two remote Ministry of Health primary healthcare units and one primary healthcare centre. Services included outpatient consultations, routine vaccinations, antenatal care, family planning, mental health support, health promotion, and care for survivors of sexual and gender-based violence.

Community-based activities were implemented through the Boma Health Initiative (BHI), alongside targeted responses for displaced populations, including mobile clinics, distribution of emergency relief items, and mental health services. MSF also facilitated referrals to Yei state hospital and maintained emergency preparedness for displacement and disease outbreaks such as malaria.

At the start of August, we suspended the Yei project until the end of October 2025 due to a series of critical security issues. Incidents of particular concern included an MSF staff member being abducted shortly

after a Ministry of Health employee was taken from an MSF ambulance.

After a suspension lasting more than three months, we restarted our activities in Yei town in November, focusing on providing comprehensive support to Yei civil hospital, with an emphasis on enhancing the maternity department and operating theatre to facilitate obstetrical and other critical emergency surgeries.

Greater Pibor Administrative Area

Boma and Maruwa



In 2025, MSF provided essential healthcare services in Boma and Maruwa, focusing on semi-nomadic populations in remote areas with limited access to care. MSF operated a primary healthcare unit, supported Ministry of Health primary healthcare centres, and conducted community-based health activities.

Services included outpatient care for children under five and a paediatric department at Boma hospital, as well as a primary healthcare outpatient department in Maruwa town.

Vaccination activities were conducted in both Boma and Maruwa, while

community-based services reached children under five in and around cattle camps and surrounding villages. In addition, MSF drilled four boreholes in Maruwa and Labarab to provide safe drinking water for local people.

MSF also provided sexual and reproductive health services, including basic delivery care, at Maruwa primary healthcare unit, alongside environmental health activities, health promotion and hygiene education. These interventions ensured that vulnerable, remote populations continued to receive vital healthcare throughout 2025.

A group of women collects water at a designated point set up by MSF in Jerbana, where the lack of water is the main issue for the population.

©Diego Menjibar



Jonglei State



Akobo

In 2025, Akobo faced a deteriorating humanitarian situation marked by insecurity, displacement and a cholera outbreak affecting vulnerable populations, including pastoralist and displaced communities.

In March 2025, MSF resumed activities in Akobo, initially supporting the County Health Department in responding to the cholera outbreak. MSF then expanded its interventions to provide both curative and preventive healthcare services.

MSF supported three primary healthcare units in Gakdong, Bilkey and Nyandit. At Akobo teaching hospital, MSF contributed to malaria test-and-treat services, paediatric care and nutrition programmes, provided medical supplies and staff incentives, and undertook structural rehabilitation of the hospital. MSF also facilitated referrals from neighboring Nasir county for surgical care, implemented WASH activities, provided nutrition support, and carried out sustained community engagement and emergency preparedness activities.



MSF health promotion teams are visiting the community to raise awareness and share knowledge about cholera, hygiene, and prevention in Ulang, Upper Nile, South Sudan. Showing how to wash hands is one of the activities they carried out. ©MSF

Lankien and Pieri

In 2025, MSF continued to provide essential healthcare services in the remote and hard-to-reach areas of Lankien and Pieri, where access to healthcare remains extremely limited.

MSF delivered secondary healthcare services with inpatient capacity, including 24-hour emergency care, paediatric and adult inpatient services, and the treatment of snakebites. Maternal healthcare remained a key component of activities, alongside comprehensive care for survivors of sexual and gender-based violence. MSF also supported inpatient therapeutic feeding and stabilisation centres to treat severe malnutrition.

The project maintained the capacity to manage mass casualty incidents and ensure referral pathways for surgical care. MSF provided treatment for kala azar, TB and HIV, as well as routine vaccination services and rapid responses to disease outbreaks. Mental health services were integrated into medical care to address the psychological impact of conflict, displacement and prolonged humanitarian needs.

In December 2025, MSF healthcare facilities in Jonglei state were affected by escalating violence. On 3 December, an MSF-supported facility in Pieri was hit during an airstrike, with bullets later found embedded in the infrastructure,

while additional airstrikes were witnessed in nearby Lankien, where no direct damage was reported at the time. On 29 December, airstrikes impacted areas close to the MSF healthcare facility in Lankien, including the local market and the airstrip used for medical referrals and supply deliveries, prompting the evacuation of key staff due to the volatile security situation.

Toch

In 2025, Old Fangak faced a critical humanitarian situation, with remote locations, limited access to healthcare, and periodic violence and displacement. MSF supported the Ministry of Health healthcare facility to provide both inpatient and outpatient care, including nutrition care, maternal and child healthcare and a 24/7 emergency room.

In May, MSF's hospital in Old Fangak was bombed by two gunship helicopters. A drone then struck the local market. Seven people were killed and 27 injured, including four MSF staff. The pharmacy and recently stocked medical supplies were destroyed, and the hospital was forced to close and its teams relocated. MSF had treated over 220 patients with violence-related injuries between January and the hospital's closure.

The closure of health activities due to attacks and insecurity has disastrous consequences for communities with already limited access to healthcare. Old Fangak hospital was the only functional facility for over 110,000 people living in remote, flood-prone areas with limited medical access.

After the May attacks, MSF launched medical activities in Toch, where a primary care facility had closed because of US funding cuts, forcing people to undertake canoe or boat journeys of many hours to access services.

MSF relocated its activities from Old Fangak to Paguir, which now serves as the main base, with Toch as the rear base, and began providing basic outpatient and inpatient care to both

host and displaced populations under extremely constrained conditions. Consultations and admissions often took place outdoors due to limited infrastructure. MSF adapted its operations to this new reality by focusing on Toch primary healthcare centre, expanding community-based care, and supporting peripheral facilities to reach vulnerable displaced people and host communities trapped on overcrowded islands.

Through these interventions, MSF ensured that vulnerable populations in the region continued to receive lifesaving healthcare throughout 2025 despite insecurity and remoteness.



The MSF medical team in Atham attends to an emergency patient who arrived in a donkey-drawn cart. MSF is the only medical organization present in the area. The patient was later transferred by ambulance to Renk.

©Diego Menjibar

Northern Bahr El Ghazal State



Aweil

In 2025, Aweil faced limited access to healthcare and recurrent emergencies, including disease outbreaks and seasonal malaria. MSF supported Aweil state hospital and local primary healthcare centres to provide essential and emergency medical services.

MSF activities included maternity care, including complicated obstetric cases, paediatric and neonatal services, intensive care, and a 24/7 emergency room. Surgical and post-operative care were provided, alongside burns care and a surgical training programme.

MSF ran an inpatient therapeutic feeding centre, paediatric outpatient and inpatient services, and provided seasonal malaria chemoprevention, care for type 1 diabetes, and vaccinations through the Expanded Programme on Immunization (EPI). MSF also responded to hepatitis E and cholera outbreaks.

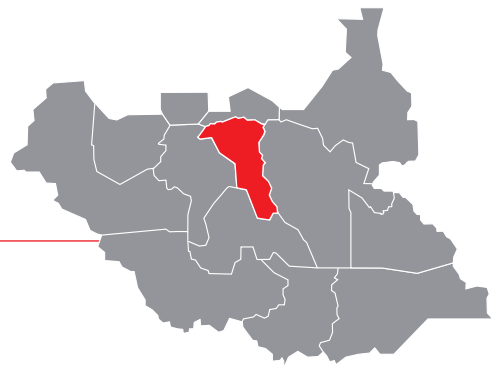
These interventions ensured vulnerable populations in Aweil had access to lifesaving healthcare throughout 2025 despite limited infrastructure and recurrent emergencies.



The MSF health promotion team is conducting an informative session with community leaders at an IDP camp in Malakal, empowering them to help safeguard their communities against the cholera outbreak.

©Paula Casado Aguirregabiria

Unity State



Bentiu

In 2025, MSF provided comprehensive healthcare services in Bentiu, supporting displaced populations facing limited access to care. After a decade of operating the only secondary healthcare facility with surgical capacity inside the Bentiu Protection of Civilians (PoC) site, MSF transitioned its activities to Bentiu state hospital.

MSF delivered 24/7 emergency services with an observation room, alongside inpatient care for paediatric, adult, neonatal and isolation cases. Surgical and post-operative care were key components of the response, as well as maternity services, including the management of complicated deliveries, blood transfusions, and surgical interventions.

Additional services included treatment of snakebites, mental health support, and health and hygiene promotion. MSF also provided care for survivors of sexual and gender-based violence and responded to disease outbreaks such as malaria, hepatitis E, measles and acute watery diarrhoea.

Bentiu state hospital is also the only hospital in Unity state providing specialised mini-laboratory support for antimicrobial resistance. This initiative aims to strengthen the delivery of safe, equitable and high-quality health care at the hospital, with a focus on improving patient safety, enhancing antimicrobial resistance surveillance, and establishing effective systems for continuous quality improvement.

In 2026, MSF and Ministry of Health teams at Bentiu state hospital will strengthen services at the 'one-stop centre' to receive and provide medical care for survivors of sexual and gender-based violence, and to provide antenatal care, sexual and reproductive healthcare, family planning and the prevention of mother-to-child transmission of HIV. A mass casualty plan (for up to 125 patients) is also in place to be activated in case of need.

MSF and Ministry of Health teams at Bentiu state hospital will also set up a dedicated multi-purpose 45-bed disease outbreak isolation centre for cholera, measles and meningitis. MSF will also launch the MSF Academy for Healthcare with a commitment to strengthen the competencies of Ministry of Health frontline healthcare workers and improve the quality of care provided to patients.



MSF surgeons, performs an operation on a wounded patient in the operating room of the Bentiu State Hospital.
©Isaac Buay/MSF

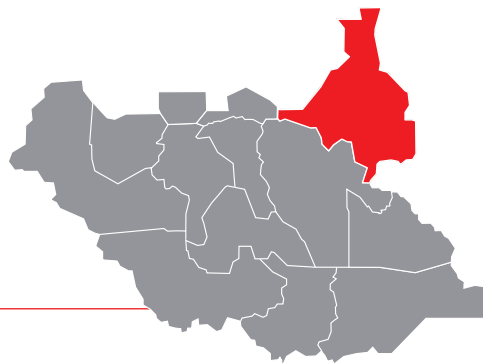
Leer

In 2025, MSF delivered essential healthcare services in Leer and Mayendit, targeting displaced and violence-affected populations. MSF implemented a decentralised approach to basic healthcare, combining community-based services with primary healthcare provision in Leer town.

Activities included outpatient consultations, emergency room services and basic emergency obstetric and newborn care, alongside antenatal and postnatal services. MSF also provided patient stabilisation, treatment for snakebites, and referrals to Bentiu state hospital for advanced care. MSF also provided health promotion activities, both within the community and at its health facility in Leer town. Comprehensive care for survivors of sexual and gender-based violence was also an integral part of routine activities in MSF's primary healthcare centre PHCC. MSF also supported HIV and TB treatment.

In addition, MSF responded to disease outbreaks and to the needs of populations displaced by severe flooding in Leer in 2025. In Yang Payam, MSF distributed essential relief items to 300 families and supported the affected population through mobile clinic activities targeting adults and children over five, while children under five were covered through the existing BHI programme supported by MSF. As part of the emergency response to the flooding, MSF also supported Adok primary healthcare centre with medical supplies during a cholera outbreak.

Upper Nile State



Malakal

In 2025, MSF continued to provide secondary and community-based healthcare in Malakal through three main facilities: Malakal teaching hospital (adult and paediatric services), Malakal town hospital, and the Protection of Civilians (PoC) site. MSF also implemented outreach and decentralised medical care (DMC) activities across seven peripheral locations, bringing curative, preventive, and sexual and reproductive health services closer to conflict-affected communities.

A major milestone in 2025 was the progressive transition and integration of MSF medical activities from the PoC into Malakal teaching hospital, strengthening continuity of care and collaboration with the Ministry of Health. This included the relocation of the chronic care unit, the rehabilitation of inpatient wards, and the re-establishment of a functional surgical department and operating theatre. MSF maintained emergency referral support, mental health services and community engagement, and launched a 'female-friendly centre', while responding to mass casualty incidents and emergency alerts.

Despite significant achievements, activities were implemented in a highly volatile context marked by insecurity, flooding, funding constraints, and reduced health system support. Challenges included disruptions to outreach supervision, referral constraints, and increasing pressure on community-based services. Nonetheless, MSF remained a key medical actor in Malakal, contributing to improved access to quality care for vulnerable populations across Malakal and surrounding counties.



Nyawich Dabuol holds her daughter Nyamal Kuol at neonatal intensive care unit in Ulang hospital. ©MSF

Ulang

In Ulang, MSF had run a secondary healthcare hospital alongside a network of decentralised primary healthcare services since 2018. In 2024 alone, MSF teams provided over 10,000 outpatient consultations, admitted 3,284 patients for inpatient care, and assisted with 650 maternal deliveries. Over the years, the 60-bed hospital served as a critical facility for communities affected by violence, disease outbreaks and limited access to healthcare.

In January 2025, MSF faced an attack by unidentified gunmen near Nasir, shooting at our boats as they returned from delivering medical supplies to Nasir county hospital. This attack forced us to suspend all outreach activities in Nasir and Ulang counties, which included medical referrals by boat along the Sobat River which allowed women to deliver their babies safely and under medical supervision.

In April 2025 armed individuals forced their way into the hospital in Ulang, where they threatened staff and patients and looted the hospital so extensively that MSF no longer had the necessary resources to continue operations safely and effectively. On 12 May 2025, MSF officially announced the closure of the Ulang project amid a highly volatile and deteriorating security environment.

With the closure of the hospital and the withdrawal of support to the decentralised facilities, including transportation of patients, more than 150,000 people will now face even more difficulties accessing healthcare in Ulang county. Over 800 patients with chronic illnesses such as HIV and TB have lost access to treatment due to the closure of MSF services in the area.

Sobat Corridor

After the closure of MSF's project in Ulang, MSF conducted several rapid assessments along the Sobat Corridor to evaluate the medical and humanitarian situation for the population affected by the conflict.

The team launched medical activities along the Sobat Corridor in October with support to three primary healthcare centres (Ulang, Yomding and Chuil) and eight DMC sites (Chuok, Nyangore, Barmach, Pobor, Kouch, Waga, Wunbut and Rinnyang).

At the DMC sites, 769 malaria cases and 616 cases of diarrhoea were treated during October to December 2025. In the primary healthcare centres, the top three morbidities recorded were malaria and upper and lower respiratory tract infections.



A newly arrived family in Jerbana, just 20 km from the Sudanese border, with all their belongings on a donkey-drawn cart. This is the mode of transport used by most refugees crossing into South Sudan.

©Diego Menjibar

Renk

In 2025, Renk faced a challenging humanitarian situation, with returnees and refugees from Sudan arriving in need of urgent medical support. MSF provided emergency response services to address these needs across the area.

MSF operated mobile clinics delivering primary healthcare, including mental health support, targeting displaced populations. Services were provided at Gosfami primary healthcare centre and through measles catch-up vaccination campaigns, with patient isolation conducted at Renk state hospital. MSF also supported the paediatric and malnutrition wards at Renk civil hospital and maintained an ambulance service at the border town of Joda to transfer severely sick patients to Renk civil hospital, alongside a daytime emergency unit at Joda. In June, MSF started supporting maternity services at Renk civil hospital by providing incentives to Ministry of Health staff, as well as providing training and medical supplies.

In December 2024, MSF teams in Renk launched an emergency intervention aimed at reducing mortality and morbidity among the approximately

58,000 refugees and returnees from Sudan now living in informal settlements in Jerbana and Atam. During the initial intervention, MSF established two mobile clinics that operated regularly for the first three months, providing sexual and reproductive health services, mental health support, outpatient consultations and community engagement and health promotion activities. Fixed mobile clinic structures (tents) were installed in both Atam and Jerbana, allowing all departments to operate from each site.

In March 2025, services transitioned from mobile clinics to a decentralized model of care in Atam and full support to the primary healthcare centre in Jerbana. A referral system was established in both sites, ensuring timely transfer of patients requiring higher level care.

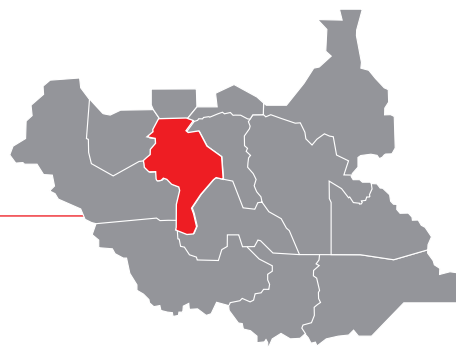
MSF supported mass vaccination campaigns for measles and pneumococcal conjugate vaccine (PCV) in both sites, conducted by the County Health Department and UNICEF. MSF provided technical supervision and logistical transportation support throughout both campaigns.

In Jerbana, teams conducted daily water trucking, supplying three water points equipped with 15m³ bladders. Water provision remained challenging during the dry season because Jerbana has no local water source, requiring MSF to truck water from Renk town, 22km away. MSF constructed 60 emergency pit latrines, rehabilitated and improved the primary healthcare centre, including by installing additional tents for consultation services, and distributed essential relief items to refugees and the host community.

In Atam, MSF installed a SWAT (surface water treatment plant) system, enabling the delivery of over 45m³ of clean water per day. We constructed 28 community emergency latrines to improve sanitation conditions and distributed essential relief items to improve shelter conditions for refugees.

The intervention closed in June 2025. We donated enough supplies to allow services to continue for a further three months.

Warrap State



Twic

In 2025, Twic county faced periodic violence and limited access to healthcare, affecting both displaced and host populations.

MSF worked in collaboration with the Ministry of Health to provide access to primary and secondary healthcare through fixed facilities and decentralised community-based services. We delivered outpatient consultations, maternal and child healthcare, inpatient paediatric and malnutrition care, vaccination campaigns, and treatment for infectious diseases. Care for survivors of sexual and gender-based violence, mental health support, and health promotion activities were also integrated. Referral pathways ensured access to higher-level care, with a focus on paediatric and violence-related cases.



Angelina Achol, an MSF counsellor educator, leads a mental health psychoeducation session with women in the waiting area of Malakal Teaching Hospital. ©Isaac Buay/MSF

Western Equatoria State



Yambio emergency intervention

The MSF team carried out a short-term intervention aimed at supporting the paediatric ward of Yambio state hospital during peak malaria season. It included a donation of essential drugs and medical supplies, along with training and capacity building for Ministry of Health staff, focusing on basic infection prevention and control practices and waste segregation.

MSF also rehabilitated the hospital's water supply and donated mosquito nets for all new admissions to the paediatric ward.

**Médecins Sans Frontières (MSF)
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Cover photo:

HP Supervisor and Outreach NAM had accompanied the Comms team to visit a discharged patient from Mayen Abun hospital.

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