



Albert Gonzalez Farran © MSF

MSF internal review of the February 2016 attack on the Malakal Protection of Civilians Site and the post-event situation

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Executive summary

Violence erupted between internally displaced persons (IDPs) of different ethnic groups in a Protection of Civilians (PoC) site in Malakal, South Sudan, on 17 February 2016 and continued until the next afternoon. There are strong indications that external military forces were also involved in the fighting. The violence and ensuing fire caused the destruction of large swathes of the camp (35 per cent of shelters were destroyed) and left between 25 and 65 people dead (including 2 MSF staff), 108 injured and over 29,000 IDPs displaced once again. This report constitutes the findings of an internal review conducted by Médecins Sans Frontières (MSF) into those events. The review aimed to provide lessons learned from MSF's medical emergency response, as well as to help better understand the circumstances around the events and the role of the different actors.

Findings of the review:

- The findings exposed a glaring failure on behalf of the UN Mission in South Sudan (UNMISS) to protect the civilians residing in the PoC site. By not ensuring that adequate preventive measures were taken, failing to act to stop the violence in a timely manner and actively blocking the IDPs from reaching safety during a large part of the emergency, UNMISS effectively failed to protect the civilians it is mandated by the UN Security Council to protect.
- The rigid structure of the UN integrated mission within the PoC site prevented an efficient emergency response, as the strong reliance that humanitarian organisations had on the UN security apparatus and its recommendations for security meant that they could not be mobilised and thus assist in the humanitarian and medical emergency response. This resulted in a short yet acute emergency gap during the peak of the incident, where the emergency response capacity of those present in the PoC site could not be counted upon.
- MSF's medical response to the crisis was timely, relevant and effective. MSF took the lead in the emergency response and was able to act when many others couldn't. It treated many patients and provided refuge for the IDPs in its hospital. The team, and most notably the national staff, showed a dedicated commitment to the emergency response. The need for better emergency preparedness and more efficient and dignified management of dead bodies are among the lessons learned by MSF from the incident. The circumstances surrounding the death of the two MSF staff need to be further investigated.

Due to the volatile context in South Sudan and frequent attacks on civilians, people will most likely continue to seek refuge in the PoC sites for the coming months and years, especially in the Greater Upper Nile region. It is therefore worrying that the living conditions of those residing the camp are still appalling four months on from the February attack. The findings of a recent MSF survey in the PoC camp show that security remains the key to whether people choose to stay or go. Staying inside the PoC, however, has not guaranteed freedom from violence and the survey showed that confidence in UNMISS peacekeepers amongst the population is low. The IOM, UN agencies and international NGOs have been working to expand the camp in a move towards achieving basic humanitarian standards. UNMISS, however, is reluctant to extend protection for the new sector.

Worryingly, there are no signs, four months after the events, that the UN is taking steps to improve the situation in the PoCs or admit its mistakes in the February events. The UN Under-Secretary for Peacekeeping Operations has recently announced that the findings of the two UN investigations conducted will shortly be made public, and we urge the UN to delay no longer. This report is intended to open up a constructive debate within the international community to ensure that the failures of the February events are discussed and concrete measures put in place to improve the protection and living conditions for IDPs in Malakal and other PoC sites in South Sudan.

PoCs continue to be the only partially efficient, albeit uncomfortable, solution for the dire protection needs of the population. As long as there is no better or safer alternative, they cannot be dismantled and identified gaps in protection and assistance must be addressed.

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Acronyms

CHW	Community Health Worker (MSF)
DPKO	UN Department of Peacekeeping Operations
DRC	Danish Refugee Council
FC	Field Coordinator (MSF)
GRSS	Government of South Sudan
HRD	Human Rights Division (UNMISS)
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IMC	International Medical Corps
IOM	International Organisation for Migration
MCP	Mass Casualty Plan
NGO	Non-Governmental Organisation
PMR	Project Medical Referent (MSF)
MSF	Médecins Sans Frontières
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PoC	Protection of Civilians site
SPLA	Sudan People's Liberation Army
TB	Tuberculosis
UNDSS	United Nations Department of Safety and Security
UNMISS	United Nations Mission in South Sudan
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

Introduction

About this report

On the night of 17 February 2016, fighting broke out in the Protection of Civilians site (PoC) in Malakal, South Sudan. The fighting went on for some hours and started again the next morning. MSF immediately activated its mass casualty plan and, over a space of 24 hours – with specialised support from International Medical Corps (IMC) doctors – treated at least 108 casualties in its hospital. A number of bodies were brought in dead on arrival, and many others were treated on the spot. The fighting caused substantial damage, with over 35 per cent of shelters destroyed¹ and the displacement of an estimated 29,000 people living in the PoC at the time. While this happened, the rest of the humanitarian community remained immobile for a large part of the emergency. As a result, MSF, as well as IMC who provided medical support during most of the emergency, were the only actors able to effectively respond from a humanitarian and medical perspective.

Although several reports have been produced in relation to the events,² none of them focus sufficiently on the humanitarian emergency response to the violence in the PoC and the failure of the United Nations Mission in South Sudan (UNMISS) to protect the civilian population.³ Moreover, MSF believes that four months down the line, there is insufficient evidence that improvements are being made or of intentions to recognise and address shortcomings. Reports of the two UN investigations carried out by UN bodies into the February events should shortly be made public.⁴

Due to the circumstances surrounding the events that unfolded over those two days and in the weeks following it, MSF believes that the situation warrants a deeper and more objective review of the response of MSF, UNMISS and other aid agencies. This allows MSF to review internal decision-making regarding response and security management, as well as to identify lessons learned for other similar situations

¹ IOM (2016) *Displaced Again: Stories from Malakal* (Juba, IOM).

² There has been a report by the Center for Civilians in Conflict (2016) *A Refuge in Flames: the February 17-18 Violence in Malakal PoC* (Washington, D.C., Centre for Civilians in Conflict), investigating the events and a report by IOM (2016) *If We Leave We Are Killed* (Juba, IOM) offering a wider review of the PoC site system.

³ The Protection Cluster, however, did write a short report on the incident that gives an overview of the events from the humanitarian protection perspective. See Protection Cluster South Sudan (2016) 'Violence in the Malakal PoC Site, 17-18 February 2016', Protection Cluster South Sudan Briefing Note.

⁴ An internal, Special Investigation by UNMISS in Juba and a Board of Inquiry from DPKO Headquarters in New York.

faced in the contexts in which it works. It also provides an opportunity to analyse the dynamics behind the incident and flag the issues of concern when providing humanitarian assistance and protection in South Sudan.

Taking the February PoC events as a starting point, this report aims to further the discussion on these different questions. MSF was pleased that the IOM initiated a series of sessions in May 2016 aiming to encourage dialogue around improving the PoC system over the coming years, and hopes that this MSF report can feed into those discussions. At a higher level, though, with this report on the events of 17-18 February 2016 MSF seeks to open up a debate on the failures by UNMISS, the gaps in the humanitarian emergency response and the post-incident situation. Greater transparency and willingness by UNMISS, UN headquarters, the Security Council, member states and humanitarian agencies to learning the lessons of what happened in Malakal PoC are vital. But beyond this, it is also essential that specific commitments are made to make sure this doesn't happen again.

Methodology and limitations

This report was developed by MSF humanitarian affairs staff. The author visited Malakal from 23-29 March 2016 and conducted 39 interviews (all of them either semi-structured or informal discussions) involving 53 interviewees.⁵ It should be noted that the field visit was a short one, and therefore some interlocutors could not be met because of time constraints.

Following this visit, the information was triangulated and analysed in order to provide clear points for discussion and recommendations. After the visit and during the analysis, there were many follow-up interactions with MSF field and HQ staff for further clarification.

Following the March 2016 visit, a survey of 108 residents of the PoC from all sectors, as well as ten semi-structured interviews, was conducted from 19-23 May 2016.

Many questions remain unanswered after this internal investigation. This report cannot establish responsibilities regarding this attack but, given its critical nature, it is

⁵ Interviews were conducted with MSF expatriate and national staff present at the time of the incident, OCHA, UNMISS, UN agencies, INGOs as well as IDPs, community members and patients.

important that the UN formally does so and an independent investigation would be warranted. MSF will continue to seek to clarify the circumstances around the death of our two staff members.

Despite the limitations described above, this report presents the unfolding of events to the best of our knowledge.

Structure

The report is composed of four sections. It begins with an overview of the area and the PoC system in South Sudan, followed by a review of the February incident itself and the peacekeeping and humanitarian response. It then reviews the current situation facing the residents of the PoC site, reviewing the main findings of a survey of 108 individuals to garner their perspectives on the living conditions, protection and returning to their villages. The report ends with a series of concluding remarks.

01

The context

The PoCs in South Sudan

The conflict in South Sudan has given rise to a new type of IDP settlement, the Protection of Civilians sites (PoCs) within UNMISS bases. Such camps can be considered as similar to the "safe havens" seen in the former Yugoslavia, Iraq and Rwanda in the 1990s, but different in that they are by default rather than design, and set up more spontaneously.⁶ Since protection of civilians was defined as a critical part of the UNMISS mandate,⁷ each UNMISS base was tasked with drawing up contingency plans for a potential influx of civilians. However, they did not predict the scale of the displacement that would occur when the conflict broke out in the country in December 2013.



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A water collection point in Malakal PoC

By opening its gates during intense periods of fighting early in the conflict the UN undoubtedly saved many lives. Since then, however, deep-seated concerns within UNMISS over creating a pull factor by providing services within the camps, have led to intransigence and confusion. Progress in expanding the sites in order to decongest severely overcrowded areas, or to meet the water, sanitation and shelter needs of new arrivals, has been slow and contested. Even today, living conditions in places like Bentiu and Malakal PoC sites fail to meet minimum standards, a problem which is widely known to produce a detrimental impact on the health of the camp residents.⁸

The conflict in South Sudan has so far caused the displacement of over 200,000 civilians into six PoCs across South Sudan.⁹ MSF is currently present in both Bentiu and Malakal PoCs. Due to the fact that the ethnic lines have been drawn inside the PoCs just as they have been outside, the PoCs have themselves now become a pawn in the conflict.

⁶ See Lilly, D. (2014) 'Protection of Civilians sites: a new type of displacement settlement?', *Humanitarian Exchange*, 62, pp. 31-33.

⁷ See Security Council Resolution 2155 of 27 May 2014. The UNMISS mandate is available at: <http://www.un.org/en/peacekeeping/missions/unmiss/mandate.shtml> (accessed 9 June 2016).

⁸ The arguments in this paragraph are taken from and are further developed in MSF (forthcoming) 'Protection of Civilians sites in South Sudan are IDP camps which require minimum standards like any other.' See also MSF (2015) 'South Sudan: Dramatic increase in patients in Malakal's UN site as living conditions jeopardise health of thousands', 18 November 2015, available at <http://www.msf.org/article/south-sudan-dramatic-increase-patients-malakal%E2%80%99s-un-site-living-conditions-jeopardise-health> (accessed 9 June 2016).

⁹ For the latest figures and locations see IOM (2016) 'South Sudan Humanitarian Update 62 (31 May 2016)'.

The town of Malakal

Malakal was an important trading post during British colonial times and was among the best-maintained towns in the country. It lies next to the White Nile, and the west bank of the river is generally considered to be the land of the ancient Chollo/Shilluk kingdom. For a long time, the east bank has been disputed, with both Shilluks and Dinka Padang (hereafter, Dinka) each believing that Malakal town and the lands around it belong to them.

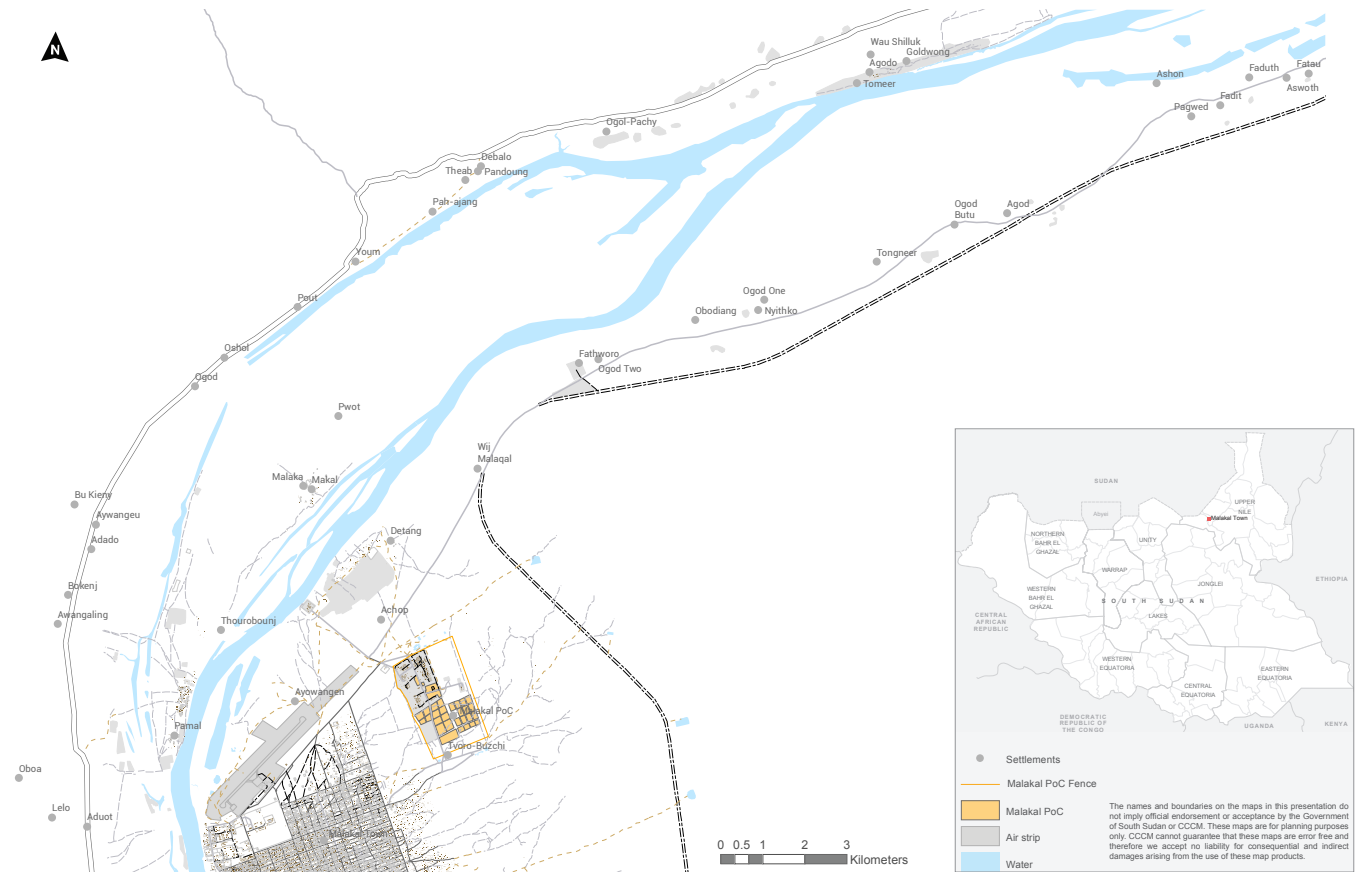
The clashes that broke out in South Sudan in December 2013 quickly reached Malakal.¹⁰ During 2014 and the first half of 2015, the town of Malakal went back and forth between government and opposition, until finally in June 2015 the government wrestled control from the opposition forces and has maintained the town ever since. But all the fighting has reduced Malakal to a shell of its former glory. Its civilian population fled the area to the PoC, the west bank or other areas and until February 2016, Malakal town was a military garrison only inhabited by SPLA soldiers. Its buildings are destroyed and there is little electricity and functioning infrastructure.

The President of the Republic of South Sudan, in October 2015, issued a decree announcing a new division of the country into 28 states rather than 10. The decree divides the former Upper Nile State into Eastern Nile State (predominantly Dinka, with Malakal as its capital), Western Nile (predominantly Shilluk) and Latjoor (predominantly Nuer).

With the 28 states decree, the civil authorities have re-established themselves again in Malakal. Since the attack on the Malakal PoC in February 2016, a small number of civilians are living in the town again. Around 4,500 settled in the town after fleeing the PoC following the events of 17-18 February 2016, and a group of others – estimated to be around 1,000 but it could be much less – have arrived from Juba.

¹⁰ This paragraph offers a simplified contextual framework for the PoC in Malakal. For more detailed information on the Upper Nile State context see Human Security Baseline Assessment for Sudan and South Sudan (2016) *The Conflict in Upper Nile State* (Geneva, Small Arms Survey).

Figure 1
Malakal on the east bank of the White Nile



Source: Camp Coordination and Camp Management Cluster (2016).

MSF in Malakal PoC and town

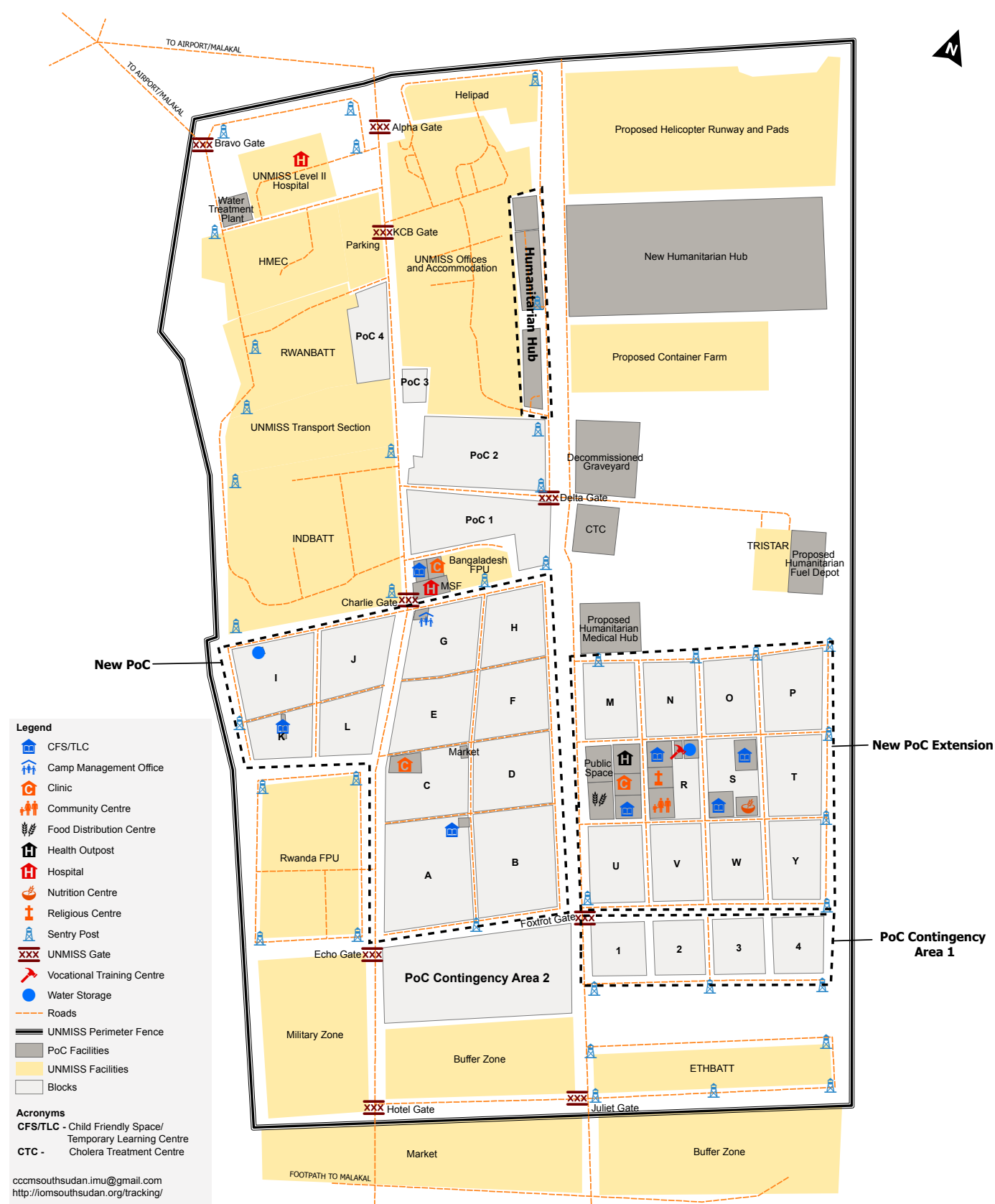
MSF was working in two locations in Upper Nile State when the events of December 2013 began to unfold. Malakal saw fierce fighting from the beginning of the conflict. However, the first three months were particularly brutal, when the town changed hands from government to opposition several times. MSF teams, together with the International Committee of the Red Cross (ICRC), provided immediate support to the victims of the conflict. However, after the first bouts of fighting, many civilians had fled to the PoC or to Wau Shilluk across the river, and MSF put in place a complex intervention providing medical humanitarian assistance on both sides of the river, as well as support to the Malakal teaching hospital emergency room, hospitalisation services and post-operative care, with the ICRC handling the surgical component.

However, more and more civilians were fleeing the town. Although some 20,000 people had fled to the PoC and were living in dire conditions, the decision to provide services there was a difficult one for MSF, especially as the physical presence on the site of a UN peacekeeping mission compromised the organisation's independence, both in terms of perception as well as in practical aspects of operational independence. However, given that the medical humanitarian needs and health risks in the PoC were high, and the civilian population were concentrated there, with little or no secure access to the town for medical services, MSF decided to also provide medical support inside the PoC. The MSF team remained in Malakal town (house, office and hospital support) many weeks after all other organisations, except for the ICRC, had moved to the PoC for their own protection. Despite suffering a number of security incidents, the team remaining in the town managed to provide support to the victims of the fighting during the first two months of conflict. However, at the end of February 2014, the town suffered what was the most brutal attack yet. Patients were executed in their hospital beds and the hospital was vandalised and partially destroyed.¹¹ The MSF team had to leave Malakal town and seek refuge, with the rest of the town's remaining population, in the PoC site. The MSF base has remained in the PoC site from that time until today.¹²

¹¹ For further information see MSF (2014) South Sudan Conflict: *Violence Against Healthcare* (Juba, MSF).

¹² Although MSF also has another project across the river, on the west bank of the Nile in Wau Shilluk.

Figure 2
Malakal PoC reference mape, 3 September 2015



Source: Camp Coordination and Camp Management Cluster (2015).

On six different occasions during 2014, IDPs from different ethnic groups – mainly Shilluk and Nuer – entered and exited the PoC depending on the fighting occurring in surrounding areas. In this way, the PoC progressively expanded its borders, from the original old PoCs in the UNMISS Logistics Base (hereafter, LogBase) to sectors 1, 2, 3 and 4. In August 2015, the population increased sharply to 47,000, requiring an upscale of activities by all agencies. Originally, the site only had a contingency plan to host a maximum of 18,000 people. Increases in the site population, however, did not lead to a proportionate expansion of living space or improvements in water and sanitation services. But the perception that the PoC at least offered some safety led people to tolerate these inadequate living conditions.

Today, MSF operates the main civilian hospital in the PoC with inpatient capacity and an emergency room. The hospital receives referrals from MSF's project in Wau Shilluk on the west bank. Other healthcare services are offered by IOM, IMC and the UNMISS Indian battalion. MSF also treats neglected and chronic diseases, malnutrition and has a mental health programme as well as the capacity to respond to emergencies, such as the measles outbreak that occurred in the PoC in May 2016. MSF medical data suggests that the harsh living conditions have a clear impact on the epidemiological profile of the displaced population living in the PoC.



Ariun Claire @ MSF

MSF medical staff in Malakal PoC hospital

A number of other humanitarian agencies are present in the camp, coordinated by the UN Office for the Coordination of Humanitarian Affairs (OCHA). The primary implementing agencies are Danish Refugee Council (DRC) (camp management, shelter and protection), IMC (primary healthcare, obstetrics and gynaecology), IOM (site planning and management, WASH and shelter), Solidarités (WASH) and World Vision (general food distribution).

Since the incident in February 2016 and the return of a mainly Dinka civilian population of around 4,500 people to Malakal town, MSF has started providing services in the town again for the first time since early 2014.

Summary of key points from section one

- **The PoCs are a relatively new phenomenon.** Although they have provided necessary protection for thousands of IDPs, the PoCs create discomfort for the UN. They also cause discomfort for humanitarian organisations that have to live under the UN umbrella and in their compounds, relinquishing all or part of their operational independence. The PoCs act as single entities that not only reflect the politics outside their perimeters, but have also become a pawn in the wider ethnic and political conflict.
- Due to the unstable nature of the past years' conflict in South Sudan and the high likelihood that violence will continue in the Greater Upper Nile region, **Malakal PoC and its surrounding areas will likely continue to play important roles in the context for the coming years.**
- **Malakal town experienced bouts of severe violence at the beginning of this conflict and operational choices have been fraught with dilemmas.** For MSF, moving to the PoC – where the numbers of civilians and level of needs were high but MSF would be embedded with the UN – was not an easy decision. Renewing activities in Malakal town while concerned about potential instrumentalisation of aid was at first an equally unsettling decision.

02

The incident of 17-18 February 2016 and the MSF response

Warning signs and rising tensions

Before the incident, a number of events happened that indicated increasing tensions. Yet tensions and small-scale violence are unfortunately quite commonplace in the PoCs in South Sudan, and so many incidents may not have been picked up as "red flags" because they were simply not out of the ordinary.

In the previous weeks

The MSF team all noticed increasing tensions over the weeks before the attack. Weapons were being confiscated at the camp gates¹³ and MSF staff noticed that IDP behavioural patterns were changing. The Dinka staff were feeling more uncomfortable coming to work at the hospital and Dinka IDP patients were no longer coming alone to the MSF hospital.

In the previous days

Fighting was reported between youths, but the community leaders were not able to come to an agreement so tension escalated. There were allegations of SPLA soldiers entering the camp dressed like IDPs, which further increased the tension. MSF received casualties at the hospital due to the fighting.

The day of the incident, 17 February 2016

In the morning, UNMISS attempted to reconcile the two sides. At 11am a Dinka woman with machete cuts, injured by Shilluk youths, was brought into the MSF hospital. By the evening, the tension was extreme. The Dinkas did not want to leave Sector 2, and had been advised by their community leaders not to do so. The PoC marketplace was practically deserted and there was hardly any IDP movement.

There are different views on what caused the fighting on 17-18 February. It is obvious, as described above, that general tensions were clearly rising both outside and inside the PoC. One of several possible smaller actions is likely to have triggered the whole series of events (for example, a stone thrown at a tent, the beating of an IDP or an alleged theft by a youth). However, the view espoused by many, including in public reports, is that the events of 17-18 February may have been foreseeable in the light of the conflict dynamics in the area.

¹³ Fear, violence and weapons smuggling in Malakal PoC has been ongoing for some time, see, for example, International Refugee Rights Initiative (2015) *Protecting some of the people some of the time: civilian perspectives on peacekeeping forces in South Sudan*. In autumn 2015, there was also an incident where SPLA soldiers entered the camp trying to steal cattle.

Brief overview of the events

Fighting broke out in the PoC around 10.30pm on the night of 17 February 2016, and continued several hours into the early morning of 18 February. Around 02.30am, grenades were thrown into the Nuer section and some tents were burnt. Although the following day many more IDPs flooded into the UNMISS LogBase, on the first night initially around 600 IDPs had already managed to come through a small gate (pushing their way in when the Charlie Gate between the PoC and the UN LogBase was opened to let injured people through) and sheltered in the MSF hospital overnight.

There were several hours of quiet until it started again the next day. Both MSF staff and IDPs were reporting the presence of armed men inside and outside the PoC. Around 11 am fire broke out in the PoC and burned down substantial areas in the camp. MSF dealt with the mass casualties, which occurred as a result of the fighting and fire, in its hospital located on the border between the PoC and the UN LogBase. UNMISS had closed the gate between the PoC and the LogBase the previous night, thus preventing the fleeing IDPs from accessing the UN Base's inner compound to reach safety. On several occasions, MSF urged the UNMISS soldier guarding the gate to open it, although he asserted that he did not have the green light to do so. The gate closure caused a large accumulation of IDPs on the PoC side of the fence and created panic. When the fighting got closer, this panic grew and hundreds of people jumped over the fence and started streaming into the MSF compound (see photograph below). The MSF team channelled them into the UN LogBase, after which UNMISS finally opened the gate (on the second day, at around 12 midday), letting the remaining thousands flow in.

Direct effects of the incident

MSF staff, with support from IMC medical staff, treated a total of 108 casualties, predominantly male. This included 46 gunshot wounds, four burns cases and 58 other people admitted with injuries (for example, machete cuts, falls or injuries while fleeing). As witnessed by MSF, there were 18 fatalities mostly from gunshot wounds, and all but three were dead on arrival. Twenty-four injured patients were referred to IMC, the UNMISS Indian Level II Hospital or evacuated by the ICRC. The total number of people killed in the fighting is unclear. While MSF did not register all the dead, it witnessed 18 fatalities, including two MSF national staff members, one of Shilluk ethnicity and one from the Dinka community. UN sources speak of 25 deaths, while community leaders report up to 65 dead people. The number of victims and the type of injuries suggest a significant presence of firearms during the events.

Other effects of the fighting include 2,326 structures destroyed by fire (around 35 per cent of existing shelters in the PoC) and 6,700 households losing their shelters (this applied to 30 per cent of MSF NS), the destruction of the IOM and IMC clinics inside the camp, damage to latrines and water storage infrastructure, as well as a large movement of IDPs seeking safety. After the attack, over 25,000 Shilluk and Nuer IDPs had moved into the UNMISS LogBase, with the remainder staying in the PoC but near the Charlie Gate where they felt safer. Between 4,000 and 4,500 Dinka IDPs, together with Darfuris and Arab traders also residing in the PoC, moved to Malakal town during the night of the fighting and the next morning. Sector 2 (Nuer blocks U, V, W, Y) were torched that night, and later Sector 3 (Shilluk-inhabited) and the following morning part of Sector 1 (also Shilluk-inhabited). IOM estimates that close to four million US dollars worth of donor-funded materials were destroyed.

Figure 3
IDPs in the PoC



Roger Gutierrez © MSF 2016

Figure 4
IDPs flooding into the UNMISS LogBase



Roger Gutierrez © MSF 2016

Figure 5
The aftermath in the PoC



Roger Gutierrez © MSF 2016

Figure 6
Malakal PoC site before and after the incident of 17-18 February 2016



Prior to incident (6 Feb 2016)

Source: IOM (2016)



After incident (20 Feb 2016)

MSF response

Emergency preparedness

Sadly, violence against civilians is frequent in South Sudan. However, an armed incursion into a PoC is not. Despite there having been other attacks on South Sudanese PoCs in the past,¹⁴ those occurred much earlier in the conflict and it was considered that at this stage – following the signing of a peace agreement in August 2015 – such an attack was unlikely.

MSF had made certain contingency plans based on the rising tensions in the camp, but all MSF staff members (and all external actors) interviewed agreed they had not envisaged the scenario of the PoC being attacked from the outside or an event of this magnitude.

Although MSF had been revising its mass casualty plan during the days prior to the events, the plan had not been approved yet nor had its contents been known by the national staff. Moreover, the plan had not envisaged an armed attack from outside the PoC.

It is nevertheless important to underline that while preparedness is important, it is still possible to mount a relevant response in an unforeseen situation.

Initial response

The MSF team reacted quickly to the emergency, immediately ensuring that team members were safe and mobilising only those necessary to assess the initial situation.

Mobilisation of other humanitarian agencies and on-the-spot negotiations

MSF immediately tried to mobilise the Health Cluster, as per the inter-agency mass casualty plan. UN agencies and international NGOs were not able to move, however, seemingly because they were bound by the security recommendations made by the UN Department of Safety and Security (UNDSS).¹⁵ As a result, MSF and IMC medical staff were the only humanitarians able to contribute to the humanitarian and medical response to the crisis as it was happening.¹⁶

¹⁴ In December 2013, the UNMISS base in Akobo was attacked, and in April 2014 the one in Bor.

¹⁵ For more on this, see the later sub-section on the UNMISS response.

¹⁶ Besides trying to mobilise the World Health Organisation (WHO) and the Health Cluster, MSF also needed to negotiate with different actors on various occasions to convince them to take part in the response, which was successful to some extent. For example, medical staff successfully negotiated with the Indian Level II Hospital (UNMISS) for the referral of patients there; the FC negotiated with UNMISS soldiers at Charlie Gate to try and open the gate; the logistics manager negotiated with the UNMISS Rwandan Battalion to allow one of their buildings to be used as a possible evacuation route.

Medical response

The medical team, with four staff members from IMC, dispatched swiftly to the MSF hospital to respond to the influx of casualties that was beginning. They improvised well in the face of various challenges on the spot (such as establishing triage areas, constructing a make-shift room for surgery and another for a morgue) and had significant medical impact in responding to the mass casualties. The MSF team stayed as long as they could, until the fighting got closer and required a short temporary evacuation, since the MSF premises (built largely with plastic sheeting) could not provide enough passive security for the patients nor for the staff.¹⁷

Dead body management

There were no clear protocols regarding dead body management. So there was no consistent approach to receiving bodies, to ensure the names were noted down when they were brought in, or to ensure that the bodies were dealt with in an organised and humane fashion.

Engagement and communications

The public communication around this topic¹⁸, as well as bilateral engagement with UNMISS or other actors involved immediately after the event, was not sufficiently assertive, especially in light of the severe failures of protection and assistance and the killing of two MSF staff members during the events.

¹⁷ The hospital had no protection on its side between the hospital and PoC, so the risk of stray bullets hitting the hospital and its staff and patients put them in danger. Some medical materials were lacking – in particular traumatology materials to stabilise limbs – and not all medical staff realised what stock had been available to them in the pharmacy until after the events. Referral locations were not clear to medical staff, which caused moments of hesitation before referring patients. Further, the MSF staff member left at the base who was charged with contacting the other humanitarian organisations had uncertainties about where to find them or how to contact them. These are points that could have been more clearly revised in a mass casualty plan, and clearly communicated to all international and national staff.

¹⁸ MSF issued two press releases following the incident, on 18 February and 2 March. See MSF (2016) 'South Sudan: Fighting in Malakal site leaves at least 18 dead, two of them MSF staff', available at: <http://www.msf.org/en/article/south-sudan-fighting-malakal-site-leaves-least-18-dead-two-them-msf-staff> and MSF (2016) 'South Sudan: MSF condemns outrageous attack in UN protection site in Malakal', available at: <http://www.msf.org/en/article/south-sudan-msf-condemns-outrageous-attack-un-protection-site-malakal> (both accessed 10 June 2016), as well as an eyewitness account from an international staff member present at the time, see Claire (2016) 'Leaving patients behind is the hardest thing', *the Guardian*, Global Development Professionals Network, Field posts, available at <http://www.theguardian.com/global-development-professionals-network/2016/mar/16/leaving-patients-behind-is-the-hardest-thing-when-fighting-reached-an-msf-hospital-in-south-sudan> (accessed 10 June 2016).

Support to staff

It is evident, on reviewing the events, that MSF took all necessary steps to ensure that national staff members were protected as much as possible from the attacks. However, the review also shows that the follow-up was insufficient regarding support to the staff and the families of the deceased staff members.

The dedication of MSF national staff during the events of 17-18 February

A special mention needs to be given to our South Sudanese colleagues and the way they dealt operationally with this crisis. MSF had close to 150 national staff working in the Malakal PoC, all of them IDPs living in the camp, consisting of Dinka, Nuer and Shilluk staff members. In general, the staff, from those working in the radio room to the medical staff in the hospital, and to the cleaners and guards, showed courage and resilience in dealing with this situation that was not only happening where they were working but was also affecting their families, friends and communities. While many of their own shelters burned to the ground and their families were forced to flee, the Shilluk medical staff, cleaners and translators remained in the hospital, working all night long. Of course, MSF told them they were free to leave and be with their families if they wished to do so, and some chose to do so. But on the morning of 18 February, all of the national staff who were scheduled to work, except for those Dinka staff who had fled for safety to Malakal town, turned up on time, even after many of them had lost almost everything and were once again displaced.

Two MSF staff members were killed during the events, and their stories are described in the boxes below. Both died of bullet wounds, one of them in the middle of the crowd crush by Charlie Gate while trying to reach the hospital. It is highly important to note that the details of their deaths have been put together based on testimonies collected and cannot be independently verified. MSF finds the allegations of lack of precision by UNMISS forces very disturbing and urges further investigation by competent bodies.

Remembering Abraham Chol Tor, MSF community health worker in Malakal PoC

Abraham was a community health worker, living in the Dinka Sector 2 of the PoC. Forty-four years old and originally a teacher from Atar, Pigi County, he arrived at the PoC in 2014 following to clashes in Atar. He began working with MSF in October 2014. He had a wife, three daughters and two sons, and was also the carer for his two sisters. After the fighting broke out in the PoC on the night of 17 February, Abraham and several other staff members (and likely family members too) came to the small MSF clinic in Sector 2 to seek protection. According to witnesses, he believed that being at the MSF clinic would protect him from the shooting that was going on around him. A patient was brought to the MSF emergency room with a wound after being stabbed. Abraham helped the clinical officers on duty as much as he could to treat the patient. When the fighting increased, he tried to run to his tent in order to collect some belongings (IDs, certificates, etc.) with the aim of bringing them back to the clinic to protect them. He was told not to leave by his medical colleagues as he was heading towards the fence door. Right before crossing the door, he allegedly received a stray bullet coming from one of the sides and fell down to the ground, still inside the MSF medical outpost fencing, and died immediately. He was allegedly not wearing his MSF uniform at the time. Several MSF clinical officers were eyewitnesses to his death and provided the information detailed in this account.

Remembering Emmanuel Maichel Aban, MSF guard in Malakal PoC

Emmanuel was a guard living in the Shilluk Sector 1 of the PoC. He was 33 years old, married with two wives (one in Khartoum and one in Yei) and had children. He was originally from Tworo, Panyikang County and arrived at the PoC in February 2014. He began working with MSF in September 2015. He was killed on the 18 February at around 1.10 pm during the fighting in Sector 1, Block H. When the fighting erupted in Sector 1 between armed elements and UN forces, Emmanuel was said to have gone briefly to his shelter from the hospital where he had been working all through the crisis, to pick up some of his documents. He had sat

down a moment in front of his shelter when – according to colleagues – some armed elements ran by his shelter and UNMISS soldiers, from vehicles driving by on the other side of the fence, in the crossfire, Emmanuel was hit.¹⁹ He was shot in the head, and two others nearby were also shot (although they survived their injuries). Emmanuel was brought on a stretcher to the MSF hospital, although this was delayed by the huge crowds amassing at Charlie Gate and was unable to get through. He was probably still alive on arrival. However, he was bleeding profusely and the type of injuries he had sustained meant that it is unlikely he could have been saved. He was allegedly not wearing his MSF uniform at the time.

Summary of key points from section two

- **MSF teams did an exceptional job in responding medically to this crisis.** They responded quickly and effectively, provided shelter to IDPs and facilitated their access to safety and tried on several occasions to mobilise other actors to help in the response. However, a more thorough mass casualty plan that had been properly communicated to all staff, and a more organised and dignified form of conducting dead body management should have been in place, however.
- **The MSF national staff deserve special recognition for their work, dedication, resilience and commitment to MSF during the incident.** They continued to work tirelessly even when their families were fleeing and their shelters were being burned down. A special mention should be given to the two staff members who were killed during the attack.
- **MSF did not anticipate and therefore adequately prepare for this scenario. Although there were some signs that tensions were escalating, these were either unfortunately part of usual PoC activity, or were not thought exceptional as the PoC dynamics change constantly.** It would have been difficult, therefore, for the MSF team to know that the situation was more tense than usual.

¹⁹ It is difficult to triangulate this information as the situation was clearly chaotic. MSF will strive to find more eye witnesses, but it should be noted that we are not able to verify the account provided through ballistic evidence due to MSF's lack of capabilities in this area.

03

The response of UNMISS and humanitarian agencies²⁰

UNMISS response

Even if an armed attack on the PoC may not have appeared imminent, all peacekeeping missions that have a protection of civilians mandate should be prepared for the eventuality of incidents such as the one described above. In the fulfilment of its mandate from the Security Council, one of the primary operational tasks of UNMISS is to protect the PoC from external threats and ensure security within the camp. UNMISS also has important responsibilities relating to protection of civilians outside of the PoCs. According to its mandate, UNMISS should use "all necessary means, up to and including the use of deadly force, aimed at preventing or responding to threats of physical violence against civilians, within capabilities and areas of operations, and without prejudice to the responsibility of the host government."²¹ Its operational approach rests on four tenets that include prevention and responding to threats of physical violence against civilians, which are the two most pertinent for the incident of February 2016 and will be looked at here.

UNMISS preventive measures

UNMISS takes on local policing responsibilities in the PoCs and is supposed to deal with any infringements of camp security. By definition, although it is not allowed to prosecute and has no judicial authority, UNMISS has criminal authority when the GRSS is unwilling or unable to act.²² However, during interviews with agencies and IDPs, it seems that UNMISS continuously failed to deal effectively with weapons being smuggled into the Malakal PoC and with incidents of violence between the IDPs. An interview from one humanitarian agency asserted that a week before the incident it had been informed that part of the fence in Sector 2 had been cut, but despite passing the information to UNMISS so that the fence could be fixed, nothing was subsequently done about it. Another organisation also claimed to have informed UNMISS of the weapons-smuggling problem and UNMISS insisted they would deal with it, but nothing ever came of this either. According to a third organisation, when they noticed tensions rising in the camp, they informed the UNMISS state

²⁰ For more detailed information on the humanitarian structure in the country, see Fenton, W. and Loughna, S. (2016) *The search for common ground: civil-military coordination and the protection of civilians in South Sudan* (London, Overseas Development Institute).

²¹ UNMISS described this as its "core definition" in a presentation to the Protection Cluster in Juba, 8 March 2016.

²² For more about the customary law judicial mechanisms set up between the IDPs themselves, see Stern, J. (2015) *Establishing Safety and Security at Protection of Civilians Sites: Lessons from the United Nations Peacekeeping Mission in South Sudan* (Washington, D.C., Stimson Center) and IOM (2016) *If We Leave We Are Killed*.

coordinator that it was getting very tense, but were told this was an exaggeration. According to IDPs, on the morning of the 17 February before the incident, small clashes started to break out within the camp and despite UNMISS being informed by IDPs and others, they did not act on it so the community tried to deal with it themselves.²³

Role of UNMISS in managing the crisis

Aside from the insufficient prevention measures taken, UNMISS also did not manage to act swiftly enough during the crisis itself. The night of the incident and the following morning UNMISS was not part of the response – not in humanitarian terms and barely in security terms.²⁴ Early the following morning, when the situation was quiet for some eight hours or so, it would have been the ideal time for UNMISS to carry out certain activities such as patrolling the sectors, fixing the fencing of the perimeter of the camp, holding talks with the authorities and summoning the IDP community leaders for discussions. Yet, according to reports from fellow humanitarian workers and the IDPs, UNMISS seems to have been simply *missing in action*.²⁵ A fire raged through the sectors on the 18 February, but according to some interviewees, UNMISS did not move in to contain it until 3pm or 4pm. In fact, several humanitarian agencies stated that UNMISS took 16 hours to respond to the incident as a whole.

In meetings with UNMISS afterwards, agencies were told that due to the darkness on the night of 17 February UNMISS soldiers could not see much and could not have intervened. Speaking with other humanitarian agencies in the PoC, it seems that soldiers did not have decision-making powers on the ground, thus causing severe delays in response. Soldiers in the camp had expressed a desire to enter, but were red-lighted at Juba level, until much later – in the early afternoon of 18 February, when the soldiers were given permission to enter and use their weapons.

²³ In general, in PoCs throughout the country – including the PoC in Bentiu where MSF is also working – the prevention aspect of the mandate is often not sufficiently upheld, and many camps have allegedly had the problems of weapons-smuggling, insufficient maintenance of the perimeter fencing and poor lighting. For further information, see Center for Civilians in Conflict (2015) *Within and Beyond the Gates: The Protection of Civilians by the UN Mission in South Sudan* (Washington, D.C., Center for Civilians in Conflict). IOM (2016) *If We Leave We Are Killed* also confirms these failings in ensuring protection of the PoC sites.

²⁴ There were some reports by IDPs that UNMISS soldiers threw tear gas into the camp. It is not clear exactly when this occurred but it seems likely to have been during the night. This may be considered as responding in "security terms". The next morning, UNMISS also put out the fire that was spreading through the camp, although the response was late and much of the damage had been done by the time they managed to act.

²⁵ In fact, in many interviews conducted with IDPs from the two largest ethnic groups in the PoC, when describing the events they simply used the phrase "the UN just disappeared".

The UNMISS protection response was not timely nor did it swiftly respond to armed attacks against civilians and against the UN base.

Not only did UNMISS fail to actively intervene to mitigate the fighting, but they also intentionally blocked the Charlie Gate, the only route IDPs had to reach safety in the UN LogBase. This blockage by UNMISS caused a mounting panic and escalating tensions among the IDPs, and the ensuing problem of crowd control caused increased problems not only for IDPs seeking safety but also for MSF in trying to provide medical assistance. By 1pm, IDPs were desperately trying to get in, and UNMISS mobilised their tanks. However, interviews suggest that this was to protect assets and prevent looting rather than to assist the IDP population in reaching safety. As described in more detail in the following sub-section, UNMISS, at least for a time, also prevented the Indian Level II Hospital from being used for surgery referrals, which was a resource that had been stipulated in the inter-agency Mass Casualty Plan (MCP).

Response of other humanitarian agencies

When the fighting broke out, MSF immediately tried to contact the WHO to activate the inter-agency MCP. The plan – although not finalised – was useful in that it assigned specific roles to different agencies, defined meeting points and communication lines, and guaranteed a sharing of resources, including personnel, medication and other medical stock, vehicles and medical workspaces. The WHO, as the Health Cluster Lead, would be responsible for initial communications and activating the plan. When MSF tried to contact the WHO, it was discovered that none of these things would be done, as the situation was deemed too dangerous for any mobilisation.²⁶ Instead, "bunkerisation" was advised to the UN agencies and the international NGOs. From interviews with humanitarian organisations it appears that UNDSS deemed the PoC a "no-go area" during the incident because of fires in certain sectors. As explained to MSF, UN agencies have the obligation to adhere to UNDSS security rules, whereas other organisations can choose not to follow those rules if they so wish.

²⁶ A WHO representative did come to the MSF mass casualty area, but only after the situation had calmed down. However, according to the MSF medical team, they seemed to care more about the numbers of casualties and statistics for reporting than about the WHO's role in emergency response.

None of the other actors responded to calls for mobilisation, and MSF and IMC were alone in treating the medical cases. Although the IMC doctors who came with MSF to treat the mass casualties evacuated earlier than the MSF expat team, they contributed substantially to the medical response. According to one humanitarian organisation interviewed, IOM and IMC could not give emergency medical assistance due to the fact that their clinics in the camp were burned down. In reality, however, movement appears to have been the main debilitating issue. The UNMISS vehicles were able to be used for ambulances, as per the inter-agency MCP, but no resources could be shared as was planned in the MCP and MSF could not rely on UNMISS for its Indian Level II Hospital surgical referrals nor for dead body management. MSF sent an initial five patients to the Indian Hospital for referral, as stated in the MCP, but the hospital began sending the patients back, stating that treatment of IDP injured cases was "not their mandate" and that they had to maintain capacity for possible UN expatriate injuries. The MSF medical team leader went there at midnight and again at 3am to beg them to accept critical surgical cases. MSF acted swiftly and set up an improvised operating theatre in the hospital for IMC doctors to work. Afterwards, IMC managed to get an agreement from the Indian Hospital and were allowed to use their operating theatres, where two more patients were subsequently treated by IMC doctors.

With regard to the dead bodies, they began accumulating in the hospital; however, DRC, who were tasked with handling the dead bodies, could not take them to the cemetery morgue just outside of the PoC, as they needed a green light from UNMISS for a larger vehicle to transport them. They also requested an armed escort to accompany them and the bodies to the morgue, which delayed the process further. In the end, none of this could be achieved and three days passed until MSF, after obtaining the consent of the community leaders to bury bodies that had not been officially identified, transported the bodies to the cemetery morgue in one of its vehicles.

Post-incident response

A crisis management team was set up by UNMISS. IOM prepared to find the numbers of displaced and confirmed it to be 30,000-35,000 people, on the afternoon of 19 February. IOM and IMC set up basic structures to respond to any casualties, but it is not clear if this had any effect at such a late stage. They also began water trucking soon after and Protection Cluster partners worked on locating separated families. The following map compiled by IOM following the events shows the damage caused in the camp and describes the assistance response plan.

The post-incident clean-up and rebuilding of structures was still ongoing at the time of writing this report. After the incident, some Dinka and Darfuri IDPs were escorted by the UNMISS back to their homes to collect the belongings and documents they had left behind. UNMISS soldiers were put on duty to protect and separate a section of the Dinka houses, which angered many of the other IDPs in the camp as it contrasted sharply with the lack of security presence during the events themselves and made UNMISS appear partial.

Of extreme concern is that UNMISS has not adequately reinforced the outer perimeter of the PoC to ensure that attacks like this one do not happen again in the future. Instead, they have put resources into reinforcing the fencing between the PoC and the UN LogBase (filled earth bags topped with razor wire). In the event of another incident such as the one in February, the IDPs would not be able to break through the wire to the MSF hospital as they did on that occasion; instead, they would simply be trapped inside the PoC.

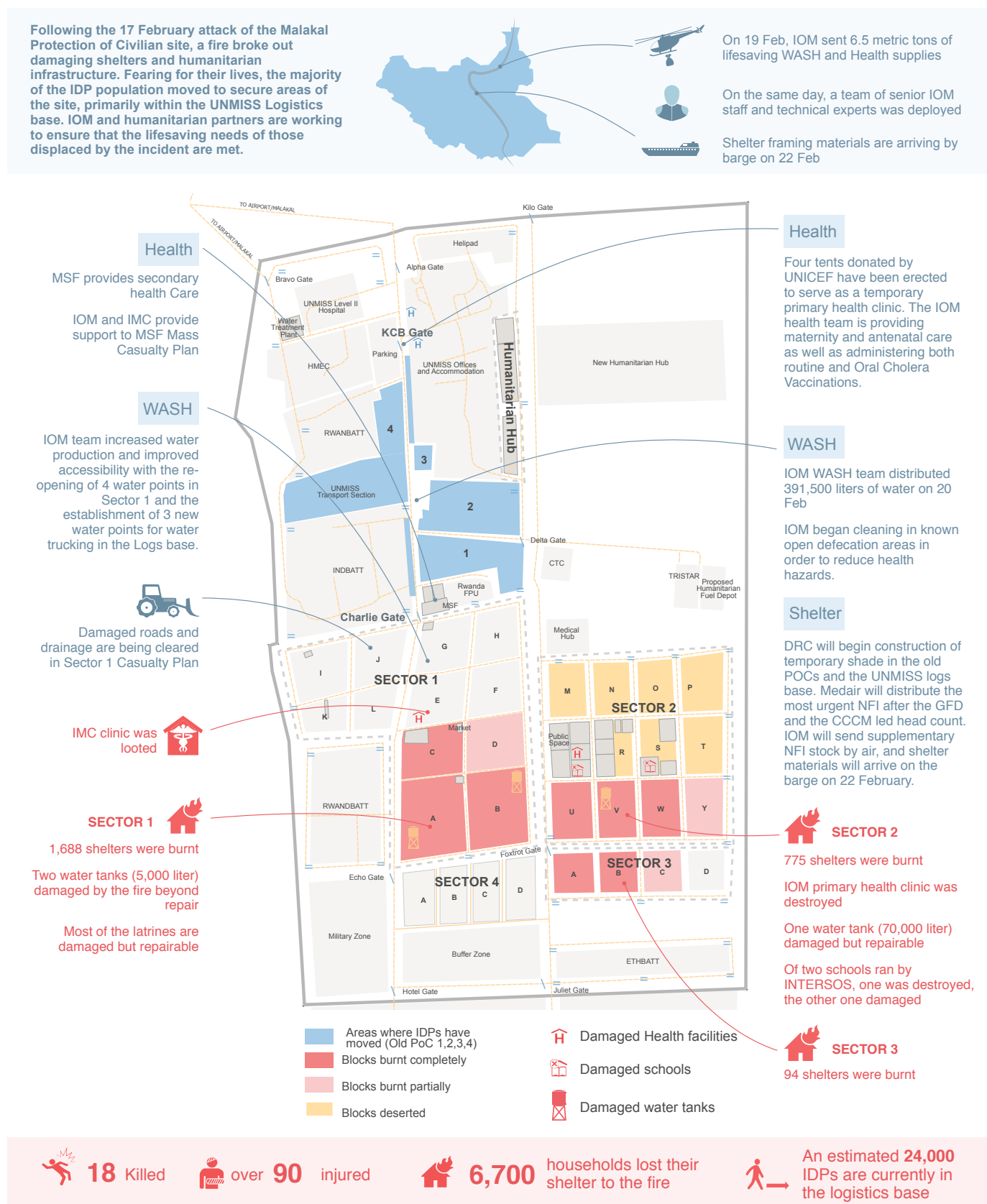
The UN condemned the February incident and issued a half-hearted apology for "failing to protect the civilians" in Malakal.²⁷ In its public positioning, it has emphasised the "inviolability of the UN compounds" and has stated that attacks against them may constitute a war crime²⁸ (without explicit mention that the targeting of civilians inside the PoC may also be a war crime). However, despite this, it is quick to defend itself, saying that in the Malakal incident UNMISS police "immediately intervened" with tear gas to disperse the crowds. It has not admitted mistakes, directly

²⁷ See NPR (2016) 'South Sudan: UN condemns violence in Malakal civilian protection site' for the half-hearted apology, available at <http://www.npr.org/sections/thetwo-way/2016/02/23/467838613/u-n-apologizes-for-failing-to-protect-sudan-civilians-in-attack-that-killed-18> (accessed 9 June 2016).

²⁸ Ibid.

criticised the GRSS, or armed groups and militias or shown any willingness to discuss its response with other actors present during the events. An UNMISS board of inquiry from DPKO headquarters in New York has since conducted a visit, but full findings are yet to be made public. It should be mentioned that some positive improvements seem to have been made following the events, as will be described in the following sections, but these need to be backed up with a solid framework that results from reflections and discussions on the dire issues facing the PoCs today and what needs to be changed. Overall, serious doubts remain as to the capacity of UNMISS to protect the civilian population if another event such as this one were to happen.

Figure 7
IOM Malakal response plan, 20 February 2016



For further information, contact the IOM South Sudan Program Support Unit at ssudanpsu@iom.int

Source: IOM (2016)

Summary of key points from section three

- **There was a severe failure of UNMISS to provide protection to the civilian population inside the PoC.** Although the UNMISS mandate includes the responsibility to prevent and respond to threats of physical violence against civilians, UNMISS failed on both counts regarding the February 2016 events. The weak control of fencing, poor lighting, weapons smuggling and lack of prevention of armed elements entering the camp all contributed to heightened risks for IDPs in the camp.
- **During the crisis itself, UNMISS was extremely slow to intervene.** Initially, it did not intervene and, when it did finally respond physically to repel the attackers, many people had already been killed. The military response by UNMISS was not only delayed but there are concerns regarding the shooting of civilians by UNMISS soldiers, that need to be investigated.
- **UNMISS deliberately closed Charlie Gate, which caused panic among IDPs and created a massive and dangerous accumulation of people at the gate.** IDPs began climbing over the fence to the MSF compound to reach safety, and some people were injured while others could not reach urgently needed medical care. UNMISS prevented patients from reaching its Indian Level II Hospital, which had been planned for surgery referrals in the MCP, and ambulance services were not activated.
- **UNDSS security recommendations paralysed almost all UN agencies and international NGOs, and prevented the inter-agency MCP from being carried out and resources being shared.** There are fundamental problems when humanitarian agencies operate under the security umbrella of a body which does not sufficiently measure risk in relation to humanitarian needs and potential impact. This is problematic on many levels, conceptually and pragmatically, and it is clearly unsuited for the management of contexts where there is a high potential for an escalation of violence.
- **Regarding the post-incident response, there were also severe delays** in the construction of new shelters and assistance for dead body management.

04

The situation four months on: key findings of a survey of Malakal PoC residents on living conditions, protection and returning

At the time of writing, most IDPs have returned to the PoC, but others are still staying in the LogBase waiting to be relocated to new shelters. Many IDPs, however, also stated their fear of returning to the PoC, especially as they assert that UNMISS has done nothing to improve the security of the camp from the outside. In fact, as mentioned in the previous section, its priority seems to have been to reinforce security between the UN LogBase and the PoC, which in fact means that if something happens again it will be extremely difficult for the IDPs to enter. Many of the PoC sectors have been rebuilt, and the aim was to have all the IDPs back in the PoC before the end of May. This deadline has not been met.

Four months on from the February attack, the living conditions of those remaining in the camp are appalling. The IOM, UN agencies and international NGOs are working to expand the camp (sector 5) in a move towards achieving basic humanitarian standards. UNMISS, however, is reluctant to provide protection for the new sector. The deadly attack on the Malakal PoC site detailed in this report could provide no clearer case for the need to protect the population residing inside the camp.

MSF teams conducted a survey between 19-23 May to find out more about protection and assistance concerns from the IDPs living in the PoC.²⁹ The survey briefing provides a valuable insight into the concerns, priorities, experiences and perceptions of the PoC population.³⁰ The findings that are most relevant to the topic of this report are the following:

- Safety was a decisive element why people came to the Malakal PoC. Over 98 per cent of respondents said one of the two most important reasons they came to the PoC was because they were directly affected by violence. In addition, 81 per cent listed the threat of future attacks as another major concern.
- Food and health were marginal concerns in people's decision to come to the PoC. Only 13 per cent of respondents mentioned food as a factor, while five per cent listed health as a reason. This clearly shows that people viewed PoC sites as places of safety rather than camps with easy access to basic services.

²⁹ The survey sample included 108 respondents (65 were women and 43 were men) roughly reflecting the gender composition of the PoC. The survey was designed to represent the camp when treated as one coherent unit.

³⁰ Voices of the people: "Security is the most important thing", Findings from MSF survey in the Malakal UN Protection of Civilian site, MSF briefing, June 2016.



Sexual violence against women is especially prevalent outside the camp. Many are forced to leave collect wood in surrounding areas

Samuel Carpenter @ MSF

- **Protection concerns:** The feeling of insecurity is rife. Over three-quarters of all respondents (83 per cent) said they do not feel safe inside the PoC. Physical violence was found to be pervasive with over three-quarters of all respondents (81 per cent) saying they have been, or know someone directly who has been, exposed to physical violence at least once.
- The incidence of sexual violence was high with over half of all respondents saying that they or someone they directly know has suffered sexual violence.
- **Moving to sector 5:** All respondents said that they would not move to Sector 5 without the guarantee of protection, while 67 per cent of respondents said they would if protection was guaranteed.
- When asked to give two main reasons for not leaving the PoC until now, insecurity was unanimously mentioned by all respondents.

Summary of key points from section four

- **Security is key to people's decision to stay or leave the PoC.** Considerations of food and health tend to be secondary.
- **But the PoC has not guaranteed freedom from violence.** The February attack is a flagrant manifestation of the threat of violence. Yet, less conspicuous are the insidious forms of violence that torment people's daily lives.
- **Confidence in UN peacekeepers is low. The perception of the camp's residents is that they are keener to protect UN assets than human lives.**

Concluding remarks

The new Transitional Government of National Unity is currently discussing the implementation of the peace agreement and associated arrangements in Juba. It will, however, probably be a long time before the country is free from violence and free of the vast medical and humanitarian needs being seen in areas to which populations have been displaced throughout the country. As insecurity and concerns for their safety persist, people will likely keep flowing in and out of PoCs for years to come, especially in Malakal, which is a strategic centre of the conflict and will not easily be let go by either side.

PoCs are not an ideal solution for anyone, least of all their residents. UNMISS and the GRSS do not want them, the IDPs do not want to live in them and humanitarian agencies do not want to operate within them. They are, however, an uncomfortable reality of South Sudan today and are inextricably linked with the ethno-political conflict. Indeed, the PoCs reflect the dynamics outside their fenced perimeters and have also become a strategic part in the conflict, vulnerable to attacks depending on local political whims. In general, attacks on civilians in South Sudan appear to be the modus operandi of the post-December 2013 conflict and UNMISS, the force commissioned to protect those civilians, has shown itself to be incapable of stepping up to the task.

This report details MSF's internal review of the February 2016 events that occurred in the Malakal PoC site. The fighting resulted in between 25 and 65 people dead, including MSF staff, and over 100 injured, and caused wide-scale damage to the camp and the displacement of almost all its inhabitants. The emergency response by MSF to the ensuing crisis was exceptional: the medical response was professional and effective, the reactions of the team were quick and humane, and shelter was given to IDPs who were desperately seeking safety. Most notably, however, MSF – with strong support from IMC – was the only actor trying to mobilise others and able to respond effectively during the crisis and thus had an immeasurable importance in saving lives and alleviating suffering of the panicking IDP population.

Mistakes were also made by MSF during its response, particularly regarding the management of dead bodies, the lack of a mass casualty plan and insufficiently vocal public communications and engagement following the incident.

Beyond the MSF response, the events in February exposed severe problems relating to the failure of UNMISS to protect civilians in its very own compound and one it calls a Protection of Civilians site. This lack of protection can be illustrated through five core examples:

1. Insufficient measures were taken to ensure that the camp perimeter was secure, that it was free of weapons and that tensions between ethnic groups were sufficiently controlled and monitored.
2. During the crisis itself, UNMISS did not enter the camp in a timely enough manner to stop the fighting and prevent the influx of armed elements from outside the camp perimeters.
3. UNMISS kept a vital access gate closed for a large part of the emergency, causing an accumulation of people and heightened levels of panic, endangering the lives of IDPs fleeing the violence and possibly deteriorating the medical conditions of injured IDPs being brought to the MSF hospital.
4. The security advice provided by UNDSS to all the aid agencies prevented UN agencies and international NGOs from contributing to the emergency response, thus also making it impossible to activate the inter-agency MCP.
5. When UNMISS soldiers were given the approval to use firearms to dispel the armed intruders, it is not clear how precise the targeting was, and there are concerning allegations that civilians might have been shot by UNMISS, including one of MSF's staff members.

Four months on, it is worrying that there is no sign that lessons are being learned and shared, and that neither of the two UN investigations conducted have been made public. Moreover, there is nothing to show that plans are being made to ensure greater security for IDPs inside or outside of the PoC, nor that there is a willingness to improve their living conditions inside the PoC. The findings of MSF's survey of the camp's residents show that security is the main reason behind their decision to stay in the PoC. The PoC, however, has not protected its residents from exposure to violence.

The February events in Malakal can be considered a collective failure by the humanitarian community to respond in a coordinated and efficient manner to emergency needs, and this exercise in lessons learned aims to serve as a starting point for discussions on how we can aim to do things better. But Malakal will have been an even greater failure if we do not tackle, in a constructive manner, UNMISS's clear inability to provide protection in the places it is most required to do so. This report is intended to open up a debate within the international community – from Juba to New York to member state capitals – to ensure that the failures of the February events are discussed and concrete measures put in place to improve the protection and living conditions for IDPs in Malakal and other PoC sites in South Sudan.

The IDP population should be able to decide whether to leave or remain in the PoC. As long as there is no better or safer alternative, PoCs should not be dismantled and identified protection and assistance gaps must be addressed.

