II. Humanitarian operations in 2015

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The overlapping relationship between relief and development is not new. Food security crises in Africa in the 1980s saw the first attempts to connect the humanitarian and development fields.[1] Early frameworks proposed a 'relief–development continuum' wherein relief activities could be designed to build the foundation for longer engagements and bridge financing and programming gaps.[2] Later frameworks evolved to accommodate overlapping and often concurrent activities. The Millennium Development Goals (MDGs) also blurred many of these distinctions, and both development and humanitarian action were increasingly provided in insecure environments, suggesting the 'securitization' of both development and relief activities and the shrinking, merging or overlapping of these spaces.

The ambitious Sustainable Development Goals (SDGs) and new security challenges—such as increased violence by non-state actors, including terrorism and organized crime—further blur the distinctions between these two areas.[3] In some cases, institutional mandates have evolved or changed due to the entry of new humanitarian and development actors, while in other cases, recurring or persistent crises, often over years or even decades, call into question the model of short-term humanitarian relief.[4]

In many situations, humanitarian actors are responding to persistent crises by, for example, building schools or water infrastructure.[5] However, it makes little difference to those displaced by conflict whether assistance is provided under a humanitarian mandate or a development mandate. The emergencies of 2015 described in box 9.4 are examples of how fragility arises where countries or societies are unable to absorb economic, social or environmental shocks and stresses. Such manifestations can result in violence, displacement, famine or other complex emergencies, as described below.

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[1] Mosel, I. and Levine, S. 'Remaking the case for linking relief, rehabilitation and development: How LRRD can become a practically useful concept for assistance in difficult places', HPG Commissioned Report (Overseas Development Institute: London, Mar. 2014).

[2] Hinds, R. 'Relationship between humanitarian and development aid', GSDRC Helpdesk Research Report, 16 Feb. 2015.

[3] On the nature of complex violence, see chapter 6, section IV, in this volume.

[4] Suhrke, A. and Ofstad, A., 'Filling "the Gap": Lessons well learnt by multilateral aid agencies', CMI Working Paper 2005:14 (Chr. Michelsen Institute: Bergen, 2005); and Kay-Fowlow, M. 'Closing the gap between humanitarian and development aid', CIGI InDepth News, 28 Feb. 2012.

[5] United Nations, Office for the Coordination of Humanitarian Affairs (UNOCHA), World Humanitarian Data and Trends 2015, (UNOCHA, 2016).

Box 9.4. Level 3 humanitarian emergencies in 2015

Iraq The surge in violence between armed groups and government forces displaced an estimated 3.3 million people across Iraq and left millions of people in need of assistance.

South Sudan About 1.7 million people were internally displaced as a result of fighting that began in December 2013; 5.1 million people are being targeted by humanitarian assistance in 2015.

Syria 13.5 million people, nearly half the population, are in need of humanitarian assistance. An estimated 6.6 million people have been displaced inside the country.

Yemen Armed conflict has spread rapidly across Yemen since March 2015, with devastating consequences for civilians. Aid groups estimate that four in five Yemeni require some form of humanitarian protection or assistance.

Source: United Nations, Office for the Coordination of Humanitarian Affairs (UNOCHA), Emergencies, [n.d.], <http://www.unocha.org/where-we-work/emergencies>.

Key events in the humanitarian sphere in 2015

The Inter-Agency Standing Committee (IASC)—the primary mechanism for inter-agency coordination of humanitarian assistance at the global level—has adopted a system of categorizing emergencies into three levels on the basis of five criteria: scale, complexity, urgency, capacity and reputational risk.[6] A level 1 emergency is an emergency where the affected country can handle the response and no outside assistance is needed. In a level 2 emergency some support from neighbouring countries, regional entities and possibly agency headquarters will be needed. A level 3 (L3) emergency is a major sudden-onset humanitarian crisis triggered by natural disasters or conflict that requires system-wide mobilization. L3 emergencies are subjected to a Humanitarian System-Wide Emergency Activation.[7] In 2015 the United Nations and its humanitarian partners responded to four L3 emergencies: in Iraq, South Sudan, Syria and Yemen (see box 9.4) and a number of other emergencies.[8]

Among the most prominent other emergencies in 2015, were the Nepal earthquake (described in section III), the continuing fight against Ebola in West Africa, and drought in Central America, Haiti and Somalia.[9] In addition to these natural emergencies, violence and conflicts in several locations

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[6] UNOCHA, UN Disaster Assessment and Coordination (UNDAC) Field Handbook; and Inter-Agency Standing Committee (IASC), Transformative Agenda Reference Document, 'Humanitarian System-Wide Emergency Activation: Definition and Procedures', PR/1204/4078/7, 13 Apr. 2012.

[7] UNOCHA, Emergencies [n.d.], <http://www.unocha.org/where-we-work/emergencies>.

[8] UNOCHA, Global Humanitarian Overview, 2016; UNOCHA (note 5); and UNOCHA, 2015 Year in Review, <http://www.unocha.org/2015_year_in_review/>.

[9] UN Mission for Ebola Emergency Response (UNMEER), Global Ebola response, External UNMEER Situation Reports (by date), <http://www.un.org/ebolaresponse/mission.shtml>; UNOCHA, 2016 Humanitarian Needs Overview: Central America Sub-regional analysis, El Salvador, Guatemala, Honduras, (UNOCHA: New York, Dec. 2015); UNOCHA, 'Humanitarian Bulletin Haiti', no. 57, Jan. 2016; and UNOCHA, 'Humanitarian Response Plan: Somalia', Jan.–Dec. 2015.

required an emergency response, including violence in Afghanistan (see section IV), the Central African Republic (CAR)—with spillover refugee needs in Cameroon, Democratic Republic of the Congo (DRC), Chad and Congo—Nigeria, the Occupied Palestinian Territories and Ukraine.[10] In the CAR, the humanitarian situation worsened after fighting broke out in the capital, Bangui, in September 2015, resulting in over 450 000 internally displaced persons (IDPs), 463 500 people displaced in neighbouring countries and 2.7 million people in need of humanitarian assistance. In Nigeria, nearly 1 million IDPs have been created by conflict and insecurity in the country's north-eastern and northern regions.[11]

Chad continues to face a complex emergency as a result of chronic food insecurity, malnutrition, natural disasters, epidemics and a number of internal displacements of people. This has left about 2.3 million people in need of humanitarian assistance, 663 000 of whom urgently require food aid and more than 320 000 are children. In addition, more than 550 000 refugees, returnees and people displaced by conflict in neighbouring Sudan, CAR and Nigeria are living in camps or sites, or with host communities.[12]

In Burkina Faso acute malnutrition currently affects 510 000 children, with 150 000 suffering from severe acute malnutrition.[13] Civil unrest in Burundi led the UNHCR to declare a level 2 emergency on 11 May and appoint a Regional Refugee Coordinator.[14] Mali is experiencing complex humanitarian emergencies due to conflict, food insecurity, malnutrition and natural disasters. In 2015 more than 54 000 people were affected by water scarcity in the north and 2 million people were suffering from food insecurity.[15]

Mauritania is also characterized by food insecurity with high malnutrition rates and vulnerability to sudden-onset humanitarian situations.[16] Myanmar's humanitarian situation is characterized by a combination of vulnerability to natural disasters, armed conflict, intercommunal tensions, statelessness, trafficking and migration.[17] As a result, over 240 000 people were displaced as of November 2015. In addition, nationwide floods and landslides in July 2015 exacerbated many pre-existing vulnerabilities,

[10] European Commission, ECHO Factsheet: Central African Republic, Feb. 2016; and UNOCHA, *Global Humanitarian Overview* (note 8). On the conflict in Ukraine, see chapter 4, section III, in this volume.

[11] UNOCHA, Humanitarian Needs Overview Nigeria, Mar. 2015.

[12] UNOCHA, *Global Humanitarian Overview* (note 8).

[13] UNOCHA, *Global Humanitarian Overview* (note 8).

[14] United Nations, News Centre, 'Burundi: UN rights chief deplores suspension of human rights groups, warns of "civil war"', 25 Nov. 2015; and UNHCR, 'Revised Burundi Regional Refugee Response Plan', Aug. 2015.

[15] UNOCHA, 'Humanitarian Bulletin: Mali', June–July 2015; and UNOCHA, 'Humanitarian Bulletin: Mali', Oct.–Nov. 2015. On the conflict in Mali, see chapter 5 in this volume.

[16] UNOCHA, *Global Humanitarian Overview* (note 8).

[17] UNOCHA, *Global Humanitarian Overview* (note 8).

affecting 9 million people in 12 of the country's 14 states/regions, and temporarily displacing 1.7 million.

Senegal is prone to natural shocks, including droughts and floods, which result in recurrent food and nutritional crises. As of November 2015, 620 421 people were in need of humanitarian assistance. In 2016, 2.4 million people are likely to be food insecure, particularly in the east and north of the country. The incidence of acute malnutrition is expected to increase by 25 per cent, with 400 000 children aged under 5 affected.[18]

The above examples and box 9.4 highlight the complexity of most current emergencies and the pronounced linkages between security, development and relief. Most emergencies are characterized by a combination of different types of insecurity, such as conflict, poverty, and food and environmental insecurity. Overall, protracted insecurity hampers emergency response and undermines long-term development.

The security of aid workers

The security of aid workers was a persistent concern in 2015, indicating a continued erosion of respect for International Humanitarian Law (IHL), which provides for their protection.[19] According to preliminary data from the Aid World Security Database, there were 118 major incidents—defined as killings, kidnappings and attacks that result in serious injury—involving 238 aid workers.[20] Although at a globally aggregated level this has decreased from 2014—190 incidents involving 329 workers—violence has increased in specific settings, such as in Syria.

The worst incident in terms of causalities was the bombing of a hospital run by Médecins Sans Frontières (MSF) in Kunduz, Afghanistan on 3 October 2015, which killed 30 patients and staff.[21] US forces initially denied that the hospital had been hit, before later stating that it had been mistakenly struck, and still later explaining that they were responding to a request from Afghan forces, which had claimed that Taliban fighters had taken refuge in the hospital. However, according to MSF, both the US military and its allies had been provided with the GPS coordinates of the hospital several times, and an MSF flag was flying over the hospital at the time of the bombing. The

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[18] UNOCHA, *Global Humanitarian Overview* (note 8); and United Nations, Food and Agriculture Organization, FAO in emergencies, 'Senegal', [n.d.], <http://www.fao.org/emergencies/countries/detail/en/c/161500/>.

[19] See Milante, G. and Jang, S., 'Security and development: a primer', *SIPRI Yearbook 2015*, pp. 297–333.

[20] Aid World Security Database, Security incident data, <https://aidworkersecurity.org/incidents/search?start=2015&end=2015&detail=1>.

[21] 'Kunduz bombing: MSF demands Afghan war crimes probe', BBC News, 7 Oct. 2015; and Calamur, K., 'What happened in Kunduz? Doctors without borders says it's "quite hard to understand and believe" that its hospital in the Afghan city was mistakenly hit by the US', The Atlantic, 5 Nov. 2015.

airstrikes continued for just over an hour, during which time MSF staff continuously contacted NATO and the UNOCHA Civil Military liaison by SMS and telephone. Moreover, according to MSF, the hospital was operating its own internal policies and under the protection of IHL—most importantly, there were no weapons and no armed combatants inside the hospital. Given the differing accounts, MSF called for the incident to be investigated by an International Humanitarian Fact-Finding Commission—an independent body established by article 90 of the First Additional Protocol to the Geneva Convention, but this cannot proceed without the consent of the Afghan and US governments.

The Kunduz incident, along with other examples of violence affecting relief work, and health services in particular, was high on the agenda at the 32nd International Conference of the Red Cross and Red Crescent in December 2015 (an event which occurs every four years).[22] Ten resolutions were passed, including those designed to strengthen IHL, respond to sexual and gender-based violence, and protect the delivery of health care and ensure the security of humanitarian volunteers.[23] The latter included reporting on work undertaken by the Health Care in Danger Project to make the delivery of health care in conflict and other settings of violence safer; including further commitment to the protection of health missions under IHL.[24] However, although delegates reaffirmed their commitment to IHL, the proposal for a new compliance mechanism was rejected. Instead, delegates opted for a four-year inter-governmental process to find ways to enhance compliance with IHL, to be presented at the next conference in 2019.[25]

Throughout 2015, the humanitarian and development communities were also preparing for the first World Humanitarian Summit, to be held in Istanbul in May 2016, hosted by the UN Secretary-General and coordinated by UNOCHA.[26] As the list of emergencies above suggests, the humanitarian community faces significant and evolving challenges. As a result, the goals of this meeting are ambitious: (*a*) to re-inspire and reinvigorate commitment to humanity and to the universality of humanitarian principles; (*b*) to initiate a set of concrete actions and commitments aimed at enabling countries and communities to better prepare for and respond to crises, and be more resilient to shocks; and (*c*) to share innovations and best practices that can help to save lives around the world, put affected people at the centre of humanitarian action and alleviate suffering.

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[22] The conference brings together representatives from the ICRC, National Red Cross and Red Crescent Societies, the International Federation of Red Cross and Red Crescent Societies, and states parties to the Geneva Conventions.

[23] International Committee of the Red Cross, 32nd International Conference: Resolutions, bulletins and reports, 5 Jan. 2016.

[24] See Milante and Jang (note 19).

[25] International Committee of the Red Cross, <http://rcrcconference.org/>.

[26] World Humanitarian Summit <https://www.worldhumanitariansummit.org/>.