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EMERGENCY GAP SERIES 05

Insecurity - always an insurmountable obstacle?

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The Emergency Gap Series is a collection of reflexion pieces produced by the MSF Operational Centre Barcelona Athens (OCBA) in the context of the wider Emergency Gap project, which responds to operational concerns over the declining emergency response capacity of the humanitarian sector at large. The analysis is informed by OCBA's operational experience and discussions with key external experts.

The project is further motivated by the current paradigmatic push to relegate emergency response to the status of exception, with the consequent lack of investment in adequate emergency response capacity so necessary in the face of the number of acute conflicts and escalation of violence across the globe. Thus, the Emergency Gap work aims to diagnose the drivers of such loss of emergency focus in current humanitarian action, and to analyse the enablers and disablers for the provision of effective humanitarian response in the context of acute armed conflict. For more information go to <https://emergencygap.msf.es>

Executive summary

Civilians in the most insecure regions of today's armed conflicts are often those most in need of humanitarian assistance. They are also the least likely to receive any. That humanitarian agencies struggle to be relevant where it matters most is hardly news.

The recently published research study *Secure Access in Volatile Environments* provides the evidence for what many humanitarians have suspected for a long time: too few humanitarian agencies manage to provide meaningful assistance in the most insecure areas, leaving many people without the aid they need.

This paper, drawing partly on some of the findings of the study, attempts to offer a reflection on the subject of risk acceptance, and some of the underlying factors that –apart from the actual security threat– influence security decision-making in the humanitarian sector.

Why, despite the significant investments and the professionalisation of the sector, do humanitarians continue to fail to deliver in the hardest-to-reach places? It is too easy to put the blame on the external security environment alone. Instead, humanitarian organisations need to examine how they fare in terms of their institutional willingness and capabilities to accept and manage security risks, which are, after all, an inherent part of humanitarian action.

Has institutional willingness to accept risk been affected by growth, professionalisation and the increasing importance of institutional risk management? Has the humanitarian imperative –the moral obligation to assist others in desperate need– faded as the driving factor in operational and security decision-making, and is it increasingly being replaced by institutional interests? Risk management should be an enabler of humanitarian action. But it can easily turn into a disabler, if the humanitarian imperative is not at the forefront of an organisation's ambition and culture.

Other key enablers for operating in insecure environments –negotiated access, meaningful and principled action, and independent logistics capacity– are not sufficiently developed and applied in the sector. In part, this is a result of the humanitarian architecture that prioritises the coherence agenda over the facilitation and safeguarding of independent humanitarian action. Perhaps it is worth considering supporting some organisations to develop the capabilities to operate in the toughest contexts, operationally and politically independent from the system. The investments in the sector have had little impact for those they were meant for. It may be time to review the approach.

Another element that is rightfully gaining increasing prominence in the sector, is duty of care. It is also an important enabler of humanitarian action, but it inherently comes into tension with the humanitarian imperative when overwhelming need –a certainty in the most insecure humanitarian crises– forces humanitarians to stretch available resources to the maximum. That duty of care is an employer's moral and legal obligation is not disputed, but its application in the messy, dilemma-filled reality of humanitarian action is more complex than it appears on the surface.

MSF's experience in the most insecure contexts shows that the organisation also struggles to reach those most in need. It illustrates that, even with many of the enablers in place, there is no guarantee for safe access.

That is no reason not to try though, but rather a reason to try harder. For organisations that claim a humanitarian mandate, the bar is high. It entails the moral imperative to help others stuck in dangerous places, in desperate need of assistance. It means putting them at the forefront of our decision-making. Failure to do so means failing them.

Methodology

The purpose of this paper is to reflect, on a conceptual level, on the subject of risk-acceptance. It draws on several recently published documents, chief among them the *Secure Access in Volatile Environments* study, as well as consultation with more than a dozen experts from within the humanitarian aid sector and MSF's experience. It does not purport to be a detailed review of the evidence on the subject.

Any reflections on the humanitarian sector risk overgeneralisation. There is no such thing as formal membership in the humanitarian community and system –it is ill-defined and in constant flux. Organisations that consider themselves part of this community vary widely in nature, mandate, size, and capacities. Having a presence in a context is not equal to providing relevant assistance. An organisation may be willing and able to manage high risks in one context, but not in another. And despite the many systems, policies and processes that organisations have in place, the quality of humanitarian access and assistance remains significantly dependent on the individuals applying (or ignoring) them. Observations made in this paper therefore do not apply to every situation, organisation and context. Nuances may have been sacrificed to allow broader statements that aim to trigger discussion.

The author would like to thank the more than a dozen experts from the humanitarian sector who contributed to this paper through semi-structured interviews and/or by reviewing the draft version.

Introduction

Afghanistan, Somalia, South Sudan, Syria and Yemen have several commonalities. All suffer from armed conflicts that are the cause, arguably, of the biggest humanitarian crises today. In all of them, the presence and coverage of humanitarian agencies is wholly inadequate in comparison to the level of needs. And yet, despite the relatively modest presence of aid agencies, 93 out of the recorded 148 major attacks against aid workers in 2015 occurred in these five countries, according to the Aid Worker Security Database.¹

What the statistics do not capture, but is equally alarming, is the blatant impunity with which these attacks are carried out. Whether they bomb hospitals, kidnap, gang-rape, or murder aid workers, the perpetrators (whether members of armed opposition groups, government soldiers, army high commands or the international armies that support them) seem to have little to worry about when it comes to accounting for their crimes. That aid workers have not been singled out, and that the attacks against them are probably just the reflection of the disrespect for and violence against all civilians in these conflicts, provides little comfort.

The reliability of the existing security incident statistics and their interpretations, aiming to answer conclusively whether humanitarian action has become more dangerous, has been subject to debate for some time. Few, however, disagree that the risk environments these contexts pose are increasingly difficult to navigate. As a result, a humanitarian presence in these countries is scarce and, according to a major study, *Secure Access in Volatile Environments*, conducted by Humanitarian Outcomes and the Global Public Policy Institute (GPPi), that examined aid delivery in the most challenging contexts, *'in high-risk countries, security is the biggest determinant of where aid agencies operate.'*²

Considering the frequency and scale of seemingly licensed violence against aid workers in these contexts, this does not come as a surprise. The targeting of MSF medical facilities in Afghanistan, South Sudan, Syria and Yemen, as well as MSF's withdrawal from Somalia in 2013 and its inability to negotiate humanitarian access in many parts of Syria (and subsequent decision to opt for remote operational approaches), are evidence that the key enablers for operating in high risk

¹ Humanitarian Outcomes, 'Aid Worker Security Report 2016 – Figures at a glance'. https://aidworkersecurity.org/sites/default/files/HO_AidWorkerSecPreview_1015_G.PDF_.pdf

² Humanitarian Outcomes and GPPi, 'Secure Access in Volatile Environments', Nov 2016. <http://www.saveresearch.net>

To what extent are factors, that have little to do with the actual threat, impacting security decisions?

contexts –quality, principle-based humanitarian action, strong emphasis on negotiating humanitarian access with all parties to the conflict, robust security management and independent logistics capacities– provide no guarantees for the protection of humanitarian staff.

But is it always just security that makes an engagement seem too risky? To what extent are factors that have little to do with the actual threat impacting security decisions? This paper focuses on three aspects the author believes are key to the topic of risk-taking and warrant deeper reflection. It aims to help untangle some of the issues potentially influencing the decisions by organisations not to engage in a humanitarian crisis, despite the presence of significant humanitarian needs. The first chapter explores the centrality of the humanitarian imperative in security decision-making and the importance of a cohesive approach in programming and security. It is followed by an analysis of some of the factors contributing to the lack of emphasis on humanitarian access negotiations and principled humanitarian action in the sector. The third chapter discusses the tensions between the concepts of duty of care and the humanitarian imperative.

The paper concludes that humanitarian organisations can and *must* do better to equip themselves to operate in highly insecure contexts. *Can*, because there is space for improvement. *Must*, because we owe it to those who depend on our assistance.

Risk vs Benefit – the moral responsibility to walk the line

War zones are dangerous places. Accepting risk is therefore an inherent part of humanitarian action

Has safeguarding the institution replaced the humanitarian imperative as the main *raison d'être* of aid organisations?

Risk management can easily become a barrier if the willingness and drive to fulfil the humanitarian imperative is not at the forefront of an organisation's ambitions and culture

Humanitarian action is rooted in the moral principle of humanity. The suffering of fellow humans caused by armed conflict or disaster generates a moral obligation to assist. It is this moral obligation –the humanitarian imperative– that drives humanitarians to enter war zones to help alleviate suffering. War zones are dangerous places. Accepting risk is therefore an inherent part of humanitarian action.

It is generally accepted that there is some correlation between the level of suffering and the level of acceptable risk – the higher the needs, the more risk is justifiable. But where is the limit? When does the level of risk make not acting morally justifiable? It is a personal choice that every aid worker needs to make before, and often during, deployment. It is also a choice humanitarian organisations must make. What level of risk is acceptable? Where is the reasonable balance between the moral responsibility to act and the responsibility to keep the organisation's staff safe?

And how has this balance between the humanitarian imperative and acceptable risk been affected by the professionalisation, growth, headquarter-dominance and growing importance of institutional risk management? How has *institutional* risk management affected the willingness of organisations to accept *security* risks in the field? At the risk of over-simplification, it appears that the pendulum has swung. In the era before the sector's professionalisation, the acceptable risk threshold was essentially determined by those exposed to the risks in the field –institutional considerations were of little, if any, concern. Today's reality is of course very different. Organisations and their headquarters take much more control and responsibility, and organisational considerations are (legitimately) factored in when acceptable security risk thresholds are determined. But has this development led to the loss of centrality of the moral imperative to act –and accept risk– in humanitarian action? Has safeguarding the institution replaced the humanitarian imperative as the main *raison d'être* of aid organisations?

Risk management is an enabler of humanitarian action. But it can easily become a barrier if the willingness and drive to fulfil the humanitarian imperative –and accept the inherent risks that come with it– is not at the forefront of an organisation's ambition and culture.

Risk-benefit analysis, determining when risks become so high that they warrant limiting or withholding urgent, life-saving assistance, is one of the defining ethical challenges of humanitarian action

‘Good’ decisions require skills and experience in programming and security, analysis, courage, and institutional cohesion and backing

How to walk the line?

No individual member of staff or private aid organisation must be forced to take risks they do not consider acceptable. Every individual and organisation needs to determine what level of risk is acceptable for him/herself and for the organisation. What can, however, be expected of organisations claiming a humanitarian mandate, is that they maximise their ambitions and capabilities, and make decisions on risk thresholds in the best interest of the people they assist. This is a moral responsibility, rooted in the humanitarian imperative.

The level of risk deemed acceptable by an organisation is often determined by a set of different factors including, among others: the (self-given) mandate and risk-appetite of the organisation; the strategic value of presence in a particular context; the depth of knowledge about the context and the strength of the organisation’s network with relevant interlocutors; the strength and robustness of the organisation’s security management capacity; and, crucially, how critical the humanitarian intervention may be—in other words, the impact of the intervention on the target population.

This risk-benefit analysis, determining at which point the risks become so high that they justify and warrant limiting or withholding urgent, life-saving assistance, is one of the defining ethical challenges of humanitarian action.

Needless to say, the higher the need and the higher the risks, the tougher that call is. The contexts where both factors are most extreme (Afghanistan, Somalia South Sudan, Syria, Yemen: the five contexts with the highest number of recorded major incidents) thus present the biggest challenge for striking the ‘right’ balance between acting on the most fundamental humanitarian principle – humanity (the moral imperative to act and assist a fellow human in desperate need)– and the need and obligation to keep security risks at an acceptable level.

‘Good’ decisions (decisions that allow for maximum humanitarian assistance and acceptable risk in a particular risk environment) require skills and experience in programming and security, analysis, courage, and institutional cohesion and backing. What makes these decisions particularly challenging is that often both the exact level of risk as well as the real programme impact are hard to determine. Risk analysis does not eliminate the uncertainty over what may or may not happen, and beyond the number of patients vaccinated, humanitarian interventions (should) have less easily measurable value and relevance, for instance in terms of witnessing, protection and expression of solidarity with the victims.

Only if the decision-makers are sufficiently skilled and experienced in risk analysis and security management, are they able to challenge and overrule excessively conservative and risk-averse security advice

In addition to the difficulty of judging the risks and benefits, weighing them against each other is not a linear and static equation, but often further complicated by constantly shifting benchmarks. During the start-up phase of an intervention, for example, when programme output is still limited and relationships with relevant actors are not yet well established, it may be warranted to temporarily accept an unfavourable risk-benefit balance in the anticipation that this will pay off in the future. Or, as experienced by MSF teams in Yemen after the beginning of the Saudi-led bombing campaign in March 2015, maintaining a presence during heightened insecurity may increase the acceptance and credibility of the organisation.

Hence, it is paramount that these decisions are taken by managers that have experience and expertise in the proper analysis of, and accountability for, both domains –the humanitarian programming as well as security.

This is paramount because only if the decision-makers are sufficiently skilled and experienced in risk analysis and security management, are they able to challenge and overrule excessively conservative and risk-averse security advice. A common, but perhaps not always fair, observation in the sector remains that many security staff tend to prioritise the protection of staff and assets over the enabling of humanitarian operations. This may at least in part be because many organisations, including the United Nations Department of Safety & Security (UNDSS), continue to rely largely on security staff with military or police backgrounds who have limited exposure to, and understanding of, principled humanitarian action.

The external security environment is as critical a factor in the design and implementation of programming, as the programme elements are important for the risk assessment

Having this understanding is, however, essential because a humanitarian intervention and its risk analysis and management are intrinsically intertwined, and impact on each other. The external security environment is as critical a factor in the design and implementation of programming, as the programme elements are important for the risk assessment. The analysis of the quality and relevance of the programme, the acceptance of the programme and staff by those controlling the violence in the area, and the conduct of staff and their proximity to the community, all feed into a comprehensive analysis of the risks an organisation's staff may face.

In 2011, the Office for the Coordination of Humanitarian Affairs (OCHA) published the report *To Stay and Deliver: Good Practice for Humanitarians in Complex Security Environments*³. The study analysed the access and security challenges humanitarian actors faced in the provision of assistance in highly volatile environments. Its recommendations included improvements in integrated security management, acceptance strategies and adherence to humanitarian principles, among others.

According to the preliminary findings of a follow up study of the To Stay and Deliver report (to be released later this year), many of the main recommendations of the initial Stay and Deliver report remain relevant today.

Unnecessary caution may be exercised, and the scale of humanitarian assistance not maximised to its potential

Furthermore, a separation of the two functions risks reducing the decision to a go/no-go choice, whereas treating programme and security management as 'one' enhances the ability to adapt programming according to the security parameters. However, decision-makers of course have to take into account that programme adaptations impact the quality and relevance of an intervention, and thus potentially the risk-benefit ratio. An intervention that is reduced in its benefits through loss of quality, relevance or impact, does not justify disproportionate risk-taking.

A security assessment not taking these factors into account is incomplete. A security adviser stuck in the capital and not familiar with the humanitarian intervention cannot possibly be expected to provide proper ongoing risk analysis for a project location. And the more unknowns and uncertainties a risk analysis contains, the more likely it is to recommend caution. Consequently, unnecessary caution may be exercised, and the level and scale of humanitarian assistance not maximised to its potential. This leads to decreasing contact with the population trapped in conflict and the ability to assess needs and programme criticality. This in turn lowers the willingness to take risks. The vicious circle is complete.

Beyond the frustration this causes among the aid workers confronted with suffering but unable to assist because of unwarranted risk-aversion, such situations represent a failure towards those dependent on the assistance, and thus a failure of the humanitarian mandate. That is why it is imperative that organisations have the ambition to develop the appropriate organisational structure, culture and capacities that enable optimal decision-making on programme criticality. It is an obligation that comes with the humanitarian mandate.

³ Egeland, J., Harmer, A. and Stoddard, A., *To Stay and Deliver Good Practice for Humanitarians in Complex Security Environments*, 2011. https://docs.unocha.org/sites/dms/Documents/Stay_and_Deliver.pdf

Missing the basics?

Why have many in the humanitarian sector failed to establish core competencies that are prerequisite for fulfilling their mandate?

'...the majority of NGOs (55%) say they had no contact with any armed groups, even when the latter are heavily present in their areas of intervention.'

— In Their Eyes: The perception of aid and humanitarian workers by irregular armed groups in the Democratic Republic of Congo, INSO 2014.⁴

Among the findings of the SAVE study carried out by Humanitarian Outcomes and GPPI, two stand out, not as the most surprising, but perhaps as the most disconcerting: *'...most agencies retain a simplistic view of humanitarian principles'*, and *'Many humanitarian actors are uncertain whether or how to engage with non-state armed actors.'*⁵

They are disconcerting because the humanitarian principles and the concept of negotiated access are fundamental pillars of humanitarian action. It raises the question why many in the humanitarian sector, despite the investments and the 'professionalisation' over the past decade, have failed to establish core competencies that are a prerequisite for fulfilling their mandate.

Some of the causes include:

As principled action and negotiated access with all relevant actors becomes increasingly critical for safeguarding operating space, UN agencies and multi-mandated organisations in particular may find themselves in for a tightrope walk. For the UN agencies, this is because of the UN's inherently political mandate which the UN humanitarian organisations have an almost impossible task distancing themselves from, particularly as the UN pursues further integration of political, military, developmental and humanitarian objectives⁶. For the multi-mandated NGOs it is because development programmes normally do not, and do not have to, adhere to the principles of humanitarian action. An agency implementing a development or peace-building programme with or on behalf of the government in one part of the country may be hard-pressed to convince a rebel movement of its neutrality and independence in another part of the country (or may refrain from engaging with them altogether so as not to jeopardise their relationship with the

⁴ Brabant, J. and Vogel, C., In Their Eyes – The perception of aid and humanitarian workers by irregular armed groups in the Democratic Republic of Congo, INSO, June 2014.

⁵ Humanitarian Outcomes and GPPI, Secure Access in Volatile Environments, Nov 2016. <http://www.saveresearch.net>

⁶ Dubois, M., The Cost of Coherence, MSF-OCBA Emergency Gap Series, Dec 2016. <https://emergencygap.msf.es/papers/emergency-gap-cost-coherence>

Perception is no longer only a local issue, but a global one. Organisations talking principled action need to walk it too

government). Instant global access to media and information makes this even more challenging as it threatens to expose inconsistencies. Perception is no longer only a local issue, but a global one. Organisations talking principled action need to walk it too.

Directly accessing senior leadership levels among armed non-state actors, especially groups declared as terrorist organisations by host or donor governments, has become more challenging. The fear of violating counter-terrorism legislation creates a hesitation to engage with such groups⁷, and resource investment in networking is often needed to establish relationships robust enough to allow for sincere negotiations.

9/11 was a major milestone not only for global politics, but also for humanitarian action. It began with U.S. Secretary of State Colin Powell's statement that NGOs were force-multipliers, followed by the USG's provision of aid to the Afghan civilian population conditional on sharing intelligence information, and culminating in the counter-insurgency and Hearts & Minds doctrine. The rate and explicit way in which the humanitarian enterprise was hijacked was breathtaking. Few aid organisations protested. It seems most agencies either did not recognise the immense implications the post-9/11 developments had for humanitarian action, or they chose to ignore them –subordinating their humanitarian mandate to their development objectives. In any case, the NGO community has not defended principled humanitarian action to the extent it should have.

Contracting –outsourcing the implementation of programmes to local agencies– likely is another factor contributing to the apparent lack of capacity regarding negotiated access and principled action among international organisations. The fewer staff agencies deploy 'on the front line', the less institutional capacity and expertise they retain in the operationalisation of the principles of humanitarian action and access negotiation in the long-term, and the less priority is given to support local partners in terms of policy advice and training.

⁷ Duplat, P. and MackIntosh, K., Study of the Impact of Donor Counter-Terrorism Measures on Principled Humanitarian Action, July 2013. <https://www.nrc.no/resources/reports/study-of-the-impact-of-donor-counterterrorism-measures-on-principled-humanitarian-action>

The humanitarian architecture itself does not facilitate principled humanitarian action

Last, but certainly not least, the humanitarian architecture itself does not facilitate principled humanitarian action. Inherently and intentionally linked to broader political agendas, based on coherence under UN leadership, and NGO dependency on government funds, the system contains a fundamental design flaw in that it leaves little space for independent thinking and action. It essentially prevents organisations from (being perceived as) adhering to the principles of independence and neutrality.⁸ Thus, organisations that aim to safeguard their political, financial and operational independence need to carefully consider when and how to engage with the system.

Organisations lacking financial independence, and reliant on UN funds, security support and logistics services do not have much of a choice. Not only is their independence from political actors and objectives compromised, but crucially it restricts their operational flexibility and logistical and security management capacities. It also centres an organisation's priorities and resources on securing funds, and away from the people in need of assistance, as highlighted in the SAVE research, *Operational independence allows retaining [a] culture of focusing on primary purpose (reaching people in need)*.⁹

Beyond its design flaws, the system of UN-led coordination also appears to have created the expectation among some in the NGO community that the UN should take full responsibility for functions such as access negotiations, logistics capacities (mainly transport, including evacuation capacity) and other aspects of security management (e.g. risk analysis and SOPs). To an extent, this is understandable and legitimate. The UN emergency relief coordinator has a formal mandate for the facilitation of humanitarian access, OCHA's and the UN Humanitarian Air Service (UNHAS)'s roles are to render services to the humanitarian community, and clusters are largely led by UN agencies. Donors are also generally supportive of the coherence agenda, including centralised UN-managed funding mechanisms and logistics support capacities, and are thus reluctant to fund NGOs to make their own structural investments in these areas.

⁸ Dubois, M., *The Cost of Coherence*, MSF-OCBA Emergency Gap Series, Dec 2016. <https://emergencygap.msf.es/papers/emergency-gap-cost-coherence>

⁹ Humanitarian Outcomes and GPPI, *Secure Access in Volatile Environments*, Nov 2016. <http://www.saveresearch.net>

An over-reliance on the UN only exacerbates the structural weaknesses of the system

However, an over-reliance on the UN only exacerbates the structural weaknesses of the system. As discussed in chapter two, the risk levels are partly determined by the type of programme, the level of networking and community relations, and other factors unique to the individual organisation. Risk analyses therefore differ from organisation to organisation, even if they operate in the same local context. Hence, a UNDSS risk analysis can only inform an organisation's own risk analysis, not replace it. Likewise, the UN can only contribute in, but not take full responsibility for, access negotiations. The UN has a mandate to carry out high-level negotiations about access parameters for the humanitarian community (e.g. visa and importation restrictions). Some level of coordination may be important in order to establish common parameters and red lines, and avoid dozens of organisations engaging in separate negotiations with a belligerent. However, this does not negate an organisation's responsibility to ensure all relevant actors agree to their presence and programming: creating and safeguarding humanitarian access entails an ongoing dialogue with all relevant interlocutors at all levels –from field commander and hospital administrator to the senior military leadership and the minister of health. It cannot be fully outsourced. Thus, an organisation that aims to operate in the most insecure contexts needs to develop and maintain its own capacities to carry out key security-related functions, such as risk analysis, access negotiations and evacuation capabilities.

That much remains to be improved in terms of providing assistance in highly insecure contexts, is also clearly evidenced by the SAVE research¹⁰ which concludes that *“Only a small fraction of the total international humanitarian organizations regularly respond to the most violent, conflict-driven emergencies.”*

The UN too continues to struggle to provide leadership when it comes to staying and delivering. Whilst there of course have been occasions where the UN has shown willingness and ability to take great risk, it is worth examining the UN's lack of response in the Central African Republic (CAR) during the peak of the violence in 2013¹¹, and the evacuation of all UN international staff from Yemen at the start of the air raids in March 2015¹², as these cases highlight some of the issues addressed above.

¹⁰ Humanitarian Outcomes and GPPi, 'Secure Access in Volatile Environments', Nov 2016, <http://www.saveresearch.net>

¹¹ MSF, Open Letter to ERC, Dec 2013, <http://www.msf.org/en/article/central-african-republic-open-letter-un-humanitarian-system>

¹² The UN eventually returned with international staff in June 2015, but largely remained bunkerized in Sanaa until 2016. Also see: IASC, Operational Peer Review, 'Response to the Yemen Crisis', January 2016, <https://goo.gl/SrJQ8j>

A return to a context after a full withdrawal or prolonged absence can be a challenging endeavour. Apart from the practical constraints of entering an insecure area, the organisation's history in the context may pose additional complications. National staff, interlocutors and communities may have been disappointed by the organisation's departure, and the loss of services and resources. There may also be resentment and loss of credibility for having stopped assistance when the population most needed it. Poor communication about the reasons for the withdrawal, and failure to properly settle outstanding contractual obligations can further fuel resentment. Returning to a context in which the organisation has a relatively recent history can thus be more complex than starting up in a 'new' context.

The UN's choice not to stay and deliver meant the humanitarian presence and assistance in CAR and Yemen ceased when and where it was desperately needed, barring a few organisations that stayed behind

First, they lay bare the continuing challenges the UN faces in terms of decision-making on programme criticality, comprehensive risk analysis, access negotiations and principled action, as to varying degrees concluded in the respective IASC Operational Peer Reviews.¹³ One critical aspect not addressed in the reviews, however, is how late the UN's response was, because of risk-aversion in the early stages of both crises (CAR 2013; Yemen 2015). In the case of Yemen, for example, it is questionable whether a full evacuation was warranted in the first place. Arguably, the evacuation delayed an adequate humanitarian response to the crisis by the UN for much longer than the three months its international staff were absent, as a full withdrawal significantly limits an organisation's abilities in risk analysis and access negotiations with, and acceptance by, belligerents and communities.

Second, both cases illustrate just how dependent the NGO community has become on the UN. Whether it was because of a donor contract requirement to follow UN security decisions, a lack of independent logistics capacities or simply the belief that the UN was making the 'right' security decisions: the UN's choice not to stay and deliver effectively meant that, barring a few organisations that stayed behind, the humanitarian presence and assistance in CAR and Yemen ceased when and where it was desperately needed: Very few NGOs were present and operational in the conflict-affected rural areas in CAR in 2013, and almost all INGOs evacuated their staff from Yemen when the UN did. This does not mean that organisations were wrong to leave when they evacuated from CAR and Yemen. Some programmes will not have withstood the programme criticality test when insecurity increased. And organisations dependent on UNHAS for evacuations are left with little choice but to pull out when UNHAS does.

Individual agencies should be commended for refusing to take risks they are not willing or equipped to manage responsibly. Recklessness is not the answer, but (over-) reliance on the UN, whether driven by resources or conviction, is not in the service of those depending on the assistance.

¹³ IASC, Operational Peer Review, Response to the Yemen Crisis, January 2016. <https://es.scribd.com/document/298174796/Yemen-OPR-Final-Report-12616>
IASC, Operational Peer Review, Response to the Crisis in the Central African Republic, March 2014. https://www.unicef.org/evaldatabase/files/FINAL_CAR_Operational_Peer_Review_INTERNAL_Report_2014-001.pdf

Their independent air transport capacity is a fundamental enabler that allows the ICRC and MSF to operate when and where others cannot, for example in contexts such as Yemen, CAR or South Sudan. Independent flight operations do not only facilitate security management in terms of evacuation and avoiding risky overland trips, but also allow rapid adaptation of programming. This is also relevant for security in as far as rapid response to new humanitarian needs often contributes to an organisation's credibility and acceptance.

Many organisations appear to be inadequately equipped to create and maintain sufficiently safe operating environments in the toughest of today's war zones

Third, in both contexts, the (limited) UN presence was often bunkered and restricted to the capitals during the worst periods of insecurity. Bunkerisation¹⁴ is one of the much-debated methods applied by aid organisations to maintain a presence in highly insecure environments. It often is preferable to total evacuation as the Yemen example illustrates, and it mitigates risk through reducing exposure. The downsides are obvious: severely restricted operationality, less direct contact with communities and interlocutors –thus limiting the ability for comprehensive needs assessment, and context and risk analysis. But was the extent to which the UN bunkered and restricted its movements in CAR and Yemen justifiably based on a comprehensive analysis of risk and programme criticality, or more rooted in risk avoidance? To what extent does the logic of the protection of staff and assets – a priority after the 2003 Baghdad bombing – remain a dominating factor in the UN's security decision-making?¹⁵

Beyond an organisation's willingness to take on (and capacity to manage) risk, multiple factors contribute to creating and sustaining humanitarian access: a presence on the ground and direct implementation; networking, acceptance-building and access negotiations; contextual analysis; principled, quality programming; and independent logistics capacities. They are interconnected, enabling and reinforce each other. Take one of them out of the chain, and the construct becomes fragile.

In many highly insecure contexts (CAR and Yemen are just two prominent examples) the construct folded, because one or more of the links were too weak or entirely absent. The net result is that many organisations appear to be inadequately equipped to create and maintain sufficiently safe operating environments in the toughest of today's war zones.

¹⁴ The strategy to reduce exposure to risk by confining staff to (often well-protected) compounds and restricting movements to the absolute minimum.

¹⁵ Fast, L., *Aid in Danger: The Perils and Promise of Humanitarianism*, 2014.

MSF's experience

Despite its focus on negotiated access, its principled action, operational flexibility and independent logistics capacity, MSF also struggles to be relevant in the most insecure contexts as its absence from Somalia, limited presence in Syria and numerous serious security incidents over the past several years illustrate.

In **South Sudan**, despite the explicit approval of the (highest level of the) belligerents in the conflict for MSF to provide medical emergency services in the conflict zones, numerous MSF medical facilities have been attacked, looted and destroyed since the beginning of the war in December 2013. In some cases, senior representatives of the warring parties accepted responsibility, returned looted assets and committed to ensuring greater respect for MSF facilities in the future. In most cases, however, the blame was put on rogue elements, uncontrolled militia (youth) or simply the 'other side'. Besides obtaining approval at the senior political level, MSF's access negotiation strategy in South Sudan focuses on military as well as civil administration at both state and county level –those with more direct influence and control over the troops and militias. But their claims to lack control over armed militia groups means that genuine, unambiguous commitments to ensure respect for MSF staff, patients, facilities and assets remain impossible to obtain. Attacks against civilians with impunity have been a common feature in the previous wars in South Sudan (the southern part of Sudan before independence in 2011). Specifically, the reason why health facilities (including MSF-run clinics and hospitals) are targeted in this conflict is often for one or both of these reasons:

- 1) to deprive the opposing side and the civilian population of access to medical services, and
- 2) to seize vehicles, generators, radios and medical material, which are highly desirable assets for the relatively poorly equipped troops.

MSF's operational response to this security environment consists of the following elements:

- interventions on both sides of the frontlines, offering medical services to the different ethnic communities to demonstrate MSF's neutrality;
- light and mobile interventions where and when a more permanent presence is not feasible, including bush clinics in the swamps that are run by national staff, with medical supplies transported by canoe;
- pre-emptive evacuation of staff (international staff by air/road, national staff flee into the bush) when attacks on locations with MSF presence is imminent;
- careful consideration of deployment of assets that attract looting, which significantly limits the range and quality of medical services that can be provided, and
- systematic follow-up of attacks on MSF facilities and staff with relevant stakeholders.

In 2013, MSF decided to withdraw from **Somalia** after 22 years of presence. It was arguably one of the most painful (and in some quarters of the organisation, controversial) decisions in the organisation's history. It came after numerous violent attacks against the organisation in which 16 staff were killed and others abducted – the last abduction lasting 20 months. The decision to withdraw life-saving services from one of the worst humanitarian crises was based not on the occurrence of the incidents alone, but rather on the conclusion that the parties that MSF had negotiated access with appeared to be tolerating, or in some cases actively supporting,

the crimes against MSF staff. MSF's limit of risk acceptance - as hard as it is to define- had been reached. Tolerance for the many difficult compromises to the principles of humanitarian action that MSF accepted to maintain a presence in the country, as well as what constituted an acceptable risk threshold, were the subject of (often heated) discussions and reflections in MSF throughout its presence in Somalia. On the one hand, was the scale of the humanitarian needs and MSF's massive medical impact, and on the other, was the highly insecure environment. In the middle, a range of thorny compromises necessary to enable MSF's operations -including remote management, the acceptance of armed guards, bunkerisation, arbitrary demands for fees and taxes, and the 'embedding' within clan structures. In the end, the majority of MSF's senior leadership decided enough was enough.¹⁶

Syria is in many ways the most challenging context for MSF. Repeated attempts to negotiate access with the Syrian government in Damascus have failed. Access to the opposition-controlled areas has been possible but not without immense challenges. MSF staff have been killed and abducted by armed groups. Countless health facilities, including many supported by MSF, have been attacked and bombed. Despite a lack of approval from all parties to the conflict, MSF deems it sufficiently safe to operate (with MSF staff) in some areas of the country, but is unable to directly access many of the areas with the highest medical needs. MSF also provides material support and medical advice to medical facilities through underground networks in areas it is unable to reach -a compromise to MSF's default modus operandi of direct implementation that the organisation believes is justified by the scale of medical humanitarian needs, and the presence of qualified Syrian medical personnel in besieged and frontline areas.

Humanitarian access is not a given. It must be earned, and maintained. But in a country where the government has passed a law that makes the provision of humanitarian assistance to the opposition illegal, and where 4 out of 5 of the permanent UN Security Council members are engaged in a conflict in which civilians are injured and killed in vast numbers with apparent impunity, the limitations of humanitarian action are all too stark.

MSF has a comparative advantage to operate in war zones. Unlike many other organisations, it is neither multi-mandated, nor multi-sectoral -its narrow focus on provision of medical assistance in armed conflicts and other humanitarian emergencies allows the organisation to concentrate all its resources and skills in this field. Its expertise in the provision of medical (emergency) services, including surgery, is not only a basic need of the civilian population, but often also of belligerents. Its private donor base enables the organisation to demonstrate its political and operational independence, which in turn facilitates principled action. Furthermore, medical personnel and services enjoy explicit protection under international humanitarian law (IHL). Finally, hospitals can facilitate risk mitigation in that teams can often be accommodated within the medical structure, reducing the need for multiple compounds and road movements.

¹⁶ MSF is currently assessing the options to return to Somalia, drawing from the lessons the movement has learned during its 22-year presence.

Yet, despite these enablers, MSF still struggles to reach those most in need. And this is for a number of reasons:

First, for the simple reason that humanitarian action is not without risk anywhere, but especially not where IHL is blatantly ignored and disrespected, and the targeting of non-combatants (be they civilians or aid workers) becomes part of everyday warfare.

Second, some of MSF's enablers, namely its public profile and its independence, can turn into disablers in contexts in which authorities (often, but not exclusively, assertive governments) regard MSF's independence as a threat to their legitimacy and power.

Third, like many other organisations, MSF's pool of experienced and skilled senior staff is limited, and the turnover in key positions in the field is high, which hampers consistency, continuity and networking, among others. In addition, whilst the presence of several MSF operational centres¹⁷ in one context often carries several advantages, it can undermine consistency and coherence in positioning and negotiations.

The acceptable risk threshold –whether in a given context, or institutionally– is frequently the subject of discussion in MSF. More so than the question of whether and how institutional risk concerns have affected MSF's willingness to accept security risks. It warrants much deeper reflection than this paper can offer. In the author's view, several factors need to be taken into account:

MSF's commitment to frontline emergency humanitarian action remains strong. Yet, the Somalia example shows that the organisation does not stay at all costs, that there is an 'upper limit' –a maximum risk threshold– in every context it operates in. And even though MSF does not automatically withdraw after a major security incident (indicating some degree of organisational resilience to cope with such crises) every deliberate¹⁸ attack and resulting casualties remain fundamentally unacceptable, and trigger internal reflection about MSF's continued presence in that context.

But the humanitarian imperative –the moral commitment to act– continues to be the central and driving force in the organisation's considerations and decisions about programme criticality and risk thresholds.

This is perhaps best illustrated in MSF's response to the Ebola epidemic in West Africa in 2014. Fourteen MSF staff lost their lives to Ebola, some possibly infected in the work environment. At the operational level, it was clear upfront that the massive scale of the intervention made it highly unlikely that all MSF staff would escape infection. At the organisational level, concerns were raised about the reputational costs that loss of staff could entail. But in the face of the overwhelming suffering and the knowledge that MSF's intervention could have a significant impact on the epidemic, the humanitarian imperative prevailed.

¹⁷ MSF has five (autonomous) operational centres.

¹⁸ Incidents that are motivated by the intent to cause harm to MSF staff or assets.

MSF's continued presence and persistence in contexts despite suffering major security incidents (e.g. Afghanistan, CAR, South Sudan, Yemen) also indicate that factors related to institutional risk have not had a noticeable impact on the organisation's willingness and capacity to accept risk.

Nonetheless, MSF naturally is not immune to some of the trends affecting the sector, including enhanced institutional risk management. In MSF, growth, and initiatives to increase internal accountability and coherence certainly have increased organisational complexity¹⁹. Organisational cohesion and coherence are both important factors in strengthening resilience and a culture of risk acceptance. But the flipside of the coin is that an increase in number of platforms and entities consulted inevitably entails longer decision-making processes. This carries the risk of hampering decisional agility and of having to compromise on the lowest common denominator. MSF's long internal deliberations around re-entering Somalia, as well as around the organisation's positioning vis-à-vis key actors in the Syria conflict reveal the challenges of MSF's governance structure for its operational decisiveness.

The growing number of national labour frameworks MSF must comply with, as the organisation expands staff recruitment to more countries, is also adding to management complexity as well as the inherent tension between the humanitarian imperative and the moral and legal responsibilities of employers towards their staff.

So far, notwithstanding the institutional management challenges posed by growth, increasing internal and external accountability demands and institutional risk management, it does not seem that MSF has lost sight of its primary purpose. But the organisation would probably be well advised to ensure that the pitfalls some of the organisational and external developments entail do not undermine its ability to put the people that need its assistance first.

¹⁹ MSF is a worldwide movement that consists of 24 independent associations. They are attached to five operational directorates, which manage MSF's humanitarian assistance programmes. The highest authority of MSF International, the annual MSF International General Assembly (IGA) is made up of representatives of each association, individually elected members and the International President. The IGA is responsible for safeguarding MSF's medical humanitarian mission, and provides strategic orientation to all MSF entities. It delegates duties to the International Board which is made up of representatives of the operational directorates as well as a group elected by the IGA, and is chaired by the International President.

The current system is not working for the very people it is meant for, but it may not be necessary to demand a paradigm shift

The concept of a small group of organisations willing and equipped to operate in the most insecure environments would boost capacity and improve overall effectiveness

Does humanitarian action need an A-Team?

There does not seem to be a quick fix for improving the sector's capacity in security management, access negotiations and principled action. Many problems are linked to the structure of the humanitarian architecture, as the governance system prioritises coherence over the humanitarian imperative and political, financial and operational independence. But it may not be necessary to demand a paradigm shift and revolutionise the entire system. Instead, if just a few more organisations committed to making independent humanitarian action their core organisational purpose and made the necessary investments, overall capacity to operate in highly insecure areas could be significantly boosted. It would require sustained donor support: organisations would need resources to build up their capabilities, including resource-intensive logistics and transport capacities, as well as timely access to un-earmarked funds that allow for operational flexibility.

Apart from boosting capacity, the concept of a small group of organisations willing and equipped to operate in the most insecure environments would potentially have other advantages: a smaller number of organisations may ease coordination, increase willingness to share sensitive information, and allow for more coherent and consistent access negotiations.

The humanitarian sector has seen significant investments, including the security domain. But these investments seem to have had little impact for those they are meant for: the people stuck in the most insecure regions of the world's war zones, in desperate need for assistance. The A-Team concept may not be the answer, perhaps there are better solutions to improve overall humanitarian response in insecure settings. But there is little doubt that it is time for the humanitarian sector to review its approach. The current system is not working for the very people it is meant for.

Organisational risk

Any discussion about risk-taking in the humanitarian sector must include the evolution of humanitarian organisations themselves.

As described in chapter one, several interconnected factors, including growth and professionalisation, have contributed to a relative increase in institutional interest in the humanitarian sector. Humanitarian action has become a business. Competition for funds and contracts is high. Well-paid careers can be made. Public image is an important factor in decision-making. Where the self-given mandate (e.g. provision of humanitarian assistance) of an organisation may have been its sole *raison d'être* in the past, it is now more likely to compete with the institution's interest in protecting its branding and financial health.

This also has effects on security risk analysis and risk acceptance. It means that beyond the direct consequences for staff and assets, the impact of a safety or security incident on the organisation (the risks of liability, loss of donor funds and public trust) features more prominently in risk analyses today than it may have done in the past. In other words, the same threat with the same impact on the victim may today be a much higher risk than it used to be, because the impact on the organisation has increased.

A tension between duty of care and the moral imperative to act

There are of course many factors impacting organisational risk: the killing of a staff during an armed robbery in CAR has much less media impact on an organisation than the execution of an aid worker by a radical group seeking maximum media attention; working in areas controlled by declared terrorist groups may potentially violate counter-terrorism legislation and harm an organisation's public image; having already suffered one serious incident an organisation may be more hesitant to take the risk again in the same context, and the loss of a big donor contract (because of a security incident) probably has a higher impact than that of a small one.

But it is the topic of duty of care that has increasingly been the focus of discussion on organisational risk over the past years. The changing relationship between an organisation and its staff is indeed an important cause for the growing necessity of organisational risk management.

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It is difficult to gauge whether the greater legal responsibility as employers and the associated risk of libel have caused organisations to become more risk-averse

It makes perfect sense that effective incorporation of all aspects of duty of care should contribute to an organisation's ability to operate in highly insecure environments

Before the so-called professionalisation of the sector, the spirit of volunteerism and adventure were tangible among field workers, as aptly articulated in the book *Saving Lives and Staying Alive* by the MSF Crash Foundation: "*Relief organisation personnel were treated, and saw themselves, as 'associates' of a noble adventure, rather than as employees who might demand of their employers the security guarantees to which fledging labour law entitled them.*"²⁰

For better or worse, the days of the humanitarian cowboys are gone. Today, the relationship between organisation and staff is primarily contractual and dictated by labour law.²¹ The ruling in the recent case *NRC vs Dennis* was clear: aid organisations have the same duty of care responsibilities towards their staff as other industries.²²

Whether this development—greater legal responsibility as employers and the associated risk of libel—has caused organisations to become more risk-averse is difficult to gauge. At first glance, it shouldn't have done, as was convincingly argued in a review of the *NRC vs Dennis* case²³:

"For an organisation, beyond the fact of legal responsibility, the point made here is that taking account of the mandatory nature of duty of care is necessary—and not merely to avoid a court case and all the negative effects this carries with it. More importantly, due consideration of duty of care has wide-ranging positive impacts on an organisation. It makes sense for an organisation to embrace and invest in duty of care rather than expend efforts to avoid it; in fact, embracing duty of care leads to a better organisation." (p. 36)

It makes perfect sense that cultivation and effective incorporation of all aspects of duty of care should contribute to an organisation's ability to operate in highly insecure environments: its staff is adequately prepared, motivated, confident in the organisation's management and likely to be of high(er) quality as the organisation's good reputation makes it an attractive employer.

²⁰ Neuman, M. and Weissmann, F., *Saving Lives and Staying Alive*, MSF Crash, October 2015. <http://msf-crash.org/livres/en/saving-lives-and-staying-alive>

²¹ This change is visible also within MSF. When the author of this paper joined MSF in the '90s, MSF was introduced to newcomers as a movement of volunteers, the organisation of MSF was no more than a vehicle that allowed its members to follow their humanitarian imperative. Today, MSF often refers to staff as its 'workforce'.

²² Oslo District Court: 'Judgement Steven Patrick Dennis vs Stiftelsen Flyktningshjelpen (The Norwegian Refugee Council)', November 2015.

²³ Merkelbach, M. and Kemp, E., *Duty of Care: A review of Dennis vs Norwegian Refugee Council ruling and its implications*, EISF, Sept 2016. <https://www.eisf.eu/library/duty-of-care-a-review-of-the-dennis-v-norwegian-refugee-council-ruling-and-its-implications>

In order to address as many needs as possible with the limited response capacity available, humanitarians are compelled to stretch their resources to the limit

Increased organisational risk may not be a prominent factor in day-to-day security decision-making, but it is hard to imagine that it has no effect on organisational culture and organisational risk thresholds

Yet, are the concepts of duty of care and the humanitarian imperative so easily reconcilable? In simple terms, duty of care compels the organisation to “*take reasonable and practical steps to protect staff against any foreseeable risks they face.*”²⁴ From a moral perspective however, it raises the question what reasonable constitutes in the face of massive human suffering. The uncomfortable reality is that more often than not, and almost always in the more insecure contexts, urgent basic needs vastly exceed the response capacity. Deciding who to assist is also a decision on who not to assist – a dilemma inherent to humanitarian action. Naturally, in order to address as many needs as possible with the limited response capacity available, humanitarians are compelled to stretch their resources to the limit. In practical terms, that includes decisions about how many staff and how big an area a project manager can responsibly manage, when and how often a road can be travelled, and whether to leave the team on the ground when the project manager is med-evaced with malaria. Such decisions are the daily bread and butter of humanitarian managers. They are as frequent as they are hard. They are the practical application of the concept of programme criticality.

In this day and age, as mentioned earlier, the potential impact of a safety or security incident as a result of getting one of these decisions wrong goes way beyond the harm afflicted on the victims (and subsequent reduced assistance to the population). Organisations may face liability claims, and financial and reputational damage. Careers may be at stake. Increased organisational risk may not be a prominent factor in day-to-day security decision-making, but it is hard to imagine that it has no effect on organisational culture and organisational risk thresholds.

By no means must the glaring gap between needs and response capacity be misused as a licence for recklessness. There is no excuse for organisations failing to comply with due diligence requirements. Surely many organisations can, need and want to improve in this area, be it security training, risk analysis, post-incident care or other aspects of duty of care. Apart from the legal obligation, duty of care increases the capacity to fulfil the humanitarian mandate.

²⁴ Merkelbach, M. and Kemp, E., Duty of Care: A review of Dennis vs Norwegian Refugee Council ruling and its implications, EISF, Sept 2016. <https://www.eisf.eu/library/duty-of-care-a-review-of-the-dennis-v-norwegian-refugee-council-ruling-and-its-implications>

Unlike mining or other industries that also are inherently dangerous, the bottom line of genuine humanitarian action is not financial profit. Its bottom line is whether someone eats or goes hungry, sleeps under a blanket or is cold at night, lives another day or dies

But humanitarian action is messy, and by definition imperfect, loaded with difficult compromises and choices. When faced with overwhelming human suffering and limited response capacity, does the meaning of what constitutes reasonable change from its interpretation as conceived in the comfortable surroundings of lawmakers' offices?

That is why the argument that humanitarian action is no different from other industries--and should apply the same duty of care standards--is flawed. Unlike mining or other industries that also are inherently dangerous, the bottom line of genuine humanitarian action is not financial profit. Its bottom line is whether someone eats or goes hungry, sleeps under a blanket or is cold at night, lives another day or dies. The moral pressures and dilemmas faced by humanitarians acting out of compassion cannot be compared with the pressures executives of profit-making entities are exposed to. The concepts of duty of care and the moral imperative to assist others in desperate need are not conflicting. In an ideal world, the former should be enabling of the latter. Rather than trigger risk-aversion, due diligence should prepare organisations and its staff to better manage risk. But the translation of both notions into daily practice is much more complex than that.

Conclusions

The question to ask is not whether a context is too insecure, but how the risks can be mitigated to an acceptable level

The humanitarian imperative must remain central to how the system is organised, how organisations organise themselves internally, what capacities organisations build and what they consider as acceptable risk thresholds

Humanitarian action is not always possible when and where it is needed. It relies on those in control of the violence to accept and facilitate, or at a minimum to tolerate, the provision of assistance. Failure of access negotiations, the intentional violation of security 'guarantees', criminal acts and collateral damage all are part and parcel of the endeavour to assist others in violent contexts –no matter how explicit your access guarantees, strong your acceptance and robust your security management.

But humanitarian action also relies on humanitarians being willing and capable to take up the challenge. It is a given that insecurity is a limiting factor in the provision of humanitarian assistance. The question to ask is not whether a context is too insecure, but how the risks can be mitigated to an acceptable level.

Capable means that the sector organises itself in a manner that allows independent, principled action. The current humanitarian architecture, dictated by the coherence agenda and subordinated to political or military objectives, does anything but enable principled humanitarian action, an essential contributor to creating humanitarian access.

Capable also means that organisations that choose to engage in highly insecure contexts, are provided with the means to, and develop the relevant competencies and capacities.

But capability alone does not suffice. Commitment to the principle of humanity –the moral obligation to act– is the other fundamental prerequisite. The humanitarian imperative must remain central to how the system is organised (humanitarian architecture), how organisations organise themselves internally (decision-making on programme criticality), what capacities organisations build (competencies) and what they consider as acceptable risk thresholds. If these choices are dominated by political and institutional considerations, the very *raison d'être* of the humanitarian sector must be questioned.

Parts of some of the most insecure environments do seem to pose almost insurmountable security obstacles. But in many other contexts –CAR, South Sudan and Yemen among them– humanitarian presence and direct assistance has not been at the level it should have been (and should be). And this is despite the significant investments to improve the sector's capacity to manage risks. Simply put, too few organisations appropriately carry out the functions that contribute to enabling the provision of humanitarian assistance. The SAVE research and IASC Operational Peer reviews provide more than sufficient evidence.

For organisations that claim a humanitarian mandate, the bar is high. It entails the moral imperative to help others stuck in dangerous places and in desperate need of assistance. It means putting them at the forefront of our decision-making. Failure to do so means failing them.

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