Figure 1 / The humanitarian system

**Affected communities**

- The International Red Cross and Red Crescent Movement
- Donors
- Host governments
- Humanitarian arms of regional intergovernmental organisations
- Private-sector entities
- Religious institutions
- National NGOs
- UN humanitarian agencies
- International NGOs
- Diaspora groups
- Military forces

Organisational entities for which aid provision is their primary mandate

Groups that play a critical role in humanitarian response but humanitarian action is not their core function
Planning For and Responding To Complex Humanitarian Emergencies

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RCRC Movement

- International Committee of the Red Cross, ICRC
- National Societies (NS), 189 currently
- International Federation of Red Cross and Red Crescent Societies (IFRC)

- Each component have preparedness planning, processes and ability to respond nationally, regionally or globally.
- ICRC responds in contexts with conflict or situation of severe violence (OSV, or is recovering from conflict), also at times of natural disasters, independently and with NS(s). ICRC is independent from UN-system

- RCRC coordinates with UN-lead response, NS can be implementing partner (e.g. UNHCR) in its auxiliary role

- NS’s+IFRC in natural disasters
  - Many National Societies hold capacity to respond domestically, many for Regional response and a few at global level. Grouping together for response. IFRC coordination
Preparing and planning for emergencies (ICRC)

- Contingency plans in each operational Delegation
- Updated regularly, contingency for escalation of needs (election violence, destruction or population movements due to violence or natural disasters)
- Close alignment between field and HQ/GVA
- Defined SOP’s in special Rapid Deployment (RD) Mechanism in sudden onset increase of needs
- ICRC Prepared **stocks**: GVA, Regional W/Hs, contexts
- Global stock management system
- Stock levels according to contingencies + consumptions
- **Standard item lists, standard kits** (in health 600 items in essential supply list, trauma/war surgery kit)
  - Pre-agreements with National Societies, which have capacity to deploy internationally. Each have prepared stocks or pre-agreements with suppliers (for field hospitals, WHO/UNICEF/UNFPA defined kits e.g. IEHK, etc) and emergency units available also for joined ICRC deployment
Comprehensive response: In-kind for health, Ecosec, Wat-San-shelter, ICT, Log service, HR for all components, and strengthened general management and coordination

Most operations are prolonged emergency responses, with ongoing programs combined with escalation of needs, due to intensified conflict or combined natural disasters (floods/drought/disease outbreaks etc.)

Challenges in Health:

- Often weak capacity of GoV/MOH to manage processes e.g. nat. standard lists, customs for importation, quality control etc..
- Lack of local qualified professional HR
- Poor infrastructure i.e. roads, electricity supply etc. complicating logistics chain, or e.g. water supply for response
- Protection of Health action is crucial in complex emergencies (“Health Care in Danger”); this includes supply chain in all its parts.
- Internal: Preparedness is essential, but follow up and replenishment of close to expire items is an unavoidable burden