The ICRC is pleased to present its 2015 Emergency Appeals, which describe the situations faced by people affected by armed conflicts and other situations of violence, the primary objectives of the ICRC’s field delegations and missions in some 80 countries around the world and the corresponding budgetary requirements. The Emergency Appeals set out the needs as identified at the time of writing in late October 2014.

**TRENDS IN CONTEMPORARY ARMED CONFLICTS**

The ICRC’s analysis of the characteristics of the armed conflicts and other situations of violence in which it operates features the main elements below.

First, the takeover of large swathes of Iraq and the Syrian Arab Republic (hereafter Syria) by the Islamic State group has sent shock waves reverberating across the Middle East and beyond and compounded a regional dynamic that has grown in complexity since the beginning of the conflict in Syria, with serious repercussions on neighbouring countries – and catastrophic humanitarian consequences. Tens of thousands of people have been killed and 6.5 million displaced inside Syria, the majority in areas that are difficult to reach. A further 3 million have fled the country, leading to one of the biggest refugee crises since the end of the Second World War. The generosity of neighbouring countries is being stretched, with Lebanon now hosting over 1 million refugees, equal to a quarter of its own population. In Iraq, the deterioration in the situation since the beginning of 2014 has resulted in more than 9,200 civilians killed and some 1.6 million displaced.

Second, there are massive humanitarian needs due to new or protracted armed conflicts and other situations of violence, despite, in some cases, efforts to negotiate political settlements – particularly in Afghanistan, the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), the Gaza Strip (occupied Palestinian territory), Libya, Mali, Somalia, South Sudan, Ukraine and Yemen. In eastern Ukraine, more than 600,000 people have been displaced by the conflict, over 3,000 killed and many more wounded. Amid continued volatility, the needs are growing. In Afghanistan, the population continues to face daily insecurity: the first six months of 2014 reportedly saw a 24% rise in civilian casualties compared to the same period in 2013. Hostilities in South Sudan have displaced over 1 million people, most of whom are difficult to reach; with high malnutrition rates, prolonged displacement and health-care facilities under enormous pressure, the humanitarian situation remains dire.

Third, radicalism and the increasingly transnational movement and regional influences of armed groups carry the potential for further sectarian violence in a number of countries. Local populations often find themselves paying the heaviest price, suffering casualties or becoming trapped in the middle of attacks or clashes between government forces and armed groups.

Fourth, the Ebola crisis in West Africa has severely tested the capacities of fragile health services in a region already struggling to recover from years of conflict, further exacerbating economic and food insecurity. With the peak of the crisis said to be several months away, the international community is mobilizing in support of the countries most affected.
Fifth, the number of IDPs, refugees and asylum seekers uprooted by ongoing conflicts and other situations of violence worldwide has risen in the past two years: in 2013, the total number exceeded, for the first time since the Second World War, 50 million people, over half of whom are IDPs. The negative trend has continued in 2014, with the situations in the CAR, Iraq, Nigeria and South Sudan, in particular, deteriorating.

Finally, the diverse and often acute humanitarian consequences in a number of other situations of violence related to intercommunal tensions, struggles over increasingly scarce natural resources, widening inequality, organized crime and growing urbanization (around 1 billion people currently live in slums) pose challenges in the form of extreme violence and lack of access to basic services.

VULNERABILITY AND RESILIENCE IN ARMSMD CONFLICTS AND OTHER SITUATIONS OF VIOLENCE

In 2014 – a year of multiple crises – the lives of millions of people around the world have been torn apart by conflict and violence. Men, women and children face enormous suffering, including injury, death, grave violations of IHL and abuse. Hundreds of thousands have been forced to flee their homes, losing everything, becoming separated from family members who were arrested or disappeared and living with the uncertainty of their whereabouts. ICRC field staff, often with National Society volunteers, are working to address the vulnerabilities and suffering of those affected, whose plight and needs remain at the heart of the ICRC’s analysis and response, regardless of which side of the conflict they find themselves on.

The following extracts from the 2015 planning documents of several ICRC delegations illustrate the different ways in which conflict or violence heightens the vulnerability of populations and communities.

On the conduct of hostilities, for example:

Attacks on opposition-held areas did not distinguish civilian lives and assets from military targets – the use of explosive weapons with wide impact in urban areas was almost a daily occurrence, causing thousands of civilian casualties. Civilian infrastructure destroyed or damaged by untargeted as well as targeted attacks by government forces included hospitals, schools, markets, power plants and essential water infrastructure. Civilians, including women and minors, perceived as supporting/belonging to the armed opposition, were arbitrarily arrested and detained incommunicado. The armed opposition also resorted to indiscriminate attacks against civilians and civilian infrastructure, and denied civilians access to essential services such as water and electricity. Reports of summary executions by the armed opposition of both combatants and civilians emerged.

Communities who flee their homes and livelihoods may be forced to endure years of living in very difficult conditions; some of them may be forcibly displaced multiple times:

Very poor hygiene and precarious living conditions for the displaced population are aggravated by the length of displacement. The potential of health complications and outbreaks with deadly consequences remains high. The main cause of death for all ages is pneumonia. Access to health care is limited by financial difficulties, discrimination, mistrust and cultural acceptance among specific indigenous groups that tend not to seek medical attention when the first signs of illness appear. These factors make children, pregnant women, sick people and the elderly particularly vulnerable.

A special focus on analysing the situation of victims of sexual violence shows how complex it is to address the issue:

Sexual violence against women and girls has been ripe in the present conflict, perpetrated by armed actors from all sides, during deliberate attacks on civilians and also when they have taken refuge in IDP camps or during movements (e.g. when searching for food). Abductions are deemed to systematically entail sexual violence. Perpetrators from both parties were often reported to stage their acts in front of family members of the victims or in public. In many cases, the fighters resorted to the abduction of the victims, causing their separation from their families and their submission to situations of forced marriage. The number of survivors seeking support is low due to the associated stigma and difficulty accessing health care, among other reasons.

Less visible are the long-term psychological scars of armed conflicts and other situations of violence, both on those exposed to extreme violence and on the families left behind:

The assessment found families continue to suffer from the uncertainty related to the fate of their missing relatives, with the most common problems identified as emotional distress, loss of productivity, and stigma from other family members. Negative coping mechanisms such as alcoholism, isolation, bitterness and aggressiveness have been observed.

In many contexts, medical personnel, hospitals, clinics and even ambulances are targeted by parties to the conflict, preventing access to emergency and basic health care for the sick and the wounded:

It is during these times of instability that health care is most inaccessible and insecure. Many injured and sick people were reportedly unable to reach health-care facilities and died due to their wounds or diseases, while many others saw their treatment deliberately interrupted due to doctors fleeing or when patients, doctors and caregivers were targeted by the assailants. Men were systematically accused of being soldiers; many of them were allegedly taken out of the hospital, killed and their bodies thrown in the river. Several patients who could not flee were killed in their hospital beds.

THE CHANGING HUMANITARIAN SECTOR

For the humanitarian community, security issues and restrictions placed on the delivery of assistance continue to challenge proximity to the populations affected and the provision of direct aid where most needed. A number of contexts illustrate this challenge, amongst them the CAR, Iraq, Libya – where the ICRC has had to reduce its presence – and Syria. The latest analysed figures on security show 2013 setting a new record for violence against humanitarian operations, with
460 aid workers affected in incidents: of these, 155 were killed (more than double compared with 2012), 171 seriously wounded and 134 abducted.

With a multitude of stakeholders involved in responding to crises – humanitarian agencies and NGOs, faith-based organizations, State emergency ministries and armed forces – the humanitarian sector is often misperceived. Increased understanding of roles, coordination and clarification of approaches are important in tackling this.

Today, real-time information on an armed conflict or situation of violence and its humanitarian consequences can be communicated 24 hours a day on a plethora of social media sites, though questions of reliability remain. At the same time, beneficiaries can use such tools to communicate their concerns and needs, and to evaluate the support they receive from humanitarian agencies, more easily. New technologies and approaches are being used by humanitarian agents, including the ICRC, as a way to overcome problems of access, enable improved monitoring and provide a faster response.

**IMPLICATIONS FOR CURRENT ICRC OPERATIONS**

In 2014, the ICRC has managed to maintain and gain proximity to vulnerable people in a range of contexts, during a particularly challenging year in terms of the number of crises. Teams comprising more than 150 ICRC surge-capacity staff and over 60 National Society personnel were rapidly deployed to the Philippines, South Sudan, Ukraine, the Gaza Strip and countries affected by the Ebola crisis in West Africa. In some instances, the ICRC is one of the few international organizations on the ground, for example in remote areas of the CAR, northern Mali, northern Nigeria and eastern Ukraine.

The ICRC works hard to build contacts with all parties to conflicts and other situations of violence in order to gain access to and have direct interaction with the populations affected, and to enable dialogue on the conduct of hostilities. It is regularly requested by parties to conflicts to intervene in specific cases, in its capacity as a neutral intermediary. For example, in Yemen, by the end of the siege of Dammaj in Sâada governorate, the ICRC had been involved in the evacuation of 164 weapon-wounded people and the remains of 42 others. In Afghanistan, it facilitated the release of 33 people held by an armed group.

It has been an extremely difficult year in terms of security, with the ICRC and some National Societies facing complex operating environments and tragic losses: the ICRC lost three colleagues – in the CAR, Libya and Ukraine. In Syria, at the time of writing, three ICRC colleagues are still being held, and 38 Syrian Arab Red Crescent staff members have lost their lives since the beginning of the conflict. Other particularly challenging contexts have been Afghanistan, Iraq, Mali and Nigeria.

Nevertheless, the ICRC made steady headway towards implementing the objectives set out in its initial 2014 field budget of CHF 1,104.4 million, and in 11 budget extensions – amounting to CHF 199.7 million – for the Philippines, the CAR, Syria and the wider region (Egypt, Iraq, Jordan and Lebanon), South Sudan (twice), Moscow regional (Ukraine), and Israel and the Occupied Territories. The figure of CHF 199.7 million takes account of a budget reduction for Sudan (CHF 20 million), the ICRC being unable to implement all planned activities owing to the suspension of its operations in February, despite the recent agreement on its presence in the country.

**KEY CHALLENGES FOR THE ICRC IN 2015**

**Quality of access and scope of action**

Given the wide range of crises and the enormous humanitarian consequences, the ICRC’s ambition in 2015 is to reach the most vulnerable populations and to respond to their humanitarian needs in a timely, holistic and appropriate way. The ICRC will pursue its dialogue with all parties so as to ensure it obtains unhindered access to those populations.

The ICRC’s 2015 objectives therefore constitute a realistic response to growing needs across the world, as analysed by its field delegations, and amount to a budget of CHF 1,379.3 million. The ICRC will begin the year with 11 operations budgeted over CHF 40 million. The 10 largest operations, representing 57% of the overall budget, will be in Syria (CHF 164.3 million), South Sudan (CHF 131.2 million), Afghanistan (CHF 80.1 million), Iraq (CHF 78.1 million), Somalia (CHF 73.7 million), the DRC (CHF 63.4 million), Israel and the Occupied Territories (CHF 50.5 million), Mali (CHF 47.6 million), the CAR (CHF 46.9 million) and Ukraine (CHF 46.9 million). Lebanon, Colombia, Jordan, Yemen and Myanmar (listed in order of budget size) are also among the largest operations.

ICRC operations in international and non-international armed conflicts account for over three quarters of the Emergency Appeals. The organization will also assist those affected by other situations of violence, including situations of State repression, intercommunal violence or armed violence in urban settings. Although these fall below the threshold of IHL applicability, populations in such situations suffer serious humanitarian consequences – including arbitrary detention, disappearances, torture and other forms of ill-treatment and, often, lack of access to basic services – that require an appropriate humanitarian response.

**Contextualized multidisciplinary response**

Armed conflicts and other situations of violence remain extremely varied in nature and therefore generate very different and context-specific needs. In view of the various difficulties faced by the most vulnerable affected populations, the ICRC will aim to provide the right response at the right time, involving the beneficiaries in all stages – from assessment to implementation, monitoring and evaluation. Through this process, it continually seeks to improve its approaches and response using the entire spectrum of assistance, protection and prevention activities, while ensuring that best practices are widely shared between delegations.
Overall, the ICRC will focus in particular on those made more vulnerable by factors such as their gender or age, and on specific groups such as the wounded and sick, victims of sexual violence, IDPs and people deprived of their freedom.

In line with the ICRC’s Health strategy 2013–2018, a number of delegations, such as those in the CAR and Mali, have significantly reinforced their response – as reflected in a 30% budget increase compared to the initial 2014 budget – in terms of comprehensive hospital care, health in detention and physical rehabilitation. These are backed by first aid, primary health care and mental health/psychosocial support programmes.

In view of the increased number of people on the move (IDPs, refugees and migrants), the ICRC will again reinforce its response, in particular during the acute phase of displacement.

Activities aimed specifically at victims of sexual violence will be carried out by several delegations, including in the CAR, Colombia, the DRC, Lebanon, Mali, Mexico City (regional) and South Sudan, with assessments in others. Considering the sensitive nature of the issue and the psychological impact on those affected, the ICRC, with National Societies, will provide a safe environment where victims can receive physical and psychological treatment, while continuing to raise the issue with weapon bearers and national authorities.

The very difficult conditions faced by tens of thousands of vulnerable detainees will be addressed through dialogue with detaining authorities and assistance programmes for the detainees and the penitentiary system as a whole.

**Partnerships and coordination**

The ICRC will continue to strengthen its efforts to ensure smooth coordination and increased cooperation in its relations with its Movement partners and with external actors. The majority of the ICRC’s programmes in the field are carried out together with its primary partners, the National Societies, and their invaluable networks of volunteers, who bring with them a more nuanced understanding of their communities. The ICRC will also seek to mobilize National Societies for rapid deployment and encourage peer-to-peer support. It believes that strong partnerships not only lead to an improved overall response to needs, but also support the efforts of National Societies seeking to preserve their independence in armed conflicts and other situations of violence.

Partnerships with authorities, NGOs and the communities themselves are on the increase, providing opportunities for new practice and learning, but also posing challenges, in particular in ensuring a principled approach at the forefront of any response, sufficient accountability and capacity building. On thematic issues, such as those linked to the Health Care in Danger project, partnerships with a variety of stakeholders are paramount to achieving results.

**Relationships with influential stakeholders and dialogue with all**

At all levels – global, regional and local – relationships with all stakeholders are fundamental to gaining access to affected populations, reducing the number of violations committed, and ensuring the right perception – and therefore acceptance – of the ICRC and its partners. Reaching victims on all sides of an armed conflict or other situation of violence requires the ICRC to engage in an enormous operational networking effort with all parties and stakeholders.

Relationship building with States able to influence global policies and enforce IHL is another important factor. In the changing international political and humanitarian landscape, the ICRC will continue to broaden its relations with a number of States and other actors to improve mutual understanding and develop shared perspectives.

**CONCLUSION**

Every day, all over the world, actual individuals, families and communities are seriously affected and traumatized by armed conflicts or situations of violence. They are not mere statistics.

At the ICRC, we are fully aware of the challenges awaiting us in 2015, given the sheer scope of humanitarian needs and the difficulties we face in reaching those affected. Together with our colleagues in the Movement, we will do all we can to address their plight, alleviate their suffering and help them rebuild their lives.

The 2015 Emergency Appeals reflect current trends in the global environment and take account of the forecasted humanitarian needs. We are immensely grateful for our donors’ continued interest in and remarkable diplomatic and financial support for ICRC activities. We greatly appreciate their deep respect for the ICRC’s independence and neutrality. The ICRC is strongly committed to making responsible and effective use of the financial means that are made available to it, ever conscious of the expectation that it will make demonstrable progress towards achieving what it has set out to do.

Dominik Stillhart
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