

SPECIAL APPEAL 2020

THE ICRC'S RESPONSE TO SEXUAL VIOLENCE



ICRC



ICRC

International Committee of the Red Cross

Resource Mobilization Division
19 Avenue de la Paix,
1202 Geneva, Switzerland
Email: gva_rem_chf@icrc.org www.icrc.org
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SPECIAL APPEAL 2020

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TO SEXUAL VIOLENCE**

OVERVIEW

THE SPECIAL APPEAL 2020

The Special Appeal 2020 is in line with the ICRC's commitment to consolidate and enhance its efforts to prevent sexual violence in armed conflict, other situations of violence, and detention, and to respond to the consequences of such abuse. It gives an overview of the issue, the applicable legal frameworks, and the humanitarian consequences on victims/survivors and their communities. The document then outlines the ICRC's approach and key areas of its response. This is followed by sections on:

- the activities that will be carried out at headquarters level in 2020;
- the activities planned by 14 delegations for 2020, with concrete examples of the ICRC's response and prevention efforts; and
- information on the corresponding budgets.

The information presented in this document is extracted from, and also covered by, the *ICRC Appeals 2020*. This is aligned with the ICRC's chosen approach to integrate its response and prevention efforts concerning sexual violence into its overall activities for people affected by armed conflict and other violence, instead of taking on a project approach. The plans and budget in this Special Appeal highlight the more specific activities that the ICRC will implement in 2020, usually as part of broader programmes – an approach that also aims to mitigate the stigmatization or re-victimization of the people the ICRC is seeking to assist.

With this Special Appeal 2020, the ICRC seeks:

CHF 20.9 million

These funding requirements cover the activities that will be carried out at headquarters level and by 14 ICRC delegations, namely Bangladesh, Burundi, Caracas (regional), the Central African Republic, Colombia, the Democratic Republic of the Congo, Ethiopia, Mali, Mexico City (regional), Nigeria, Philippines, South Sudan, Suva (regional), and the Syrian Arab Republic.

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Democratic Republic of the Congo, North Kivu. Psychosocial workers and teams in charge of increasing awareness among communities of the problems of violence attend an ICRC training.

E. Schindler/ICRC

SEXUAL VIOLENCE DURING ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

Despite clear legal prohibitions, sexual violence remains widespread and prevalent during armed conflicts and other situations of violence, as well as in detention. It occurs in various contexts and for various purposes and has grave humanitarian consequences for the victims/survivors and their communities. Sexual violence is often utilized as a tactical or strategic means of overwhelming and weakening the adversary, whether directly or indirectly, by targeting the civilian population. It can also be an accepted practice, or it may occur based on opportunistic motivations at the individual level. Sexual violence is rarely an isolated issue but is rather part of a pattern of violence linked to other violations of international humanitarian law (IHL), such as torture, killing, looting, child recruitment or destruction of property. In conflict and post-conflict settings, erosion of State apparatuses, disruption of livelihood patterns, increase in poverty, proliferation of small arms and light weapons, and displacement, among other factors, can exacerbate existing trends of sexual and gender-based violence – such as marital rape and early or forced marriage – among civilians. These factors may also lead to the emergence of new trends or patterns, such as transactional or survival sex and trafficking for the purposes of sexual exploitation.

The ICRC defines sexual violence as acts of a sexual nature committed against any person by force, threat of force or coercion. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against a third person. Sexual violence also comprises acts of a sexual nature committed by taking advantage of a coercive environment or a person's incapacity to give genuine consent. It furthermore includes acts of a sexual nature that a person is forced to engage in, against another person, owing to the factors and circumstances outlined above. Sexual violence includes rape, sexual slavery, forced prostitution, forced pregnancy or forced sterilization. For sexual violence, as defined above, to fall within the scope of application of IHL, it must take place in the context of, or be associated with, an armed conflict.

Acts of sexual violence are prohibited, both explicitly and implicitly, under IHL¹ applicable in both international and non-international armed conflicts. Rape and other forms of sexual violence are also prohibited under customary law, in both international and non-international armed conflict, as highlighted in Rule 93 of the ICRC study on customary IHL.² Furthermore, rape and other forms of sexual violence in armed conflict can amount to serious violations of IHL and thereby constitute war crimes.³ Sexual violence can also constitute a crime against humanity or an act of torture or genocide.⁴ At all times, acts of sexual violence fall within the scope of application of provisions of international human rights law and of many bodies of religious or traditional law. Although there are considerable variations and nuances in domestic legislation, rape and other forms of sexual violence are considered as offenses in most States.

Sexual violence is a gendered phenomenon: it is often linked to or stems from harmful social practices attached to perceptions of gender roles and the power dynamics surrounding them. Gender can influence both vulnerability to sexual violence and ability to access care and services after an incident of violence. For example, men and sexual and gender minorities may encounter more difficulties in disclosing their experience of violence and thus in accessing care, precisely owing to the belief that they cannot be a victim of sexual violence as dictated by norms surrounding masculinity or heterosexuality and binarity. However, gender is not the only factor that determines and interacts with power dynamics in society and that shapes vulnerability to and experiences of sexual violence. Rather, it is only one among a range of complex and intersecting identities (including race, ethnicity, religion, nationality, migrant status, disability, class, health, religion, caste, sexual orientation or gender identity), which combine to influence a person's position within society and his or her ability to access services. Consequently, it is necessary to ensure that services are available for victims/survivors of sexual violence, and that these services and activities to mitigate risk are tailored in a way that makes them accessible and applicable to all victims/survivors, taking into account their specific needs and capacities vis-à-vis the interplay of gender and other identity factors.

THE CONSEQUENCES OF SEXUAL VIOLENCE

The consequences of sexual violence are both immediate and long term. They often affect all dimensions of a person's physical, psychological and social well-being. Most of the time, they also affect their families and communities.

The physical consequences of sexual violence include sexually transmitted infections, physical injuries, pain resulting from physical violence, infertility, and higher incidence of disease and subsequent health problems. Pregnancy resulting from rape may compound trauma and suffering. When victims/survivors feel that they cannot go through with pregnancy, they must also contend with the risk of a potentially unsafe abortion.

Victims/survivors may continue to suffer consequences that are detrimental to their mental health and well-being long after the incident of violence, especially if support for such issues is not provided. Further psychological and psychosocial consequences include distress, self-blame, confusion, indignity, anger, and guilt or shame over the

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1. For example, Article 27 of the Fourth Geneva Convention specifies that, in international armed conflicts, women should be protected against "any attacks on their honour, in particular against rape, enforced prostitution, or any form of indecent assault". Article 76(1) of Additional Protocol I explicitly provides that "women shall be the object of special respect and shall be protected in particular against rape, forced prostitution and any other form of indecent assault". Children are also specifically protected against "any form of indecent assault" in Article 77(1) of Additional Protocol I. Furthermore, Article 75(2)(b) of Additional Protocol I – providing fundamental guarantees – prohibits "outrages upon personal dignity, in particular humiliating and degrading treatment, enforced prostitution and any form of indecent assault". In non-international armed conflicts, Article 4(2)(e) of Additional Protocol II explicitly prohibits "outrages upon personal dignity, in particular humiliating and degrading treatment, rape, enforced prostitution and any form of indecent assault" against any person who is not, or no longer, participating in hostilities.
 2. The ICRC study on customary IHL published in 2005 identified 161 key rules of customary IHL and presented the State practice on which they are based, as well as related international practice. Rule 93 refers to "Rape and Other Forms of Sexual Violence" – available at: http://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule93. Since its publication, the collection of State and international practice underlying the study (Volume II) has been regularly updated and is freely accessible in an online database (see Practice at: <http://www.icrc.org/customary-ihl/eng/docs/Home>; for the practice collected about Rule 93, see http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule93 (all web addresses were accessed in March 2020)
 3. The Rome Statute of the International Criminal Court (ICC) explicitly includes sexual violence in the list of war crimes. Article 8(2)(b)(xxii) and 8(2)(e)(vi), ICC Statute regarding rape and other serious forms of sexual violence as war crimes in international and non-international armed conflicts; available at: <http://www.icc-cpi.int/NR/rdonlyres/ADD16852-AEE9-4757-ABE7-9CDC7CF02886/283503/RomeStatutEng1.pdf>.
 4. Article 6 b) c) d) of the ICC Statute, *op. cit.*; and ad hoc International Criminal Tribunal for Rwanda, Akayesu case, Judgement, September 1998; available at <http://unictr.unmict.org/sites/unictr.org/files/case-documents/ict-96-4/trial-judgements/en/980902.pdf>.

impact of the abuse on themselves and their families; suicidal ideation, other forms of self-harm and other trauma- and stress-related difficulties can also arise. Social consequences include stigmatization, discrimination, rejection or abandonment by family or community, risk of re-victimization, rejection or desertion of children born of rape, forced marriage, or loss of means of subsistence.⁵ In the face of such adverse consequences, victims/survivors often face dilemmas in deciding whether to disclose the abuse they suffered and to seek assistance.

Sexual violence can also deeply affect the immediate families and other close relatives of the victim, particularly the victim's spouse or partner, children, parents, and/or others who witnessed the aggression. This contributes to the weakening of the social fabric within a given community and the deterioration of internal coping mechanisms.

While sexual violence may affect any person, certain groups may be particularly vulnerable to abuse. These include internally displaced people (IDPs), refugees or other migrants, sexual and gender minorities, and people deprived of their freedom.⁶ As stated above, the interplay of aspects of social identities affect individuals' levels of vulnerability to sexual violence.

Despite its prevalence and grave consequences in most of the contexts where the ICRC operates, sexual violence is often underreported because of various factors that prevent victims/survivors or witnesses from coming forward. As a result, the full extent of the problem is often concealed, with official figures failing to reflect reality. Such factors can include the stigma, guilt and shame associated with sexual violence, fear of reprisals from the perpetrators or authorities, family or the community, or mandatory reporting requirements. In addition, cultural barriers to speaking out about incidents of sexual violence are often significant and vary according to the context. During armed conflict or other situations of violence, victims/survivors face additional obstacles to reporting incidents, owing to, among other reasons, the breakdown of infrastructure, road blocks or arbitrary check points, and targeting of health facilities. These factors, or a combination thereof, also impede victims/survivors' access to medical services, psychosocial support, protection and other assistance that would address their needs, protect them from further victimization and facilitate their reintegration into communities. Moreover, misconceptions surrounding sexual violence remain pervasive, even among professionals such as health-care workers, law enforcement officials and other service providers; this, in turn, leads to responses that are not specific enough to the needs of the victims/survivors or the complete absence of appropriate assistance and referral pathways.

5. Carpenter, R. Charli. "War's Impact on Children Born of Rape and Sexual Exploitation: Physical, Economic and Psychosocial Dimensions". Chapter 1 in: R. C. Carpenter: "Born of War: Protecting Children of Sexual Violence Survivors in Conflict Zones". Hartford: Kumarian Press, 2007.

6. For more information about sexual violence in detention, see "Sexual Violence in Detention" published by the ICRC in 2017: <https://www.icrc.org/en/publication/4293-sexual-violence-detention>.

Mali, Kidal. The ICRC organized a training for health workers on assisting victims/survivors of sexual violence.



THE ICRC'S APPROACH

In line with its humanitarian mandate, the ICRC responds to the needs of victims/survivors of violence – including sexual violence – and pursues efforts to prevent sexual violence, particularly in the context of armed conflicts, other situations of violence and detention.

The ICRC assumes that sexual violence occurs in most of the contexts where it operates, and therefore acts proactively in order to address it, unless it is proven otherwise.⁷ ICRC staff are called on to be attentive to patterns and trends indicating the prevalence of sexual violence, or absence thereof, and to respond in a proactive manner, within their respective fields of expertise. ICRC delegations are encouraged to: (1) at the minimum, integrate a response to the issue into existing activities; or (2) consider developing activities addressing specific concerns related to sexual violence, according to the engagement criteria set out in the ICRC's 2018–2022 strategy for addressing sexual violence (see below). In either case, they are encouraged to ensure that referral systems are in place and known to victims/survivors, so that they can avail themselves of services that the ICRC cannot provide itself.

The ICRC seeks to systematically address the issue of sexual violence through its protection and prevention activities, with a view to preventing further incidents or initial occurrence. It does so through its confidential dialogue with authorities, which is aimed at encouraging them to draft and enact domestic legal frameworks protecting people from such abuse. It also addresses the issue of sexual violence through its protection-related dialogue with weapon bearers. These discussions are complemented and informed by efforts to understand how social and cultural norms can prevent and/or normalize sexual violence.

While maintaining a proactive stance on the issue, the ICRC takes an **evidence-based approach** toward designing its response. It strives to develop activities based on context-specific analyses of the issue, its causes and consequences, the associated risks, links to other violations, the most at-risk populations, the coping strategies developed by victims/survivors and communities at risk, gaps in the assistance received by victims/survivors, and the ICRC's added value. Access and acceptance of the ICRC and of neutral, impartial and independent humanitarian action in a given context, as well as a delegation's capacity to act, are also considered. Furthermore, the ICRC strives to apply best practices and previous lessons learnt in responding to sexual violence, to improve its own activities and influence those of others.

7. This “reversal of the burden of proof” is not a legal position, nor does it seek to place the blame on any party or go against the legal principle of “presumption of innocence”.

In line with its overall working procedures, the ICRC favors a **holistic and multidisciplinary approach**, acknowledging the need to address the multiple needs of victims/survivors of sexual violence, to work on prevention as well as response, and to draw on the expertise of staff members from specialized units and services, both at headquarters and the field. This approach entails strong coordination and information-sharing among the different teams involved. Where needed, the ICRC may engage with partners within and outside the International Red Cross and Red Crescent Movement (hereafter the Movement), following careful analysis of their capacities.

The ICRC recognizes that populations affected by armed conflict and other situations of violence are diverse, and thus takes measures to ensure that its activities are inclusive. It strives to apply an **intersectional analysis**, considering the varying vulnerabilities and capacities of victims/survivors – which are shaped not only by gender, but by other factors such as age, sexual orientation, religion, disability and race – and the ways in which they intersect and overlap to influence a person's position within society. This is necessary so as to ensure that its response to sexual violence is at all times tailored to the people, communities and contexts in question – whether in terms of the services it provides, the accessibility of such services, or its support for people's coping mechanisms, among other things. To this end, the ICRC endeavours to engage victims/survivors and communities throughout all stages of its response, in line with its efforts to increase its accountability to the people it supports.

Consistent with how it approaches all its activities, the ICRC strives to uphold the **“do no harm” principle** when addressing sexual violence. It ensures that its response respects and protects people's well-being and dignity and that it does not cause undue or additional adverse consequences as a result of its programming or presence in a given context. For example, it takes measures to avoid exposing victims/survivors to additional trauma and to prevent stigmatization and labelling by integrating its response to sexual violence into its broader response to victims/survivors of violence.

SCOPE OF THE ICRC'S WORK

Recognizing the complexity of determining the specific added value of the ICRC in a given context, the ICRC has developed a set of considerations to support delegations in this regard and to guide them in setting objectives, designing strategies and implementing activities. These considerations are applicable only to circumstances outside places of detention. Within detention settings, the ICRC seeks to address sexual violence as systematically as it would any other type of violence or abuse, regardless of the connection with armed conflict or other situations of violence and regardless of the status and category of detainees. Moreover, even without fulfilling the criteria outlined below, the ICRC aims to integrate the issue of sexual violence into its activities aimed at preventing violations of IHL.

These considerations are as follows:

- The **strength of the connection between the act(s) of sexual violence and the armed conflict or other situation of violence**: the stronger the connection between these two, the stronger the imperative for the ICRC to act. Delegations assess the strength of this connection by considering the type of perpetrator, the circumstances in which the act of sexual violence occurred and the motives behind it, as well as other factors that link sexual violence to armed conflict or other situations of violence (e.g. an existing pattern of sexual violence aggravated by poverty or conditions of insecurity caused by conflict and other violence).
- The **prevalence and humanitarian impact of sexual violence**: this entails assessing the extent of the humanitarian needs engendered by the violation.
- The **ICRC's added value**, with respect to the organization's expertise, presence and acceptance by parties to a conflict compared with that of other actors.
- The **delegation's own capacity** to respond to the needs identified.

The ICRC nonetheless recognizes that, in many contexts, the boundaries of what is strictly related to armed conflict or other violence may be blurry – for example, in the context of violence between intimate partners in a camp hosting refugees or IDPs, or transactional sex. The ICRC also adapts its approach, and the scope of its action, according to the evolution of its working environment and its overall response to prevailing humanitarian needs in a given context. For instance, it has increased and further developed its activities for vulnerable migrants⁸ – especially those caught up in places experiencing armed conflict and other situations of violence – in view of the growing needs in some of the places it operates in. These activities include efforts to protect migrants, including refugees and asylum seekers, from sexual violence and provide those affected with assistance. Recognizing the challenging and complex nature of such work, the ICRC implements these activities in line with its overall approach to migration, often working in partnership with National Societies and other local actors.

8. For more information on the ICRC's activities for vulnerable migrants, see [The ICRC's operational approach to displacement](#) and [The ICRC's response to the needs of vulnerable migrants](#).

Democratic Republic of the Congo, South Kivu. This woman, a victim of sexual violence, received financial support from the ICRC to revive her business and provide for her family.



P. Yazdji/ICRC

A MULTIDISCIPLINARY RESPONSE

The ICRC works to address sexual violence at multiple stages of its occurrence through a combination of programmes and activities. Its response encompasses engagement with actors of influence, aimed at changing patterns of behaviour and decision-making; persuasion efforts to improve legal frameworks and the provision of support in this regard; and activities to mitigate people's exposure to risks of sexual violence, enhance communities' capacities and support their coping mechanisms.

It carries out activities to protect the rights of victims/survivors and ensure that they have access to the services they require. The ICRC's response may be broadly categorized into the following areas: providing and/or facilitating access to health care and other essential services for victims/survivors; and activities to mitigate risks to victims/survivors and communities and prevent sexual violence from occurring.

PROVIDING AND FACILITATING ACCESS TO APPROPRIATE HEALTH-CARE SERVICES

The ICRC works to provide victims/survivors of sexual violence, within a safe and confidential space, with direct access to appropriate primary-health-care and medical services to protect them from sexually transmitted infections, treat any injuries and prevent unwanted pregnancies, in line with the national health system and, as applicable, internationally recognized standards.⁹ Where it cannot directly provide these services or support those who can, the ICRC facilitates the referral of victims/survivors to other providers. It is also important that victims/survivors of sexual violence receive support – in a private, safe and confidential space – for overcoming the trauma and other psychological consequences associated with it.

However, accessing medical care in armed conflicts or other situations of violence is often a significant challenge. There are not enough medical facilities or those that exist are ill-equipped, damaged or destroyed. Trained staff and medicines are also often unavailable or in short supply. Victims/survivors have to overcome security constraints and other barriers to obtain treatment. The ICRC must also consider the needs of victims/survivors, and security concerns affecting its own staff members.

9. For example, the WHO guidelines for the clinical management of rape, available at: <http://www.who.int/reproductivehealth/publications/emergencies/924159263X/en/>

Nevertheless, bearing in mind that victims/survivors are entitled to the best possible care without discrimination, the ICRC – in contexts where it engages in such activities – seeks to provide impartial, comprehensive and effective care. It supports the provision of clinical care and psychological and psychosocial support, either directly or through qualified and trusted partners. Where necessary, the ICRC trains local health staff, National Society volunteers and/or community members to provide these services and carries out information sessions to raise awareness of their availability. It provides material, technical and other types of support to primary-health-care facilities, hospitals and transport systems, while encouraging the authorities concerned to ensure the sustainability of service provision and the safety of the premises in which the services are provided. In particular, the ICRC focuses on the provision of these services as part of a broader emergency-health-care approach benefiting the general population, so as to avoid the labelling and stigmatization of victims/survivors.

The ICRC runs several programmes that assist victims/survivors and address their psychological and psychosocial needs, while ensuring their right to privacy and confidentiality. For example, in addition to learning how to cope with stress and anxiety, victims/survivors can choose to participate in sessions with trained counsellors who listen to them and provide them with appropriate psychological and psychosocial assistance.

PROVIDING AND FACILITATING ACCESS TO OTHER ESSENTIAL SERVICES

The ICRC also works to ensure that victims/survivors of sexual violence have access to other essential services – to cover their basic needs, for example – and that their protection-related concerns are addressed.

The ICRC carries out activities to enhance the protection of individuals and groups at risk of sexual violence. The ICRC assists in relocating people to safer areas, under certain circumstances, for example, when threats are levelled against victims/survivors, those who have testified or sought assistance, or other people at risk, or when victims/survivors are unable to receive medical attention or other services they require. The ICRC also considers and facilitates referrals to other organizations – including those offering legal support, shelter or other types of assistance – when it cannot directly provide these services, to ensure that victims/survivors receive support that is tailored to their specific needs, as much as possible.

In terms of economic support, the ICRC ensures that the specific vulnerabilities and capacities of victims/survivors of sexual violence are fully taken into consideration alongside their economic needs. However, the ICRC rarely sets apart victims/survivors of sexual violence from other conflict-affected members of communities when designing economic activities. Rather, it ensures that all initiatives aimed at helping victims/survivors of sexual violence to become more economically independent are implemented in a holistic and discreet manner, to prevent stigmatization and/or re-victimization. These initiatives include cash transfers to affected groups identified through local structures supported by the ICRC, so that they can cover their basic needs and/or improve their livelihoods. Victims/survivors of sexual violence may also be included, for example, in women-run agricultural cooperatives, enabling them to generate income and facilitating their integration within their community.



Papua New Guinea, Southern Highlands. The ICRC provides training and other support to staff members at Family Support Centres so they can assist victims/survivors of violence.

RISK REDUCTION AND PREVENTION

The ICRC engages in confidential dialogue with authorities, weapon bearers and other actors of influence. It pursues discussions on observed or alleged instances of violence and the patterns in which they take place, the humanitarian consequences for victims/survivors and their communities, and/or the legal actions and other measures that can be taken in response. The dialogue may be aimed at follow-up actions at the individual level and/or with a view to preventing further violations. In settings where there is an increased risk of sexual violence linked to armed conflict (for example, in remote or isolated areas, villages near the scenes of clashes, prisons and camps for displaced people), the presence of the ICRC may dissuade weapon bearers, authorities or other civilians from committing abuses.

The ICRC also strives to help foster a safer environment for individuals and communities as a whole. It does so using information collected from all available sources, including the victims/survivors themselves and local institutions and service providers helping them or their communities.

Certain groups are known to be at higher risk of exposure to sexual violence: children, including unaccompanied minors; people with disabilities; IDPs; and migrants, including asylum seekers and refugees. They require protection-focused approaches that consider the specific circumstances that may exacerbate or reduce their vulnerability. For example, reuniting minors with their families, when it is found to be in their best interests, may reduce their exposure to sexual violence.

The ICRC also works directly with at-risk communities and groups to help reduce their risk of exposure to sexual violence and prevent people from turning to potentially harmful coping strategies. It follows a community-based protection approach, wherein it partners with communities to:

- raise awareness of the problem and ways they can avoid risks;
- reinforce measures to protect themselves;
- provide assistance aimed at reducing people's exposure to risks;
- offer options for mitigating harmful coping strategies;
- help communities to establish or develop means of engaging in a protection-focused dialogue with authorities and/or weapon bearers, for example by helping them organize events, facilitating platforms for discussion or offering to mediate between the parties concerned; and
- support cooperation among community members in launching self-protection initiatives.

The ICRC also reinforces the safety of shelters in camps and other informal settlements (by ensuring that people can lock their doors, for example), helps women's groups organize schedules for moving in groups when collecting firewood, and installs or repairs water points closer to communities to reduce exposure to risks when fetching water amid volatile security conditions.

The ICRC's activities to facilitate the economic security of violence-affected people may also help reduce their exposure to further abuses, including forms of sexual exploitation – such as transactional sex or early marriage – that are usually exacerbated during armed conflicts or other situations of violence. These activities include the distribution of food and essential household items, usually to displaced people or those who have just returned to their places of origin, and the provision of cash or vouchers that people can use to cover basic household expenses.

Furthermore, the ICRC strives to broaden understanding of and support for relevant provisions of IHL, other applicable legal rules, and internationally recognized standards. It reminds all parties to armed conflicts – whether State military or security forces, or non-State armed groups – that rape and other forms of sexual violence are prohibited by IHL and urges them to fulfil their obligations to protect civilians from such violence and to ensure their unimpeded access to health care and other essential services. It promotes and supports the integration of IHL provisions and internationally recognized standards relating to the prohibition of sexual violence, as appropriate, into domestic legal and regulatory frameworks, doctrine, training and guidance for weapon bearers, and policies for law enforcement operations. It also organizes briefings and training sessions adapted to local circumstances, and reviews military and police operational documentation and procedures to assess whether and how the need to prevent of sexual violence is addressed. It uses online tools and other materials to provide information and guidance to the pertinent parties in tackling sensitive issues related to sexual violence and provides governments with assistance to enact and implement the pertinent laws.

Through workshops, research, assessments, public campaigns and events, the ICRC shapes debates and facilitates in-depth discussions about sexual violence at the national, regional and global level with key stakeholders. It contributes to building knowledge about the issue through publications and other means.

RESPONSE TO SEXUAL VIOLENCE IN DETENTION

The ICRC's standard procedures¹⁰ for visiting detainees are designed to help mitigate the risk of sexual violence: delegates examine facilities and procedures to identify potential risks related to infrastructure and material conditions; hold private confidential interviews with detainees to identify their concerns; and aim to repeat visits, so as to help decrease the risk of retribution against detainees.

The ICRC pays attention to the multi-tiered vulnerabilities and needs of detainees: stigma, for instance, hinders detainees from accessing the appropriate services. People at interrogation centres may be particularly vulnerable to sexual violence, which could amount to torture. People arrested or detained also face risks elsewhere, such as during or after arrest, while they are being transferred, during body searches, or when using water, sanitation and hygiene facilities. The ICRC works to address these risks through interventions with the pertinent authorities regarding the treatment of detainees and other structural concerns, such as: the management of detention facilities; overcrowding; detainees' privacy, safety and access to food and essential services and facilities; and the needs of particularly vulnerable groups.

Furthermore, as appropriate, the ICRC urges the authorities to ensure that, *inter alia*:

- all forms of violence against people deprived of their freedom are strictly prohibited by local policies, including those pertaining to arrest and interrogation;
- adequate gender-sensitive safeguards and procedures are in place at all stages of detention – for example, having female officers attend to female detainees whenever possible and ensuring that there are separate, distinct living and hygiene facilities for women, men, and minors;
- measures are taken to enhance detainees' safety, such as by improving prison management and facilities, curbing overcrowding and increasing independent oversight; and
- detainees have access to appropriate basic health care and other medical services, including health-promotion sessions that address sexual violence along with the associated risks and consequences.

When necessary, the ICRC provides the authorities with different types of support to make these improvements.

10. For more information on the ICRC's work in detention in general, see: <https://www.icrc.org/en/document/how-does-icrc-work-detention>.

RESPONSE TO SEXUAL VIOLENCE IN 2020: HEADQUARTERS

The Department of Operations – through a team working specifically on the subject and in coordination with other departments, units and services at headquarters – will continue to provide institution-wide support for addressing sexual violence in a multidisciplinary manner. It will also help ensure that the ICRC's activities are coherent and complementary with the activities of its partners within the Movement and beyond – in particular, by leading and actively participating in forums on sexual and gender-based violence, such as the Gender-Based Violence Area of Responsibility, which is under the United Nations Population Fund and part of the Global Protection Cluster.

The main objectives and plans of action for 2020 are set out below.

- **Enhancing the ICRC's capacity to prevent sexual violence and assist the people affected**

Efforts to ensure that ICRC staff members – especially those in the field – have the technical advice, guidance and other resources they require, in order to develop and implement activities addressing sexual violence and integrate these into ICRC operations, will remain a priority. Briefings and meetings, on topics such as the ICRC's strategy on sexual violence and how to implement it, will be organized in the field and at headquarters. A guidance manual – under development since 2019 and covering guidelines on various aspects of responding to and preventing sexual violence – will be finalized and disseminated to all staff members, who will also be referred to other internal and external tools and resource materials. The manual will be complemented by an internal training session (see below).

ICRC delegations will be encouraged and given the necessary support to come up with multidisciplinary strategies for addressing sexual violence. Several delegations will have direct guidance from operations managers, most of whom were assigned in 2019, to ensure that the issue of sexual violence is considered in their operations and to help strengthen the coordination of the related activities. Assessments will be carried out to review the activities in selected delegations, to capture lessons learnt and recommendations for improving the ICRC's response at delegation and institutional levels.

To leverage the expertise, knowledge and best practices developed at headquarters and by field teams, the ICRC will strive to make information sharing across the institution more efficient. Meetings of a working group on sexual violence will continue to be arranged, while reference and other materials will be managed and disseminated digitally, primarily through an online community of practice established in 2019. The ICRC will also pursue efforts to better monitor and report on its activities.

Sexual violence will continue to be covered in internal training sessions and integration courses for staff members in various disciplines. The ICRC will seek – through efforts by the Department of Operations and the Learning and Development Unit, under the Department of Human Resources – to include the topic in the training sessions for staff members of various disciplines. As mentioned above, newly developed staff training modules specifically about sexual violence will be piloted at the ICRC delegation in the Central African Republic. The ICRC will also continue to send at least 30 staff members annually to a seminar, conducted three times a year, on sexual violence in conflict settings and emergencies; this seminar was jointly developed in 2014 by the ICRC and the Geneva Centre for Education and Research in Humanitarian Action.

The ICRC will pursue research on mandatory reporting of incidents of sexual violence and the impact on victims/survivors. It will develop and launch a pilot project on sexual violence against men and boys, applying the findings and recommendations of a study carried out from 2019 to early 2020. Other field research will be carried out on such topics as factors affecting the incidence of sexual violence in a given context and their potential links with perceptions of young men about sexual violence. The ICRC will share the findings and recommendations of its studies with States and within the broader humanitarian community.

- **Reinforcing an environment conducive to preventing sexual violence and addressing its consequences**

The ICRC will contribute to and strive to shape discussions on the issue of sexual violence in armed conflict during international and regional conferences, debates and other events; this will be guided by a humanitarian policy plan to be developed during the year. The ICRC will pursue dialogue with the United Nations and other intergovernmental organizations, and provide legal advice to States and international organizations, to ensure that policies and legal frameworks are in line with international standards. Following up on the issues discussed during the 33rd International Conference, the ICRC will continue to urge States to sign pledges on the prevention of and response to sexual and gender-based violence. The ICRC's input in international fora and during its interaction with States will be based on its operational experience and research (see above).

The ICRC will also address the topic in its dialogue and other interactions with weapon bearers, as part of efforts to remind them of their obligations under IHL and the necessity of protecting people from abuses. It will continue to develop resource materials and tools, including digital ones, on such topics as engaging with weapon bearers and other actors of influence. It will promote the use of the legal factsheets, training kits and other tools it has produced.

- **Sustaining and developing partnerships within the Movement and with other partners**

The ICRC will help ensure a coordinated and effective Movement response to sexual violence during conflict, as well as in emergencies. It will sustain regular engagement with National Red Cross and Red Crescent Societies – those working in their own countries and those working internationally – and the International Federation, by attending and/or co-hosting meetings, regional forums and conferences and by taking part in periodic exchanges of information. It will also consider the needs and expertise of its Movement partners when developing its training sessions and include National Society staff in its training sessions, research and other initiatives. The ICRC will continue to follow up on the implementation of Resolution 3, “Sexual and gender-based violence: joint action on prevention and response”, of the 32nd International Conference.

ICRC delegations will receive support for sustaining existing partnerships or improving coordination with Movement or other partners in the field and grassroots organizations.

RESPONSE TO SEXUAL VIOLENCE IN 2020: OPERATIONAL EXAMPLES

This section features activities that will be carried out in selected contexts where the ICRC is sustaining, improving or expanding its efforts to prevent sexual violence and address the needs of the people affected and the communities at risk. It also includes descriptions of the situation and humanitarian concerns in these contexts, to give an overview of the environment in which the ICRC is implementing its activities.

The activities in this section are illustrative of the scope and range of the ICRC's response to sexual violence, but they do not represent all the organization's initiatives in this regard. They exemplify the ICRC's approach to mainstreaming and integrating activities that address sexual violence into its overall response to the needs of people affected by armed conflict and other situations of violence. They are often carried out as part of broader ICRC initiatives in the fields of health, protection, promotion of IHL, water and habitat, and livelihood support and prevention. In this vein, some of the activities, and the target figures presented, ultimately benefit violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

Implementing the activities in an integrated manner – instead of designing projects that are solely for victims of sexual violence – is in line with the ICRC's commitment to upholding the “do no harm” principle and preventing the stigmatization and further victimization of the people it is working to assist. It is also based on the ICRC's experience, and on research by others, that sexual violence in the context of conflict and other situations of violence rarely occurs in isolation and is usually part of a pattern of abuse or other violations of IHL.

In each of the delegations featured in this section, the ICRC is taking steps to develop its context-specific understanding of the problem of sexual violence, specifically in relation to patterns of abuse and violence, the prevailing legal and normative frameworks, and the existing services and service providers. This enables the ICRC to assess the most appropriate entry points and approach for its response, as well as to develop its engagement with the authorities, weapon bearers, local and international organizations and other groups with a stake in the issue. Constantly building its knowledge and understanding of the issue also allows the ICRC to adapt its response to developments in a given situation and to ensure the added value of its activities – such as those in response to the humanitarian needs of vulnerable migrants in the Americas. These delegations are also reinforcing their efforts to train staff members on addressing the issue and to improve the way sexual violence and its victims are considered and made part of their overall response.

In five delegations, Sexual Violence Operations Managers will be tasked to oversee this effort and the delegation's overall response to the issue; two regional advisers – based in Bangkok (Thailand) and Dakar (Senegal) – will provide such support to ICRC delegations in Africa and Asia and the Pacific.

Democratic Republic of the Congo, South-Kivu. An ICRC staff member is talking with village residents at a counselling centre.



BANGLADESH

CONTEXT

Over 720,000 people who fled violence in Rakhine after August 2017 remain in Bangladesh, as do hundreds of thousands who arrived before then. The governments of Bangladesh and Myanmar have been discussing how to facilitate their return. Displaced people stay at camps in the Cox's Bazar district, including some camps that are near residential areas. Others have settled along the Bangladesh–Myanmar border.

The camps and host communities in Cox's Bazar are overpopulated, and basic goods in short supply. Services such as water, health-care and other services, facilities and sanitation – which are already scarce or inadequate – have been put under further strain. This affects both displaced people and host communities and creates tensions between them. The living conditions in camps make women and children particularly vulnerable to abuses such as sexual violence.

Health facilities in Cox's Bazar are not equipped to cope with the number of people seeking medical attention there; the movement restrictions on camp residents hinder them from seeking health care elsewhere.

ICRC ACTION

The ICRC will seek to address the needs of victims/survivors of sexual violence in the camps and host communities in Cox's Bazar. It will focus on helping make mental health and psychosocial care available in primary-health-care centres and through volunteers at the community level; it will also work on a referral system and coordinate with local providers of specialized services that victims/survivors may require.

More generally, it will pursue dialogue with the authorities and security forces on the international norms that protect vulnerable people – in particular, displaced people from Rakhine and their host communities in Cox's Bazar. It will encourage them to address humanitarian issues affecting these people and remind them of their obligation to protect these people from abuse, including sexual violence, and to facilitate their access to essential services.

The ICRC will also carry out public-communication activities about the prevention of sexual violence, among other humanitarian issues in Bangladesh. It will also seek to pay attention to the issue of sexual violence when carrying out activities for people deprived of their freedom (see also *Response to sexual violence in detention* on p. 17).

Plan of action and indicators

- monitor and document the protection-related concerns – such as sexual violence – of violence-affected people, including those from Myanmar; as appropriate, make confidential representations to the authorities, security forces and others concerned
- engage with police and military officials through meetings and/or workshops on IHL and the prevention of sexual violence, among other topics
- conduct risk-awareness sessions for vulnerable people and help them develop measures for self-protection; refer victims/survivors of sexual violence to agencies offering specialized care
- train community-based workers to refer victims of violence, including sexual violence, for psychosocial care at ICRC-supported facilities; help them organize awareness sessions on mental-health issues
- at three health facilities in Cox's Bazar, train or supervise health staff in treating patients, including victims/survivors of sexual and other forms of violence, in line with national guidelines; help staff develop the necessary protocols and implement them

BURUNDI

CONTEXT

The situation in Burundi is relatively calm despite the persistence of political tensions and socio-economic frustrations. The protests that take place occasionally are peaceful. Nevertheless, many people – displaced persons, returnees, residents of host communities – have difficulty obtaining essential goods and accessing basic services owing to cuts to the national budget and delays in disbursing funds.

Health services are overstretched everywhere in the country and few facilities offer specialized services such as psychosocial support to people affected by violence, including sexual violence. Where such services exist, those in need often are not aware of where and how they can access them.

As in many contexts, and as described above (see *Sexual violence during armed conflict and other situations of violence* on p.9), the incidence of sexual violence in Burundi is likely underreported, as the victims/survivors may choose not to report the abuse because of fear of reprisal from the perpetrator and other factors previously mentioned.

ICRC ACTION

The ICRC seeks to address the needs of all people affected by sexual violence in a multidisciplinary manner, working in partnership with the health ministry and the Burundi Red Cross. In 2020, it will focus on providing psychosocial care and counselling services to victims/survivors of violence, including sexual violence. Psychosocial support will be made available at seven primary-health-care centres – four of them in Bujumbura, the rest in different provinces – that the ICRC supports in coordination with the health ministry, and at five counselling centres – including three that it will start supporting in 2020. The ICRC will continue to train psychologists in caring for victims/survivors and raising awareness among community members. It will also continue to give financial assistance to a social service that provides temporary shelter to survivors/victims of violence, as well as to victims/survivors of sexual violence themselves, so they can put up or build livelihood activities.

It will also work with National Society volunteers to organize dissemination sessions – on the consequences of sexual violence and the plight of those affected – for community leaders and authorities. Additionally, the ICRC will seek to include the issue of sexual violence in its dialogue with authorities and military and police personnel, in the framework of emphasizing the necessity of protecting people from abuses. It will also seek to pay attention to the issue of sexual violence when carrying out activities for people deprived of their freedom (see also *Response to sexual violence in detention* on p. 17).

Plan of action and indicators

- to ensure the availability of good-quality preventive and curative care and psychosocial support:
 - provide seven primary-health-care and five counselling centres with funds, medical supplies and equipment and infrastructural support; provide health workers and psychologists at these centres with training and supervision
 - cover accommodation, transportation and/or treatment costs for some patients; and when necessary, refer them for specialized treatment
 - support a temporary shelter for victims of violence
 - help organize information sessions, on the impact of sexual violence and the services available to the victims/survivors, for communities

CARACAS (REGIONAL)

COVERING: Bolivarian Republic of Venezuela, Trinidad and Tobago, Aruba, Bonaire and Curaçao

CONTEXT

In the Bolivarian Republic of Venezuela (hereafter Venezuela), armed violence persists in densely populated cities, in resource-rich areas and in border regions. The people in these areas continue to suffer the effects of a deteriorating economy – in particular, shortages of essential goods, lack of clean water and health-care services, and hyperinflation. Demonstrations, mainly in relation to political claims and socio-economic issues in recent months, are a frequent occurrence and lead, sometimes, to casualties and arrests.

Wounded and sick people in Venezuela have difficulty obtaining appropriate care because of shortages of medicines and other essential supplies, and of personnel, at health facilities. Communities in areas along the Venezuela–Colombia border, and the people they host, lack access to adequate health, water and sanitation facilities. They continue to be affected by the armed conflicts in Colombia. Moreover, people in transit often have limited access to basic services, and risk falling out of touch with their families or going missing; those who cross dangerous border areas are especially vulnerable to exploitation and abuse. Women and girls are particularly exposed to sexual exploitation and other abuse.

ICRC ACTION

In Venezuela, the ICRC will seek to implement a people-centred response to the needs of victims/survivors while mitigating risks for those vulnerable. This response will be integrated into its efforts to address the needs of violence-affected people in areas along the country's border with Colombia, where communities are experiencing the strains of violence and migration. As a priority, the ICRC will help provide comprehensive health services to victims of violence, including sexual violence, by supporting existing health-care centres – which provide antenatal care and psychosocial support, among other services – and by helping to develop referral pathways. It will also train community members in providing psychosocial support. These efforts will also be linked to the ICRC's protection-related activities. For example, the ICRC will enable vulnerable people to reduce their exposure to risks by helping them to identify means to protect themselves and develop coping mechanisms. It will also seek to include sexual violence among the topics that it will address in discussions with authorities and armed and security forces in Venezuela.

Plan of action and indicators

In Venezuela:

- engage the pertinent authorities in dialogue on the situation in Venezuela, and security forces and military forces on acting in accordance with internationally recognized standards for the use of force, and complying with applicable law; document concerns and present them to the pertinent authorities
- organize workshops on safe practices and/or emergency preparedness for members of specific groups affected by armed violence in Venezuela
- train staff in ICRC-supported health-care-centres, and community members, in providing psychosocial support to victims of violence, including sexual violence
- refer patients at the said centres needing further treatment to secondary-level facilities

CENTRAL AFRICAN REPUBLIC

CONTEXT

The Central African Republic (hereafter CAR) continues to endure armed conflict and other situations of violence. The incidence of armed violence decreased after the government and 14 armed groups signed a peace agreement in 2019. However, sporadic violence is pervasive, and security conditions remain extremely volatile, including in Bangui, the capital city. Armed elements maintain a presence throughout CAR. Acts of criminality – armed burglaries and carjackings, for instance – are reportedly widespread: Bangui and Kaga Bandoro, in the district of Nana-Grébizi, are among the places affected. Such incidents often lead to injuries and casualties. Communal tensions – particularly in connection with pastoralism and the scarcity of resources for pastoralists – give rise to armed clashes. Tensions arising from social and political events can lead to unrest.

People in CAR have to cope with the consequences of ongoing violence, the widespread presence of armed elements, and high levels of criminality daily. Abuses against civilians have been reported – as have attacks on humanitarian workers and medical services; sexual violence is reportedly widespread. The security situation, among other constraints, can limit the activities and movement of humanitarian actors.

Access to essential services is particularly poor in violence-affected areas. Getting medical care – first aid, primary health care and specialized treatment – is seldom easy. Health facilities are closed or operate at limited capacity; some have been damaged or looted during the fighting.

ICRC ACTION

The ICRC will address the consequences of sexual violence and seek to help prevent its occurrence through activities embedded in its overall response to the needs of people affected by conflict and other violence in the CAR. An operations manager will oversee these activities, ensuring that they are implemented in a multidisciplinary and coherent manner and consistent with a delegation-wide strategy adopted in 2019.

As a priority, the ICRC will help make timely and appropriate medical treatment, and psychosocial support, available to victims/survivors of sexual violence and others suffering from violence-related trauma. It will do so by training staff and counsellors at the health facilities that it supports in Kaga Bandoro and Nana-Grébizi. Where the ICRC does not implement health-related activities, it will work on a referral system and coordinate with other humanitarian actors

in order to provide those in need with adequate services. The ICRC will also offer financial support to victims/survivors of sexual violence, in the framework of broader efforts to enable provide income support to vulnerable households.

The ICRC will help violence-affected communities mitigate risks to their safety: it will organize workshops to help them identify and bolster community-based strategies to reduce their exposure to risk, including that of sexual violence. It will also draw attention to the plight of victims of violence-related trauma, particularly sexual violence, and the services available to them.

The ICRC will include messages on the prevention of sexual violence, whenever possible, in its discussions with authorities and weapon bearers. It will document allegations of abuse and urge authorities and weapon bearers to develop measures to prevent such misconduct. The ICRC will brief security forces and military personnel on IHL and international law enforcement standards; it will emphasize the necessity of preventing sexual violence, among other topics. It will also seek to pay attention to the issue of sexual violence when carrying out activities for people deprived of their freedom (see also *Response to sexual violence in detention* on p. 17).

Efforts will be made to broaden awareness of the humanitarian consequences of the situation in the CAR, such as the plight of victims/survivors of sexual violence, among members of the general public. For instance, it will carry out various initiatives – such as public-communication campaigns and debate competitions for university students – to draw attention to the issue.

The ICRC will work to improve coordination, on sexual violence and other topics, with its partners within and outside the Movement.

Plan of action and indicators

- conduct workshops for violence-affected communities on community-based protection strategies
- during briefings and dissemination sessions with authorities, raise awareness of the plight of victims of violence, including sexual violence
- train health workers at ICRC-supported facilities – two health centres in Nana-Grébizi and a hospital in Kaga Bandoro – and at IDP camps to provide specialized care and psychosocial support, particularly for victims/survivors of sexual violence
- conduct training for community relays and traditional birth attendants; focus on expanding their capacities in health promotion and in preventive care, and on promoting referral to health centres for curative care
- provide cash grants and coupons to up to 300 particularly vulnerable households (supporting some 1,500 people in all) – most of them households headed by women and by victims/survivors of sexual violence – for starting income-generating activities and to help them cover their daily expenses
- disseminate messages on IHL and draw attention to humanitarian issues affecting the CAR, through social media, by organizing events, and through other means; engage local leaders, local media, academia and others in dialogue on these subjects

COLOMBIA

CONTEXT

Violent confrontations between government forces and armed groups – and clashes among armed groups – persist in urban and rural areas in Colombia. In rural areas, armed groups and organized crime syndicates are also active. Injuries and deaths among civilians, abuses against them, and attacks or threats against medical services have been reported in urban and rural areas affected by armed conflict or other situations of violence. These, and other consequences of the hostilities restrict people's movement, impede access to health care, education and other basic services, and prevent the pursuit of livelihoods.

Colombia has in place, since 2014, a law enabling victims of sexual violence during armed conflict to obtain health and judicial services, among other similar legal frameworks for victims of violence. Nevertheless, some people affected by past or ongoing conflict and other violence are unable to avail themselves of the benefits or compensation they are entitled to. This is partly owing to the budgetary constraints and other administrative challenges faced by the State's victim assistance unit.

ICRC ACTION

Efforts to prevent sexual violence and respond to its consequences will be included in the ICRC's initiatives to contribute to the protection of people affected by conflict and other violence and in its various assistance projects. The ICRC works and coordinates with the Colombian Red Cross, State agencies and other local organizations and partners to make sure that its response is holistic and coherent with other initiatives tackling the issue.

To ensure the availability of psychosocial support to victims of violence, the ICRC will work with the National Society and other partners to train health workers to become more capable of providing such support, caring for victims/survivors and/or referring them for further care. As necessary, victims/survivors of sexual violence and other people experiencing psychological distress will be referred to suitable facilities for psychosocial support.

The ICRC will also seek to persuade the authorities to protect and assist victims of violence, including sexual violence, in accordance with existing laws and mechanisms. It will emphasize the importance of complying with existing legal frameworks and of advancing their implementation.

In partnership with the Colombian Red Cross, the ICRC will also seek to broaden awareness among vulnerable people of risks to their safety and enable them to strengthen their resilience to the effects of conflict and other violence.

Plan of action and indicators

- encourage the relevant State institutions to implement policies aimed at protecting and assisting victims/survivors of sexual violence
- brief violence-affected people on the risks to their safety and ways to mitigate them
- organize workshops for health personnel on emergency and follow-up care for victims/survivors of sexual violence
- at health facilities and at counselling centres across the country, provide – directly or through ICRC-trained health workers – mental-health care and psychosocial support for victims of violence, including sexual violence; carry out repairs at counselling centres
- provide livelihood assistance – food, essential household items and income support – to victims/survivors of sexual violence, among other particularly vulnerable groups of people
- offer expert guidance to members of the national IHL committee and pertinent authorities; organize workshops and round-tables for regional authorities, judges and legal advisers
- organize information sessions for weapon bearers on IHL and prevention of sexual violence; during working-group meetings, give the military and police forces advice on complying with the relevant norms

DEMOCRATIC REPUBLIC OF THE CONGO

COVERING: Congo-Brazzaville and the Democratic Republic of the Congo

CONTEXT

The armed forces of the Democratic Republic of the Congo (hereafter DRC), backed by the UN Stabilization Mission in the DRC (MONUSCO), continue to fight various armed groups; the provinces of North and South Kivu are especially affected, and violence there has intensified. The fighting and its effects are exacerbated by communal tensions, especially in Tanganyika and in Ituri, where over 300,000 people were displaced in June 2019 after a resurgence in violence; in the Kasai provinces, the situation has been improving, and some people are returning from Angola.

Civilians bear the brunt of the violence, with many injured or killed, subjected to sexual violence, forcibly recruited, and/or psychologically traumatized. The victims, and most people in general, have limited or no access to health care, clean water and other services as the fighting has destroyed many facilities or forced them to close; the remaining infrastructure is often dilapidated and unable to meet the increasing needs. Even when these services are available, people do not attempt to access them owing to the dangerous journey they would have to undertake.

ICRC ACTION

The ICRC will prioritize responding to the issue of sexual violence perpetrated by weapon bearers, but will remain ready to address the needs of all victims/survivors of sexual violence. It will approach the issue in a multidisciplinary manner: ensuring that victims/survivors have access to assistance they require, seeking to prevent abuses from occurring, and

helping communities minimize their exposure to risks. An operations manager will continue to oversee the implementation of these activities, ensuring their coherence with the ICRC's institutional approach and with its other activities in the DRC.

The ICRC will maintain its support for primary-health-care facilities in North and South Kivu, Ituri, and Tanganyika, so that they can continue to offer medical support to survivors/victims of sexual violence, including mental-health and psychosocial support for people, among their line-up of services, which also includes paediatric and maternal care.

The issue of sexual violence will be brought up in dialogue with authorities at all levels and weapon bearers, in the framework of reminding them of the protection afforded to conflict-affected people by IHL and international human rights law. The ICRC will urge them to put an end to abuses against civilians, including sexual violence, and to take measures to prevent their recurrence, such as the establishment of codes of conduct. It will continue to give guidance and other support for integrating IHL and international human rights law – especially provisions governing the conduct of hostilities and law enforcement operations – and/or other applicable norms in weapon bearer's decision-making, training and operations.

The ICRC will strengthen its efforts to engage with people at risk through community-based approaches, so that they can participate in identifying their needs and threats to their safety. It will also endeavour to raise communities' awareness of the consequences of sexual violence and assist survivors/victims in the process of socio-economic reintegration. The latter will be carried out as part of broader efforts to improve the economic security of vulnerable households, in order to mitigate the re-victimization and stigmatization of people who had suffered from abuse. As appropriate, the ICRC may design its water and habitat projects – aimed at providing people access to water – in such a way that they also help mitigate safety risks, for instance, by reducing the need to go to unsafe areas to fetch water or pursue livelihood activities. It will also seek to pay attention to the issue of sexual violence when carrying out activities for people deprived of their freedom (see also *Response to sexual violence in detention* on p. 17).

Plan of action and indicators

In the Democratic Republic of the Congo:

- through oral and/or written representations, remind the authorities and weapon bearers of their responsibilities under IHL and other applicable law, including those prohibiting sexual violence
- conduct dissemination sessions on IHL and other pertinent norms for weapon bearers
- organize workshops with communities to get their views on ICRC projects and to make them aware of the humanitarian services available to them, and to better identify their needs and threats to their safety
- provide training, funds, and medical supplies and/or equipment regularly to health-care structures and/or counselling centres so that they can provide quality medical service and psychological care
- help people obtain psychosocial support by training community volunteers and health workers in this regard
- to encourage people to seek help or refer others who need it, organize workshops on the psychological consequences of sexual and other violence, and include a module on these topics in family-links training for the Red Cross of the Democratic Republic of the Congo
- give grants for income-generating activities to some 900 particularly vulnerable people, including survivors/victims of sexual violence
- upgrade up to five primary-health-care centres or counselling centres

ETHIOPIA

CONTEXT

Violent clashes between State forces and an armed group known as the Oromo Liberation Army persist in parts of the region of Oromia, particularly near its border with Benishangul-Gumuz in western Ethiopia. Increased ethnic tensions, and disputes over resources or territory, often lead to fighting, notably in the eastern part of the country along Oromia's border with the Somali Regional State (SRS), and within Amhara in the north-west. Police and security forces request support from the military when they are unable to deal with violence on their own.

The violence causes mass casualties, injuries and the displacement of people; it also poses protection risks for those displaced and otherwise affected by the fighting. Many internally displaced people stay in host communities, where resources and basic services are overstretched and unable to cope with the increased needs; as a result, living conditions are dire, and people are at risk of disease. It is also often difficult for people to obtain health care and other services, as well as pursue livelihoods.

Non-governmental organizations (NGOs) have reported that IDPs were exposed to protection risks, such as sexual and gender-based violence, and may have difficulties accessing support; this leaves them vulnerable to further abuses.

ICRC ACTION

The ICRC will work on better integrating the issue of sexual violence in its activities in Ethiopia, with a view to ensuring that victims/survivors and communities at risk will receive holistic and appropriate support. It will focus its efforts in areas affected by violence. This work will be supported in 2020 by the regional adviser based in Dakar, Senegal.

Prevention of sexual violence will be included among issues that the ICRC will seek to raise with the authorities and weapon bearers. For example, the ICRC will disseminate key messages on the prevention of sexual violence during training sessions about IHL and about international policing standards on the use of force; such sessions will be organized for police and military personnel, particularly those deployed in law enforcement or security operations. The ICRC will also draw the attention of various African Union bodies, based in Addis Ababa, to the importance of protecting civilians from abuse, including sexual violence, among other key issues of humanitarian concern.

The ICRC will help health centres to boost or maintain their capacity to provide primary health care; this will include increased support for the provision of specialized services to victims/survivors of sexual violence. The ICRC will encourage referrals for specialized care to ensure that people can access the care that they need. It will also work with communities to develop methods to mitigate risks to their safety; it will assess their needs and design its response accordingly.

Plan of action and indicators

- discuss with local and regional authorities, and weapon bearers, the importance of ensuring the protection of people and accessibility of essential services for them
- document allegations of abuse and make oral and/or written representations confidentially to the pertinent authorities
- conduct information sessions for health workers, community leaders and women's associations on the needs of victims/survivors of sexual violence, and on the availability of services for them
- carry out activities to develop or reinforce community-based measures to reduce risks to people's safety; provide ad hoc material assistance to vulnerable people
- at up to four ICRC-supported primary-health-care facilities in violence-affected areas:
 - arrange training sessions with local service providers for staff on specialized care for victims/survivors of sexual violence
 - with the health ministry, ensure that post-rape kits are available at the facilities
 - upgrade or make repairs at health facilities

MALI

CONTEXT

Violent confrontations between armed groups and Malian and international forces – including the UN Multidimensional Integrated Stabilization Mission in Mali and French armed forces – continue to take place. The G5 Sahel joint force – made up of troops from Mali and neighbouring Burkina Faso, Chad, Mauritania and Niger – continues to mount operations to combat armed groups in the region, as well. Northern and central Mali, including areas near the borders with Burkina Faso and Niger, are the main sites of fighting, but attacks have also taken place elsewhere.

Civilians are heavily affected by the fighting in northern and central Mali, and abuses by weapon bearers have been reported.

Health facilities are understaffed, as the precarious security conditions prevent workers from staying or returning. Many facilities are ill-equipped to handle influxes of patients. People in need of care cannot always afford treatment.

ICRC ACTION

The ICRC conducts a biannual assessment of sexual violence in Mali and includes the issue in its discussions with weapon bearers. In 2020, it will focus on enabling victims/survivors of sexual violence to access mental health and psychosocial support and other services at the primary-health-care centres that the ICRC supports in northern and central Mali; these centres also provide preventive and curative services such as vaccinations, nutrition monitoring and ante/post-natal care. Staff at some of the centres will be trained to refer patients for further care and/or other

assistance, and referrals from ICRC-supported hospitals will be accommodated. The ICRC will also raise awareness of the consequences of sexual violence and the importance of psychosocial support.

Plan of action and indicators

- back the provision of psychosocial support for survivors/victims of violence – alongside preventive, curative and maternal health care – at up to 16 primary-health-care centres; more specifically:
 - donate equipment and supplies (such as medicines and post-rape kits)
 - provide training and technical support for providing specialized care
 - refer patients for higher-level or specialized care; cover transport costs for those needing life-saving treatment
 - conduct information sessions for the centres' staff – and for community members, local leaders and others – on sexual violence and its consequences; support trainers conducting such sessions
- train people providing psychosocial care at some of the centres mentioned above or at some facilities run by the Mali Red Cross (e.g. those in Mopti and Timbuktu)

MEXICO CITY (REGIONAL)

COVERING: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua

CONTEXT

Organized armed violence persists in Mexico and countries in Central America. Murder rates in El Salvador, Guatemala, Honduras and Mexico are among the highest in the world. People living in violence-affected communities – including women, and health and school personnel – are at risk of getting killed; becoming victims of extortion, abduction, sexual violence and other abuse; or being displaced. Many violence-affected people struggle to obtain basic services because of inadequate facilities and the security situation. The wounded, the sick, people with physical disabilities, and people traumatized by the fighting find it difficult to obtain timely and appropriate care.

Because of the chronic armed violence and the scarcity of economic opportunities, people are leaving their homes in search of safety and better opportunities elsewhere within their countries or abroad. Reportedly, growing numbers of migrants from elsewhere pass through the countries covered by the regional delegation.

Along the routes that they take and during or after deportation and repatriation, migrants – especially women and children – face many of the same risks as people living in violence-affected areas. They often lose contact with their relatives and basic services are inaccessible to them. Stricter migration policies force many to take dangerous routes to avoid being caught.

ICRC ACTION

The ICRC's response in countries covered by the Mexico City regional delegation focuses on health and protection. In coordination with the National Societies in the countries concerned, the ICRC will aim to ensure that victims of violence, including sexual violence, are able to process and cope with their traumatic experiences with the help of psychological, psychosocial and other forms of specialized care. This will be carried out as part of the ICRC's broader health and protection activities in places affected by armed violence and/or along migration routes in Guatemala, Mexico and El Salvador. In Mexico, the ICRC will seek to strengthen its activities responding to sexual violence, in the framework of addressing the humanitarian needs of people along migration routes. It will pursue dialogue to this end with the authorities and other pertinent parties – by establishing a working group with the health ministry and others – in a city near the border of Mexico and the United States of America.

Plan of action and indicators

In El Salvador, Guatemala and Mexico:

- refer victims of violence, including sexual violence, to appropriate social, health and other services; work with schools and community members to do this, and strengthen referral systems among them

- in coordination with the pertinent National Societies where possible, train health staff, teachers, emergency responders and members of civil-society organizations to better:
 - provide victims of violence with first aid, psychosocial support and other services, including post-exposure prophylaxis within the first 72 hours of an incident of sexual violence
 - refer patients, including victims/survivors of sexual violence, to social or other services cope with the psychological burden of their work
- with the National Societies concerned, provide equipment and supplies, staff training, funds and/or technical support to health facilities and mobile clinics – some run by National Societies – that serve migrants, deportees and communities affected by violence; provide psychological and/or psychosocial support for victims of violence at some of these facilities

NIGERIA

CONTEXT

The Lake Chad region remains the site of armed conflict. In Nigeria, the fighting is concentrated in the north-eastern states of Adamawa, Borno and Yobe. Violent encounters occur frequently between State forces, including members of the Multinational Joint Task Force, and the armed groups known as “the Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad. Attacks attributed to the armed groups are a frequent occurrence, particularly in rural areas.

Clashes frequently take place in populated areas, and civilians are subjected to direct and/or indiscriminate attacks: sexual violence, forced recruitment, abductions, mass arrests, and movement restrictions have all been reported.

Millions of people have been forced to flee their homes and seek refuge abroad or elsewhere in the country. Having left with hardly any belongings, they rely on aid organizations or host communities. Many of them gravitate towards urban centres, where resources are dwindling, and service providers struggle to cope with mass influxes of people. Living conditions for IDPs in camps – many of them women and children – are precarious, and essential services largely unavailable. Health facilities, where functioning, are ill-equipped.

ICRC ACTION

In Nigeria, the ICRC will strive to address sexual violence in a holistic and multidisciplinary manner. Its response will encompass activities covered by its wider efforts to protect and assist people affected by armed conflict and other violence; this will be overseen by an operations manager to be assigned in the delegation in 2020.

The ICRC will include the issue of sexual violence – emphasizing the necessity of preventing abuses – in its dialogue with parties to the conflict to promote compliance with IHL and other applicable laws. It will also cover this topic during the training sessions – on IHL and international human rights law – that it will organize for weapon bearers.

The provision of specialized treatment and mental health and psychosocial support for victims/survivors of sexual violence will be supported at several health facilities supported by the ICRC across the country. In the north-east, a community-based approach involving trained volunteers will be used to help people cope with the conflict’s effects on their mental and psychosocial well-being. Victims/survivors of sexual violence will be among the beneficiaries of cash assistance, meant to help them set up or sustain small businesses to earn an income.

The ICRC will engage with communities in order to learn about their needs and the support that they require, inform them of the services available to them and how these can be obtained, and collect their feedback on the assistance that they received. It will help these communities develop and implement projects to address their needs and protect themselves from threats to their safety. Victims/survivors of sexual violence – as well as children and displaced people – will be given special attention, so that their specific needs are met.

The ICRC will also pay attention to the issue of sexual violence as it carries out activities for people deprived of their freedom in Nigeria (see also *Response to sexual violence in detention* on p. 17).

Plan of action and indicators

- strengthen dialogue with authorities and weapon bearers on their obligations under IHL and other applicable norms, emphasizing the protection of women, children, IDPs and medical personnel and facilities
- document allegations of abuse and make written and/or oral representations to the parties concerned

- develop and carry out risk-reduction projects with communities; establish referral mechanisms for victims/survivors of sexual violence and other vulnerable people
- conduct dissemination sessions for authorities, traditional leaders, weapon bearers and communities on the ICRC's mission and activities
- to help ensure that victims/survivors of sexual violence receive quality care in accordance with national and international standards:
 - train health staff at ICRC-supported health centres in such topics as providing specialized care to victims/survivors of sexual violence
 - help refer patients for higher-level or specialized care where necessary, including at other ICRC-supported facilities
- make mental-health and psychosocial support available to conflict-affected people, including victims/survivors of sexual violence, in the north-east; to this end:
 - organize group or individual counselling sessions, and make follow-up home visits
 - train Nigerian Red Cross and community volunteers to provide these services for victims of violence, including victims/survivors of sexual violence; offer these volunteers the same support, or train their peers to do so
 - conduct information sessions for communities on the mental-health needs of conflict-affected people, and on the availability of support services
- with the National Society, train volunteers to provide mental-health and psychosocial support, and hold information sessions for staff at the State Specialist Hospital in Maiduguri on the availability of these services so that they can refer patients for such care
- give breadwinners cash grants for resuming or starting income-generating activities, or for vocational training to boost their earning prospects

PHILIPPINES

CONTEXT

Fighting persists between the Armed Forces of the Philippines (AFP) and the Bangsamoro Islamic Freedom Fighters in central Mindanao, and between the AFP and the Abu Sayyaf Group (ASG) in the Sulu archipelago. Hostilities, in Marawi in the Lanao del Sur province of Mindanao, between the AFP and the Islamic State–Ranao (also known as the Maute group) and the ASG ended in 2017, but violent encounters have been reported around Lake Lanao.

In parts of Marawi where the fighting was concentrated, infrastructure and private property remain in ruins; because of this, obtaining essential services – water, health care and education – continues to be a struggle. Many people have returned to their homes in Marawi, but thousands of others still do not have homes to which to return. These people remain in evacuation centres and at transit sites, where water and sanitation facilities are not adequate; some people are still living with relatives. Families continue to search for missing relatives; these families also often need help to meet their psychosocial and other needs. Having few opportunities to earn money, people displaced from Marawi are often unable to cover their basic needs.

ICRC ACTION

Consistent with its institutional approach (see *The ICRC's approach* on p. 12), the ICRC will take a proactive stance towards mitigating the physical, psychological, legal, economic and social consequences of sexual violence in the Philippines. Specifically, in 2020, it will build on efforts done over the past year to ensure that victims/survivors of sexual violence have access to quality care, especially at ICRC-supported hospitals, and to mental health and psychosocial support.

The delegation will continue to include messages on sexual violence and the importance of preventing it in its dissemination sessions for weapon bearers. Whenever possible, it will pursue confidential discussions with the pertinent parties on any cases of sexual violence and other IHL violations reported to it. It will strive to ensure that its approach to the issue, as with its other activities in the country, are adapted to the needs and feedback of the communities affected.

Plan of action and indicators

- engage all parties to armed conflict or other violence in dialogue on their responsibilities under IHL and other applicable norms, including those prohibiting sexual violence; document and follow up alleged violations of IHL and other misconduct with the parties concerned
- conduct dissemination sessions for violence-affected communities with the specific purpose of reducing their exposure to risks and developing measures for self-protection; organize focus-group discussions with them aimed at furthering the ICRC's understanding of the problem of sexual violence in relation to conflict
- assist in the provision of psychological services for victims of violence, including sexual violence, or refer them for psychosocial support; conduct information sessions in their communities and offer training and supervision for mental-health professionals and health actors in the provision of psychological care
- provide training for health staff in clinical treatment for victims/survivors of sexual violence; deliver post-rape kits to hospitals; extend financial assistance to victims/survivors of sexual violence for covering medical expenses

SOUTH SUDAN

CONTEXT

The South Sudanese government and the opposition are working to form a transitional government, as part of the terms of their 2018 peace agreement. The incidence of armed confrontations between the parties' forces declined in 2019.

Sporadic clashes between government forces and an armed group not signatory to the peace agreement continue to be reported in southern regions of the country. Ethnic tensions and competition over scarce resources often lead to communal violence, especially in the Equatoria region and in the Greater Upper Nile region, which encompasses the former states of Jonglei, Unity and Upper Nile.

Protracted armed conflict and other situations of violence have caused extensive damage to water, sanitation and health facilities, particularly in the Greater Upper Nile region. Indiscriminate attacks, destruction of health facilities and schools, and sexual violence and other misconduct by weapon bearers have also been reported. People's livelihoods and food-production activities have been severely disrupted as a result, with millions facing food insecurity. Basic health care and clean water are also not readily available. Most health facilities do not have the resources to provide good-quality care.

ICRC ACTION

The ICRC will continue to implement a multidisciplinary approach to addressing the issue of sexual violence related to conflict and other situations of violence. It will focus on three areas: responding to the needs of the people affected; helping mitigate communities' exposure to risks; and seeking to prevent abuses from occurring.

In terms of response, the ICRC will continue to support primary and secondary health facilities – in areas that are prone to violence or were heavily affected by fighting in the past – to provide good-quality mental-health and psychosocial support and other health and medical services to victims of violence, including sexual violence. It will strive to better understand the availability of services for victims of violence, help improve referral pathways and increase the awareness of community members about the need for and availability of these services. These efforts will be overseen by an operations manager who will be supported by focal points covering priority areas; they also include initiatives to increase ICRC staff understanding of the issue and their capacity to respond to it.

Victims/survivors of sexual violence and others identified – by the ICRC's health and protection teams, for example – as particularly vulnerable to social exclusion or destitution will be referred for and/or given assistance to undertake income-generating activities. As part of the ICRC's efforts to increase the availability of clean water and functioning sanitation facilities, health facilities providing mental health and psychosocial support will benefit from infrastructural works aimed at ensuring the availability of adequate space for the efficient and, where necessary, confidential (see also *A multidisciplinary response* on p. 14) provision of support to people approaching these centres. The ICRC will also install water points and latrines in rural or isolated areas. These will be placed closer to communities, to make it easier for women and children to fetch water, and to help reduce the threat to their safety in volatile security conditions.

The ICRC will develop dialogue with violence-affected communities to reach a fuller understanding of their protection-related concerns and coping mechanisms. Where feasible, it will make specialized services available to victims, particularly demobilized children and people who have been subjected to sexual violence, or refer them to others

who can provide suitable assistance. It will raise awareness of the consequences of sexual violence and the services available to victims through information sessions for community members, with a view to mitigating stigmatization.

With a view to preventing the occurrence and/or recurrence of abuses, including sexual violence, the ICRC will remind the authorities, and weapon bearers on all sides, to meet their obligations under IHL, international human rights law and other applicable norms. The issue of sexual violence will be discussed during training sessions for weapon bearers. The ICRC will also seek to pay attention to the issue of sexual violence when carrying out activities for people deprived of their freedom (see also *Response to sexual violence in detention* on p. 17). Efforts will be made to ensure the ICRC's work complements the activities of other local, national and international actors.

Plan of action and indicators

- through oral and/or written representations, remind authorities and weapon bearers of the protection afforded by IHL and other applicable law to people not or no longer participating in hostilities, including protection from sexual violence; include messages about sexual violence during information sessions and other IHL-related events for them and enable military and police personnel to attend advanced IHL courses
- in cooperation with authorities, community members and their leaders, and others, refer victims of sexual violence and other abuse for suitable assistance
- train health-centre workers, community volunteers and hospital staff in basic psychological counselling for victims of violence, including sexual violence; conduct information campaigns on the services available to victims
- train clinicians in administering the treatment prescribed for survivors of rape
- provide South Sudan Red Cross volunteers with material, logistical and financial support, and training for monitoring and addressing the protection-related concerns of victims of violence, including sexual violence
- build water yards, install hand pumps and construct latrines for communities in remote areas; upgrade water, sanitation and electrical facilities at some ICRC-supported health centres
- provide financial support to vulnerable people, with a view to helping reduce their exposure to the risk of sexual violence

SUVA (REGIONAL)

COVERING: : Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and the territories of the Pacific

CONTEXT

Communal tensions in the Enga, Hela and Southern Highlands provinces of Papua New Guinea often lead to violence. The police forces sometimes conduct operations in areas of unrest.

The use of excessive force during law enforcement operations in Papua New Guinea reportedly continues. The situation is particularly serious in the Highlands region, where communal violence often leads to displacement and the destruction of property, and causes injuries and deaths: women, children and the elderly are among the victims. Sexual violence is widespread, and allegedly takes place during clashes. Communities displaced due to the tribal fighting are particularly vulnerable to sexual violence. Host communities and IDPs often have to share limited resources. Damage to infrastructure disrupts livelihoods, and access to health care and other essential services. Owing to persistent communal tensions, the provision of health care is not always impartial, which makes it difficult for some wounded or sick people, and victims/survivors of sexual violence, to receive appropriate care.

ICRC ACTION

In the framework of its multidisciplinary response to humanitarian needs in Papua New Guinea, the ICRC will strive to provide health services, including mental health and psychosocial support, protection and livelihood support to victims/survivors of sexual violence while working to prevent the occurrence of such abuse or mitigate people's exposure to risk.

The ICRC will maintain its support to health services so that victims of violence – including sexual violence – can receive appropriate treatment, and process and cope with their traumatic experiences with the help of mental-health

and psychosocial support and other forms of specialized care. The ICRC will organize training sessions for health staff, specifically those of Family Support Centres in hospitals – in conducting structured consultations. It will also continue developing means to support and strengthen existing referral mechanisms.

The ICRC will seek to develop a better understanding of the protection-related concerns of people affected by violence, and to help them mitigate risks to their safety – for instance, it will help strengthen community-based risk-reduction strategies. It will continue to urge parties to communal violence to abide by basic principles of humanity, for example, by ensuring the protection of people who are not or are no longer taking part in the fighting, including from sexual violence and other abuse. It will strive to promote respect among military and police forces in the region for international standards applicable to their duties and help them to integrate these standards into their training and operations; it will also work to broaden awareness among them of its activities and of issues of immediate concern, such as preventing sexual violence.

Plan of action and indicators

In Papua New Guinea:

- support up to six health facilities in Papua New Guinea, for instance by covering expenses involved in referring patients to suitable medical facilities for further care
- be prepared to provide medical and other supplies and financial assistance to ensure timely referral and treatment in the event of an emergency
- train health-care personnel in post-exposure prophylactic treatment and mental-health and psychosocial support for victims/survivors of sexual violence
- organize information sessions and training on some of these topics for community volunteers

SYRIAN ARAB REPUBLIC

CONTEXT

In the Syrian Arab Republic (hereafter Syria), armed conflict between government forces and numerous armed groups continues – as does fighting among armed groups. Hostilities have become more localized than in previous years and have intensified in different parts of the north. Third-party States carry out and/or support operations – including airstrikes – against some of these armed groups, especially in territory still controlled by these groups. Parties to the conflict and other situations of violence violate IHL and other norms applicable to the conduct of hostilities.

In many of the places affected by conflict, people struggle to obtain health services, including psychosocial support for dealing with trauma linked to violence, including sexual violence. This is partly because medical personnel, facilities and vehicles continue to be attacked or obstructed by parties involved in the fighting and owing to various factors that hamper people from seeking assistance.

ICRC ACTION

As part of its extensive health response in Syria, the ICRC will help integrate mental health and psychosocial support in health facilities and community centres in Homs and Aleppo, so that victims/survivors of sexual violence and others will have access to such care. It will do so by organizing training sessions and providing technical support, especially on conducting individual and group counseling sessions. Moreover, as part of its efforts repair health facilities and improve conditions there for people seeking and providing care, the ICRC will help improve the functioning of the Aleppo Forensic Medical Centre, which, in addition to managing and identifying human remains, provides clinical forensic services for victims/survivors of sexual violence.

More broadly, the ICRC will also continue to discuss with its contacts at various levels the necessity of respecting IHL and other applicable law, and humanitarian principles; it will also draw their attention to documented instances of violations of the law.

Plan of action and indicators

- extend expert advice and other support for mental health services at some of clinics also supported by the ICRC with regular, comprehensive material and technical assistance
- renovate the Aleppo Forensic Medical Centre

FINANCE

SPECIAL APPEAL 2020	IN KCHF¹¹
HEADQUARTERS BUDGET	
Headquarters	499
BUDGET IN OPERATIONAL EXAMPLES¹²	
Bangladesh	852
Burundi	1,175
Caracas (regional)	785
Central African Republic	672
Colombia	1,920
Congo, Democratic Republic of the	3,111
Ethiopia	386
Mali	389
Mexico City (regional)	830
Nigeria	4,211
Philippines	206
South Sudan	4,935
Suva (regional)	41
Syria	882
TOTAL ICRC SPECIAL APPEAL – BUDGET 2020	20,894

These budgets are also included in the funding requirements outlined in the ICRC Appeals 2020 launched in December 2019.

11. The figures in this document are rounded off and may vary slightly from the amounts presented in other documents.
12. The budget exclusively covers activities to be funded and implemented through the ICRC. Activities funded directly by partners or other actors are not included.

COMMENTS

This Special Appeal aims to attract contributions from new funding sources or budget lines, including those of the ICRC's main donors, that do not usually or does not yet finance the ICRC on the basis of its yearly appeals.

The budget presented covers:

- activities to be exclusively funded and implemented through the ICRC;
- activities that address sexual violence and carried out under various ICRC programmes, benefiting the populations affected or directed at actors of influence; and the means needed to operate with or in coordination with Movement partners.

Contributions for 2020 can be made towards this Special Appeal, and contributions without further earmarking are encouraged.

Funds will be subject to standard ICRC operational reporting, financial control and auditing procedures. There will be a yearly Special Report and a separate auditor's report directly related to the present Special Appeal, as well as narrative and financial reports related to the topic included in other standard reports.

- Narrative reporting will be accessible through the following:
 - the ICRC Midterm Report: the status of ICRC operations in key contexts at mid-year;
 - the ICRC Annual Report: a comprehensive report on ICRC headquarters and field operations, covering the entire year;
 - the ICRC Special Report, which outlines the implementation and outcomes of plans presented in this Special Appeal (published once a year, following the Annual Report); and
 - other reports published on the ICRC Extranet for Donors¹³ and articles on the ICRC website.
- Financial reporting will be available in the following:
 - the ICRC Annual Report: financial reporting, including the yearly consolidated financial statement, the independent auditor's report and financial and statistical tables; and
 - the Special Auditor's Report on the Special Appeal (once a year).

13. See ICRC Extranet for Donors at: <https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/home.xsp>



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