

SPECIAL REPORT 2019

ADDRESSING SEXUAL VIOLENCE



ICRC



ICRC

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VIOLENCE**

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OVERVIEW

In 2019, the ICRC continued to implement its strategy for addressing sexual violence through operational activities, humanitarian diplomacy, and concerted and complementary efforts with other components of the International Red Cross and Red Crescent Movement (hereafter the Movement). The 2018–2022 sexual violence strategy sets the foundation for the ICRC’s work to: ensure that victims/survivors of sexual violence have access to the services they require; protect at-risk groups and people, and enable communities and individuals to strengthen their resilience to the effects of such violence; and engage actors of influence (including armed actors) on the prevention of sexual violence. The ICRC’s Institutional Strategy 2019–2022 also reiterates the organization’s commitment to tackling the issue of sexual violence as an institutional priority, and to analyse and understand sexual and gender-based violence more broadly.

To ensure the operational application of the strategy on sexual violence, ICRC delegations were given technical guidance and support – including guidance on mapping multidisciplinary referral pathways and their use – and in-depth briefings on implementing survivor-centred activities to prevent and respond to sexual violence. In 2019, the placement of additional human resources (operations managers, regional advisers and field officers for addressing sexual violence) to provide technical support in selected delegations in priority contexts resulted in adapted programming and clear referral pathways. Progress was also made in: facilitating the integration of sexual violence prevention and response objectives and indicators in delegations’ plans; enhancing the ICRC’s understanding and analysis of specific aspects of sexual violence risks and patterns faced by communities and individuals; and improving staff capacity to address the issue.

While the sexual violence strategy 2018–2022 is organization-wide, the activities carried out by ICRC team in Bangladesh, the Bolivarian Republic of Venezuela (covered by the Caracas regional delegation), Burundi, the Central African Republic, Colombia, the Democratic Republic of the Congo, Ethiopia, Indonesia (covered by the Jakarta regional delegation), Mali, Papua New Guinea (covered by the Suva regional delegation), Nigeria, South Sudan, the Syrian Arab Republic (hereafter Syria), and several countries covered by the Mexico City regional delegation exemplify the ICRC’s commitment to addressing the consequences of sexual violence and helping prevent its occurrence; these activities are highlighted in this document.

THE SPECIAL REPORT 2019

This report follows up on the objectives and plans of action outlined in the *Special Appeal 2019: The ICRC’s response to sexual violence*. It features the following:

- activities at the ICRC headquarters that are directly related to sexual violence response and prevention (page 17);
- activities carried out by 14 delegations featured in the Special Appeal 2019, serving as concrete examples of how the ICRC works in the field to address, mitigate risks of, and prevent sexual violence in armed conflict and other situations of violence and in detention (page 23); and
- financial reporting about contributions to the Special Appeal 2019 and the expenses related to 2019 (page 33).

The narrative and financial information in this Special Report are based on, and also included in, the ICRC Annual Report 2019, published in June 2020.



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.

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. It has grave humanitarian consequences for the victims/survivors and their communities.

Sexual violence remains utilized as a tactical or strategic means of overwhelming and weakening the adversary, whether directly or indirectly, including by targeting the civilian population. 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 (SGBV) – such as marital rape and child or forced marriage and enforced prostitution – among civilians. Crisis factors may also deepen risks of transactional or survival sex, trafficking for the purposes of sexual exploitation, and of sexual exploitation and abuse.

The ICRC defines sexual violence as any act 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. 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 and is not limited to, rape, sexual slavery, enforced prostitution, forced pregnancy or enforced sterilisation. For sexual violence, as defined above, to fall within the scope of application of IHL, it must take place in the context of, and 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, and abuse of power. Gender roles in society influence both vulnerability to sexual violence and ability to access care and services after an incident of violence. Women and girls continue to be the most targeted by sexual violence and face barriers to disclosure, but gender norms in most cultures, and discriminatory practices, also mean that men, boys and sexual and gender minorities may encounter other distinct barriers in disclosing their experience of sexual violence and thus in accessing care. There are strong perceptions, often not based on evidence, about who can 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 shapes experiences of sexual violence. Rather, it is a cross-cutting factor 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 their ability to access services. Consequently, it is necessary to ensure that services are available, accessible and applicable to all victims/survivors, taking into account their specific needs and capacities.

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 families and communities.

The physical consequences of sexual violence include death, physical injuries, pain resulting from physical violence, sexually transmitted infections, pregnancy (including among girls), infertility, low self-esteem and a proven higher incidence of disease burden and subsequent health problems. Pregnancy resulting from rape may result in high-risk delivery (as with young girls), or compound trauma and suffering and result in economic and social stigma. 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 their well-being long after the incident of violence, especially if support for such issues is not provided; sexual violence has also been associated with suicidal ideation and suicide. Further psychological and psychosocial consequences include distress, self-blame, confusion, indignity, anger, and guilt or shame over the impact of the abuse on themselves and

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/ictr-96-4/trial-judgements/en/980902.pdf>.

their families; 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 subsequent of rape, forced marriage, or loss of means of subsistence, including loss of employment.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.

While sexual violence may affect any person, certain groups may be particularly vulnerable to abuse depending on the context and setting. Sexual and gender-based violence, more broadly, is known to be disproportionately directed at women, girls and sexual and gender minorities, noting that within these groups and outside of them, men and boys are also vulnerable in a number of settings. Particular groups of people face heightened risk because of legal status and other circumstances; these include: internally displaced people, refugees or other migrants; ethnic minorities; and people deprived of their freedom.⁶ As stated above, the interplay of aspects of social identities affect individuals' risk of being targeted by perpetrators of sexual violence.

Despite its global prevalence and grave consequences, sexual violence remains underreported everywhere, because of various factors that prevent victims/survivors or witnesses from coming forward or because reporting is not the course of action that victims/survivors want and need. As a result, the full extent of the problem is often concealed or discussed in trusted community-based circles, with official reporting 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 disclosing sexual violence, 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 respond to their needs, protect them from further victimization and facilitate their reintegration into communities. Moreover, misconceptions surrounding sexual violence remain pervasive and cannot be addressed without training and capacity-building, even among professionals such as health-care workers, law enforcement officials and other service providers; this, in turn, leads to responses that are not victim/survivor-centred, do not adequately meet needs, and cause harm. In many humanitarian settings, there is also a complete absence of appropriate assistance and referral pathways; where they exist, community-based mechanisms can become quickly overwhelmed by increased prevalence.

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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>

THE ICRC'S APPROACH

The ICRC responds to the needs of victims/survivors of violence – including sexual violence – using a survivor-centred approach that includes referral to external agencies and/or the provision of non-discriminatory care in its own services. The ICRC also pursues efforts to prevent sexual violence, particularly in the context of armed conflicts, other situations of violence and in detention, through dialogue with weapon bearers and authorities. It provides protection-focused services to at-risk people, groups and communities by taking inclusive programming approaches.

Owing to the proven global prevalence of sexual and gender-based violence (SGBV), the ICRC assumes that sexual violence occurs in all the contexts in which it operates and assumes that sexual violence and other forms of SGBV is in fact exacerbated by conflict and crises. It therefore acts proactively to respond to it, without waiting for new analysis to emerge; this is called the “reversed burden of proof”.⁷ This also means that ICRC staff actively analyse trends and data on the patterns and prevalence of sexual violence, including as crises emerge. ICRC delegations are supported to: (1) at a minimum, identify a referral pathway for any victim/survivor of sexual violence to the survivor-centred services (health, mental-health and psychosocial support, livelihood support, protection and legal aid) whether offered by the ICRC or others, and to train staff members on the basics of sensitive response to disclosures of sexual violence; (2) integrate a response to the issue into existing activities; or (3) 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).

The ICRC seeks to systematically address the issue of sexual violence through its protection, risk mitigation and prevention activities, with a view to preventing initial occurrence or further incidents and by responding when sexual violence does occur. It pursues confidential dialogue with, and gives technical advice to, the authorities, aimed at encouraging them to draft and enact domestic legal frameworks protecting people from such abuse. In 2019, for example, terms of reference were developed for a checklist on addressing sexual violence in domestic law, meant to ensure more systematic and global approaches to this end; legal advisers of the components of the Movement were also consulted. The ICRC also addresses the issue of sexual violence in its 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; delegations receive various form of support for conducting these discussions, including guidelines⁸ developed in 2019 based on the findings of the ICRC report on the *Roots of Restraint in War*.⁹

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 people most at risk, the coping strategies developed by victims/survivors and at-risk communities, gaps in the assistance received by victims/survivors, and the ICRC's specific expertise and capabilities (i.e. its 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. The ICRC strives to apply best practices and lessons learnt, to improve its own activities and influence those of others.

In line with its overall working procedures, the ICRC implements a **holistic and multidisciplinary approach**, in order to address the multiple needs of victims/survivors of sexual violence. This approach acknowledges the need to work on both prevention and response, and to draw on the expertise of staff members from specialized units and services, at headquarters and in the field. It entails strong coordination and information-sharing among the different teams involved. Where needed, the ICRC may engage with partners within and outside the Movement, following careful analysis of their complementary roles or 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 needs and capacities of victims/survivors – which are shaped by the interplay of gender norms, as well as factors such as age, sexual orientation, ethnicity, religion, disability and race, which intersect and overlap to influence a person's position, power and vulnerabilities within society. This is necessary so as to ensure that the ICRC's 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.

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”.

8. ICRC, *Engaging with State Armed Forces to Prevent Sexual Violence: A Toolkit for ICRC Staff on How to Engage State Armed Forces in Dialogue on Preventing Sexual Violence in Armed Conflict*, 2019, available at <https://www.icrc.org/en/publication/4400-engaging-state-armed-forces-prevent-sexual-violence-toolkit-icrc-staff-how-engage>

9. ICRC, *Roots of Restraint in War*, 2018. <https://shop.icrc.org/the-roots-of-restraint-in-war.html>

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, safety 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 sexual and gender-based violence risks around programming sites for economic-security and water-and-habitat activities, or to exposing people to additional trauma, stigmatization and labelling in mental-health and psychosocial support activities; it does so by integrating its response to sexual violence into its broader response to victims/survivors of violence. The ICRC’s survivor-centred approach to addressing sexual and gender-based violence is fully aligned with enacting the “do no harm” principle and evidence-based humanitarian standards.

The survivor-centred approach is also aligned with the people-centred approach prescribed by the ICRC’s Institutional Strategy 2019–2022, in which the organization reiterates its commitment to putting people at the centre of its actions, by recognizing and respecting that “communities affected are experts on their own situation, first responders and agents of change”. This commitment reflects a shift in power that recognizes, facilitates and promotes people’s agency to define their own needs, priorities, their solutions and to participate meaningfully in all stages of the response to ensure more effective programming. A people-centred approach also recognizes that a person’s gender, age, disability and other factors have a significant impact on the way they experience armed conflict, access assistance and cope with their situation. This alignment between the ICRC’s approach to sexual violence and its overall approach to humanitarian action is crucial to ensuring greater impact and sustainability of its sexual violence prevention, mitigation and response activities.

SCOPE OF THE ICRC’S WORK

Recognizing the complexity of determining the specific added value of the ICRC taking action 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 and indicators, 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 meet the minimum requirements for addressing sexual violence and 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).
- 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, in terms of its 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 is hard to determine. While distinctions can be made between some forms of sexual and gender-based violence in the contexts in which the ICRC works, many forms tend to be interconnected and share root causes and consequences for victims/survivors – for example, in the context of violence between intimate partners in a camp hosting refugees or internally displaced people (IDPs), or child marriage and transactional sex as negative coping mechanisms in existing humanitarian emergencies. The ICRC therefore 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 migrants¹⁰ – 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 Red Cross and Red Crescent Societies (hereafter National Societies) and other local actors.

10. For more information on the ICRC’s activities for vulnerable migrants, see *The ICRC’s operational approach to displacement* at [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/61AFE2324B57BC5FC12585230021DFC8/\\$File/icrc-annual-report-operational-approach-displacement_2019.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/61AFE2324B57BC5FC12585230021DFC8/$File/icrc-annual-report-operational-approach-displacement_2019.pdf) and *The ICRC’s response to the needs of vulnerable migrants* at <https://www.icrc.org/en/document/icrcs-response-needs-vulnerable-migrants>.



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.

A MULTIDISCIPLINARY RESPONSE

The ICRC works to prevent sexual violence and respond to its consequences through a combination of programmes, modes of action¹¹ and activities. Its prevention, mitigation and response efforts include: engagement with individuals, communities, and weapons bearers aimed at changing patterns of behaviour and decision-making; persuasion efforts with authorities to improve legal frameworks and the provision of support in this regard; activities to mitigate people's exposure to risks of sexual violence; and the provision of direct care to support physical health or to enhance communities' capacities and support their coping mechanisms in the face of such violence. In developing its prevention response¹², the ICRC applies a logical framework that covers and demonstrates the multiple and interlinked means towards creating a conducive environment. The ICRC carries out activities to protect the rights of victims/survivors and ensure that they have access to the services they require. It always aims to be part of, or to establish, referral pathways to critical services that meet the diverse needs of victims/survivors and works with local agencies, authorities, and, where applicable, with the local inter-agency gender-based violence area of responsibility (GBV AOR) in many contexts to achieve this. This entails providing and/or facilitating access or referral for clinical care, mental-health and psychosocial care, economic initiatives and livelihood support, protection services, and referral for legal aid; and helping to build resilience among, and mitigate risks to, victims/survivors and at-risk groups and communities.

11. The ICRC uses the five modes of action: persuasion, mobilization, support, substitution and denunciation. It employs these different modes of action depending on the situation, the problems encountered and the objectives to be achieved. It often combines different modes of action either simultaneously or consecutively. For more information on each mode of action, see the *ICRC Management framework and description of programmes*, available on the ICRC Extranet for Donors at [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/3D8C420C2419074EC1258523002233A3/\\$File/icrc-annualreport-management-framework_2019.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/3D8C420C2419074EC1258523002233A3/$File/icrc-annualreport-management-framework_2019.pdf).
12. The logical framework serves as a practical guide to help ICRC staff members carry out their analysis and develop their prevention response. Prevention as referred here pertains to the ICRC prevention programme, which covers development, implementation and dissemination of IHL and other applicable norms to foster an environment conducive to respect for the law and prevention of violations. It also covers efforts to raise awareness of and build acceptance for the ICRC and its activities. For more information on the ICRC's four programmes (protection, assistance, prevention and cooperation), see the *ICRC Management framework and description of programmes*: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/3D8C420C2419074EC1258523002233A3/\\$File/icrc-annual-report-management-framework_2019.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/3D8C420C2419074EC1258523002233A3/$File/icrc-annual-report-management-framework_2019.pdf) and its *Prevention policy* at <https://www.icrc.org/en/publication/4019-icrc-prevention-policy>.

PROVIDING AND FACILITATING ACCESS TO APPROPRIATE HEALTH-CARE SERVICES

The ICRC works to provide victims/survivors of sexual violence with direct access to safe and confidential clinical care and medical services for life-saving procedures such as the provision of post-exposure prophylaxis for HIV, the prevention of unintended pregnancy, the management of injuries and sexually transmitted infections, immunization and wound care.¹³ 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, or damaged. 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 the security of its own staff members.

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 mental-health and psychosocial support, either directly or through qualified and trusted partners while ensuring their right to privacy and confidentiality. Where necessary, the ICRC trains local health staff, National Society volunteers and/or community members to provide these services and carries out community 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 benefitting 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 mental-health and psychosocial needs, while ensuring their right to privacy and confidentiality. 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 within a referral network – to cover their basic needs, for example – and address their protection-related concerns.

The ICRC carries out activities to enhance the protection of individuals and at-risk groups. It helps in relocating people to safer areas, under certain circumstances, for example, when threats are levelled against victims/survivors or those who have testified or sought assistance, when certain people are at risk in relation to an ongoing conflict dynamic, 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 factors rendering individual victims/survivors vulnerable, as well as the capacities of these individuals, are fully taken into consideration alongside their economic needs. The ICRC strives to reach victims/survivors in sensitive ways and does not set apart victims/survivors of sexual violence from other conflict-affected members of communities when designing economic activities, to ensure safety, dignity, non-discrimination and confidentiality. 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, preventing risks of 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, improve their livelihoods or reduce their reliance on negative coping strategies. 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.

RISK REDUCTION AND PREVENTION

The ICRC engages in the prevention of sexual violence with communities, authorities and weapon bearers and strives to broaden understanding of and support for relevant provisions of IHL, international human rights law, other applicable legal rules, and internationally recognized standards pertaining to the prevention and prohibition of sexual violence. In its confidential dialogue with national and local authorities and other actors of influence such as community leaders,

13. Aligned with the WHO Guideline: *Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings*, available at www.who.int/reproductivehealth/publications/rape-survivors-humanitarian-settings/en/

the ICRC is in a position to address sexual violence in a comprehensive manner with reference to its root causes and harmful consequences while also promoting IHL provisions and internationally recognized standards relating to the prohibition of sexual violence in armed conflict and their incorporation into domestic legal and regulatory frameworks, doctrine, training and guidance for weapon bearers, and policies for law enforcement operations.

In its interactions with parties to armed conflict, the ICRC reminds them – whether State military and security forces or non-State armed groups – that rape and other forms of sexual violence are prohibited under 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 also strives to discuss with them observed or alleged instances of violence and the patterns in which they take place, the humanitarian consequences for victims/survivors, their families and communities, and/or the legal actions, disciplinary measures or other response that can be made.

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 sexual violence is addressed. The dialogue may be aimed at following up actions at the individual level and/or 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 civilians themselves 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.

While women and girls are disproportionately at risk of sexual violence in most contexts, members of certain groups are known to be at higher risk of exposure to sexual violence because of factors rendering them vulnerable such as age (children, including unaccompanied minors); mental and physical impairments (persons with disabilities); and safe housing and legal status (IDPs and migrants, including asylum seekers and refugees). They require protection-focused approaches that consider the specific circumstances that may exacerbate or reduce their situation of 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 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;
- design and 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, creating platforms for discussions or offering to mediate between the parties concerned; and
- support cooperation among community members in planning and launching self-protection initiatives.

The ICRC 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 further help reduce their exposure to further abuses, including forms of sexual exploitation – such as transactional or survival sex and child 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 or to invest in alternative means of livelihood.

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

RESPONSE TO SEXUAL VIOLENCE IN DETENTION

The ICRC's standard procedures¹⁴ 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, material conditions and staff gender; 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 items (such as for personal hygiene), 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 medical examination on arrival, confidential health care, and 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.

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

ADDRESSING SEXUAL VIOLENCE IN 2019: HEADQUARTERS

The ICRC pursued efforts to ensure the inclusion of activities to prevent sexual violence and address its consequences in broader initiatives to assist and protect people affected by conflict and other violence, in line with its 2018–2022 strategy on sexual violence and the commitments it made in its Institutional Strategy 2019–2022. The Sexual Violence team, which is under the Department of Operations, and members of a working group – composed of specialists from various units, departments and regional management teams – collaborated to enhance the ICRC’s capacity to prevent sexual violence and respond to its consequences. They supported delegations in addressing sexual violence in a multidisciplinary manner; developed practical guidance for field teams; engaged with actors of influence; guided research projects; and worked with partners within and outside the Movement, on complementary and coherent approaches to the issue of sexual violence.

ADDRESSING SEXUAL VIOLENCE IN A MULTIDISCIPLINARY MANNER

Mainstreaming sexual violence response and prevention efforts

The Sexual Violence team and members of the working group provided strategic advice and technical guidance to staff members at headquarters and in the field, to help them sustain and strengthen existing projects and/or develop and implement new initiatives. All this was aimed at enhancing the scope and quality of activities related to sexual violence.

Staff members received guidance on implementing the sexual violence strategy, among other topics, through briefings by members of the Sexual Violence team and the working group, who also regularly provided feedback to delegations and responded to requests for information or advice on specific aspects of their response. In all, some 75 briefings were organized, and 120 requests for information and support were addressed, in 2019. The support and information shared with staff members included detailed, user-friendly information drawn from new guidelines being developed by the Sexual Violence team and the working group (see below).

Technical guidance on advancing specific aspects of the response to sexual violence was made available to delegations. To help them respond to the medical needs of victims/survivors of sexual violence, field staff were given advice on how to reinforce the design and implementation of their health-related activities, particularly the provision of mental-health care and psychosocial support. For example, they were assisted in assessing the availability and quality of care for the people affected, and identifying the obstacles that people faced in accessing these services, including those related to cultural sensitivities. With a view to countering biases and prejudices still held by medical and humanitarian workers, awareness-raising sessions were held for ICRC and National Society staff members, and for other health personnel and staff members from other organizations. Similar sessions aimed at protecting victims from stigmatization were organized for community members.

The ICRC’s Protection of the Civilian Population Unit and the Mental-Health and Psychosocial Support team of the Health Unit – which are both under the Department of Operations – came up with guidelines for improved coordination between staff members working in these fields; they also covered coordination in handling cases of sexual violence.

Additional support was provided to delegations during field visits by members of the working group. For example, cash assistance for victims/survivors of sexual violence was reviewed by the institutional cash specialists during field visits to assess and give recommendations on the use of cash in the activities of some delegations; in South Sudan, a feasibility study on the use of cash in sexual violence response activities led to the creation of an individual assistance framework for victims of violence, including sexual violence. The British Red Cross and the ICRC assessed a joint project providing cash as livelihood support for victims/survivors of sexual violence in the Democratic Republic of the Congo (hereafter DRC), the findings of which were considered in planning similar initiatives for 2020.

Sexual violence operations manager or regional adviser positions were created in several delegations to ensure and speed up the implementation of a multidisciplinary approach to addressing sexual violence and help strengthen the coordination of activities within delegations. Despite some administrative and operational constraints encountered in deploying staff members for these positions, operations managers began working in Bangladesh, the Central African Republic (hereafter CAR), the DRC (also supporting Ethiopia), and South Sudan; advisers based in the regional delegations in Bangkok (Thailand) and Dakar (Senegal) began supporting delegations in Asia and Africa, respectively. The operations managers and regional advisers were coached and supported by the Sexual Violence team, which had weekly calls with them. They also exchanged knowledge, information, technical guidance and lessons learnt among themselves and with members of the working group during meetings and through online platforms (see below). Other delegations – such as Abidjan regional, Bangkok regional, Burkina Faso, Colombia, Jakarta regional, Dakar regional,

Kuala Lumpur regional, Mali, the Philippines and Nigeria – assigned focal points who oversaw sexual violence response and prevention efforts, often alongside other files. With the help of the sexual violence operations managers, regional advisers and focal points, several delegations drafted or updated their strategies for multidisciplinary activities. The setbacks in filling up the above-mentioned positions, however, resulted in the postponement of some planned activities, such as assessments.

The Sexual Violence team strove to ensure that sexual violence prevention and response objectives, activities and indicators were included in ICRC delegations' annual planning for 2020. In consultation with members of the working group and other specialists from various units, the team developed a planning for results guidance document meant to assist delegations in integrating objectives and indicators related to sexual violence into their plans and budgets for 2020.¹⁵ The guidance document specified minimum accountability requirements in the form of an internal list of specific objectives and indicators that delegations were expected to include in their 2020 plans of action, adapted as applicable to their contexts and their analysis of the issue. These objectives and indicators encompassed a wide range of ICRC programmes and sub-programmes, including: protection of the civilian population; activities for people deprived of their freedom; economic security; water and habitat; mental-health and psychosocial support and other health services; humanitarian forensics; and prevention, which covers promotion and application of IHL and dialogue with actors of influence. The production of the document was an important step towards better clarifying how sexual violence objectives can be mainstreamed into existing planning, monitoring and data-collection systems. Analysis of the resulting 2020 planning documents showed an improvement in the quality of sexual violence-related objectives and indicators set by ICRC delegations in the CAR, Colombia, DRC and South Sudan – delegations where the ICRC had assigned sexual violence operations managers or focal points. In all, ICRC delegations tagged 189 objectives that had a sub-indicator related to sexual violence response and prevention; although this marked a decrease from the numbers in previous years, the 2020 objectives had clearer indicators that were modeled according to the minimum accountability requirements.

Internal coordination and information-sharing mechanisms were strengthened at headquarters and in the field. Members of the working group, for example, shared updates, assessed progress and followed up pending actions. Reference materials, technical guidance and other types of information were made available on an online community of practice launched in September, and which also served as a platform for discussions among sexual violence operations managers, regional advisers, members of the working group and staff members across departments and delegations. The Sexual Violence team and staff members working on diversity and inclusion in ICRC operations¹⁶ explored areas of synergies and collaboration on the prevention of sexual violence and gender-based violence.

In September, a first global meeting of staff members working on the issue of sexual violence was organized at the ICRC headquarters in Geneva, Switzerland. The participants discussed various aspects of addressing sexual violence, the challenges encountered, progress made and areas requiring further action or closer attention. During the week-long meeting, an expert workshop was held where the initial findings of the study of sexual violence against men and boys (see below) were discussed with the participants and with experts from outside the ICRC.

Building ICRC staff's capacity to address sexual violence

The ICRC kept up its efforts to raise awareness among its staff members, and those from other humanitarian organizations, of the issue of sexual violence, and to improve their capacity to develop and implement effective responses.

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15. ICRC delegations and departments set their objectives, plans of action and budgets for 2020 during an institutional exercise done in the third quarter of 2019. For more information on the annual planning process of the ICRC, see *The ICRC's approach to result-based management – improving humanitarian action*, available on the ICRC Extranet for Donors at [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/6F41BA78F0F15E9BC1258523002217C3/\\$File/icrc-annual-report-operational-approach-action_2019.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/6F41BA78F0F15E9BC1258523002217C3/$File/icrc-annual-report-operational-approach-action_2019.pdf).
 16. The ICRC's work around diversity and inclusion in operations is aimed at ensuring that everyone affected by conflict – regardless of their gender, age, disability, or other context-specific diversity factors – has equal access to ICRC assistance and protection activities. The ICRC seeks to foster a protective, participatory and enabling environment for conflict-affected people – for example, through the creation of robust, effective and confidential two-way communication channels and feedback and complaints mechanisms – that can also enhance protection from sexual violence and facilitate the reporting of sexual exploitation and abuse. The team spearheading this is part of the Accountability to Affected Populations team of the Department of Operations. For more information on Accountability to Affected Populations, diversity and inclusion and sexual exploitation and abuse, see the ICRC Annual Report 2019 chapters on the work of its departments of Operations and Human Resources and the work of the Office of the Director-General, available on the ICRC Extranet for Donors: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/9AB587AE77D78B94C125852300217753/\\$File/icrc-annual-report-operations_2019.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/9AB587AE77D78B94C125852300217753/$File/icrc-annual-report-operations_2019.pdf); [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/83DB88FB292241E7C125852300212B04/\\$File/icrc-annual-report-human-resources_2019.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/83DB88FB292241E7C125852300212B04/$File/icrc-annual-report-human-resources_2019.pdf); [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/87709B102942466FC12585230021A49D/\\$File/icrc-annual-report-office-director-general_2019.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/87709B102942466FC12585230021A49D/$File/icrc-annual-report-office-director-general_2019.pdf)

Internal training programmes designed for specific divisions or units continued to include sessions about addressing sexual violence, with the main messages adapted to the participants' disciplines or areas of specialization. In 2019, sessions were carried out in this framework during around 20 courses on: protection of the civilian population; the responsibilities of protection coordinators; the provision of mental-health and/or psychosocial support; and the implementation of IHL. A module on sexual violence continued to be included in the integration course for new ICRC staff members; it was also available on the ICRC's e-learning platform.

Furthermore, the Sexual Violence team began developing field-based training modules to address the training needs identified by sexual violence operations managers. By the end of the year, a first draft of the curriculum for one module had been formulated.

External training sessions enabled ICRC staff members to develop their capabilities while also exchanging knowledge and experience with staff members from other organizations. A one-week seminar¹⁷ on sexual violence during armed conflicts and emergencies – developed by the Geneva Centre for Education and Research in Humanitarian Action (CERAH), with the ICRC's financial support – continued to be offered to ICRC staff, for whom up to half of the slots for each session were reserved. Three seminars – two in Geneva, Switzerland, and one in Uganda – were held during the year; a total of 31 ICRC staff members attended these seminars. Thirteen sessions had been conducted between the launch of the seminar in 2014 and December 2019, enabling more than 166 mid- to senior-level ICRC managers and sexual violence focal points from more than 37 contexts and several staff from other organizations to deepen their knowledge of the issue and share ideas, challenges, achievements and best practices. Seventeen National Society personnel – four each from the Burundi Red Cross and the South Sudan Red Cross, three from the Norwegian Red Cross, and two each from the Australian, Kenyan and Somali National Societies – had participated in these sessions since 2014. Addressing sexual violence during armed conflict was also included in the curriculum of the Health Emergencies Large Population course, which is coordinated by the ICRC; this course was delivered seven times in 2019, with more than 180 participants in all.

Drafting of a comprehensive, user-friendly toolkit for sexual violence prevention and response progressed. Specifically, guidance on engaging State armed forces on the issue of sexual violence was published and disseminated, with uptake and a positive reception by staff members. Guidance on responding to disclosures of sexual violence and on developing referral systems was shared with selected staff members in the field for feedback, prior to the planned launch to all ICRC staff members in 2020. Progress was made in drafting guidelines on mapping referral pathways, data sharing, cash and voucher assistance, and the development of quality assurance checklists for economic security, health and other services. Many of these documents were developed by members of the working group, and some were shared with other staff members, including the sexual violence operations managers and regional advisers, to get their feedback and input.

Tools and guidelines developed in previous years as reference and learning material for the use of staff at headquarters and in the field continued to be promoted and used on a regular basis.

Strengthening the ICRC's research-based understanding of sexual violence

The ICRC undertook research projects on the humanitarian consequences of mandatory reporting of incidents of sexual violence, and on sexual violence against men and boys and sexual and gender minorities. The projects were supported by the British Red Cross and the Norwegian Red Cross, respectively, and led by external consultants, with the support of the ICRC's Sexual Violence team. Field missions were carried out throughout the year by the consultants – in Colombia and Iraq, for the study on mandatory reporting, and in Lebanon and Uganda, for the study on sexual violence against men and boys.

The study on mandatory reporting requirements sought to review the legal and other parameters applicable to reporting of incidents of sexual violence and their impact on the service-seeking behaviour of victims/survivors. It was identified as a field for enquiry under the objective of examining possible administrative barriers to service access. It is aimed at producing an evidence-based policy report with recommendations: for governments for their policies on mandatory reporting; and for the ICRC, the British Red Cross, and others within and outside the Movement for ways to tackle the issue from an operational and advocacy perspective. Initial findings of this research were published in November.

The research project on sexual violence against men and boys and sexual and gender minorities is envisaged to help the ICRC deepen its understanding of the challenges and obstacles faced by male and minority victims/survivors of sexual violence in armed conflict, other situations of violence and detention. It is expected to give recommendations on how the ICRC could better incorporate considerations linked to gender and diversity in terms of sexual orientation in its activities, contribute to prevention, and respond to the needs of those affected through its protection activities.

17. For more information about the seminar, see: <https://www.cerahgeneve.ch/education/executive-short-courses-in-health-in-humanitarian-settings/sexual-violence-in-conflict-settings-and-emergencies/>

In September, the ICRC hosted an experts workshop – attended by experts from the legal, psychosocial, academic disciplines, Médecin Sans Frontières and other key organizations working on sexual violence against men, boys and sexual and gender minorities – where initial findings of the study on the situation and needs of male victims/survivors of sexual violence were discussed.

A research project aimed at improving the ICRC’s understanding of knowledge, attitude and behaviour around sexual violence and masculinity among men and young boys was approved, to be carried out in 2020.

FOSTERING AN ENVIRONMENT CONDUCTIVE TO PREVENTING SEXUAL VIOLENCE AND ADDRESSING ITS CONSEQUENCES

The ICRC sought to raise awareness – among States, international organizations and other key players – of the issue of sexual violence during armed conflict, the challenges to addressing it, and the applicable law and frameworks, so as to sustain the attention given to the issue by humanitarian, development and political communities. The ICRC attended and/or co-hosted international and regional conferences, debates and other events, and pursued dialogue with the United Nations (UN), including at the level of the secretary-general. It aimed to influence the legal language used in relevant policies, resolutions and frameworks, to help ensure that they facilitated or strengthened the prohibition of sexual violence under IHL and reflected the responsibilities of States to address victims’ concerns.

Influencing dialogue, policies and action at global and regional level

In May, the ICRC co-hosted an international conference – led by the Norwegian government – on ending sexual and gender-based violence in humanitarian crises (the Oslo Conference¹⁸); other co-hosts were the governments of Iraq, Somalia and the United Arab Emirates, and the UN Office for the Coordination of Humanitarian Affairs and the UN Population Fund. The conference sought to mobilize political commitments for advancing sexual violence prevention and response, secure financial resources for the response, and highlight best practices and lessons learnt. The ICRC, represented by its director-general and other staff members, chaired a high-level panel on sexual violence against men and boys, and highlighted the issue of sexual violence in detention settings. The ICRC made a policy pledge to: intensify efforts urging compliance with provisions of IHL and international human rights law that prohibit sexual violence during armed conflict; identify and eliminate administrative and procedural barriers to victims/survivors accessing services; continue implementing the “reversed burden of proof”, to place additional focus on data collection and analysis; and continue delivering services in a comprehensive, survivor-centred manner.

Building on diplomatic efforts that started in 2018, the ICRC and the UN released in February 2019 a joint statement on stepping up efforts to address sexual violence in armed conflict; the statement was jointly given by the organizations’ respective leadership. The ICRC also contributed to UN Security Council Resolution 2467 on conflict-related sexual violence, which was adopted in April. In March, the ICRC president gave a presentation at an international conference on sexual violence in armed conflict, which was held in Luxembourg and attended by victims/survivors of sexual violence and by other leaders and experts from the international community.

The ICRC discussed the issue of sexual violence in armed conflict in various other international, regional and multilateral events and bodies, such as the 33rd International Conference of the Red Cross and Red Crescent Movement (see below) and in its engagement with the African Union. It also provided legal advice on sexual violence, gender and/or women issues to States, intergovernmental bodies and international organizations. Specifically, it produced a paper on IHL and gender-based violence in the framework of the obligations of State Parties to the Arms Trade Treaty, and shared legal positions on preventing and responding to sexual and gender-based violence during a conference of the States Parties. These legal positions were shared to a broader audience at an event, on access to justice, that was hosted by the ICRC and attended by its director of international law and policy. Legal advice dispensed by the ICRC also touched upon the following topics: standard operating procedures for women disengaging from armed groups, gendered impact of weapons, and legal protection for women in the context of people who had participated in an armed conflict abroad.

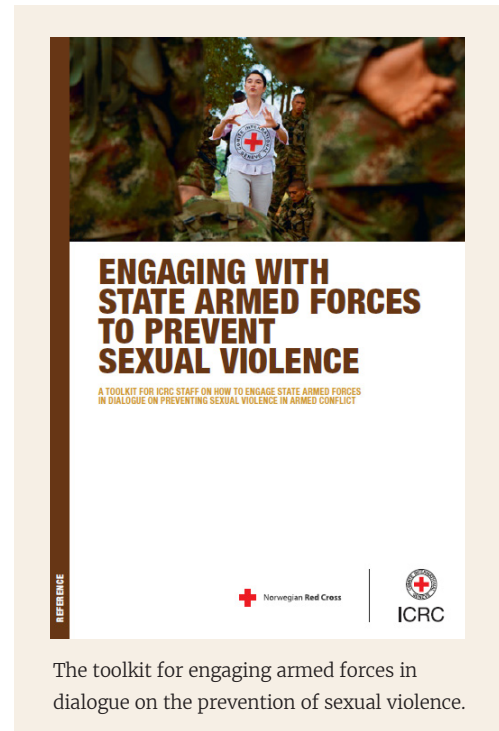
The ICRC continued to participate as a member of the San Remo Institute of IHL’s Advisory Board on Training in Gender, and contributed to the institute’s handbook, *Integrating Gender Perspectives into International Operations*.

Engaging with authorities and weapon bearers on preventing sexual violence

In line with Resolution 3 adopted at the 32nd International Conference, ICRC delegations – with support from headquarters – organized, promoted or attended events that were either specifically about sexual violence during armed conflict, or addressed the issue in terms of compliance with or implementation of IHL and other applicable norms. A session on sexual violence during conflict was included in the programme of the 33rd South Asia Teaching Session on IHL, which was held in Kathmandu, Nepal, and attended by government officials, military officers, National Society representatives and members of academia from Afghanistan, Bangladesh, Bhutan, India, the Islamic Republic of Iran, the Maldives, Nepal, Pakistan and Sri Lanka.

18. The Oslo Conference website www.endsgbvoslo.no/

Delegations continued to work on refining their activities aimed at influencing the behaviour of weapon bearers and promoting and supporting the domestic implementation of IHL and its provisions on sexual violence. They drew guidance from tools and reference materials on these matters and from the team and working group at headquarters. Specifically, they received support for engaging in dialogue with armed forces or political authorities, addressing sexual violence in their written and/or verbal communication with actors of influence, and ensuring its inclusion in the IHL training sessions, bilateral discussions and events they carried out with weapon bearers, government authorities, academics and other audiences. A toolkit for engaging armed forces in dialogue on sexual violence was finalized and shared with ICRC staff members and made available on the ICRC external e-shop. The Legal Division and the Sexual Violence team continued developing a checklist for domestic legislation on sexual violence, for finalization in 2020. Delegations also received help for supporting authorities and weapon bearers in incorporating applicable provisions and norms related to sexual violence in domestic legal and regulatory frameworks. For example, the delegation in Bangladesh was assisted by law specialists to analyse national law and shape their response strategies accordingly. In the Philippines, the ICRC and the Philippine National Police held a seminar for senior officials, with one session on sexual violence; the seminar also served as a train-the-trainer workshop and was later replicated by the police for its different units.



The toolkit for engaging armed forces in dialogue on the prevention of sexual violence.

The ICRC continued to update the database on customary IHL¹⁹ with national and international practice related to, *inter alia*, the prohibition and criminalization of sexual violence. Work also continued on the updates to the commentaries to the 1949 Geneva Conventions and their 1977 Additional Protocols, in particular on the Third Geneva Convention and its discussion of sexual violence in the context of the treatment of prisoners of war.

With a view to improving the inclusion of sexual violence in ICRC prevention activities and better monitoring these, the Sexual Violence team and working group began developing an evaluation framework on the prevention of sexual- and gender-based violence. Drafting of a humanitarian diplomacy action plan and of key messages to help delegations in their humanitarian diplomacy and prevention efforts was under way.

SUSTAINING AND DEVELOPING PARTNERSHIPS WITH MOVEMENT PARTNERS AND OTHERS

Continued coordination and increased collaboration with partners within the Movement remained a priority. Globally and at field level, the ICRC engaged in regular dialogue and periodic exchange of information with the International Federation of Red Cross and Red Crescent Societies (hereafter the International Federation) and various National Societies. This was aimed at maximizing the global reach of the Movement in addressing sexual violence during armed conflict and other situations of violence, disasters and other emergencies, and to implement a preventive approach to the issue.

Specifically, the ICRC participated actively in the Sexual and Gender-Based Violence Movement working group, which brings together the different components of the Movement and chaired by the International Federation and the Australian Red Cross. The working group had regular conference calls and shared information on an online platform that was integrated into the Protection in the Movement Community of Practice hosted by the ICRC. The Sexual and Gender-Based Violence Forum held in Nairobi, Kenya, brought together 36 participants from 19 National Societies from Africa and 3 from Europe, and representatives from the International Federation and the ICRC. The forum was organized jointly by the Norwegian Red Cross, the International Federation and the ICRC. In January, the ICRC participated in a Movement-wide workshop where participants drafted indicators that Movement components can use for monitoring and reporting on sexual and gender-based violence activities. At the Oslo conference (see above), the ICRC worked in close collaboration with Movement partners and successfully lobbied for the inclusion of the appeal of the International Federation, which includes National Society activities, in the pledging guide for the conference.

19. Available at: <https://www.icrc.org/customary-ihl/eng/docs/home>

In May, the ICRC and the International Federation hosted an event on sexual and gender-based violence, focused on protection.

Sexual violence was featured at the 33rd International Conference of the Red Cross and Red Crescent Movement, which was held in Geneva, in December, during which a progress report on the implementation of Resolution 3, “Sexual and gender-based violence; joint action on prevention and response”, of the 32nd International Conference was submitted. The ICRC, the International Federation, the governments of Canada, Norway and Switzerland, the European Commission, the Colombian Red Cross, the British Red Cross, the Canadian Red Cross, and the Norwegian Red Cross organized an interactive side-event where a panel of experts discussed the challenges relating to access to services and justice, the prevention of sexual and gender-based violence, and ways to create an environment conducive to these. The event was attended by various State representatives and Movement partners, paving the way for rich engagement across a wide range of actors. A model pledge on addressing sexual and gender-based violence, drafted by the ICRC and the International Federation, was shared with States; 11 States made pledges related to sexual and gender-based violence, while nine National Societies either joined those commitments or made their own.²⁰ The Central African Red Cross Society, for example, made its own pledge, largely as a result of good coordination between the National Society and the ICRC in the CAR on this topic.

The ICRC also continued to work with Movement partners to assess and help develop National Societies’ capacities and challenges in addressing issues related to sexual violence. It hosted a workshop for representatives from more than 90 National Societies, where they learnt more about practical steps to advance the domestic implementation of IHL provisions related to sexual violence.

The ICRC further sustained its operational partnerships with various National Societies, both those working in their own countries and those engaged in activities internationally. The Norwegian Red Cross, for example, provided financial support for a research project about sexual violence against men and boys (see above) and lent technical support through staff secondment. The British Red Cross and the ICRC maintained their partnership to provide livelihood support to some 500 victims/survivors of sexual violence in the DRC, aimed at enabling them to reintegrate into society. The British Red Cross also supported the research project about mandatory reporting requirements (see above).

After joining the global coordination mechanism on gender-based violence – the Gender-Based Violence Area of Responsibility led by the UN Population Fund²¹ – in 2018, the ICRC regularly attended global meetings and field teams linked closely with local GBV AORS, enabling the ICRC to solidify its networks and coordination with other actors at the global and local level.

20. This includes pledges made after the International Conference itself; the deadline for submitting pledges in relation to the International Conference was 31 May 2020.

21. <https://gbvaor.net/>



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

ADDRESSING SEXUAL VIOLENCE IN 2019: OPERATIONAL EXAMPLES

This section features activities carried out by 14 ICRC delegations in 2019, providing concrete, field-based examples of the work described in previous sections (see *A multidisciplinary response* on page 13). It also gives an overview of the activities of sexual violence operations managers, who were assigned in 2019 as a follow-up on the recommendations of an evaluation carried out in 2017 and the feedback received from selected ICRC delegations. These staff members support delegations in ensuring a more systematic response to sexual violence, including prevention efforts, by overseeing the coordination of activities related to sexual violence, providing technical guidance and facilitating staff training, among other tasks.

In addition to operations managers, the ICRC assigned sexual violence advisers at its regional delegations in Bangkok and Dakar to support delegations in Asia and Africa, respectively. The adviser based in Bangkok provided technical and other support to ICRC teams in Asia and the Pacific, particularly those in Indonesia, Nepal, Papua New Guinea, and the Philippines, and assessed trends related to sexual violence in the region and various aspects of the ICRC's response, to identify gaps, trends and best practices.

The adviser based in Dakar lent technical and other support to the regional delegation – which covers ICRC operations in Cabo Verde, Gambia, Guinea-Bissau and Senegal – and other delegations in Africa, to help staff build their capacities, engage with weapon bearers and other actors on dialogue about the prevention of sexual violence, and develop activities in response to its consequences. With the adviser's support, for example, the ICRC team in Dakar assessed psychosocial needs in the Casamance region at the end of 2019, to be able to develop an appropriate response.

The activities presented below are at different stages of the project cycle, reflecting the varying degrees to which delegations have formed their understanding of the problem and the action plans they have established in response. Although some of these activities were developed specifically for victims/survivors of sexual violence, and implemented as stand-alone projects, the majority of them were implemented in the broader framework of ICRC health, protection, prevention, economic security and water and habitat activities, in line with the ICRC's 2018–2022 strategy on addressing sexual violence.

These activities are illustrative of the scope and range of the ICRC's response to sexual violence, but they do not represent all of the organization's initiatives in this regard. Other delegations have also developed and/or implemented activities related to sexual violence. For example, victims/survivors of sexual violence were among those who received mental-health and psychosocial support provided either directly or through referrals by ICRC delegations. Based on an analysis of a sample of people who received such assistance in 2019, the ICRC observed that, globally, the majority of those who approached it for support were female, including children, and that nearly half of them were seeking care following rape. While the ICRC monitors data on services sought by victims/survivors of sexual violence, significant barriers to reporting remain; for example, in cases where the ICRC offers referral without directly providing services, data on the total number of adult referrals to other agencies are not fully captured, nor is it possible to capture data on service uptake from other actors, because of privacy and data-sharing protocols meant to protect survivors/victims.

In line with its institutional approach, the ICRC worked to improve its context-specific understanding of the issue of sexual violence, including the way it relates to prevailing patterns and trends of other violations of IHL. In several delegations, the ICRC mapped existing service providers, referral pathways and other actors present, to ensure that its efforts were complementary and focused on where its expertise is called for. Sexual violence prevention and response efforts were included in the activities of ICRC delegations in diplomacy hubs such as New York City (United States of America) and London (United Kingdom of Great Britain and Northern Ireland).

BANGLADESH

ICRC ACTION

In line with the ICRC's 2018–2022 strategy on addressing sexual violence, an operations manager was appointed in October 2019 to oversee the delegation's efforts to prevent and respond to sexual violence in a multidisciplinary manner. The operations manager conducted a mapping and networking exercise to have a better understanding of the different organizations and other actors that were implementing projects to address the needs of victims/survivors of sexual violence in Cox's Bazar, where thousands of people displaced from Rakhine State, Myanmar, were staying. The operations manager assisted the ICRC's protection team working in Cox's Bazar to incorporate the issue of sexual violence in their monitoring and response activities. Sessions about the 2018–2022 strategy and on how to implement it were conducted for staff members at the ICRC sites in Cox's Bazar and Dhaka.

Promoting the protection of civilians

The ICRC continued to monitor – through its interactions with community members, other organizations working in the area, the media and through other sources – the situation and protection-related concerns of vulnerable groups of people in Bangladesh, including displaced people from Rakhine State, Myanmar, who were staying in Cox's Bazar and remote border areas. It engaged authorities and armed or security forces in dialogue on international norms on the protection of these people and on facilitating their access to humanitarian aid and basic services. The ICRC sought to include the topic of sexual violence in the briefings and training sessions it organized for armed and security forces personnel; these sessions were aimed at helping advance their knowledge of IHL and/or international human rights law. For example, a course held at the police academy included sessions on preventing sexual violence.

Owing to administrative constraints, the ICRC was unable to conduct risk-awareness and self-protection sessions for communities.

Providing and facilitating access to health services

In Cox's Bazar, the ICRC provided technical, material and other support for one health facility and two mobile clinics run by the Bangladesh Red Crescent Society, which offered services to displaced people and residents in host communities. Personnel from these facilities and clinics attended ICRC training sessions designed to help them dispense health care more effectively. For example, medics and paramedics from one of the mobile clinics attended training on integrating mental-health care into primary-health-care services; they learnt about essential mental-health care practices and ways to identify patients with psychological and mental-health conditions. Training sessions on basic psychological and mental-health support were also carried out for community health volunteers. Meanwhile, community members learnt more about their role in preventing the stigmatization of victims of violence at ICRC-organized information sessions.

The ICRC worked with health personnel and with community members to facilitate referrals to health facilities, and from these facilities to hospitals for further care.

Monitoring the treatment and living conditions of detainees

The ICRC visited detainees in 11 places of detention to monitor their treatment and living conditions; particular attention was given to women, minors, foreigners and ill or disabled detainees. Findings and recommendations – on such matters as overcrowding – were discussed confidentially with the penitentiary authorities. (See also *Response to sexual violence in detention* on p. 16)

BURUNDI

ICRC ACTION

The ICRC continued to monitor the situation in Burundi. It pursued dialogue with the authorities, and military and security forces personnel, on issues of humanitarian concern, to facilitate aid delivery to vulnerable people and contribute to their protection from violence.

Providing and facilitating access to health-care and other essential services

The ICRC worked in coordination with the health ministry and the Burundi Red Cross to ensure that health facilities in several parts of the country had the resources and capacities necessary to meet people's preventive and curative health-care needs, including care for victims/survivors of sexual violence. Specifically, it supported six primary-health-care facilities – four in Bujumbura, one in Ruyigi, and one in Rumonge – and two counselling centres. It helped to renovate a primary-health-care centre and to recruit a doctor and a psychologist. It also built offices for psychologists and other spaces designed to promote patient confidentiality. Health-care providers and National Society volunteers were briefed on sexual violence and mental-health care, to help prevent the stigmatization of victims/survivors and broaden awareness of the services available to them.

All six health centres and the two counselling centres provided psychosocial support services to victims of violence, including more than 150 cases of sexual violence. As necessary, those seeking care were referred for advanced care and/or to social services or non-governmental organizations (NGO) offering temporary shelter and other assistance. The ICRC helped repair the building of one of the NGOs to which it made referrals.

Victims of violence were among the breadwinners included in ICRC cash-for-work projects and/or those who received mobile cash transfers, which enabled them to earn some income for their households.

Monitoring the treatment and living conditions of detainees

The ICRC visited 26 places of detention to which it had access – including prisons, places of temporary detention and two re-education centres for minors – in accordance with its standard procedures, and checked on detainees' living conditions and treatment, including respect for judicial guarantees and the principle of *non-refoulement*. It paid particular attention to vulnerable groups, including security detainees, women, minors, and detainees who were sick. After these visits, the ICRC communicated its findings and recommendations confidentially to the authorities concerned. (See also *Response to sexual violence in detention* on p. 16)

CARACAS (REGIONAL)

ICRC ACTION

In the Bolivarian Republic of Venezuela, the ICRC sought to expand its dialogue with the pertinent authorities and other stakeholders, through high-level meetings, round tables and other means, to foster acceptance for its principled humanitarian action and discuss topics of common concern. It also distributed leaflets and other informational materials – together with the Venezuelan Red Cross and the International Federation – and conducted workshops on safe practices and the humanitarian services available to them in communities affected by high levels of violence or migration. Teachers, NGO staff and others working or living in areas prone to armed violence learnt safe practices and first aid, and how to instruct others in these matters, at workshops conducted by the Venezuelan Red Cross and the ICRC.

However, the ICRC was unable to pursue discussions and other activities specifically on the issue of sexual violence.

CENTRAL AFRICAN REPUBLIC

ICRC ACTION

The appointment of a sexual violence operations manager in June 2019 reinforced the delegation's multidisciplinary and integrated approach to addressing sexual violence, which was outlined in a delegation-level strategy – adopted in September 2019 – and plan of action for integrating sexual violence response and prevention efforts into activities concerning the protection of the civilian population, support to health services and people's income or livelihoods, and dialogue with actors of influence. To help realize this, efforts were undertaken to strengthen coordination among staff members from different disciplines and to reinforce their capacity through training. The ICRC sustained its coordination with partners within the Movement, especially the Central African Red Cross Society, and with other organizations to facilitate the referral of victims/survivors of sexual violence, improve data collection and analysis, and strengthen mobilization efforts.

Promoting the prevention of sexual violence

The ICRC continued to include the issue of sexual violence and the plight of victims/survivors among the subjects it raised during dissemination sessions for the authorities, weapon bearers, local leaders and community members. It reminded the authorities and weapon bearers of their obligations under IHL, international human rights law and other applicable norms, particularly to protect civilians. It documented allegations of abuse and, when appropriate, discussed them confidentially with the parties concerned. It urged them to take measures to prevent or end such misconduct, and to ensure the safety of people in camps or on their way home. The ICRC also organized information sessions where community members learnt how to protect themselves against risks to their safety.

Providing and facilitating access to health and other essential services

To help ensure the availability of health care in violence-affected areas, the ICRC provided medical supplies, made infrastructural upgrades, organized training sessions and lent on-site staff support to four health facilities. Patients who needed higher-level care were referred to appropriate facilities. Victims of violence – including more than 290 cases related to sexual violence – received mental-health and psychosocial support from ICRC-trained staff at three of these health centres and at an ICRC-supported hospital in Kaga Bandoro. Psychosocial support was also made available to children at two IDP sites, mainly through group therapy sessions to help children cope with their distress.

Community members, as well as students, media personnel and other members of civil society, learnt more about the consequences of armed violence at ICRC dissemination sessions, which also drew their attention to the plight of victims/survivors of sexual violence. The communities also learnt the importance of mitigating the stigmatization of victims/survivors and of timely referral for suitable care.

A project to extend assistance – cash or vouchers – to help victims of violence, including sexual violence, cover their basic needs or augment their incomes was being developed, for implementation in 2020. This project was based on the findings of an assessment done by the ICRC and the British Red Cross.

Monitoring detainees' treatment and living conditions

The ICRC continued to visit – in accordance with its standard procedures – places of detention managed by the authorities, armed groups or the UN Multidimensional Integrated Stabilization Mission in the CAR; these places held 1,659 people in all. Close attention was given to particularly vulnerable detainees, such as women and children, and people held in connection with conflict. The ICRC communicated its findings – and, when necessary, its recommendations for improving detainees' living conditions and treatment – confidentially to the authorities. (See also *Response to sexual violence in detention* on p. 16)

COLOMBIA

ICRC ACTION

The ICRC delegation in Colombia worked throughout the year to improve staff members' understanding of addressing sexual violence as an institutional priority, enhance their capacity to design and implement effective activities, and ensure that these activities were multidisciplinary and integrated into the delegation's overall operations. Assessments were carried out to gain a fuller picture of the problem, which also drew from the delegation's long-time engagement in this topic. The delegation mapped out existing service providers and referral systems, and worked with the Colombian Red Cross and other local actors to ensure a coordinated and complementary response. A focal point oversaw these efforts.

Promoting the prevention of sexual violence

The ICRC engaged the authorities and armed groups in dialogue on their obligations under IHL, including the prevention of sexual violence. It documented allegations of violations reported to it and, as necessary, made oral or written representations to the pertinent parties. It highlighted the importance of preventing sexual violence and addressing the needs of victims/survivors, during briefings and round tables for military and police personnel and during discussions with community members and local authorities. It also sought to raise awareness of its response, which focused on providing assistance to victims/survivors and supporting local organizations.

Providing and facilitating access to health services

The ICRC provided technical and financial support for 12 counselling centres and trained their volunteers in psychological self-care and basic counselling; it also made improvements to the facilities of five centres. The counselling centres catered to various groups of people, including victims of violence, migrants and families of missing people. In all, more than 200 cases of sexual violence were handled at these centres; victims/survivors who required more advanced support were referred to other organizations who can provide such care. The ICRC established partnerships with three such organizations, which it provided with technical assistance and payment for their services. As necessary, the ICRC also facilitated referrals to health structures capable of providing clinical care, including post-exposure prophylactic treatment. It gave several victims/survivors of sexual violence cash to pay for the services they availed, their temporary lodgings and/or the cost of traveling to these health structures.

Providing and facilitating access to other essential services

The ICRC gave more than 290 victims/survivors of sexual violence cash for buying food, while more than 290 received assistance for purchasing hygiene items. Cash assistance was also provided to vulnerable families, so that they can take up temporary accommodation in locations where they felt safe and where they were closer to health and other essential services. Some 120 victims/survivors of sexual violence benefited from some form of support for generating income for their families, mainly training or cash grants for them to pursue micro-economic initiatives using previously developed skills. All of this assistance was provided within the framework of broader economic-security activities, to minimize stigmatization.

The ICRC also provided logistical, material and financial support for municipal authorities, the Colombian Red Cross, institutions such as the State's victim assistance unit, and others offering legal, economic and mental-health assistance to victims of violence, including sexual violence. The ICRC helped ensure that victims of violence – as well as migrants – were aware of the State services available to them.

CONGO, DEMOCRATIC REPUBLIC OF THE

ICRC ACTION

In line with the ICRC's 2018–2022 strategy on addressing sexual violence, an operations manager was appointed in July 2019 to oversee efforts by the delegation in the DRC to prevent and respond to sexual violence, either through specific activities and/or as part of broader programmes, and to ensure that these are implemented in a multidisciplinary manner. The impact of these efforts was evident throughout 2019, as the ICRC strengthened its integrated response for victims/survivors of sexual violence – from immediate medical and psychosocial response, to protection dialogue with alleged perpetrators, IHL dissemination sessions aimed at changing behaviours and support for micro-economic initiatives. Putting greater emphasis on having people at the centre of its response, the ICRC endeavoured to support the solutions that victims/survivors or at-risk groups had identified.

Promoting the prevention of sexual violence and helping mitigate risks

The ICRC monitored the protection-related concerns of people affected by armed conflict, including victims/survivors of sexual violence. It worked to document reports of sexual violence and other unlawful conduct and made confidential representations to the authorities and weapon bearers concerned. It also implemented comprehensive strategies to continuously seek to improve its bilateral dialogue with weapon bearers, with a view to changing their behaviours and fostering respect of IHL. The ICRC reminded them of their obligations under IHL, international human rights law and other applicable norms, particularly their obligation to protect civilians and ensure their access to basic services. This bilateral dialogue was supplemented with workshops on IHL and other norms, and with other activities aimed at building acceptance for humanitarian action. Throughout the year, some 4,450 weapon bearers attended training sessions regarding humanitarian principles and on IHL, international human rights law, and other applicable norms, where sexual violence was among the key topics covered.

Sexual violence prevention and response also figured in ICRC efforts to more fully engage with communities affected by conflict and other violence. For instance, the ICRC conducted workshops with community members regarding sexual violence and other concerns, to identify the threats to their safety and help them develop methods to mitigate these. The capacities expressed and solutions identified by community members during these workshops were considered in the design of multidisciplinary and inclusive responses spanning health and psychosocial support, livelihood assistance and water-related projects, which complemented the dialogue, workshops and representations mentioned above.

Providing and facilitating access to health-care and other services

The ICRC provided equipment, medicines, and staff training to 20 primary-health-care centres. It also upgraded the infrastructure of two of these centres, and of a counselling centre. Another ten primary-health-care centres were given funds and supplies on an ad hoc basis, which helped them cope with mass influxes of patients, supply shortages, and other emergencies. In all, 405 victims/survivors of sexual violence received treatment at the health centres; 357 of them received care within 72 hours of the incident.

More than 1,900 victims/survivors of sexual violence received psychosocial support at ICRC-backed counselling centres (12 in all) and other supported health facilities, or from ICRC-trained community volunteers. More than half of them were referred to health centres, including those supported by the ICRC, for clinical care within 72 hours. The ICRC conducted information sessions where community members learnt more about the services available to victims/survivors of sexual violence and the importance of seeking prompt assistance, such as psychosocial support and post-exposure prophylactic treatment.

The ICRC also sought to facilitate the socioeconomic inclusion of victims/survivors of sexual violence. Some 200 individuals started earning an income with cash, training and material assistance from the ICRC; they included people referred by ICRC-supported counselling centres and other medical organizations.

Monitoring detainees' treatment and living conditions

The ICRC visited, in accordance with its standard procedures, detainees in 38 facilities in the DRC in order to check on their treatment and living conditions. Particular attention was paid to vulnerable people: security detainees, foreigners, women and minors. After visits, findings and recommendations were communicated confidentially to the authorities concerned. (See also *Response to sexual violence in detention* on p. 16)

ETHIOPIA

ICRC ACTION

The sexual violence operations manager, based in the DRC (see *Congo, Democratic Republic of the*), also supported the efforts of the ICRC's delegation in Ethiopia to prevent and respond to sexual violence. A strategy was drafted for this, which included analysis of and response to the issue in the delegation's overall operations. The delegation also worked on ensuring that staff members understood the issue and that they had the necessary capacity, support and guidance to address it.

Promoting the prevention of sexual violence and helping to mitigate risks

The ICRC monitored the situation of violence-affected people and raised their protection-related concerns with the pertinent parties, whom it also reminded of their obligations under applicable law to protect women, children, IDPs and others not taking part in hostilities.

Security forces personnel learnt more about international human rights law and international standards governing the use of force at ICRC training sessions; the necessity of preventing sexual violence and protecting people seeking or providing health care was emphasized at these sessions. Police officers and government officials learnt about the needs of victims/survivors of sexual violence through a training session that the ICRC conducted with Médecins Sans Frontières. The ICRC also took note of the services available to victims/survivors of sexual violence, to develop projects to address gaps in these services.

The ICRC worked to help vulnerable people meet their needs. It conducted workshops in a community in Amhara to identify risks to their safety and develop a project to mitigate these risks.

JAKARTA (REGIONAL)

ICRC ACTION

Plans to launch a project to support two health facilities in one district in Papua, Indonesia, which were providing care for victims/survivors of sexual violence, were put on hold because of administrative constraints.

Drawing attention to humanitarian issues and the Movement's work

The ICRC, working with the relevant National Societies, engaged in discussions with influential actors in Indonesia and the rest of the region, including the Association of South East Asian Nations, during workshops and events it had organized or attended. For example, Indonesian and Timorese armed forces personnel attended ICRC workshops, seminars and briefings, where they learnt more about IHL and other norms. The ICRC also organized events for journalists and other members of the media, and published news releases and social media posts that were picked up and cited by the media, which helped broaden awareness of the ICRC's activities. In these activities, the ICRC drew attention to IHL implementation and humanitarian issues in the region and more broadly, such as the provision of mental-health care and psychosocial support in crises.

MALI

ICRC ACTION

Promoting the prevention of sexual violence

Parties to armed conflict or other situations of violence were reminded, whenever possible, of their obligations under IHL and other applicable norms. The ICRC urged them to prevent sexual violence and other unlawful conduct, as well as to safeguard access to health care and essential services, including those needed by victims of violence. Where possible, the ICRC discussed these topics with military commanders and legal advisers and with leaders of some armed groups. Documented allegations of unlawful conduct were shared confidentially with these parties. The ICRC also discussed law enforcement operations regularly with the police and the *gendarmerie*. It carried out numerous dissemination and information sessions, and public-communication initiatives to supplement these efforts. For example, it organized briefings and training for military and security forces personnel, where it also discussed the prevention of sexual violence, among other topics.

Providing and facilitating access to health care

The ICRC provided 13 primary-health-care centres in northern Mali with comprehensive support, which includes supplies, equipment, training and supervision of personnel, and infrastructural repairs. Several people who had suffered from incidents of sexual violence received post-exposure prophylactic treatment within 72 hours.

ICRC-trained personnel provided psychosocial support and other specialized help for violence-affected people in psychological distress; some 600 people in all availed themselves of mental-health and psychosocial care. Psychological support and counselling was also available to victims/survivors of sexual violence and others at ICRC-supported hospitals; this was provided directly by ICRC staff members or by volunteers it had trained.

MEXICO CITY (REGIONAL)

ICRC ACTION

Promoting the prevention of sexual violence

The ICRC maintained dialogue with the authorities, including armed and security forces, on the necessity of respecting international laws and norms, and humanitarian principles, applicable to their duties. Prevention of sexual violence was among the key topics it addressed in this dialogue, which also covered safe access to health care and other basic services, and the prevention of sexual violence. The ICRC documented allegations of unlawful conduct and passed them on confidentially to the authorities concerned, with a view to ending or preventing such misconduct.

The ICRC sought to ensure closer coordination of humanitarian assistance. It discussed how this could be done – for example, by establishing referral mechanisms and promoting existing ones – with the authorities, civil-society organizations and UN agencies. It worked in particular with the Guatemalan Red Cross to develop a referral centre for victims of violence; it provided the National Society with technical support in the fields of protection, health care and mental-health and psychosocial support.

Providing and facilitating access to health-care services

The ICRC trained medical personnel, teachers and other community members in El Salvador, Honduras and Mexico in self-care and/or basic psychosocial support, enabling them to help hundreds of people – including victims/survivors of sexual violence – deal with traumatic experiences. People with more specialized needs were referred to other service providers.

In Guatemala, victims/survivors of sexual assault obtained care, including mental-health and psychosocial support, at ICRC-backed health facilities. In El Salvador, the ICRC helped to renovate a room at a hospital, for treating victims/survivors of sexual violence. Guatemalan health ministry personnel attended ICRC workshops to learn how to provide such specialized care; the Salvadoran health ministry adopted a new protocol, developed with ICRC input, on doing the same.

NIGERIA

ICRC ACTION

The ICRC delegation in Nigeria appointed a focal point to map and assess activities related to sexual violence prevention and response. It assessed the situation in Maiduguri, analysing trends, available services and service providers. A sexual violence operations manager is set to be appointed in 2020 to further develop multidisciplinary approaches, map referral pathways for enabling victims/survivors to receive the necessary medical, mental-health and psychosocial support, and implement lessons from existing dialogue and response addressing sexual violence.

Promoting the prevention of sexual violence

The ICRC documented the protection-related concerns of people affected by conflict and other violence, and made confidential representations to the parties concerned, urging them to stop or prevent unlawful conduct. It sought to strengthen its dialogue with weapon bearers and the authorities on their obligations under IHL or international human rights law – including the prevention of sexual violence – and on the necessity of safeguarding women, children, IDPs and medical personnel and facilities. Prevention of sexual violence was also discussed during training sessions and workshops for armed forces personnel and civilian self-defence groups, using a training module developed for this purpose. Public-communication materials highlighting the plight and resilience of people affected by conflict-related sexual violence were produced. The ICRC also participated, as technical experts on the topic of sexual violence, during an annual meeting of Member States of the Economic Community of West African States, where they discussed IHL implementation.

The ICRC reinforced its efforts to engage with community members through group workshops and individual interviews. Community members, including displaced female breadwinners and victims/survivors of sexual violence, discussed their needs, and sought information or gave feedback on ICRC activities, during meetings or through a hotline managed by the ICRC community contact centre. The ICRC considered their input when developing its assistance projects and helping them mitigate risks to their safety. For example, thousands of breadwinners – including victims/survivors of sexual violence – received cash grants and/or training for starting or resuming income-generating activities, or took part in cash-for-work projects to improve sanitation in their communities.

Providing and facilitating access to health-care services

Treatment for victims/survivors of sexual violence was among the services available at primary-health-care facilities that the ICRC provided with supplies, equipment, infrastructural upgrades, and/or staff training and incentives. Mental-health and psychosocial support, meanwhile, was provided by the ICRC or by ICRC-trained National Society volunteers, health staff or community members during individual or group sessions conducted in communities and primary-health-care centres. People learnt about the psychological and psychosocial consequences of violence, and about the services available to victims, through ICRC information sessions. Wounded people who sought services at ICRC-supported hospitals were referred, when necessary, for mental-health and psychosocial support provided by ICRC-trained volunteers.

Monitoring the treatment and living conditions of detainees

The ICRC visited, in accordance with its standard procedures, detainees held by the military, the police and the Nigerian Correctional Service – previously known as the Nigerian Prisons Service; 7,490 vulnerable detainees – including people detained in connection with conflict, women and minors – were monitored individually. Findings and recommendations from ICRC visits were communicated confidentially to the authorities, who were given technical and material support to improve detainees' treatment and living conditions. (See also *Response to sexual violence in detention* on p. 16)

SOUTH SUDAN

ICRC ACTION

The various departments and teams of the ICRC delegation in South Sudan worked together, and with the South Sudan Red Cross and other partner National Societies, to address sexual violence in a multidisciplinary manner. A sexual violence operations manager oversaw these efforts, provided guidance to other staff members, responded to their requests for information and sought to identify their training needs. Sexual violence focal points were identified for the main ICRC sites across South Sudan; they were tasked to, *inter alia*, assess and analyse patterns of violence and the barriers that prevent victims/survivors from accessing services. At the end of 2019, two sexual violence field officers were recruited. An operational definition of conflict-related sexual violence was developed by the sexual violence operations manager and staff members working on protection issues, in order to help other staff members identify incidents of sexual violence within the ICRC's purview (see *Scope of the ICRC's work* on p. 12) and make the necessary follow-up.

The ICRC provided the National Society with technical and material support to help strengthen its various capacities, including assisting victims/survivors of sexual violence. It sought to ensure that its activities complemented those of other actors.

Providing and facilitating access to health-care services

The ICRC – in cooperation with health authorities, the South Sudanese, Canadian and Swiss National Societies, and other partners – worked to make basic health services available for violence-affected communities. It equipped 23 primary-health-care centres and units with medical supplies and equipment and gave training and financial incentives to their staff. The primary-health-care centres and units provided treatment for sexually transmitted infections and for common illnesses. They also had post-rape kit medicines and staff were trained in the clinical management of rape, to ensure appropriate survivor-centred care. This enabled them to provide clinical care for victims/survivors of rape, including prophylactic treatment within 72 hours of the incident. ICRC-trained staff offered mental-health and psychosocial support to victims of violence, including those being treated at ICRC-supported hospitals.

The ICRC also trained local counsellors in providing mental-health and psychosocial support. It met regularly with community health committees to hear their feedback on its health-related activities and answer questions about them. Information sessions and other activities carried out by the South Sudan Red Cross and the ICRC helped community members learn about their role in eliminating gender bias and preventing sexual violence, and the services available to victims of violence, including sexual violence.

Promoting the prevention of sexual violence

The ICRC engaged authorities and weapon bearers in dialogue on their obligations under IHL and other applicable norms, and submitted written representations that drew their attention to the protection due to people who were not or were no longer participating in hostilities and to allegations of sexual violence, among other unlawful conduct. It also emphasized the importance of ensuring that people, including victims of violence, had access to essential services.

Monitoring the treatment and living conditions of detainees

The ICRC visited detainees in civilian and military prisons and people held by armed groups and the UN Mission in South Sudan, and monitored the situation of 371 people individually. Findings and recommendations were communicated confidentially to the pertinent authorities, to help ensure that detainees' treatment and living conditions complied with IHL and/or met internationally recognized standards. (See also *Response to sexual violence in detention* on p. 16)

SUVA (REGIONAL)

ICRC ACTION

Promoting respect for humanitarian principles

In Papua New Guinea, the ICRC continued to monitor the situation of people affected by communal violence in Enga, Hela and the Southern Highlands. During discussions with the pertinent parties – including local leaders and fighters – it endeavoured to promote respect for the basic principles of humanity. Messages on the necessity of preventing sexual violence were incorporated in these discussions and in theatrical plays staged by the ICRC.

Security forces in Papua New Guinea strengthened their grasp of international policing standards, particularly in connection with the use of force, at ICRC briefings and training sessions, which covered sexual violence prevention. The ICRC documented allegations of unlawful conduct during law enforcement operations in Papua New Guinea, and relayed them to the parties concerned, with a view to preventing or ending such misconduct.

Providing and facilitating access to health-care services

Violence-affected communities in the Southern Highlands participated in ICRC workshops where they discussed their protection-related concerns, the risks to their safety and measures to mitigate these. The ICRC also held dissemination sessions at which community members learnt about the importance of protecting those seeking or providing medical care, preventing sexual violence, and addressing mental-health issues; they also learnt about the services available to victims/survivors of sexual violence.

People in remote areas of the Southern Highlands obtained free preventive and curative care at three community health posts that received ICRC support. Specifically, the ICRC trained health-centre personnel in basic psychosocial care and emergency management of cases of sexual violence, so they can more effectively attend to the needs of victims of violence, including sexual violence. Some victims/survivors of sexual violence were referred to a family-support centre at a hospital supported by the ICRC; their travel expenses were covered. Community health workers were also given training in mental-health and psychosocial support for victims of violence, including sexual violence.

With training and other support from the ICRC, the Papua New Guinea Red Cross Society was able to strengthen its capacities in various areas, such as providing mental-health and psychosocial support during emergencies.

SYRIAN ARAB REPUBLIC

ICRC ACTION

The ICRC was unable to assign a sexual violence operations manager in Syria in 2019, owing to administrative constraints. It conducted an assessment on the needs of victims/survivors of violence and services available to them, but postponed drafting an action plan based on its findings. The ICRC renovated a forensic clinic, and gave it supplies and equipment, so that it can better examine victims of violence, including sexual violence, and others under conditions respectful of both their dignity and their privacy.

More broadly, the ICRC supported 64 fixed or mobile health units run by the health ministry or the Syrian Arab Red Crescent; it donated supplies and equipment, made improvements to their facilities, provided staffing assistance and/or advised them on ways to improve security measures. It also sought to assess their capacity to provide mental-health and psychosocial care and how it can support them in this regard, with a view to ensuring that victims of violence, including sexual violence, can avail of this service.

FINANCE

BREAKDOWN OF THE SPECIAL APPEAL AND EXPENDITURE 2019 (IN KCHF)²²

	BUDGET	EXPENDITURE	CONTRIBUTIONS
HEADQUARTERS			
Headquarters	779	634	326
Funded out of contributions to the 2019 headquarters budget			309
OPERATIONAL EXAMPLES			
Bangladesh	3,846	3,164	698
Burundi	1,787	1,334	1,334
Caracas (regional)	495	508	508
Central African Republic	1,593	1,368	1,368
Colombia	1,635	1,461	1,461
Congo, Democratic Republic of the	4,653	4,629	4,629
Ethiopia	496	411	411
Jakarta (regional)	133	150	150
Mali	1,192	1,153	1,153
Mexico City (regional)	292	181	181
Nigeria	4,148	3,677	3,677
South Sudan	4,966	5,243	5,243
Suva (regional)	391	298	298
Syrian Arab Republic	1,155	1,091	1,091
Funded out of contributions to the 2019 operations budget			2,466
TOTAL	27,560	25,300	25,300

22. The financial figures presented in this section are also included and covered in the ICRC Annual Report 2019, available on the ICRC Extranet for Donors: <https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/home.xsp>

LIST OF CONTRIBUTIONS PLEDGED AND RECEIVED

GOVERNMENTS	IN CHF
Belgium	3,297,000
Canada	2,274,600
Germany	4,408,000
Hungary	22,346
Ireland	552,800
Luxembourg	1,123,100
Norway	6,975,786
Slovenia	101,067
Spain	1,091,760
United Arab Emirates	697,760
United States of America	1,960,600
Sub-total: governments	22,504,819
PRIVATE SOURCES	IN CHF
Other foundations and funds	20,000
Spontaneous donation from private individuals	1,128
Sub-total: others	21,128
Sub-total: contributions to the Special Appeal	22,525,947
Funded out of contributions to the 2019 headquarters budget	308,580
Funded out of contributions to the 2019 operations budget	2,465,768
Total receipts for 2019 as at 31.12.2019	25,300,295
No balance brought forward	-
GRAND TOTAL	25,300,295

N.B. The figures in this section have been rounded off, and thus adding each figure may lead to a slightly different result from the total presented. The figures may also vary slightly from the amounts presented in other documents.

COMMENTS

This *Special Report 2019: Addressing sexual violence* covers the ICRC's activities related to this initiative at headquarters and, in some cases, at field level. The information provided here is based on the ICRC Annual Report, launched in June 2020.

This covers:

- activities exclusively funded and implemented through the ICRC; and
- for the operational examples, activities that aimed to address sexual violence and were carried out under various ICRC programmes benefiting the target populations “civilians”, “people deprived of their freedom” and “wounded and sick”, and other initiatives directed at “actors of influence” under prevention and protection programmes, and the means needed to operate with or in coordination with Movement partners.

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

In summary:

- narrative reporting is accessible through:
 - ICRC Midterm Reports: the state or progress of ICRC operations by context as at mid-year
 - ICRC Annual Reports: yearly achievements in ICRC operations (by context) as well as work at headquarters
 - ICRC Special Report on the Special Appeal (once a year)
 - information published on the ICRC website
- financial reporting is available in the:
 - ICRC Annual Report: financial reporting, including the yearly consolidated financial statement, the independent auditor's report and financial and statistical tables
 - Special Auditor's Report on the Special Appeal (once a year)



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