

**ICRC SPECIAL APPEAL 2021**

# **ADDRESSING SEXUAL VIOLENCE**



**ICRC**



ICRC

**International Committee of the Red Cross**

Resource Mobilization Division

19 Avenue de la Paix,

1202 Geneva, Switzerland

Email: [resourcemobilization@icrc.org](mailto:resourcemobilization@icrc.org) [www.icrc.org](http://www.icrc.org)

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# **ADDRESSING SEXUAL VIOLENCE**



# TABLE OF CONTENTS

<b>OVERVIEW</b>	<b>7</b>
<b>SEXUAL VIOLENCE DURING ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE</b>	<b>8</b>
<b>THE ICRC'S APPROACH</b>	<b>11</b>
<b>A MULTIDISCIPLINARY RESPONSE</b>	<b>14</b>
<b>ADDRESSING SEXUAL VIOLENCE IN 2021: HEADQUARTERS</b>	<b>18</b>
<b>ADDRESSING SEXUAL VIOLENCE IN 2021: SELECTED OPERATIONS</b>	<b>20</b>
Bangladesh	21
Burundi	22
Caracas (regional)	22
Central African Republic	23
Colombia	25
Democratic Republic of the Congo	26
Ethiopia	28
Iraq	29
Mexico City (regional)	30
Nigeria	31
Philippines	32
Somalia	33
South Sudan	34
Suva (regional)	36
Syrian Arab Republic	37
<b>FINANCE</b>	<b>38</b>



# OVERVIEW

## THE SPECIAL APPEAL 2021

The Special Appeal 2021 underlines the ICRC's commitment to consolidate and enhance its efforts to address sexual and gender-based violence in armed conflict, other situations of violence, and detention. These efforts are carried out as part of the ICRC's protection, assistance, prevention and cooperation programmes. They encompass activities to prevent sexual violence, help mitigate people's exposure to risk and provide victims/survivors with support in response to the consequences of such abuse and crimes.

This document gives an overview of the issues, the applicable legal frameworks, and the humanitarian consequences of sexual and gender-based violence on victims/survivors and their communities; outlines the ICRC's approach and key areas of its response; and provides details on its specific plans for 2021. The sections on the ICRC's planned activities include:

- the activities that will be carried out at headquarters level;
- the activities planned by 15 delegations, with concrete examples of the ICRC's efforts at prevention, risk mitigation and response; and
- information on the corresponding budgets.

This Special Appeal takes into account a more developed understanding of the problem of sexual violence in armed conflict and other situations of violence, including its links with other violations of international humanitarian law (IHL) and different forms of gender-based violence. This is reflected in the scope and type of activities planned at headquarters and by the featured delegations. These activities, and the ICRC's overall action to address sexual violence, is also aligned with ongoing cross-organizational efforts to both mainstream and implement specific inclusive programming initiatives, which in turn are envisioned to help the ICRC further deepen its understanding of the nature and extent of sexual and gender-based violence in different contexts, consider the distinct experiences and needs of diverse groups of people affected by this violence, and improve its response and prevention approaches accordingly.

The information presented in this document is extracted from and covered by the [ICRC's Appeals 2021](#). This is aligned with the ICRC's chosen approach to integrate its response and prevention efforts concerning sexual violence into its overall activities for people affected by armed conflict and other violence. The plans and budget in this Special Appeal highlight the more specific activities that the ICRC will implement in 2021, usually as part of broader programmes – an approach that also aims to mitigate the stigmatization or re-victimization of the people the ICRC is seeking to assist.

**With this Special Appeal 2021, the ICRC seeks:**

**CHF 29 million**

**This covers the activities that will be carried out at headquarters level and by 15 ICRC delegations, namely Bangladesh, Burundi, Caracas (regional), the Central African Republic, Colombia, the Democratic Republic of the Congo, Ethiopia, Iraq, Mexico City (regional), Nigeria, Philippines, Somalia, South Sudan, Suva (regional), and the Syrian Arab Republic.**

# SEXUAL VIOLENCE DURING ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

Despite clear legal prohibitions, sexual violence is widespread and prevalent during armed conflicts and other situations of violence, as well as in detention. It has grave humanitarian consequences for the victims/survivors and their communities.

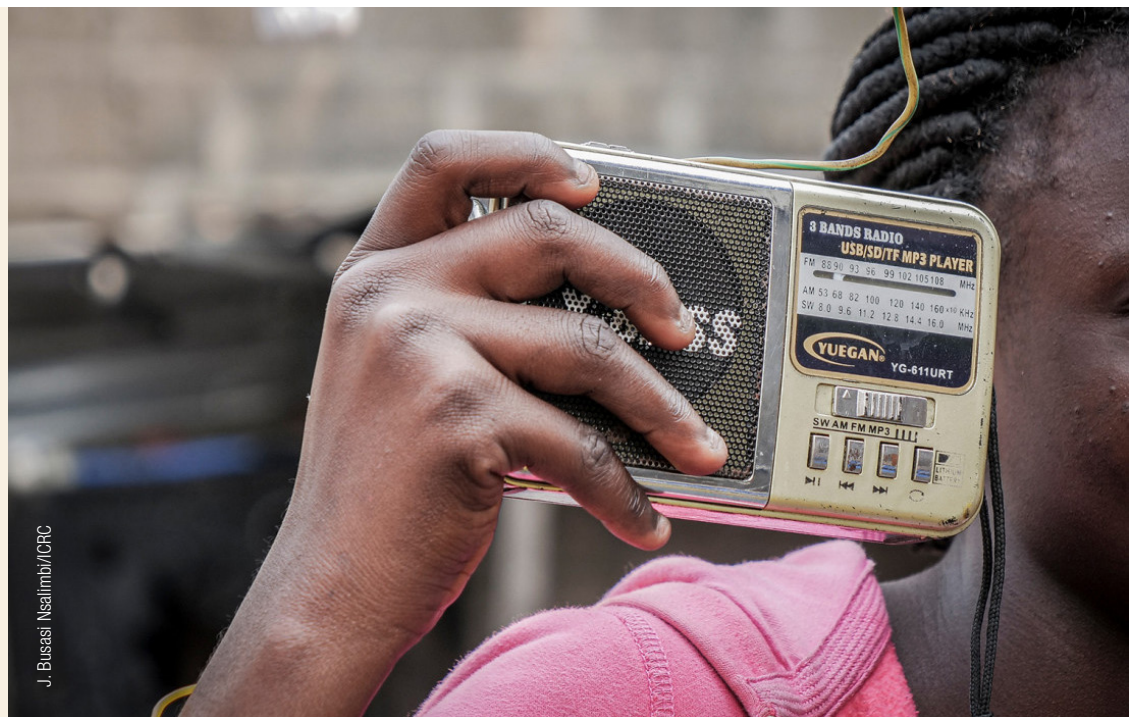
Sexual violence remains utilized as a tactical or strategic means of overwhelming and weakening the adversary, whether directly or indirectly, including by targeting the civilian population. It is rarely an isolated issue but rather is part of a pattern of violence linked to other violations of IHL, such as torture, killing, looting, child recruitment or destruction of property. In conflict and post-conflict settings, the erosion of state apparatuses, disruption of livelihoods, increase in poverty, proliferation of small arms and light weapons, and displacement, among other factors, can exacerbate existing trends of sexual and gender-based violence – such as intimate partner violence, marital rape and child or forced marriage – among civilians. Crisis factors may also deepen risks of transactional or survival sex, trafficking for the purposes of sexual exploitation, and 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<sup>1</sup>. It includes rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization or any other act of a sexual nature of comparable gravity. 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. 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 IHL<sup>2</sup> 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

1. For more information, see the ICRC's strategy on sexual violence 2018–2022: [https://wedit.icrc.org/sites/default/files/topic/file\\_plus\\_list/icrc\\_strategy\\_on\\_sexual\\_violence\\_2018-2022\\_-\\_en.pdf](https://wedit.icrc.org/sites/default/files/topic/file_plus_list/icrc_strategy_on_sexual_violence_2018-2022_-_en.pdf)
2. 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.

Democratic Republic of the Congo. The ICRC launched a radio-spots campaign on preventing sexual violence amid the COVID-19 pandemic. Four radio spots were broadcast per day.



J. Busasi Nsalimbi/ICRC



IHL.<sup>3</sup> Furthermore, rape and other forms of sexual violence in armed conflict can amount to serious violations of IHL and thereby constitute war crimes.<sup>4</sup> Sexual violence can also constitute a crime against humanity or an act of torture or genocide.<sup>5</sup> At all times, acts of sexual violence fall within the scope 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 gender roles and the power dynamics surrounding them, and abuse of power. Gender roles in society influence both the risk of 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 such violence and distinct barriers in disclosing their experience of it and thus face difficulties in accessing care. There are strong perceptions, often not based on evidence, about who can be a victim of sexual and gender-based 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, being internally displaced or a migrant, 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, considering their specific needs and capacities.

While distinctions can be made between some forms of sexual and gender-based violence during armed conflict and other situations of violence, many forms tend to be interconnected and share root causes and detrimental consequences for victims/survivors, regardless of the categorization of the conflict or the applicable legal framework.

## 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 entire 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, 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) and, in certain contexts, victims/survivors may contend with the risk of a potentially unsafe abortion. Sexual violence can compound trauma and result in economic and social stigma.

Victims/survivors may experience an acute mental health impact because of sexual violence. They may continue to suffer consequences that are detrimental to their mental health and their well-being long after the incident, especially if support for such issues is not provided in a timely way; sexual violence has also been associated with suicidal ideation and suicide. Further psychological and psychosocial consequences include distress, self-blame, confusion, indignity, anger, low self-esteem and guilt or shame over the impact of the abuse; self-harm and other trauma and stress-related difficulties can also arise. Social consequences include a risk or increased risk of re-victimization, intimate partner violence, stigmatization, discrimination, rejection or abandonment by family or community, rejection of children born of rape, forced marriage, and loss of means of subsistence, including loss of employment and land or accumulated wealth.<sup>6</sup>

3. 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](http://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule93). Since its publication, the collection of state and international practices 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](http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule93)). All web addresses were accessed in February 2021.
4. 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) of the ICC Statute regard 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>.
5. 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/ict9-96-4/trial-judgements/en/980902.pdf>.
6. 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.

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 act(s).

While sexual violence may affect any person, certain groups may be particularly at risk or targeted for such abuse based on unequal social and gender dynamics. Sexual violence, and gender-based violence more broadly, is known to be disproportionately directed at women, girls and sexual and gender minorities, owing to unequal gender norms resulting in unequal power and access. Moreover, the experiences and circumstances of individuals within these groups are widely diverse. Because of gender and power inequalities, some men and boys are also particularly at risk in a number of settings, especially in closed environments such as places of detention. Furthermore, certain groups of people face heightened risk because of their specific circumstances; they include: children, internally displaced people, refugees or other migrants, ethnic minorities, people deprived of their freedom<sup>7</sup>, persons with disabilities (especially girls and women, but also men and boys), and sexual and gender minorities<sup>8</sup>. 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 and gender-based violence remains underreported everywhere, because it can often be normalized or its survivors are highly discriminated against (for example through ostracism, stigma, shaming, death threats, loss of livelihood), and because of multiple factors that prevent victims/survivors or witnesses from coming forward (e.g. no reporting lines, fear of reprisal, lack of properly resourced services, challenges to access to services, risk of breaches of confidentiality, threats to safety while reporting cases and a sense for some people that seeking support will not be helpful for their needs). As a result, the full extent of the problem is often concealed, downplayed, misunderstood, or discussed in trusted community-based circles only, with official reporting figures failing to reflect reality. Research conducted by the ICRC in 2019–2020 on the issue of mandatory reporting of sexual violence from health to legal or other authorities also shows the significant impact of the policy and legal environment on under-reporting. Mandatory reporting, for example, makes some people too afraid to even access care; those that do may fear to fully disclose what has occurred, which means it is not captured in the health data. Mandatory reporting also creates a potential obstruction to timely access to support and to the safety of patients and medical workers, in the form of a fear of reprisal.

Importantly, 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 instances of sexual violence, owing to the breakdown of infrastructure, road blocks or arbitrary check points, targeting of health facilities, destruction or interruptions of survivor-centred services, disruption of community-based protection mechanisms, and exacerbation of existing inequalities and drivers of sexual and gender-based violence. 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. Compounding this are attitudes and values in communities and in professional circles that create a culture of normalcy around a lack of understanding of the problem – for example, there may be a failure to recognize the harmful and widespread nature of sexual and gender-based violence, and to acknowledge the root causes and ways to prevent it. Misconceptions surrounding sexual violence remain pervasive – even among professionals such as health-care workers, law enforcement officials and other service providers – and cannot be addressed without training and capacity-building. 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 an increased prevalence of sexual violence cases.

7. 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>

8. For more information on the scope and denotation of the term *sexual and gender minorities*, see <https://www.edgeeffect.org/on-language-and-acronyms/>.

## THE ICRC'S APPROACH

Where there is a humanitarian need and an added value to its engagement, the ICRC may address various forms of sexual and gender-based violence through its protection, assistance, prevention and cooperation programmes. The ICRC has clarified its imperative to take a survivor-centred and holistic approach in its five-year strategy<sup>9</sup> to tackle sexual violence during armed conflict and other situations of violence and in detention settings. This approach includes the provision of non-discriminatory care by the ICRC itself and/or referral to external agencies. The ICRC also undertakes efforts to prevent sexual violence – 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 through inclusive programming approaches. Furthermore, the ICRC ensures that its own activities do not create a risk or opportunity for sexual violence to occur, in line with the “do no harm” principle.

Given the proven global prevalence of sexual and gender-based violence, the ICRC assumes that sexual violence occurs in all the contexts in which it operates and assumes that sexual violence and gender-based violence is exacerbated by conflict and other crises. It therefore acts proactively to respond to it, without waiting for new analyses to emerge; this is referred to internally as the “reversed burden of proof”.<sup>10</sup> This also means that ICRC staff members aim to actively analyse trends and data on the patterns and prevalence of sexual violence, including as crises emerge. ICRC delegations are encouraged and given technical support to: (1) at a minimum, identify a referral pathway for any victim/survivor of sexual violence to survivor-centred services (health – including 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 their 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 overall approach is guided by several values, including an evidence-based approach when designing responses. In practice, this means developing activities based on context-specific analyses of the issues, causes and consequences, the associated risks, links to other violations of international law, 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 (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. To complement this approach, the ICRC is also undertaking research on operational issues and on policies and practices that may have negative implications for victims/survivors.

Recognizing the complexity of preventing sexual violence and the multiple needs of victims/survivors and at-risk communities, the ICRC implements a holistic and multidisciplinary approach to mounting a coordinated response to these needs. This approach acknowledges the need to work on both prevention and response, and to draw on the expertise of staff members from different specialized units and services, at headquarters and in the field, and for

9. Available on: [https://wedit.icrc.org/sites/default/files/topic/file\\_plus\\_list/icrc\\_strategy\\_on\\_sexual\\_violence\\_2018-2022\\_-\\_en.pdf](https://wedit.icrc.org/sites/default/files/topic/file_plus_list/icrc_strategy_on_sexual_violence_2018-2022_-_en.pdf)

10. This “reversed 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”.

Democratic Republic of the Congo. A victim of sexual violence sits with her mother and child at their home. She received medical treatment for fistula, with the ICRC’s help.





these teams to work together to ensure a clear pathway from one service to another. It entails strong coordination and information-sharing among the different teams involved. Where needed, the ICRC may engage with partners within and outside the International Red Cross and Red Crescent Movement (hereafter 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, power dynamics 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 helps ensure that the ICRC's response is always 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 at-risk groups and communities in all stages of its response, which is also in line with its efforts to increase its accountability to the people it works with and supports.

Consistent with how it carries out all of 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 through its programmes or presence in a given context. For example, it strives to avoid exposing victims/survivors to additional sexual and gender-based violence risks around activity sites for economic-security and water-and-habitat projects. Moreover, by integrating its response to sexual violence into its broader response for victims of violence and other IHL violations, the ICRC reduces the risk of exposing people to additional trauma, labelling and stigmatization. The ICRC's use of a survivor-centred approach to addressing sexual and gender-based violence is fully aligned with the “do no harm” principle and with evidence-based humanitarian standards.

The survivor-centred approach is 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 action, 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 sex, 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 increasing the impact and sustainability of its activities to prevent sexual violence and to mitigate and respond to its effects. Concretely, ongoing initiatives to reinforce inclusive programming at the ICRC can contribute to a more detailed understanding of the nature and extent of sexual and gender-based violence in different contexts and enable the ICRC to improve its prevention and response approaches, ensuring that these address the distinct experiences and needs of diverse groups of people in relation to sexual and gender-based violence. These initiatives include, among others, developing the ICRC's methodology, reference materials and capacities in social power analysis and sex, age and disability disaggregated data.

## SCOPE OF THE ICRC'S WORK

To support delegations in determining the specific added value of the ICRC and its activities in a given context, the ICRC has four operational considerations for engagement on addressing sexual violence. Even without fulfilling any part of the criteria outlined below, the ICRC aims to, at a minimum, address sexual violence by ensuring that a referral system for victims/survivors is in place and striving to cover the topic in its activities aimed at preventing violations of IHL, of which sexual violence is one.

These four operational considerations for engagement are:

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

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 (see *Response to sexual violence in detention* below).

Furthermore, the ICRC recognizes that sexual violence, according to its definition above, and different forms of gender-based violence tend to be interconnected with similar root causes and consequences. It therefore adapts its approach and the scope of its action according to the evolution of its working environment and its overall response to humanitarian needs in a given context. While it may focus on addressing sexual violence related to conflict, the ICRC may also implement activities responding to gender-based violence or offer services to all victims/survivors of sexual violence. It may also seek to protect and address the needs of a specific group. For instance, it has increased and further developed its activities for vulnerable migrants<sup>11</sup> – especially those caught up in areas 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, or in support of, National Red Cross and Red Crescent Societies (hereafter National Societies) and other local actors.

Globally, the ICRC has worked to adapt its action on sexual violence to the challenges and opportunities created by the COVID-19 pandemic. Concretely, it has developed a guidance document, *COVID 19: Inclusive Programming – ensuring assistance and protection addresses the needs of marginalised and at-risk people*<sup>12</sup>, as part of its commitment to ensure that inequalities exacerbated by the pandemic, including the increased risk of sexual and gender-based violence, are factored into its response to the direct and longer-term impact of COVID-19.

## Response to sexual violence in detention

The ICRC's standard procedures<sup>13</sup> for visiting detainees are designed to help mitigate the risk of sexual violence and other violations of international human rights law: delegates examine facilities and procedures to identify potential risks related to infrastructure, material conditions and staffing (male/female); 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 children;
- 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.

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

12. Available at: <https://www.icrc.org/en/document/covid-19-coronavirus-inclusive-programming>

13. For more information on the ICRC's work in detention, see: <https://www.icrc.org/en/publication/4293-sexual-violence-detention> and <https://www.icrc.org/en/document/how-does-icrc-work-detention>

Papua New Guinea. The ICRC discusses with village birth attendants, who are key partners in providing mental-health and psychosocial support to victims of violence, including sexual violence.



## A MULTIDISCIPLINARY RESPONSE

The ICRC works to prevent sexual violence and respond to its consequences through a combination of programmes, modes of action<sup>14</sup> 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 developing its prevention response, the ICRC applies a logic framework<sup>15</sup> 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 are aware of services available to them and have access to these. It always aims to be part of referral pathways to critical services that meet the diverse needs of victims/survivors or establishes such pathways where they don't exist. It works with National Societies, local agencies, authorities and, where applicable, the local inter-agency gender-based violence area of responsibility (GBV AOR).

14. 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/o/6BDD6B981E525C2C12586240013B981/\\$File/Appeals2021\\_MgtFramework\\_ForExtranet.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/o/6BDD6B981E525C2C12586240013B981/$File/Appeals2021_MgtFramework_ForExtranet.pdf).
15. The logic framework serves as a practical guide to help ICRC staff members carry out their analysis and develop their prevention response. "Prevention" 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 and its Prevention policy at <https://www.icrc.org/en/publication/4019-icrc-prevention-policy>.

## PROVIDING AND FACILITATING ACCESS TO APPROPRIATE HEALTH-CARE SERVICES

Victims/survivors of sexual violence require direct access to safe, timely and confidential clinical care and medical services for life-saving procedures such as the provision of post-exposure prophylaxis for human immunodeficiency virus (HIV), the prevention of unintended pregnancy, the management of injuries and sexually transmitted infections, immunization and wound care. It is also important that they 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 often not enough medical facilities or those that exist are ill-equipped, damaged or destroyed. Trained staff and medicines are also often unavailable or in short supply. Affected communities, including victims/survivors, have to overcome security constraints and other barriers to obtain treatment. The ICRC must consider the safety and needs of victims/survivors, and security concerns affecting its own staff members.

In alignment with international and national guidelines and sectoral standards,<sup>16</sup> the ICRC provides clinical care and mental-health and psychosocial support, either directly or through qualified and trusted partners. Where necessary, the ICRC trains local health staff, National Society volunteers and/or community members to provide these services and carries out 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 benefiting the general population, so as to avoid the labelling and stigmatization of victims/survivors.

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

Where it cannot directly provide these services or support those who can, the ICRC may facilitate the referral of victims/survivors to other providers.

## PROVIDING AND FACILITATING ACCESS TO OTHER ESSENTIAL SERVICES

The ICRC 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, specialized medical care, shelter or other types of assistance – when it cannot directly provide these services, to ensure that victims/survivors receive support that is tailored, as much as possible, to their specific needs.

In terms of economic support, the ICRC ensures that the specific factors rendering people vulnerable to risks and violence, including sexual violence, are screened and can be covered effectively in its activities. The ICRC strives to reach victims/survivors in sensitive ways and does not set them apart from other conflict-affected members of communities when designing economic activities, to ensure safety, dignity, non-discrimination and confidentiality. It ensures that its efforts to help victims/survivors to achieve or maintain economic independence are holistic and discreet, preventing risks of stigmatization and/or re-victimization. Victims/survivors of sexual violence may also be included in, for example, women-run agricultural cooperatives, enabling them to generate income and facilitating their integration within their community. Other initiatives include cash transfers to affected groups identified through local structures supported by the ICRC, so that they can cover their basic needs and/or improve their livelihoods.

Cash and voucher assistance is also being used increasingly, beyond economic-support activities. The ICRC may employ this mode of support to help people protect themselves from abuse, avail themselves of health and other services, prevent recourse to negative coping mechanisms and reduce their exposure to risks (see also *Prevention and risk reduction* below). Moreover, providing cash or vouchers gives victims/survivors of sexual violence more agency and choice, and is therefore fully aligned with the survivor-centred approach.

16. In particular, the ICRC seeks to provide services that are aligned with the World Health Organization's 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/](http://www.who.int/reproductivehealth/publications/rape-survivors-humanitarian-settings/en/)



## PREVENTION AND RISK REDUCTION

The ICRC engages on the issue of preventing 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. In confidential dialogue with national and local authorities and other actors of influence such as community leaders, 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 on 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 victims/survivors' unimpeded access to health care and other essential services. It also strives to discuss with them 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 and other measures such as disciplinary measures that can be taken in response.

Moreover, the ICRC 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. It undertakes studies and, based on its findings, makes tools available for the use of its own staff and others. It has published, for example, a checklist on domestic implementation of IHL provisions prohibiting sexual violence, meant for states and Movement components. Guidelines<sup>17</sup> on engaging in dialogue with state armed forces, based on the findings of the ICRC report on the Roots of Restraint in War<sup>18</sup> and on evidence for continued engagement on international humanitarian law with all groups, is also available.

Such dialogue is further complemented and informed by the ICRC's efforts to understand how social and cultural norms can prevent and/or normalize sexual violence. This may aim to follow up actions made at the response or risk-mitigation levels, and/or to prevent further violations. In settings where there is an increased risk of sexual violence linked to armed conflict (for example, in situations of escalating conflict, in remote or isolated areas, villages near the scenes of clashes, or closed environments like places of detention and camps for displaced people), the presence of the ICRC may dissuade weapon bearers, authorities or other civilians from committing abuses.

The ICRC also strives to help foster a safer environment for individuals and communities as a whole, guided by information shared by or collected from multiple sources, including the victims/survivors themselves and local institutions and service providers helping them or their communities. For example, it has shared recommendations to states, donors and health and humanitarian workers on ways to ensure safe and unimpeded access to care for victims/survivors of sexual violence; these recommendations were based on a study on mandatory reporting of sexual violence and of sexual violence and its implications on assistance-seeking behaviours, the safety of health-care workers and the provision of quality care.<sup>19</sup>

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 (e.g. unaccompanied or separated children, children in detention, child migrants or children associated with the armed forces or armed groups); psychological, intellectual, sensory and physical impairments (persons with disabilities); internal displacement and migration. They require protection-focused approaches that consider the specific circumstances that may exacerbate or reduce their situation of vulnerability. For example, reuniting children with their families, when it is found to be in their best interest, may reduce their exposure to sexual violence by returning them to the protection of a family environment.

17. 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>

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

19. This study was carried out jointly by the ICRC and the British Red Cross. A copy of the final report is available at: <https://www.redcross.org.uk/-/media/documents/about-us/international/forced-to-report-sexual-violence-final-policy-paper.pdf>



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

- raise awareness of the problem and ways they can avoid risks;
- 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, facilitating platforms for discussion or offering to mediate between the parties concerned; and
- support cooperation among community members in planning and launching self-protection initiatives.

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

The ICRC's activities to facilitate the economic security of violence-affected people may also help reduce their exposure to further abuses, including forms of sexual exploitation – such as transactional 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.

## ADDRESSING SEXUAL VIOLENCE IN 2021: HEADQUARTERS

Activities led by units and services across different ICRC departments continue to be an essential aspect of the organization's efforts to address sexual violence effectively and holistically, working in a coherent and complementary way with Movement partners and engaging with key stakeholders and actors of influence to prevent sexual violence and address its consequences. The Sexual Violence Unit, based in the Department of Operations, spearheads these efforts, in coordination with a working group comprised of specialists from various disciplines and teams across the organization.

The efforts carried out at headquarters and in field delegations – as outlined in the 2021 objectives and plans of action below – are based on the ICRC's sexual violence strategy 2018–2022 and are aligned with the Institutional Strategy 2019–2022.

- **Ensuring that the ICRC's efforts are holistic, and that people benefit from an effective response**

The ICRC's strategy for addressing sexual violence remains the main road map guiding the organization's collective efforts to prevent and mitigate the risk of sexual violence, protect people at risk and address the needs of victims/survivors. Technical advice on and dissemination sessions about the strategy and how to implement it will continue to be organized for ICRC staff members at headquarters and in delegations. The development of guidance documents on various aspects of addressing sexual violence will advance, building on the progress made in 2020 in producing modules on establishing referral systems, reacting to disclosure, and using cash assistance to prevent and respond to sexual violence. Modules to be prioritized in 2021 will include guidance on conducting ethical assessments and best practices for data sharing. Webinars will be organized in multiple languages to promote new and existing modules, as well as good practices and approaches from delegations.

Technical support on specific aspects of the response will be made available in various forms – including the deployment of advisers, oral and written guidance, and peer-to-peer support – to staff members.

Delegations will continue to receive technical support for coming up with multidisciplinary strategies to address sexual violence and to develop context-specific tools. Several delegations will benefit from direct guidance from staff members (sexual violence operations managers or advisers) tasked to ensure that the issue of sexual violence is considered in their operations, help strengthen the coordination of activities and oversee internal capacity-building initiatives. These staff members will receive support from the Sexual Violence Unit. Assessments will be carried out to review the activities in selected delegations, to capture lessons learnt and recommendations for improving the ICRC's response at delegation and institutional levels.

To leverage the expertise, knowledge and best practices developed at headquarters and the delegations, the ICRC will strive to make information sharing across the organization more efficient. The online community of practice, which was launched in 2019, will be improved to better serve as a one-stop platform for the exchange of resources, ideas, expertise and experience. Meetings of the working group of specialists across the ICRC will continue to be arranged, and reference and other materials will be managed and disseminated digitally. The ICRC will continue to reinforce efforts on accountability, including ensuring that monitoring and reporting of sexual violence-related activities is embedded in its institutional planning tools and databases. All this is aimed at ensuring that the different departments and disciplines in the ICRC are aware of and account for sexual violence in their work.

Sexual violence will continue to be covered in internal training sessions and integration courses for staff members. The ICRC will seek – through efforts by the Department of Operations and the Learning and Development Unit, under the Department of Human Resources – to include the topic in the training sessions for staff members of various disciplines. A new, modular four-day training package will be rolled out in several delegations, to increase staff capacity to deliver multidisciplinary and coherent response and prevention activities; among other outcomes, participants will be tasked to develop action plans aligned to the delegation's sexual violence strategy or priorities. Fifteen ICRC staff members, meanwhile, will be enabled to participate in a seminar, conducted three times a year, on sexual violence in conflict settings and emergencies; this seminar was jointly developed in 2014 by the ICRC and the Geneva Centre of Humanitarian Studies (formerly the Centre for Education and Research in Humanitarian Action, or CERAH). Former participants will be encouraged and supported to share their knowledge and experience on the community of practice mentioned above.

The ICRC will apply the recommendations of an internal research project, completed in 2020, on sexual violence against men and boys and sexual and gender minorities, and will continue to implement the findings of the study on mandatory reporting mentioned above. A study on factors affecting the incidence of sexual violence in a given context and their potential links with perceptions of young men about sexual violence, originally planned for 2020, will be pursued.

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

The ICRC will contribute to and influence discussions on the issue of sexual violence in armed conflict, other situations of violence and in detention, during selected international and regional conferences, debates and other events. It will focus on increasing understanding of and respect for IHL provisions related to sexual violence, especially at the national legal and policy level. It will pursue dialogue with the United Nations and other intergovernmental organizations, and provide legal advice to states and international organizations, to influence them to ensure that policies and legal frameworks reflect international standards. The ICRC's input in all these interactions will be based on its operational experience and research, and on issues identified in partnership with affected communities regarding access to protection and assistance services that are aligned with international standards. For example, the ICRC will undertake diplomacy around the findings of its study on the mandatory reporting of sexual violence incidents.

Following up on the issues discussed during the 33rd International Conference<sup>20</sup>, the ICRC will also urge states to implement their pledges on the prevention of and response to sexual and gender-based violence.

The ICRC will continue to address the prevention of sexual violence in its dialogue and other interactions with weapon bearers. It will continue to develop resource materials and tools, including digital ones, on such topics as engaging with weapon bearers and other actors of influence. It will organize briefings and training sessions, and promote the use of the legal factsheets, checklists, training kits and other tools it has produced.

To reach a broader audience, the ICRC will undertake more public communication campaigns on online and social media platforms, with a view to: building empathy for victims/survivors of sexual violence; demonstrating how sexual violence can affect women, men, boys, girls and all persons from all backgrounds; and highlight their different needs. These campaigns will be rolled out mid-year and during the 16 Days of Activism against Gender-based Violence (25 November to 10 December). Voices and experiences from the field will be amplified in posts on ICRC blogs and in relevant fora.

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

The ICRC will help ensure a coordinated and effective Movement response to sexual violence during conflict, as well as in emergencies. It will sustain regular engagement with National Societies – those working in their own countries and those working internationally – and the International Federation of Red Cross and Red Crescent Societies, by attending and/or co-hosting meetings, regional forums and conferences and by taking part in periodic exchanges of information.

Delegations will be supported in developing and/or strengthening partnerships with National Societies, focusing on complementary roles in implementing a multidisciplinary response, developing referral pathways, and reinforcing the overall capacities of National Societies, with a view to fostering conditions for sustainable humanitarian impact.

The ICRC will also consider the needs and expertise of its Movement partners when developing its guidance and training sessions. It will include National Society staff in its training sessions, research and other initiatives, while also identifying joint activities at the community level, on such matters as addressing stigma and facilitating the social inclusion of victims/survivors, with a view to building resilient communities. It will continue to follow up on the implementation of Resolution 3, “Sexual and gender-based violence: joint action on prevention and response”, of the 32nd International Conference. It will strengthen its partnership with National Societies in this regard and engage them in the development of a medium- to longer-term vision on addressing sexual violence in selected contexts.

Partnerships outside of the Movement will also remain important, particularly for research, innovation, and behavioural change approaches for prevention. The ICRC will continue to actively engage in various coordination forums such as the Protection Cluster Gender-Based Violence AoR, at both global and local levels, to solidify the ICRC's networks and coordination with other actors.

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20. International Conference of the Red Cross and Red Crescent, which normally takes place once every four years.

## ADDRESSING SEXUAL VIOLENCE IN 2021: SELECTED OPERATIONS

This section features activities that will be carried out in 2021 in selected contexts where the ICRC is sustaining, improving or expanding its efforts to prevent sexual violence, mitigate people's exposure to risks and address the needs of the people affected. It describes the situations and humanitarian concerns in these contexts. Taking into account the ICRC's proactive stance on the issue of sexual violence and its commitment to confidentiality (see p. 11), these are not meant to give detailed analyses of the problem of sexual violence in a given location but rather an overview of the environment in which the ICRC is implementing its activities.

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

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

In each of the delegations featured in this section, the ICRC is taking steps to develop its context-specific understanding of the problem of sexual violence, specifically in relation to patterns of abuse and violence, the prevailing legal and normative frameworks, and the existing services and service providers. This enables the ICRC to assess the most appropriate entry points and approach for its response, and to develop its engagement with the authorities, weapon bearers, local and international organizations and other groups with a stake in the issue. Constantly building its own knowledge and understanding of the issue also allows the ICRC to adapt its response to developments in a given situation and to ensure the added value of its activities. Acknowledging the importance of having staff members who are sensitive to the issue of sexual violence and the needs of victims/survivors, the ICRC is also reinforcing internal capacity-building efforts at delegation-level. It is also actively working on strengthening its partnership with National Societies and other organizations.

The still-ongoing COVID-19 pandemic, the restrictive measures it has necessitated, and the ensuing socio-economic repercussions has brought about reports of a spike in sexual and gender-based violence in countries affected by armed conflict and other situations of violence and a reduction in the services available to victims/survivors. The pandemic has also affected the ICRC, its way of working and its activities, including its efforts to address sexual violence. In view of this, the ICRC is committed to paying close attention to the intersection between the pandemic and the problem of sexual violence, to identify ways to address the consequences, within its areas of expertise. It will also continue to adapt its working modalities and response where necessary. As a priority, it will continue to favour inclusive programming, making sure that the different voices – their needs, identities, and capacities – of victims/survivors and at-risk communities are heard and considered.

Sexual violence operations managers or advisers will oversee activities related to addressing sexual violence in five delegations (Bangladesh, Central African Republic, Colombia, Democratic Republic of the Congo, and Nigeria), one gender-based violence operations manager will support two delegations (Iraq and Syrian Arab Republic) and four regional advisers based in Bangkok (Thailand), Bogota (Colombia), Nairobi (Kenya) and Dakar (Senegal) will support ICRC delegations in Asia and the Pacific, the Americas and Africa, respectively.

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



# BANGLADESH

## SITUATION

Hundreds of thousands of violence-affected people who had fled Rakhine, in Myanmar, remain in Bangladesh, with the governments of Bangladesh and Myanmar in discussions on how to facilitate their return. They stay mostly in camps, including some located near residential areas, in the Cox's Bazar district. Others have settled along the Bangladesh–Myanmar border. In late 2020, thousands of them were reportedly relocated to the island of Bhasan Char, part of a plan to eventually relocate some 100,000 people.

Security forces throughout Bangladesh carry out operations against allegedly violent groups, particularly in Cox's Bazar where security incidents have reportedly risen.

Camps and host communities in Cox's Bazar are overpopulated, and basic goods are in short supply. The living conditions in camps make women and children particularly vulnerable to abuses such as sexual violence and gender-based violence. Health and other essential services, including those specifically for victims/survivors of sexual violence are scarce or inadequate because health facilities in Cox's Bazar are often ill-equipped; movement restrictions make it difficult for camp residents to seek health care elsewhere. The COVID-19 pandemic and restrictive measures it has necessitated have exacerbated problems in accessing basic goods and essential services.

## ICRC ACTION

The ICRC in Bangladesh will focus on addressing the needs of victims/survivors of sexual violence and other forms of gender-based violence in the camps and host communities in Cox's Bazar, by favouring community-based action. A sexual violence operations manager will oversee these activities, ensuring that they are implemented in a multidisciplinary and coherent manner and consistent with the ICRC's institutional approach.

### Providing and facilitating access to appropriate health-care and other services

As a matter of priority, the ICRC will help ensure the availability of medical services and mental health and psychosocial support to victims/survivors of sexual and gender-based violence in priority camps; it will also raise awareness of available services and how people may access these. Specifically, it will support two health facilities and one hospital and deploy mobile health teams to two camps for displaced people. Consistent with the survivor-centred approach, it will ensure that staff at health facilities and members of the health teams are sensitized to the needs of victims/survivors of sexual violence and aware of the referral pathways for available services. The ICRC will include modules on treating victims/survivors of sexual violence in the pre-hospital emergency care training that it will deliver.

### Helping mitigate people's exposure to risk

Still focusing on community-level efforts, the ICRC will strive to share messages about risk-mitigation, the prevention of sexual violence, and the various needs of victims/survivors. It will pay attention to incidents of sexual violence and other forms of gender-based violence as part of its broader efforts to document the protection-related concerns of displaced people and the communities hosting them in Cox's Bazar. In parallel, it will draw the attention of authorities and security forces to the need to protect people from sexual violence and other abuse. Public-communication activities, which will be organized occasionally with the Bangladesh Red Crescent Society, will aim to broaden awareness of the Movement's activities and the prevention of sexual violence.

The ICRC will also pay attention to the issue of sexual violence when carrying out activities for people deprived of their freedom (see also *Response to sexual violence in detention* on p.13).

## PLAN OF ACTION

- conduct risk-awareness sessions for vulnerable people and inform them about available support and how to access it; conduct awareness-raising sessions with community members and train community-based workers to conduct information sessions and outreach activities, and to make referrals to the ICRC; refer victims/survivors of sexual violence to agencies offering specialized care
- donate medical supplies and equipment to two health centres and assign well-equipped mobile health teams to two camps for displaced people; carry out necessary repairs to ensure adequate conditions for staff and patients
- train health staff – or provide supervision for them – to treat and/or refer victims/survivors of sexual violence in line with domestic guidelines and sectoral standards; help them to develop and implement treatment protocols



- train community-based workers to organize information sessions on mental-health issues and refer people for psychosocial care at ICRC-supported facilities
- raise awareness, about the prevention of sexual violence, among journalists, religious circles and other actors of influence; provide IHL reference materials for weapon bearers and arrange briefings with them; conduct advanced training for instructors and senior officers

## BURUNDI

### CONTEXT

The situation in Burundi remains relatively calm despite the persistence of political and socio-economic tensions. Nevertheless, many people – displaced persons, returnees, residents of host communities – have difficulty obtaining essential goods and accessing basic services owing to cuts to the national budget and delays in disbursing funds. Health services are overstretched everywhere in the country, a situation worsened by the COVID-19 pandemic and outbreaks of other disease. Few facilities offer specialized services, such as psychosocial support for victims/survivors of sexual violence. Where these services exist, those in need often may not be aware of where and how they can access them.

As in many contexts, and as described above (see *Sexual violence during armed conflict and other situations of violence* on p. 8), the incidence of sexual violence in Burundi is likely underreported, as the victims/survivors may choose not to report the abuse because of fear of reprisal from the perpetrator and other factors previously mentioned.

### ICRC ACTION

The ICRC will provide psychosocial care and counselling services to victims/survivors of violence, including sexual violence. Psychosocial support will be made available at 13 primary health-care centres that the ICRC supports in coordination with the health ministry. Victims of violence, including sexual abuse, will be referred to organizations that provide such services as temporary shelter in case of emergency, or legal assistance; these organizations will be given financial assistance.

The ICRC will also work with volunteers of the Burundi Red Cross to organize dissemination sessions – on the consequences of sexual violence and the plight of those affected – for community leaders and authorities. Additionally, the ICRC will seek to include the issue of sexual violence in its dialogue with authorities and military and police personnel, in the framework of emphasizing the necessity of protecting people from abuses.

### PLAN OF ACTION

- With the Burundi Red Cross, provide funds, medical supplies and equipment, and training support for 12 primary-health-care centres and one hospital; in addition:
  - cover accommodation, transportation and/or treatment costs for patients with specific vulnerabilities
  - when necessary, refer people for specialized treatment or to appropriate social services
- engage authorities and weapon bearers in dialogue; make oral and/or written representations to remind them of their responsibility under international human rights law and other applicable norms to:
  - protect civilians, and address and prevent abuses against them
  - ensure unimpeded access to essential goods and services, including health care

## CARACAS (REGIONAL)

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

### CONTEXT

In the Bolivarian Republic of Venezuela (hereafter Venezuela), armed violence and crime persist in densely populated cities, in resource-rich areas and in border regions. The effects of a deteriorating economy continue to be felt, and even more keenly in violence-affected and remote areas. Demonstrations, mainly about socio-economic issues, take place but are much less frequent since the imposition of COVID-19 restrictions. The situation in the country has led people to search for better living conditions and economic opportunities elsewhere, in border areas or other countries.

The COVID-19 pandemic and measures to check its spread, though necessary, have exacerbated the situation in Venezuela, putting additional strain on health services and making basic goods even less accessible. People in densely populated cities, or remote areas where health services are not readily available, are particularly vulnerable to public-health emergencies.

The presence of armed groups, and tensions over control of areas and resources that lead to violence, also affect communities and cause displacement. Those in areas along the Venezuela–Colombia border, and the people they host, are without access to adequate health, water and sanitation facilities. They continue to endure the spillover effects of armed conflict in Colombia.

People displaced by violence and those traveling in search of better opportunities have limited access to basic services; people passing through dangerous border areas are vulnerable to exploitation and sexual or other abuse.

## ICRC ACTION

The ICRC will strive to respond to sexual violence as part of its health programme in Venezuela, through which it provides comprehensive support for health facilities delivering preventive, primary-health and emergency care in Caracas, Venezuela's border areas with Colombia, Bolivar State, and other violence-affected areas where few organizations have a presence. It will favour a survivor-centred approach and seek to enhance its collaboration with other actors and authorities as it implements its activities. This work will be supported by an adviser based in Bogota, Colombia.

### Supporting access to health-care services

The ICRC will help ensure that victim/survivors of violence, including sexual violence, have access to mental-health and psychosocial support and other care. This will entail training community members in providing psychosocial care and helping strengthen existing referral systems for victims/survivors of sexual violence. All these will be linked to the ICRC's protection-related activities. For example, the ICRC will enable vulnerable people to reduce their exposure to risks by helping them identify means to protect themselves and develop coping mechanisms. It will also seek to include sexual violence among the topics that it will address in discussions with authorities and armed and security forces in Venezuela.

The ICRC will also pay attention to the issue of sexual violence when carrying out activities for people deprived of their freedom (see also *Response to sexual violence in detention* on p. 13).

## PLAN OF ACTION

- document protection-related concerns and alleged abuses, including instances of sexual violence; present them to the pertinent authorities, and urge them to prevent or halt the occurrence of such acts
- help victims/survivors of sexual violence identify their needs and refer to them to the appropriate services
- distribute essential supplies and equipment to up to 12 primary-health-care centres in violence-prone areas
- strengthen referral pathways for patients needing further treatment to secondary-level facilities
- provide technical and material support to local services for strengthening their referral and transport systems

# CENTRAL AFRICAN REPUBLIC

## CONTEXT

After an initial decline in violence following the peace agreement signed by the government and 14 armed groups in 2019, the security situation in the Central African Republic (CAR) has significantly deteriorated, and is extremely volatile.

The already dire humanitarian situation has been compounded by post-electoral violence. Violent clashes between a new coalition of armed groups and State forces in many parts of the country have further disrupted people's daily lives and made already difficult access to healthcare, education, and livelihoods even more precarious. Hundreds of thousands of people are displaced throughout the country.

Criminality is also rampant: armed robbery and carjacking reportedly take place throughout the country, targeting the general population and humanitarian actors. Communal tensions, including in connection with transhumance and the scarcity of resources for pastoralists, give rise to violent episodes and are linked to reports of sexual violence.

Sexual violence remains one of the main concerns of communities: reports of rape and other forms of abuse are frequently reported across the country, along with high levels of domestic sexual violence. As in many places (see *Consequences of sexual violence above*), it is considered taboo, or seen as inevitable or normal; cases are largely underreported. Various factors affect access to services, and consequently the availability of accurate data on the numbers of cases of sexual violence. Essential services are lacking in many areas, and many providers have had to close or reduce their capacity because of looting, targeted attacks or risks linked to ongoing violence. Few actors provide economic support for victims/survivors of sexual violence, and obtaining legal redress remains a huge challenge.

## ICRC ACTION

The ICRC will address the consequences of sexual violence and seek to prevent its occurrence through activities embedded in its overall response to the needs of people affected by conflict and other violence in the CAR. An operations manager, assisted by a field officer, will oversee these activities, making sure that they are implemented in a multidisciplinary and coherent manner. The delegation will also work on reinforcing staff capacity across all departments and levels and developing a clear partnership with the Central African Red Cross Society. It will seek to improve its understanding of key issues, through research and other means, to inform its response; findings will also be shared with other actors.

The ICRC will work with the National Society and other Movement components present in the country to strengthen and better coordinate the Movement response to sexual and gender-based violence.

### Providing or facilitating access to health-care and other services

Ensuring that victims/survivors of sexual violence have access to medical treatment and psychosocial support remains a priority. In 2021, the ICRC will strengthen its health activities, notably in the Nana Grébizi area, including support to the hospital in Kaga Bando and four health centres in key areas. Health staff will be trained and equipped to provide clinical management of rape and mental-health and psychosocial support to victims/survivors of sexual violence.

Where the ICRC does not implement health-related activities, it will work on a referral system and coordinate with other humanitarian actors in order to provide those in need with adequate services. The ICRC will also offer financial support to victims/survivors of sexual violence, in the framework of broader efforts to help violence-affected people increase their income and cover their household expenses.

### Contributing to risk reduction and the prevention of sexual violence

The ICRC will work with communities facing high risks of sexual violence, alongside other threats, to develop or strengthen existing community-based strategies to reduce their exposure to risk. The ICRC will pursue public communication initiatives and organize dissemination sessions and other events to share key messages aimed at, among others, reducing stigmatization or improving knowledge on the importance of and availability of access to essential services. Initiatives at community-level will be done alongside the Central African Red Cross, whenever possible, maximizing its expansive, countrywide network of volunteers while also helping its staff and volunteers build their own capacities.

These activities will be complemented with efforts to intensify dialogue with the authorities and weapon bearers on their obligations under IHL and other applicable law, including provisions prohibiting sexual violence. The ICRC will also document allegations of abuse, including sexual violence, and urge authorities and weapon bearers to develop measures to prevent misconduct. Security forces and military forces, including multinational forces, will be urged to integrate relevant provisions of IHL and other applicable law into their doctrine, training and operations. The ICRC will brief these personnel on IHL and international law enforcement standards, key concepts relating to sexual violence, including its roots and consequences, and their responsibilities in its prevention and response.

The ICRC will also pay attention to the issue of sexual violence when carrying out activities for people deprived of their freedom (see also *Response to sexual violence in detention* on p. 13).

## PLAN OF ACTION

- document allegations of sexual violence and make written and/or oral representations to the parties concerned as appropriate; discuss with them their obligations under IHL and other applicable laws, including their responsibilities in preventing and responding appropriately to incidents of sexual violence
- conduct training sessions on IHL and international human rights law for military, police and security forces personnel; support the development of doctrine and other measures to reinforce prevention of sexual violence, as appropriate
- carry out an analysis of the domestic legal framework and promote integration of IHL provisions prohibiting sexual violence



- organize briefings and other events on sexual violence for parliamentarians and key government officials; develop activities with university students and staff, such as a moot court competition on the theme of sexual violence
- organize group discussions with community members to ascertain their needs, identify risks related to sexual violence, help them develop appropriate responses, and raise awareness of the plight of victims of violence, including sexual violence
- strengthen the implementation of referral mechanisms for victims/survivors of sexual violence, internally and with external actors; disseminate messages about sexual violence via radio and other means (e.g. street theater, social media)
- provide material, capacity-building and other support to four primary-health centres and the Kaga Bando hospital, to ensure the availability of services – especially clinical management of rape and mental-health and psychosocial support – for victims/survivors of sexual violence; support community-health activities based around these facilities
- provide victims of sexual violence with cash assistance for their immediate needs, to help them avoid additional risks or negative coping mechanisms and/or undertake income-generating activities
- with other Movement partners, help the National Society to develop its capacities in addressing sexual violence; provide it with material and financial support for:
  - developing a strategy and plan of action, and tools for public communication and community engagement
  - enabling volunteers to conduct community outreach activities

## COLOMBIA

### CONTEXT

Armed clashes between government forces and armed groups – and among armed groups – persist in rural areas. Organized crime syndicates are also active. Injuries and deaths among civilians, abuses against them, and attacks or threats against medical services have been reported in urban and rural areas affected by armed conflict or other situations of violence. These, and other consequences of the hostilities restrict people's movement, impede access to health care and other basic services, and prevent the pursuit of livelihoods. The spread of COVID-19 and the lockdown measures it necessitated have worsened people's difficulties and added another layer of complexity to getting assistance, especially specialized care.

Colombia has in place, since 2014, a law enabling victims of sexual violence during armed conflict to obtain health and judicial services, among other similar legal frameworks for victims of violence. Nevertheless, some people eligible for aid under the law are unable to avail themselves of the benefits or compensation they are entitled to. This is partly owing to the budgetary constraints and other administrative challenges faced by the state's victim assistance unit. Communities in violence-affected areas, particularly those in rural areas or those beyond the reach of state services, are vulnerable to food and economic insecurity.

### ICRC ACTION

The ICRC in Colombia will pursue its long-standing efforts to prevent sexual violence and respond to its consequences as part of its protection and assistance activities. As in the past, it will capitalize on its partnership and coordination with the Colombian Red Cross, state agencies and other local organizations and partners to make sure that its response is holistic and coherent with other initiatives tackling the issue. The activities in Colombia will be supported by a sexual violence adviser based in Bogotá, who will also be extending support to the ICRC regional delegations based in Caracas, Venezuela, and Mexico City, Mexico.

### Providing or facilitating access to health care and other essential services

The ICRC's response is survivor-focused, meant to ensure that victims/survivors of sexual violence are aware of the assistance available to them and can receive the services they require. It will seek to persuade the authorities to provide, in accordance with existing laws and mechanisms, assistance to victims of violence, including sexual violence, and others eligible for state aid. It will also be ready to give assistance, including cash, directly to victims/survivors of sexual violence, to help them cover basic expenses such as transportation costs when accessing health, social and other services.

It will strive to make medical care and psychosocial support available to victims/survivors by training health staff – at hospitals, health facilities and counselling centres – in providing such care and in making referrals for cases disclosed to them. This will also involve assessing existing referral pathways to identify the best ways to make use, reinforce and/or be part of them. It will promote information about these pathways among communities, so that they can be known to people in need of assistance. In partnership with the Colombian Red Cross, it will also seek to broaden awareness among communities of risks to their safety and enable them to strengthen their resilience to the effects of conflict and other violence.

## **Fostering an environment conducive to the prevention of sexual violence**

The ICRC will help the authorities strengthen their grasp of IHL and other norms, in order to advance domestic implementation of IHL provisions protecting victims of violence. In particular, it will seek to further understanding of legal frameworks tackling sexual violence and those that address the needs of victims/survivors; it will also emphasize the necessity of complying with these frameworks.

## **PLAN OF ACTION**

- urge state institutions to implement policies for protecting and assisting victims/survivors of sexual violence and to ensure their access to essential services
- at health facilities and counselling centres, provide – directly or through ICRC-trained health workers – mental-health care and psychosocial support for victims of violence, including sexual violence; carry out repairs at two counselling facilities, to ensure adequate conditions for people seeking and providing psychosocial care
- provide medical supplies, staff training and technical support – particularly for emergency care and treatment of victims/survivors of sexual violence – to up to 12 hospitals
- inform people about the state services available to them; cover treatment costs, arrange medical evacuation or facilitate referrals to health facilities for up to 400 victims of violence, including sexual violence
- together with the National Society, provide up to 200 victims/survivors of sexual violence with livelihood assistance, such as cash for buying supplies for small businesses and/or vocational training
- as needed, make a one-off distribution of cash to up to 720 victims/survivors of sexual violence who are economically vulnerable, for their immediate needs and/or starting income-generating activities
- during working-group meetings, give the military and police forces advice on complying with relevant norms; organize workshops and information sessions for them
- offer expert guidance to members of the national IHL committee and pertinent authorities

# **DEMOCRATIC REPUBLIC OF THE CONGO**

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

## **CONTEXT**

The armed forces of the Democratic Republic of the Congo (hereafter DRC), backed by the United Nations Stabilization Mission in the DRC (MONUSCO), continue to fight various armed groups; the eastern provinces of Ituri, North Kivu, South Kivu, and Tanganyika are especially affected. Communal tensions and disputes over resources exacerbate the situation. The fragmentation of armed groups, and fighting among them, is an additional complication: scores of armed groups – of varying size and level of organization – are competing for control of territories and resources. Violence and forced and massive displacement have severe consequences on civilians, with many injured or killed, subjected to sexual violence, forcibly recruited, or/and psychologically traumatized. The victims, and most people in general, have limited or no access to health care and other services as the fighting has destroyed many facilities or forced them to close; the remaining infrastructure is often dilapidated and unable to meet the increasing needs. Even when these services are available, people often do not attempt to access them owing to the dangerous and/or costly journey they would have to undertake.

## ICRC ACTION

The ICRC will prioritize responding to the issue of sexual violence perpetrated by weapon bearers but will remain ready to address the needs of all victims/survivors of sexual violence. It will approach the issue in a holistic manner: ensuring that victims/survivors have access to the assistance they require, helping communities minimize their exposure to risks, and seeking to prevent abuses from occurring. It will pay specific attention to children associated with armed groups and unaccompanied children who may have been exposed to sexual violence. The Red Cross of the Democratic Republic of the Congo, which plays a pivotal role in assisting conflict-affected people, will be a key partner for the ICRC.

A sexual violence operations manager, supported by a field officer, will oversee the implementation of the delegation's response, ensuring its coherence with the ICRC's institutional approach and with its other activities in the DRC. The delegation will organize training for staff members on how to identify victims/survivors and refer them appropriately. Specific sessions for those involved in detention-related activities will be carried out to help the delegation identify, better understand and develop approaches for addressing sexual violence in detention settings.

### Providing and/or facilitating access to health care and other essential services

The ICRC will support primary-health-care centres in violence-affected areas so that people can avail themselves of free services, including the clinical management of the physical consequences of sexual violence. It will provide these centres with material and technical support as well as train staff to make referrals to counselling centres or to other ICRC-supported facilities for further care.

Victims/survivors of sexual violence and others with violence-related mental trauma will be able to obtain mental-health and psychosocial support at ICRC-supported health facilities or at affiliated counselling centres. The ICRC will raise awareness of the psychological and other consequences of sexual violence and the services available to survivors/victims; sessions on these topics will be arranged for health staff, volunteers and members of communities covered by these facilities, so that more people would feel encouraged to seek assistance and know where and how help can be found.

The ICRC will include key messages about sexual violence in first-aid training sessions that will be organized in 2021. This is to make sure that first responders can provide emergency care to victims/survivors and refer them for appropriate assistance. A pilot project to make use of motorized ambulances during emergencies will allow victims/survivors of sexual violence, and others needing medical treatment, to be brought to health-care facilities in a timely manner.

The ICRC will also set up referral mechanisms between the facilities that it supports: between primary-health-care centres and hospitals, and between health facilities and providers of mental-health and psychosocial support.

Victims/survivors will be included in ICRC livelihood-support projects; if needed, they will be referred to other organizations for other forms of assistance. This aims to enable them to earn a living, thereby facilitating their socio-economic integration and reducing their risk of having to resort to negative coping mechanisms.

### Contributing to prevention and risk reduction

The ICRC will strengthen its efforts to engage with people at risk through community-based approaches, so that they can participate in identifying their needs and threats to their safety. This will also help improve its analysis of the problem and the consequences in its priority areas. In the course of implementing its broader activities, the ICRC will endeavour to raise awareness of the risk of exposure to sexual violence, mitigation strategies, stigmatization and other challenges faced by victims/survivors, and the help available to them.

As appropriate, the ICRC may design its water and habitat projects – aimed at providing people access to water – in such a way that they also help mitigate safety risks, for instance, by reducing the need to go to unsafe areas to fetch water or pursue livelihood activities.

The ICRC, alongside with the DRC Red Cross, will also seek to strengthen its capacities in preventing sexual exploitation and abuse.

### Promoting compliance with IHL and other applicable law

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

## PLAN OF ACTION

- provide comprehensive support regularly – training, funds, and medical supplies and/or equipment – to up to 20 primary-health-care centres; offer financial and other assistance for referring patients in need of other care; stand ready to distribute post rape kits when shortages of stocks are observed
- under an integrated approach, provide mental health and psychosocial support to victims of violence, including sexual violence, at 12 counselling centres and up to 14 health facilities supported by the ICRC
- train community volunteers and health workers at ICRC-supported health facilities (primary-health-care centres, hospitals, and physical rehabilitation centres) and counselling centres to refer victims/survivors while respecting the “do no harm” approach
- help to upgrade facilities at primary-health-care centres and counselling centres; more generally, include sexual violence risk assessments as part of infrastructure renovation initiatives
- provide unconditional cash to cover immediate needs (such as access to health care) that may put the person at risk if unaddressed, and give grants for starting income-generating activities to facilitate the socio-economic integration of victims/survivors
- organize information sessions and other activities (e.g. radio spots) that tackle matters related to sexual violence and other abuses
- following a safe and verified referral pathway, refer victims/survivors internally to ICRC services (e.g. for economic-security support) and/or externally to other service providers for assistance
- engage with communities via help desks during assistance activities, hotlines, radio call-in shows, social media and other means
- strengthen protection dialogue with both state actors and non-state armed groups, and engage in dialogue directly with all weapon bearers to influence their behavior; explore more proactively the possibilities of advocacy with actors who can influence weapon bearers, and integrate the mobilization of actors of influence into all response strategies
- organize workshops and other events for the military, police and other weapon bearers, and give them expert advice and reference material on IHL, with a view to helping them integrate IHL, international human rights law and/or other applicable norms into their training and operations
- organize workshops for National Society volunteers and ICRC staff providing restoring family-links services, so that children associated with armed groups and unaccompanied children who need help can be referred to the appropriate services within the ICRC or to other organizations
- provide the DRC Red Cross with material, logistical and financial support, and training, to carry out its activities and further its organizational development; for instance:
  - train volunteers in broadening awareness of the issue of sexual violence
  - support the National Society in incorporating, within its activities, measures to prevent sexual exploitation and abuse within its activities
  - help it strengthen its capacities in public communication and community engagement

## ETHIOPIA

### CONTEXT

Rising ethnic and political tensions boil over into violence in many areas throughout the country. Armed violence between government forces and the Oromo Liberation Army in southern and western Oromia has intensified. Other situations of violence occur, to a lesser extent, between Oromia and the Somali Regional State in eastern Ethiopia; and in the north-west, in Amhara and between Amhara and its neighbouring regions. In early November 2020, armed violence between federal and regional forces broke out in Tigray, northern Ethiopia. This has caused a large-scale humanitarian emergency, with long-term consequences for the population.

People living in violence-affected areas are at risk of being displaced, injured or killed. The intense violence also poses various risks for those displaced and those otherwise affected. Non-governmental organizations (NGOs) have reported that internally displaced people (IDPs) are exposed to protection risks, including sexual and gender-based violence, and may have difficulties accessing support; this leaves them vulnerable to further abuse.

## ICRC ACTION

The ICRC will continue to work on integrating efforts to address sexual violence into its activities in Ethiopia, with a view to ensuring that victims/survivors and communities at risk will receive holistic and appropriate support. It will focus its efforts in areas heavily affected by violence.

### Contributing to prevention and risk reduction

The ICRC will include the prevention of sexual violence among the issues that it will seek to raise with the authorities and weapon bearers. Moreover, it will incorporate the topic in training sessions, on IHL and other related topics, for police and military personnel.

The ICRC will seek to strengthen its dialogue with communities to understand their needs more fully and work with them to design its response accordingly. To this end, it will set up a hotline to serve as a community contact centre; victims/survivors of sexual violence who use the hotline will be given close attention.

### Supporting access to health-care services

People in violence-affected areas will be able to obtain good-quality health care at primary-health-care facilities supported by the ICRC. The focus of this support will be ante/post-natal and paediatric care, and specialized services for victims/survivors of sexual violence. The ICRC will encourage referrals for specialized care to ensure that people can access the health-care they need, alongside other services.

## PLAN OF ACTION

- document allegations of abuse and make oral or written representations confidentially to the pertinent parties
- impress upon the authorities and weapon bearers the importance of protecting people, facilitating their access to essential services, preventing sexual violence and ensuring that IDPs can return home voluntarily and in safety
- conduct workshops in communities to develop or reinforce community-based measures to reduce safety risks; refer victims/survivors of sexual violence to health centres or other service providers; where needed, provide ad hoc assistance to victims/survivors of sexual violence and other particularly vulnerable people
- organize seminars for senior regional and federal police officers, and for military officers in regional command posts, on international standards for law enforcement – particularly for the use of force – and IHL, respectively
- at up to six primary-health-care facilities in violence-affected areas, donate medical supplies regularly, and equipment, and train staff – in conjunction with local health authorities – in the provision of specialized care for victims/survivors of sexual violence

## IRAQ

### CONTEXT

The conflict between government forces and various armed groups continues. Large-scale operations against the Islamic State group ended in 2017. However, forces of the central government, including “popular mobilization units”, and those of the government of the Iraqi Kurdistan region – backed by an international coalition – sustain smaller-scale operations against the remnants of the Islamic State group, who continue to conduct sporadic attacks.

Instances of unlawful conduct during hostilities, including sexual violence, have been reported. Victims are often traumatized and services to help them process and cope with their experiences may not be readily available.

## ICRC ACTION

Addressing mental-health and psychosocial needs and mitigating risks will be prioritized by the ICRC delegation in Iraq as it builds its response to sexual violence. Engagement with communities and their involvement will be central to these activities, which will be supported by a gender-based violence adviser.

Specifically, the ICRC will help make mental-health and psychosocial support available at the primary-health-care centres it supports throughout the country and within communities. It will train health or social workers and community members in the provision of such care. It will also assess existing referral systems for services available to victims/survivors of sexual violence; it will strive to participate in these referral systems or help strengthen them.

In parallel, the ICRC will consider the issue of sexual violence in its efforts to reach a fuller understanding of the situation and the needs of communities, including of various groups. It will explain its activities to communities and collect community members' views about them – for instance, through its community contact centre and community-based working groups. The goal of these efforts is to be able to adapt ICRC activities and enable people to help design and implement these. More concretely, for example, it will help communities to devise effective means of self-protection, including against sexual violence.

To complement these efforts, the ICRC will include the prevention of sexual violence and the importance of addressing the specific needs of victims/survivors in its dialogue with the authorities at all levels, weapon bearers, religious, tribal and community leaders.

## PLAN OF ACTION

- document alleged violations of IHL and/or other applicable norms during the conduct of hostilities and law enforcement operations; make oral and written representations to the parties concerned; in particular:
  - remind parties to conflict of their obligation to ensure protection for civilians and civilian infrastructure, and safe access to humanitarian aid and basic services, including health care
  - urge them to address civilians' protection-related concerns
- organize workshops on protection-related issues for conflict-affected people to help them devise more effective means of self-protection
- use the community contact centre, information sessions, digital channels and other means to survey communities' needs, inform them of the services available to them and/or collect their feedback on the ICRC's activities
- train community members, and health or social workers to provide mental health and psychosocial support – or referrals for such support – to victims/survivors of violence, including sexual violence, missing people's relatives and persons with disabilities; organize workshops for health workers on emotional and psychological self-care

## MEXICO CITY (REGIONAL)

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

### CONTEXT

Organized armed violence persists throughout the region. Murder rates in El Salvador, Guatemala, Honduras and Mexico are among the highest in the world.

People in violence-affected communities are at risk of being displaced, getting killed, or becoming victims of sexual violence, extortion, abduction and other abuse. In violence-affected areas, safe access to basic services, including health services, and assistance required by victims of abuse remains problematic because of the security situation, inadequate facilities and lack of trained staff. People in need of psychosocial support, for example, find it difficult to receive timely and appropriate care.

Chronic armed violence and the dearth of economic opportunities have also pushed people to move in search of safety or better prospects elsewhere, within their countries or abroad. Along the routes they take and during or after deportation and repatriation, migrants face many of the same risks and exposure to abuse described above.

### ICRC ACTION

The ICRC will streamline its humanitarian activities, prioritizing vulnerable populations living in places where there is limited state presence. It will focus on delivering sustainable responses to their pressing protection-related and other concerns and on initiatives that aim to mitigate the impact of violence on their lives. Activities to address sexual violence and its consequences will be integrated into its work.

As part of its efforts to ease conditions for migrants and deportees during or after their difficult journeys, the ICRC will facilitate their access to health care; this will include mental-health and psychosocial support to help victims/survivors of sexual violence process and cope with their traumatic experiences. For IDPs and residents in violence-affected communities, the ICRC will focus on addressing some of their basic needs. It will continue to bolster local mental-health and psychosocial services for victims/survivors of sexual violence and others requiring such support. To this end, the



ICRC will train and supervise local providers and National Society volunteers; as needed, it will provide ad hoc material donations to centres providing health and other services to victims/survivors of sexual violence or facilitate referrals. In Guatemala, the ICRC will gradually shift its approach to focus on helping incorporate health-related services in the government's national health programmes; it will turn over the services it has been running to the pertinent authorities.

## PLAN OF ACTION

*In El Salvador, Guatemala and Mexico:*

- impress upon the authorities, the armed forces and the police the necessity of respecting humanitarian principles and international norms applicable to their duties; where possible, notify them of documented allegations of abuse
- train health-care providers and National Society volunteers in providing mental-health and psychosocial support; refer victims of violence, including sexual violence, to appropriate social, health and other services, in line with national and international guidelines
- with the National Societies concerned, provide equipment and supplies, staff training, and financial and/or technical support for up to 12 health facilities and mobile clinics – some run by National Societies – that serve migrants

## NIGERIA

### CONTEXT

The protracted armed conflict in the Lake Chad region continues. In Nigeria, the fighting is concentrated in the north-eastern states of Adamawa, Borno and Yobe. Clashes there between government forces, including members of the Multinational Joint Task Force, and the armed groups known as “the Islamic State’s West Africa Province” and Jama’atu Ahlis Sunna Lidda’awati wal-Jihad remain intense. Attacks attributed to the armed groups are a frequent occurrence, particularly in rural areas. In the south, crime and violent disputes over crude oil resources persist. Communal violence, mainly over natural resources, continues in and around the Middle Belt region. During attacks and clashes, civilians and civilian property are subjected to direct and/or indiscriminate attacks. Sexual violence and other abuses have been reported.

Owing to the conflict, which has now lasted over a decade, millions of people have had to flee their homes and seek refuge elsewhere in the country or abroad. Many have moved to urban centres or host communities, where resources are dwindling and service providers, overwhelmed. Living conditions for IDPs in camps, many of them women and children, are difficult, and essential services, largely unavailable.

### ICRC ACTION

In Nigeria, the ICRC will strive to address sexual violence in a holistic and multidisciplinary manner. Its response, to be overseen by a sexual violence operations manager, will encompass various activities covered by its wider efforts to protect and assist people affected by armed conflict and other violence, such as ensuring that victims/survivors have access to health care, supporting communities to mitigate their exposure to risks, and seeking to prevent abuses from occurring.

#### Supporting the provision of health services

Together with the health authorities, the ICRC will enable primary-health-care facilities to provide good-quality services, including specialized care for victims/survivors of sexual violence and referrals for further care. In the north-east, it will also support the provision of mental-health and psychosocial support for them and others requiring assistance to cope with the traumatizing effects of the ongoing conflict. Specifically, the ICRC will train community-based volunteers and those working at primary- and secondary-health-care centres in basic psychosocial care, and work with communities mainly in the north-east to raise awareness of the importance of prevention and timely referrals to health care. Where possible, this work will be coordinated or carried out jointly with the Nigerian Red Cross Society.

#### Contributing to risk reduction and the prevention of sexual violence

The ICRC will strengthen its engagement with communities to understand their needs more fully and collect their feedback on the assistance given to them. It will seek to broaden awareness of the services available to them and how they can be obtained, as well as to convey other information that may be useful to them. It will use various means to do

so, including a hotline set up to serve as a community contact centre. Moreover, it will work with communities to design multidisciplinary projects to ensure that their needs are met. For victims/survivors of sexual violence, this will entail, among others, giving them assistance for covering basic needs, starting or expanding small businesses and/or helping mitigate their exposure to the risk of sexual violence. This support will be dispensed as part of wider cash programme for conflict-affected people, to guard against stigmatization and re-victimization and protect the victims/survivors.

The ICRC will strive to cultivate dialogue with all parties to conflict and other situations of violence. It will draw these parties' attention to the concerns of people affected, with a view to bolstering protection for them and ending or preventing abuse. During discussions with them, the ICRC will remind authorities and weapon bearers of their obligations under IHL, international human rights law and other applicable norms. It will emphasize the necessity of preventing sexual violence, among other key issues of humanitarian concern, and organize training sessions for weapon bearers, to supplement the discussions with them.

The ICRC will also pay attention to the issue of sexual violence as it carries out activities for people deprived of their freedom in Nigeria (see also *Response to sexual violence in detention* on p. 13).

## PLAN OF ACTION AND INDICATORS

- document allegations of abuse and make written and/or oral representations to the parties concerned; discuss with them their obligations under IHL and other applicable laws
- conduct training sessions on IHL and international human rights law for military, police and security forces personnel on active duty and for community-defence groups; urge their leaders and political authorities to comply or ensure compliance with IHL
- organize group discussions with community members to ascertain their needs and collect their feedback; develop projects with them to address their needs
- strengthen the implementation of referral mechanisms for victims/survivors of sexual violence; disseminate messages, via radio, on preventing sexual violence
- distribute informational materials on ICRC services, risk-reduction measures and other useful topics; use radio, posters and mobile messages to disseminate the phone number of the ICRC's community contact centre; collect complaints and suggestions via the community contact centre
- provide support regularly for up to 18 primary-health-care facilities; more specifically:
  - provide medical supplies, technical support and train health staff in topics such as specialized care for victims/survivors of sexual violence, including the clinical management of rape
  - help refer patients for higher-level or specialized care and cover their treatment and other costs
- together with the National Society, seek to provide mental-health and psychosocial support to conflict-affected people in Adamawa and Borno; to this end:
  - train health workers, National Society and community volunteers, and “accompaniers” to conduct group or individual sessions for victims of violence, including victims/survivors of sexual violence; when necessary, provide services directly
  - conduct information sessions for communities on the mental-health needs of conflict-affected people and the availability of support services to encourage people to seek help or refer others; conduct such sessions also for people tending to patients at an ICRC-supported hospital
- give National Society volunteers training and other support for conducting campaigns or implementing community-based projects to raise awareness of and respond to sexual violence

## PHILIPPINES

### CONTEXT

In Mindanao island, in southern Philippines, clashes between the Armed Forces of the Philippines (AFP) and various armed groups continue to cause casualties, displace people and damage or destroy civilian property. The effects of the hostilities in Marawi between the AFP and the Islamic State–Ranao (also known as the Maute group) and the Abu Sayyaf Group (ASG), which ended in 2017, also continue to be felt. Many conflict-affected people are impoverished, and thousands of internally displaced people have little or no access to essential services and are unable to pursue their livelihoods. Services for specific needs, including support for coping with traumatic experiences or treatment for victims/survivors of sexual violence, are limited or may not be widely known.



## ICRC ACTION

Consistent with its institutional approach (see *The ICRC's approach* on p. 11), the ICRC will take a proactive stance towards mitigating the physical, medical, psychological, legal, economic and social consequences of sexual violence in the Philippines. This approach will be part of wider efforts to address the protection-related concerns of conflict-affected people.

### Helping ensure access to medical care and other essential services

As a priority, the ICRC will support the capacity of key hospitals in Mindanao to provide suitable and timely medical care, in line with international and sectoral guidance, to victims/survivors of sexual violence. The ICRC will also seek to address the mental-health and psychosocial needs of victims/survivors of sexual violence, as well as other people experiencing distress owing to conflict and other situations of violence. It will offer training and other forms of support to mental-health professionals, health workers, community leaders and others.

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

Vulnerable people, including victims/survivors of sexual violence, will be given livelihood and income support.

## PLAN OF ACTION

- conduct dissemination sessions for conflict-affected communities with the specific purpose of reducing their exposure to risks and developing measures for self-protection; discuss with them the problem of conflict-related sexual violence
- make improvements to temporary shelters to protect IDPs from sexual violence
- at up to eight hospitals, help ensure the effective operation of integrated centres that provide medical and other care to victims/survivors; support e-training sessions, on the clinical management of rape and psychosocial care, for health staff; regularly provide these hospitals with post-rape kits and material assistance for upgrading their facilities
- extend financial assistance to victims/survivors of sexual violence for covering medical expenses

## SOMALIA

### SITUATION

Somali forces – supported by the African Union Mission in Somalia and foreign forces – continue to clash with armed groups, particularly the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). Clan rivalries in southern and central Somalia persist and often lead to deadly armed violence. The armed conflict between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland continues; military confrontations have decreased in number but tensions in the disputed areas remain high.

Civilians continue to suffer the consequences of indiscriminate attacks by weapon bearers; killings, sexual violence, child recruitment, and attacks against patients and medical staff/facilities have all been reported. Access to health care and basic services remains precarious.

## ICRC ACTION

In Somalia, the ICRC's response to sexual violence is focused on ensuring the availability of medical treatment to victims/survivors of sexual violence, which will be complemented with efforts to address protection-related concerns and promote the prevention of sexual violence.

### Helping make health services available

The ICRC will maintain its support for primary-health-care centres run by the Somali Red Crescent Society. These centres provide basic curative and preventive health care for IDPs and other violence-affected people, including services for victims/survivors of sexual violence. In particular, the ICRC will organize training sessions for health-care staff and work with them on making proper referrals for further care.

The National Society and the ICRC will continue to engage with communities, to reach a fuller understanding of their health needs and make an effective response to them. The ICRC will also help the National Society develop its capacity to address various aspects of the problem of sexual violence.

## PLAN OF ACTION

- discuss protection for civilians and the safe delivery of health care with authorities, weapon bearers, and community leaders; submit oral and written representations when necessary; make recommendations for mitigating violence-related risks to civilians, including the threat of sexual violence
- document the protection-related concerns of people, especially in areas under armed-group control or influence; pilot community-based protection activities to help address these concerns
- provide 32 National Society-run clinics with comprehensive support: supplies, equipment, staff training, and financial assistance to cover running costs and infrastructural upgrades
- train midwives in dispensing appropriate medical care for victims of sexual violence; set up a system for identifying cases of fistula, a condition often associated with sexual trauma or complications in childbirth, and making referrals to the Keysaney hospital; document cases of sexual violence
- cover running costs and provide medical equipment and supplies, and training for staff at the Keysaney, which runs a fistula-treatment programme
- give the National Society comprehensive support for developing its staff's ability to identify violations of IHL, including sexual violence and obstruction of health-care delivery

## SOUTH SUDAN

### CONTEXT

In February 2020, the government and the opposition established a transitional unity government in line with their revitalized 2018 peace agreement. Fighting between their combined forces and an armed group that did not sign the peace agreement takes place sporadically, particularly in the Equatorias. Ethnic tensions and competition over scarce resources continue to cause communal violence, especially in Jonglei state. Indiscriminate attacks, destruction of health facilities, sexual violence and other misconduct by weapon bearers have been reported.

Protracted armed conflict and other situations of violence have caused extensive damage to water, sanitation and health facilities. Basic health care is not readily available, and most hospitals do not have the resources to provide good-quality emergency medical care. There are few services for victims of violence, including sexual violence, and support for people dealing with the psychological effects of violence is severely lacking.

### ICRC ACTION

The ICRC in South Sudan will continue to implement a multidisciplinary approach to addressing the issue of sexual violence related to conflict and other situations of violence. Overseen by an operations manager, the delegation's response will focus on: responding to the needs of the people affected; helping mitigate communities' exposure to risks; and seeking to prevent abuses from occurring. The ICRC will also continue to monitor the availability of services for victims of violence, help improve referral pathways, and increase the awareness of community members about the need for and availability of these services.

The ICRC will pursue its partnership on addressing sexual violence and gender-based violence with the South Sudan Red Cross, under an agreement signed by the two organizations in 2020. It will ensure that its work complements that of local organizations and other actors.

### Providing or facilitating access to health-care services

In cooperation with the health ministry and the South Sudanese Red Cross, the ICRC will support primary-health-care centres – those in areas that are prone to violence or were heavily affected by fighting in the past – to provide mental-health and psychosocial support and other services for victims/survivors of sexual violence. It will give health-centre staff the training necessary to provide these services and to, more broadly, carry out their duties in line with professional standards. The training will cover the clinical management of rape cases and basic psychological counselling. The ICRC will also work with community leaders and traditional birth attendants to broaden awareness of the importance of seeking preventive care and of the various services available. Similar support will be provided to staff at two ICRC-supported hospitals, which will be supported to expand their capacities in such areas as gynaecology and the treatment

for rape victims/survivors. Priority will be given to ensuring that victims/survivors of sexual violence are referred to ICRC-trained counsellors for mental-health and psychosocial support. Some of them will be given financial assistance.

## Contributing to risk-mitigation and the prevention of sexual violence

In line with its community-based protection approach, the ICRC will deepen its engagement with violence-affected communities, to more fully understand their protection-related concerns and coping mechanisms. It will follow up incidents of unlawful conduct against civilians and civilian infrastructure with the pertinent authorities and weapon bearers, and urge them to take corrective action and preventive measures. It will work with the authorities, the health sector, and with NGOs, aid organizations and other civil-society groups, to ensure that victims of violence – including victims/survivors of sexual violence – have access to the assistance they require, including mental-health and psychosocial support. The ICRC will urge the authorities to address the needs of victims/survivors of sexual violence without exposing them to stigmatization or other harm.

As part of its efforts to increase the availability of clean water and functioning sanitation facilities in rural areas, the ICRC will install water points closer to communities, to make it easier for women and children to fetch water, and thereby help reduce threats to their safety in areas under volatile security conditions.

With a view to preventing the occurrence and/or recurrence of abuses, including sexual violence, the ICRC will remind the authorities, and weapon bearers on all sides, to meet their obligations under IHL, international human rights law and other applicable norms. Focusing on decision makers, trainers and key units, it will urge weapon bearers to prevent sexual violence and other unlawful conduct, and to enforce accountability within their ranks.

The ICRC will seek to broaden public awareness, and influence public opinion and behaviour, in a number of important areas, underscoring whenever relevant the unlawfulness of sexual violence. It will conduct information campaigns – radio spots and street theatre, for example – to reach as many people as possible with key humanitarian messages and to strengthen support for its neutral, impartial and independent approach to humanitarian action.

The ICRC will also seek to pay attention to the issue of sexual violence when carrying out activities for people deprived of their freedom (see also *Response to sexual violence in detention* on p. 13).

## PLAN OF ACTION

- through oral and/or written representations, remind authorities and weapon bearers of the protection afforded by IHL and other applicable law to health services and to people who are not or are no longer participating in hostilities
- organize training sessions for military and police personnel on rules and standards applicable to their duties, with a specific session on command responsibility and sexual violence in armed conflict
- with the National Society, conduct information campaigns within communities, with a view to addressing stigmatization, encouraging reporting of incidents and increasing referrals to services critical for victims/survivors; organize public-communication campaigns and related events
- provide National Society staff and volunteers with material, logistical and financial support, and training, for monitoring and addressing the protection-related concerns of victims of violence, including sexual violence
- assist victims of violence; as necessary, refer victims to other organizations for further assistance
- meet with community leaders and violence-affected communities regularly to gather their views and suggestions; produce leaflets and other communication materials, and arrange information sessions on the ICRC's activities and on the services available to victims/survivors of sexual violence
- provide primary-health-care centres and units with a regular supply of medicines (including medicines and consumables for post-rape kits), financial support for staff incentives, and comprehensive training for health staff; provide the Akobo County Hospital and the Juba Military Hospital with medical equipment and essential supplies, and funds for covering running costs; organize training courses, on the clinical management of rape, for health workers and hospital administrators
- in six ICRC-supported primary-health-care centres, and in one hospital, train staff to, or directly, provide mental-health and psychosocial support
- provide financial support for starting small businesses, or money for their meet basic needs, to victims/survivors of sexual violence
- organize information sessions and other events on IHL and other norms for authorities, weapon bearers, students and civil-society groups; invite government officials to round-table discussions on implementing IHL and related treaties

# SUVA (REGIONAL)

## CONTEXT

Communal tensions in the Highlands of Papua New Guinea often lead to violence, which can spill over into urban areas. The situation is particularly serious in the Enga, Hela and Southern Highlands provinces, where violence causes injuries and death – women, children and the elderly are among the victims – and often leads to displacement and the destruction of property. Sexual violence is widespread, and allegedly takes place during tribal fights. Damage to infrastructure and movement restrictions disrupts livelihoods and access to education, health care and other essential services. Owing to persistent communal tensions and other factors, appropriate services for victims/survivors of sexual violence are not always readily available.

## ICRC ACTION

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

### Supporting the provision of health services

The ICRC will support health facilities with material and technical guidance, as well as help staff members to develop their ability to provide specialized care to victims/survivors of sexual violence. For example, it will continue to help community-based birth attendants to provide support for victims/survivors of sexual violence and seek to raise awareness about sexual and reproductive health services among community members. To make mental-health and psychosocial support available to victims/survivors of sexual violence, the ICRC will train staff of health centres and at family support centres in hospitals in conducting structured consultations. The ICRC will continue developing means to support and strengthen existing referral mechanisms.

### Helping mitigate risks and promote the prevention of sexual violence

The ICRC will interact more closely with violence-affected people in Papua New Guinea, to better understand their protection-related needs and to help them mitigate risks to their safety. It will continue to raise the humanitarian concerns linked to communal violence among the parties concerned and continue to urge them to abide by basic principles of humanity, emphasizing the need to ensure the protection of civilians, including from sexual violence and other abuse. The ICRC will continue to promote among military and police forces the respect of the pertinent domestic and international law enforcement standards, including helping them in the integration of these norms into their training and operations. It will also broaden awareness of its activities and of issues of immediate concern, such as the need to prevent sexual violence. It will continue to document all allegations of abuse and urge authorities and weapon bearers to take steps to prevent such misconduct.

## PLAN OF ACTION

- engage the authorities and government forces in dialogue on measures to ensure that civilians and their property are protected during law enforcement operations; where possible, raise specific concerns based on documented allegations of unlawful conduct; organize training and dissemination sessions for security forces personnel on international policing standards, particularly for the use of force
- engage with community members through dissemination sessions, workshops and other means, to raise awareness on humanitarian principles and to discuss issues of concern such as preventing sexual violence;
- work with community members and leaders to support coping mechanisms and self-protection measures to reduce their risk of exposure to tribal violence, including sexual violence
- as part of the ICRC's regular support to up to five health facilities providing services for violence-affected people:
  - train health personnel in post-exposure prophylactic treatment for victims/survivors of sexual violence; establish and train a network of traditional birth attendants
  - train and supervise health staff in mental-health and psychosocial support
  - cover expenses involved in referring patients to suitable medical facilities for further care
- conduct training sessions in mental-health and psychosocial support for community volunteers and traditional birth attendants; organize information sessions on sexual and reproductive health for community members

# SYRIAN ARAB REPUBLIC

## CONTEXT

The armed conflict in the Syrian Arab Republic (hereafter Syria) enters its tenth year. The fighting – which includes airstrikes and shelling – is heaviest in and around Idlib Governorate, despite ceasefire agreements there. Elsewhere, people grapple with: tensions relating to perceived past allegiances; the activities of remnants of the Islamic State group and other armed groups; and criminality engendered by the deteriorating economy.

Parties to the conflict and other situations of violence violate IHL and other norms applicable to the conduct of hostilities. Hundreds of thousands of civilian casualties have been reported since the start of the conflict; and millions of people have endured repeated and protracted displacement within Syria.

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

## ICRC ACTION

The ICRC will continue to integrate mental-health and psychosocial support components into its extensive health response in Syria, to benefit victims of violence, including sexual violence, who may require such care. This will involve training health staff and providing them with technical support for conducting individual and group counselling sessions. The ICRC also aims to support National Society personnel and community volunteers in providing basic psychosocial care, including for victims/survivors of sexual violence. It will continue to help provide or to support health services in both government-controlled areas and areas controlled by armed groups, with a view to ensuring the availability of medical care to victims of violence, including sexual violence. The ICRC will support national authorities in the repair of forensic facilities and capacity-building initiatives for forensic professionals, to ensure access to professional forensic services in line with relevant international standards. The ICRC will seek to enhance its dialogue with the Syrian Arab Red Crescent and other Movement components present in Syria, to advance coordination on the response to sexual violence.

## PLAN OF ACTION

- with the Syrian Arab Red Crescent, regularly provide supplies, training and other support to up to 75 facilities, and help make psychosocial care available to five of these facilities (three in Hassakeh and two others in Hama and Aleppo)
- provide supplies, funding and training – including sessions on addressing the needs of victims of sexual violence – for the National Society's emergency responders
- support the national authorities in the rehabilitation of forensic facilities in Aleppo, including separate facilities for conducting examinations of victims/survivors of sexual violence, in line with international standards and guidelines

# FINANCE

## SPECIAL APPEAL 2021: BUDGET

BUDGET IN KCHF <sup>21</sup>	
HEADQUARTERS BUDGET	
Headquarters	355
BUDGET IN SOME OPERATIONS <sup>22</sup>	
Bangladesh	831
Burundi	770
Caracas (regional)	302
Central African Republic	1,385
Colombia	1,887
Congo, Democratic Republic of the	10,651
Ethiopia	351
Iraq	402
Mexico City (regional)	143
Nigeria	3,789
Philippines	302
Somalia	182
South Sudan	6,108
Suva (regional)	555
Syrian Arab Republic	944
<b>TOTAL ICRC SPECIAL APPEAL – BUDGET 2021</b>	<b>28,955</b>

These budgets are also included in the funding requirements presented in the ICRC's Appeals 2021, launched in December 2020.

<sup>21.</sup> The figures in this document are rounded off and may vary slightly from the amounts presented in other documents.

<sup>22.</sup> The budget exclusively covers activities to be funded and implemented through the ICRC. Activities funded directly by partners or other actors are not included.

## COMMENTS

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

The budget presented covers activities to be exclusively funded and implemented through the ICRC; activities that address sexual violence specifically or as part of broader programmes, and are carried out under various ICRC programmes, benefiting the populations affected or directed at actors of influence; and the means needed to operate with or in coordination with Movement partners.

Contributions for 2021 can be made towards this Special Appeal, and contributions without further earmarking are encouraged.

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

- Narrative reporting will be accessible through the following:
  - the ICRC Midterm Report: the status of ICRC operations in key contexts at mid-year;
  - the ICRC Annual Report: a comprehensive report on ICRC headquarters and field operations, covering the entire year;
  - the ICRC Special Report, which outlines the implementation and outcomes of plans presented in this Special Appeal (published once a year, following the Annual Report); and
  - other reports published on the ICRC Extranet for Donors<sup>23</sup> and articles on the ICRC website.
- Financial reporting will be available in the following:
  - the ICRC Annual Report: financial reporting, including the yearly consolidated financial statement, the independent auditor's report and financial and statistical tables; and
  - the Special Auditor's Report on the Special Appeal (once a year).

For further information, please contact:

International Committee of the Red Cross  
Resource Mobilization Division  
19 Avenue de la Paix  
1202 Geneva  
Switzerland

Email: [resourcemobilization@icrc.org](mailto:resourcemobilization@icrc.org)

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<sup>23</sup>. See the ICRC Extranet for Donors at: <https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/home.xsp>



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