SPECIAL APPEAL

STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE 2016
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EXECUTIVE SUMMARY

Sexual violence in armed conflicts and other situations of violence has long been widespread, with grave and devastating consequences for victims and their communities. Sexual violence may be used as an act of reprisal and to create fear. Women, men, girls and boys may all become victims. This occurs despite prohibitions – both specific and implicit – against sexual violence in treaty and customary international humanitarian law applicable to international and non-international armed conflicts, international human rights law and, in many cases, domestic law.

While protecting and assisting people affected by conflict/violence has consistently been a priority, the ICRC decided in 2013 to undertake a four-year commitment (2013–16) to expand and heighten its focus on specifically responding to the problem of sexual violence. The ICRC endeavours to progressively improve the delivery of impartial, holistic and effective humanitarian responses to victims of sexual violence, while strengthening its action aimed at preventing such violence. It operates independently or with partners – particularly other components of the International Red Cross and Red Crescent Movement (hereafter the Movement) – and mobilizes other actors with influence on the issue and on the appropriate responses. The initiative employs a multidisciplinary approach and aims at results in four domains: holistic operational response; prevention; Movement mobilization; and staff sensitization and training. While the initiative is coming to a close in 2016, which is also the last year for which a corresponding special appeal is produced, the ICRC’s commitment to strengthening its response to sexual violence during armed conflicts and other situations of violence will continue beyond 2016, under the leadership of the Department of Operations.

The ICRC will continue its work to improve its understanding of the issue of sexual violence and will seek to overcome the barriers that prevent abuses from being reported. It will step up its corresponding activities throughout its different programmes. It will shore up its emergency-preparedness/response capacities, its actions targeting the concerns of those affected by sexual violence, and its efforts to encourage States to improve their own responses to victims’ concerns. It will also bolster its protection- and prevention-focused initiatives, which will include working with weapon bearers, national authorities, and community, religious and traditional leaders to promote awareness of and adherence to the prohibition of violations and integration into national law/policies of measures ensuring the prosecution of violators.

The Special Appeal begins by detailing the ICRC’s goals for 2013–16, the main objectives and expected results, then presents the content specific to the 2016 Special Appeal: (i) the ICRC headquarters’ plans of action and activities foreseen for 2016 that are directly related to sexual violence and (ii) nine operational cases to serve as examples of the ICRC’s work in the field to strengthen its response to sexual violence. The last section presents the budgets. The headquarters and operational sections are based on the ICRC Appeals 2016: Headquarters and ICRC Appeals 2016: Operations, published in November 2016. This Special Appeal aims to draw
contributions, particularly from funding sources that usually do not or have not yet financed the ICRC on the basis of its yearly Headquarters and Operations appeals.

In 2016, delegations will continue to receive support in assessing the incidence/risk of sexual violence and the circumstances surrounding such violations in their contexts, planning the type of intervention they will carry out and, on the basis of such decisions, implementing a multidisciplinary response. These measures will include, as appropriate: helping victims access the assistance they need to overcome the consequences of such violations; working with communities in developing risk-reduction/coping mechanisms to protect themselves; and engaging with influential actors to gain their support for prohibiting and criminalizing sexual violence, while assisting them in taking immediate and longer-term action to prevent its occurrence, sanction its perpetrators and assuage the suffering of victims. Whenever possible, these activities will be conducted with local actors, including National Red Cross or Red Crescent Societies, to help them improve their capacities and, in effect, the sustainability of these efforts. In parallel, the ICRC will pursue humanitarian diplomacy to boost worldwide support to address this issue.

The sections summarizing the situations relating to sexual violence and the ICRC’s plans of action for 2016 in the Central African Republic, Colombia, Democratic Republic of the Congo, Jordan, Lebanon, Mali, Papua New Guinea (under Suva regional), South Sudan and the Syrian Arab Republic demonstrate how the ICRC will take a nuanced and context-specific approach to addressing the problem of sexual violence and the process it will take to consolidate its responses in these operations. The plans of actions were formulated according to identified needs, the space for the ICRC to further develop, support or initiate activities, and the constraints to such action in the context concerned; hence, each set of responses does not necessarily include the full range of efforts (as outlined above) that the ICRC employs across the world to address sexual violence.

With this Special Appeal Strengthening the response to sexual violence 2016, the ICRC seeks:

**CHF 73 million**

These ICRC funding requirements cover activities in the Central African Republic, Colombia, Congo, Democratic Republic of the, Jordan, Lebanon, Mali, Papua New Guinea (under Suva regional), South Sudan and Syrian Arab Republic for 2016.

Contributions for 2016 can be made towards this Special Appeal, without further earmarking.
### Abbreviations and Definitions at the ICRC

<table>
<thead>
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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>activity</td>
<td>any action or process through which inputs are combined to generate goods and services (outputs)(^1)</td>
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<tr>
<td>Additional Protocol I</td>
<td>Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977</td>
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<tr>
<td>Additional Protocol II</td>
<td>Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977</td>
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<tr>
<td>Additional Protocol III</td>
<td>Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Adoption of an Additional Distinctive Emblem (Protocol III), 8 December 2005</td>
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<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<tr>
<td>evaluation</td>
<td>an independent, objective and systematic examination of the design, implementation and results of an initiative, programme, operation or policy against recognized criteria; it is intended to articulate findings, draw conclusions and make recommendations so that the ICRC may draw lessons, improve overall policy and practice, and enhance accountability(^2)</td>
</tr>
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| 1949 Geneva Conventions | Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 12 August 1949  
Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949  
Convention (III) relative to the Treatment of Prisoners of War, 12 August 1949  
Convention (IV) relative to the Protection of Civilian Persons in Time of War, 12 August 1949 |
| gender and sex | “Gender” refers to the culturally constructed and prescribed behaviour of men and women, specifically the roles, attitudes and values ascribed to them on the basis of their sex; whereas the term “sex” refers to biological and physical characteristics. Gender roles vary widely within and among cultures, social, economic and political contexts.\(^3\) |
| Health Care in Danger project | Health Care in Danger is a project of the International Red Cross and Red Crescent Movement that aims to improve the security and delivery of effective and impartial health care in armed conflict and other emergencies. It involves working with experts to develop practical measures and promoting the implementation of these measures by States, humanitarian organizations, health-care professionals and other relevant actors. Launched in 2011, it is scheduled to run until 2017. |
| IAS, IASC | United Nations Inter-Agency Standing Committee |
| ICTR | International Criminal Court |
| ICTY | ad hoc International Criminal Tribunal for Rwanda |
| IDP | internally displaced person |
| IHL | international humanitarian law |
| International Conference | International Conference of the Red Cross and Red Crescent, which normally takes place once every four years |
| Movement | The International Red Cross and Red Crescent Movement comprises the ICRC, the International Federation of Red Cross and Red Crescent Societies, and the National Red Cross and Red Crescent Societies. These are all independent bodies. Each has its own status and exercises no authority over the others. |

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2. Ibid.
The National Red Cross or Red Crescent Societies embody the Movement’s work and Fundamental Principles in over 180 countries. They act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services, including disaster relief and health and social programmes. In times of conflict, National Societies assist the affected civilian population and, where appropriate, support the army medical services.

Situations of collective violence: This refers to situations of collective violence that fall below the threshold of an armed conflict but generate humanitarian consequences, in particular internal disturbances (internal strife) and tensions. The collective nature of the violence excludes self-directed or interpersonal violence. If such situations of collective violence have significant humanitarian consequences to which the ICRC can provide a relevant response, the ICRC may take any humanitarian initiative falling within its mandate as a specifically neutral, impartial and independent organization, in conformity with the Statutes of the Movement, article 5(2)(d) and 5(3).

Programme: a group of activities that are within the specific competence of the ICRC and often concern particular professional skills and areas of expertise; ICRC operations are structured into four main programmes: assistance, cooperation, prevention and protection.

Review: periodic or ad hoc internal examinations of performance that take place at various levels: from the context as a whole, which happens at least once a year, down to the sub-target population (e.g. physically disabled people, under Wounded and sick) and sub-programme (e.g. economic security, under Assistance), and even in a limited geographical area within the context; information on the interim situation (the results so far) is compared with information on the intended results (the objective) and on the initial situation (the baseline) to identify any significant deviations from the plan.

Sexual violence: Acts of a sexual nature committed against any person by force, threat of force or coercion. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against another person. Sexual violence also comprises acts of a sexual nature committed by taking advantage of a coercive environment or a person’s incapacity to give genuine consent. It furthermore includes acts of a sexual nature that a person is caused to engage in against another person through the factors/circumstances outlined above. Sexual violence encompasses acts such as rape, sexual slavery, enforced prostitution, forced pregnancy or enforced sterilization. Sexual violence encompasses acts such as rape, sexual slavery, enforced prostitution, forced pregnancy or enforced sterilization. Sexual violence encompasses acts such as rape, sexual slavery, enforced prostitution, forced pregnancy or enforced sterilization.

Strengthening IHL process: This process implements Resolution 1 of the 31st International Conference, at which the ICRC was tasked with pursuing further research and consultations in cooperation with States and, where appropriate, international/regional organizations and other relevant actors to identify options and propose recommendations with a view to (i) ensuring that IHL remains practical and relevant in providing legal protection to all people deprived of their freedom in relation to non-international armed conflict and (ii) enhancing the effectiveness of mechanisms for monitoring and promoting compliance with IHL. The ICRC will report on the outcomes of this process at the 32nd International Conference (December 2015).

Target population: a specific group of people; the implementation of the ICRC’s mission, which combines different approaches and activities, comes into its own when the organization is confronted with various groups of people either suffering the direct and/or indirect effects of armed conflict or other situations of violence and who are not or no longer taking a direct part in the hostilities or other forms of violence, or are able to influence the structures or systems associated with identified humanitarian problems; this is why, in setting its objectives, the ICRC has drawn up a standard list of target groups or populations divided into two broad categories: the “affected persons/populations” (Civilians, People deprived of their freedom and Wounded and sick) and the “influential persons/institutions” (Actors of influence and Red Cross and Red Crescent Movement).

UN: United Nations

WHO: United Nations World Health Organization

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5. Ibid.
6. Ibid.
Democratic Republic of the Congo, Bukavu, Panzi general hospital. The ICRC works with the institution to ensure that victims of conflict receive appropriate care. Women admitted to the hospital include victims of rape and other forms of sexual violence.

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Sexual violence in armed conflicts and other situations of violence has long been widespread, with grave and devastating consequences for victims and their communities. It may be used as an act of reprisal and to create fear, targeting both the individual and the entire community.

Persons deprived of their freedom in relation to armed conflicts and other situations of violence are particularly vulnerable to ill-treatment, including sexual violence. Poor detention conditions, such as overcrowded facilities, often increase the likelihood of violence. Women, men, girls and boys are all at risk of being targeted by perpetrators, who may include the investigating authorities, prison staff or other detainees.

In many cases, rape and other forms of sexual violence have been used systematically, with extreme brutality, frequently resulting in severe consequences that affect all dimensions of the individual’s well-being and health – physical, psychological, social and spiritual. These acts are violations of hu-
man dignity and integrity; many people consider them damaging to the most intimate components of their personhood.

Sexual violence is prohibited – both explicitly and implicitly – by treaty and customary IHL applicable to international and non-international armed conflicts and by international human rights law. Rape and other forms of sexual violence can also qualify as war crimes, crimes against humanity or acts of genocide and, as such, entail corresponding individual criminal liability on the parts of perpetrators. Most States have enacted domestic laws prohibiting and criminalizing rape and other forms of sexual violence.

Despite these legal prohibitions, the full extent of the problem is often concealed because of various factors that prevent victims from coming forward; these include the stigma associated with sexual violence, guilt, shame and fear of retaliation. Recourse to justice may be impossible, owing to obstacles such as the absence of witnesses or medical evidence (medical services may be lacking or prohibitively costly) and significant cultural barriers on speaking about the incident. Those who fail to prove they have been assaulted may face penalties for adultery or perjury. Male victims of sexual violence contend with particular difficulties in broaching the subject and in gaining access to support or justice, given cultural and social taboos and constructs. Misconceptions about sexual violence continue to be pervasive, even among professionals (including health-care workers and other service providers). These contribute to denying victims the medical care, support, protection and other assistance that they need to restore their dignity, protect their lives and survive. In effect, people who have suffered sexual violence face a significant risk of double victimization: not only do they sustain potentially dangerous and lasting injuries, but they could also be stigmatized or rejected by their families and communities. Hence, sexual violence often remains a wholly or partially hidden problem, with the gravity of the crimes and the consequences on individuals, families and communities overlooked or underestimated.

However, the situation has been changing in recent years with the development of societies, the dissemination and advancement of IHL and international human rights law, the prosecution of perpetrators, increased understanding of sexual violence and its consequences, and improvements in the care available to victims, including the development of a public health approach to addressing their concerns. Sexual violence during armed conflict is now recognized, to a large extent, as a preventable tragedy. Notably, sexual violence in armed conflicts and other situations of violence has gained intensified scrutiny from the wider international community. For instance, at the Global Summit to End Sexual Violence in Conflict in June 2014, which was organized by the United Kingdom of Great Britain and Northern Ireland (hereafter UK), the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict was launched. This builds on previous efforts such as the UK’s Preventing Sexual Violence Initiative and the ensuing Declaration of Commitment to End Sexual Violence in Conflict, endorsed by over 120 countries. The UN Security Council also adopted a resolution calling on countries that contribute troops to peacekeeping missions to ensure that their training systems address sexual violence, as well as noting that the full range of sexual and

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9. For more details, see the section Legal framework on page 13.
10. This summit brought together representatives from over 100 countries and experts on the subject. For more details, see https://www.gov.uk/government/topical-events/sexual-violence-in-conflict (accessed November 2015).
reproductive health services must be made available to those in need without discrimination. A UN Security Council resolution adopted in October 2015 re-emphasized these matters. The UN General Assembly, meanwhile, has designated 19 June as the International Day for the Elimination of Sexual Violence in Conflict, to be observed annually to highlight the need to end conflict-related sexual violence and assist victims around the world.

THE CONSEQUENCES OF SEXUAL VIOLENCE

Sexual violence has a far-reaching impact; many victims report struggling with physical, psychological, social and spiritual harms. Physical consequences include: sexually transmitted infections, such as HIV/AIDS; physical injuries, including burns, abrasions, abdominal or chest trauma; general or specific pain resulting from physical violence (vaginal or anal pain, pain in the abdomen or in other parts of the body); infertility; vesicovaginal fistulae (notably in young girls, following genital mutilation or following injury or penetration with an object); and higher incidence of disease and subsequent health problems. Pregnancy resulting from rape may compound victims’ trauma, suffering, helplessness, guilt and despair, as well as the effects felt by their families. When victims feel that they cannot go through with pregnancy, they must also contend with the risk of a potentially unsafe abortion.

Victims frequently suffer psychological trauma long after the act of violence, which they often describe as dehumanizing and akin to torture. Many are left feeling soiled and having their deeper aspirations and spiritual beliefs threatened; they report feeling alienated from themselves, their bodies and communities. Male victims often find their sexuality called into question or threatened. Further emotional and psychological consequences include distress, self-blame, confusion, indignity, anger, feelings of isolation, poor self-esteem, powerlessness, guilt and shame over the impact of the abuse on themselves and their families, sleeping or eating disorders, substance abuse, high-risk sexual behaviour, depression, post-traumatic stress disorder (PTSD), loss of speech or hearing, suicidal ideation, other forms of self-harm and other behavioural, mental or anxiety-related disorders.

Social consequences include stigmatization, discrimination, rejection or abandonment by family or community members, increased risk of further sexual violence, rejection or desertion of children born of rape, forced marriage, or loss of the means of subsistence. Fear can stem from awareness of the risks associated with returning to the location where the violence took place.

Ultimately, all of these consequences brought about by sexual violence may lead to death – through such means as murder, AIDS, abandonment and suicide and other self-harming behaviour – even if a significant amount of time has elapsed since the abuse.

Sexual violence also deeply affects the family and close relatives of the victim, particularly the victim’s spouse/partner, children and/or others who witnessed the aggression. Studies confirm that spouses experience great trauma, distress, indignity and guilt at having been unable to protect their family. When the perpetrator is the victim’s spouse/partner, this can lead to an especially deep sense of helplessness.

18. Ibid.
partners, as well as fear and shame stemming from the belief that they, too, have been soiled by these dehumanizing acts. In many instances, rape causes repudiation or conjugal separation, during or following the conflict, affecting both female and male victims. Similar feelings of shock and terror can affect their children, especially if they witnessed the aggression 22.

LEGAL ISSUES AND OTHER RELATED CONCEPTS

LEGAL FRAMEWORK

Acts of sexual violence – against women, men, girls and boys – are prohibited, both explicitly and implicitly, under IHL applicable in both international and non-international armed conflicts.

In international armed conflicts, 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”. This particular provision equally protects women and men.

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 not or no longer participating in hostilities – women and men alike.

Moreover, for both international and non-international armed conflicts, there are a number of provisions throughout IHL treaties that implicitly prohibit rape and other forms of sexual violence. These include provisions prohibiting cruel treatment, torture and outrages upon personal dignity, in particular humiliating and degrading treatment (for example, see Article 3 common to the 1949 Geneva Conventions).

Furthermore, rape and other forms of sexual violence are also prohibited under customary law, in both international and non-international armed conflict, as highlighted in Rule 93 of the ICRC study on customary IHL 23.

Rape and other forms of sexual violence in armed conflict that amount to serious violations of IHL constitute war crimes. States must criminalize such acts under domestic law and must investigate and prosecute those subject to their jurisdiction that are responsible for such crimes 24.

The Rome Statute of the ICC explicitly includes sexual violence in the list of war crimes 25 and of

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22. Ibid.

23. The ICRC study on customary IHL, published in 2005 identified 161 key rules of customary IHL and presented the State practice on which they are based, as well as related international practice. Rule 93 refers to “Rape and Other Forms of Sexual Violence” – available at: http://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule93. Since its publication, the collection of State and international practice underlying the study (Volume I) has been regularly updated and is freely accessible in an online database (see Practice at: http://www.icrc.org/customary-ihl/eng/docs/Home (accessed November 2015)); for the practice collected about Rule 93, see http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule93 (accessed November 2015).


25. Article 8 (2) (b) (xxii) and 8 (2) (e) (vi), ICC Statute regarding rape and other serious forms of sexual violence as war crimes in international and non-international armed conflicts; available at: http://www.icc-cpi.int/NR/rdonlyres/ADD16852-AEE9-4757-ABE7-9CDD7CF02886/283503/RomeStatuteEng1.pdf (accessed November 2015).
crimes against humanity when committed as part of a widespread or systematic attack directed against any civilian population26. Acts of sexual violence may also qualify as constitutive acts of genocide27. Sexual violence can also fall within the scope of other crimes; the ICTY held in the Delalić case, for instance, that rape could constitute torture when the specific conditions of that crime are fulfilled28.

Furthermore, acts of sexual violence can, at all times, fall under provisions of international human rights law, as applicable, and of many bodies of religious or traditional law. National criminal law in many countries recognizes rape and other forms of sexual violence as crimes.

**SEXUAL VIOLENCE IN ARMED CONFLICT: A “MEANS” OR “WEAPON OF WARFARE”, A “METHOD OF WARFARE”, OR “A TACTIC, STRATEGY OR POLICY DURING ARMED CONFLICT”?

Sexual violence in armed conflict, particularly rape, is sometimes described as a “means” or “weapon of warfare” and/or as a “method of warfare”.

In the ICRC’s view, the characterization of rape or other forms of sexual violence as a means or weapon of warfare is inaccurate. Sexual violence is an unlawful behaviour, whereas a means of warfare – including weapons, projectiles and material – is understood as an object, instrument, mechanism, device or substance that is used to kill, injure, damage, threaten, destroy or neutralize.

In contrast, a method of warfare is generally understood as the way in which a weapon, or other means of warfare, is used, or as any specific, tactical or strategic way of conducting hostilities that is intended to overwhelm and weaken the adversary. Rape and other forms of sexual violence occur in armed conflicts in various contexts and for various purposes, including, for example, to alter the ethnic composition of a community. Sometimes, sexual violence is indeed resorted to as a tactical or strategic way of overwhelming and weakening the adversary, directly, or indirectly by hurting the civilian population. This is particularly the case when sexual violence is carried out in a systematic manner and covered by the chain of command. It is in this sense that rape and other forms of sexual violence in armed conflict have sometimes been described as a “method of warfare”, even though it may be more appropriate to refer to it as an unlawful and criminal tactic, strategy or policy during armed conflict.

Most importantly, rape and other forms of sexual violence in armed conflicts – whether international or non-international – are as such prohibited under IHL. These prohibitions exist independently of whether rape or other forms of sexual violence are qualified as an (unlawful) means, weapon or method of warfare. These acts can also as such amount to international crimes – in particular war

26. Article 7 (1) (g) of the Rome Statute of the ICC, regarding rape and other serious forms of sexual violence as crimes against humanity. Ibid.
crimes, but also crimes against humanity or even genocide – provided that the specific elements of those international crimes are given (see Legal framework on page 13 for more details).

**GENDER-BASED VIOLENCE VERSUS SEXUAL VIOLENCE**

Gender-based violence is a general term for any harmful act prompted by the victim’s gender and the corresponding, socially ascribed differences between males and females and carried out without the victim’s consent. In particular, the ICC defines gender-based crimes as “those committed against persons, whether male or female, because of their sex and/or socially constructed gender roles”. Gender-based crimes are not always manifested as a form of sexual violence. They may include non-sexual attacks on women, girls, men and boys because of their gender. These types of violence go against a number of universal human rights protected by international instruments and conventions.

The nature and extent of specific forms of gender-based violence vary across cultures, countries and regions; in addition to sexual violence, other examples include domestic violence, trafficking, forced/early marriage, and harmful traditional practices, such as female genital mutilation, honour killings and widow inheritance. Around the world, the impact of gender-based violence is more visible on women and girls than on men and boys; however, it is important to note that men and boys may also be victims, including of sexual violence.

The ICRC considers sexual violence as acts of a sexual nature committed against any person by force or coercion, which may be a result of factors including threats of force, fear of violence, duress, detention, psychological oppression or abuse of power. Sexual violence encompasses acts such as rape, sexual slavery, and forced prostitution, pregnancy and sterilization, and any other form of sexual abuse of comparable gravity.

The ICRC uses “gender” as an analytical tool when addressing the various needs, vulnerabilities and strengths of women, men, girls and boys. Through an analysis of gender-related issues, it seeks to improve its humanitarian response and ensure that these are adapted to the different situations and concerns of males and females. However, in light of the Movement’s Fundamental Principles – particularly neutrality and impartiality – reforming gender roles and advocating social or cultural change lie beyond the ICRC’s mandate. Instead, the ICRC focuses on forms of gender-based violence that intersect with its mission of protecting people and assisting victims of armed conflicts and other situations of violence.

**THE ICRC’S APPROACH**

In light of the frequency at which sexual violence occurs during armed conflicts and other situations of violence, the ICRC’s approach and activities aimed at protecting and assisting people affected include measures addressing the needs of victims – women, men, girls and boys – of such violence and seeking to help prevent its occurrence. While violations rarely occur in isolation and often form part of a pattern of violence that includes, inter alia, physical harm, killing, child recruitment, destruction of property and looting, the specificity and sensitivity of such acts and their ensuing consequences entail that each violation be met with a specific and appropriate response.

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32. This definition is based on the Rome Statute, as well as on its Elements of Crimes.
In line with the pledge it made at the 27th International Conference in 1999, the ICRC developed a comprehensive approach to ensure that its activities emphasized the respect women and girls must be accorded at all times and the need for further efforts to counter the grave threat sexual violence poses to all people, including men and boys, during armed conflicts or other situations of violence. In the years since, the ICRC has significantly improved its capacities to assess the needs of violence-affected people in a holistic manner, take account of their gender-related concerns, and define and implement its humanitarian responses accordingly, having recognized that women, men, girls and boys experience violence differently. A guidance document, Addressing the needs of women affected by armed conflict, and the internal ICRC frame of reference on sexual violence in armed conflict and other situations of violence, which is currently being updated, serve as guides for field staff; these documents provide the applicable legal framework and outline the main principles to be observed and methods to be used when gathering and analysing information, defining objectives and plans of action, and carrying out activities to address the needs of victims.

Thus, the ICRC strives to ensure that it implements a multidisciplinary approach to addressing the causes and consequences of sexual violence, paying attention to the needs and views of all victims – women, men, girls and boys – and ensuring that appropriate responses are integrated into its programmes. To this end, the ICRC’s assessments, reviews and responses include feedback provided by the people affected themselves and/or by the organizations involved in safeguarding their welfare. Whenever necessary, activities targeting people who could be particularly vulnerable – such as women, children, persons with disabilities, displaced people, migrants and people deprived of their freedom – complement or are integrated into general protection or assistance initiatives.

CURRENT ICRC MULTIDISCIPLINARY RESPONSE

As a humanitarian organization, the ICRC strives to respond humanely, with care and professionalism, to the suffering and needs of women, men, girls and boys affected by sexual violence and to address both the causes and effects of such acts. These activities encompass providing victims with assistance, such as medical, psychological and psychosocial care and other forms of appropriate support, protecting all those vulnerable to violations, and raising awareness so as to prevent further violence. The ICRC endeavours to always act with respect and sympathy and in the best interests of the victims, acknowledging their suffering, the risks to their lives and survival, and the consequences to their physical, mental and social health and well-being.

MEDICAL CARE

The ICRC works to provide victims of sexual violence, within a safe and confidential space, with either direct access or referrals to appropriate primary health-care and medical services, in order to protect them from sexually transmitted infections, to treat any injuries and to prevent unwanted pregnancies, in line with the national health system and, as applicable, internationally recognized standards for care. Whenever possible, these services should be coupled with support for the victim’s mental and psychosocial well-being (see below).

However, accessing medical care, whether amid armed conflicts or other situations of violence and/or in detention settings, is often a significant challenge. Medical infrastructure is frequently insufficient, trained staff and medicines are usually unavailable or minimal, and victims may have to overcome various barriers (for instance, long distances, high costs of care, discrimination and lack of confi-
dentality) to obtain treatment. In addition to these challenges, the ICRC must take into account the desires and preferences of the victims, as well as their and the ICRC staff members’ security concerns. Detainees face particular challenges as, in many cases, they have sufficient access to health care only after their release.

Nevertheless, bearing in mind that victims are entitled to the best possible care, without discrimination, the ICRC – in contexts where it engages in such activities – seeks to provide impartial, comprehensive and effective care. It strives to ensure the quality and continuity of vital medical services over the long term, notably to persons affected by HIV/AIDS. To this end, the ICRC supports national medical structures, transport systems and personnel during armed conflict and other situations of violence, while encouraging the authorities concerned to ensure the sustainability and safety of such services. Moreover, it attempts to provide these services as part of a broader emergency health care approach benefitting the general population, so as to avoid labelling and stigmatizing victims.

PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT

It is also important that people affected by sexual violence receive support – in a private, safe and confidential space, in line with the “do no harm principle” – to help them overcome the trauma and other psychological consequences of the abuse they suffered. The ICRC has several programmes that assist victims, some of whom are former detainees, and address their psychological and psychosocial needs, while ensuring their right to privacy and confidentiality. For example, in addition to learning mechanisms to cope with stress and anxiety, victims can choose to participate in sessions with trained counsellors who listen to their stories and provide them with appropriate psychological and psychosocial assistance. Several initiatives also involve entire communities, building up their capacities to address sexual violence – by training and supervising carefully selected community actors in providing psychological and psychosocial support to the victims – and raising awareness about available services and the importance of seeking care in a timely manner. These are carried out with a view to improving victims’ support systems and preventing them from being stigmatized.

PROTECTION AND RISK REDUCTION

The ICRC carries out activities to enhance the protection of individuals and groups at risk of sexual violence. It develops and implements these initiatives based on information collected from all available sources, including institutions and service providers helping victims of sexual violence or their communities, and the people affected themselves. These measures, which seek to increase the safety of individuals within their own environment, cover confidential dialogue with the authorities or weapon bearers about observed or alleged violations and patterns of violence, the consequences on the victims and their communities, the legal implications, and possible measures that may be taken to decrease the risk of future aggression – for example, by identifying and sanctioning the perpetrators.

Especially vulnerable groups – such as children and unaccompanied minors, detainees, displaced persons and migrants, including asylum seekers and refugees – require protection-focused approaches that take into account the specific factors that exacerbate their vulnerability.

The ICRC may work directly with at-risk communities and groups to reduce their exposure to sexual violence or to negative coping strategies, such as sexual exploitation or early marriage. It does so within the community-based protection approach, wherein it partners with communities to develop/reinforce joint protection mechanisms, raise awareness or provide assistance aimed at reducing people’s exposure to risks, and/or offer options for mitigating harmful coping strategies. Examples of projects carried out in this framework are: the installation/repair of water points closer to communities to reduce women’s exposure to risk when fetching water; food assistance and livelihood support given to communities of displaced people; and health awareness sessions.

Reuniting minors with their families, when it is found to be in their best interests, also reduces their risk of sexual violence. Detainees’ concerns are addressed as part of ICRC interventions on deliberate ill-treatment and structural concerns, such as prison management, overcrowding, detainees’ lack of privacy or safety, or the need to properly categorize and monitor especially vulnerable groups.
PREVENTION

The ICRC works to prevent sexual violence in armed conflicts or other situations of violence by promoting understanding of and support for applicable rules of IHL, including the prohibition of sexual violence, and internationally recognized standards. Reminding all parties to an armed conflict – be they State armed forces or non-State armed groups – that all forms of sexual violence are prohibited by IHL, the ICRC privately and publicly urges all actors concerned to meet their obligations to protect women, men, girls and boys from such violence and to ensure their unimpeded access to health care.

In particular, the ICRC encourages authorities and weapon bearers to integrate provisions of IHL and internationally recognized standards relating to the prohibition of sexual violence, as appropriate, into doctrine, training and guidance for weapon bearers, and policies for law enforcement operations. It carries out briefings and training sessions adapted to local circumstances and within a holistic approach, notably, one that integrates protection activities and prevention-focused efforts. The ICRC develops virtual tools and other products aimed at improving the pertinent parties’ capacities to tackle sensitive issues in relation to sexual violence. It provides governments and weapon bearers with assistance – ranging from helping them improve draft laws to encouraging/sponsoring their participation in IHL courses – to enact and implement these laws and adapt their training and operations, respectively. The ICRC also reviews military doctrine and manuals, and operating procedures, to ensure that the prevention of sexual violence is covered in these basic documents.

Supplementing the abovementioned efforts, the ICRC works with violence-affected communities to raise awareness of the plight and rights of victims so as to counter the risk of victims being rejected by their communities.

THE NEED FOR IMPROVEMENT

The ICRC has room to improve its responses to sexual violence and to ensure that these are adapted to local needs and circumstances. In particular, the ICRC will continue to:

► systematically seek to identify and address incidences of sexual violence, including in contexts where there are barriers that prevent victims from reporting their experiences or seeking assistance, while being careful not to add to victims’ distress or stigmatization

► bolster its emergency preparedness and response capacities and further the involvement of communities – women, men, girls and boys, the National Society/ies concerned and other civil society actors – in its humanitarian responses

► scale up its efforts to address sexual violence affecting especially vulnerable groups, such as children, displaced people, persons with disabilities, migrants – including asylum seekers and refugees – and people deprived of their freedom

► develop/reinforce emergency responses in the field of protection to help people protect themselves against sexual violence

► strengthen its response in the domain of prevention, particularly by working with weapon bearers, national authorities, and community, religious and traditional leaders to promote awareness of and adherence to the prohibition of sexual violence, and to integrate measures into their national law and policies that support the prohibition of sexual violence and the sanctioning of perpetrators
To these ends, the ICRC has launched a four-year initiative covering 2013–16.

THE CURRENT SPECIAL APPEAL

The following text details ICRC’s goals for 2013–16, then presents the content specific to the Special Appeal 2016, including:

- the plans of action and activities foreseen at headquarters for 2016 that are directly related to sexual violence, and their related budgets
- nine operational cases to serve as concrete examples of how the ICRC works to strengthen its response to sexual violence, and their related budgets; as the plans of action are context-specific, they do not necessarily include the full range of efforts the ICRC employs to address sexual violence


The 2016 Appeal is the last special appeal to be produced for this initiative. Nevertheless, the ICRC’s commitment to strengthening its response to sexual violence will continue beyond 2016, under the leadership of the Department of Operations.
ICRC GOAL

In light of the gravity of the consequences of sexual violence on victims and their communities – and the many gaps in systems aiming to prevent this gross violation of rights and to protect and assist victims – the ICRC endeavours to systematize and strengthen its humanitarian response to sexual violence.

With a four-year commitment beginning with preparatory work in 2013, the ICRC endeavours to improve the delivery of quality, impartial and holistic humanitarian responses to victims of sexual violence, while developing its action aimed at preventing such violations. It will, therefore, operate directly and together with partners – particularly with other components of the Movement – including by mobilizing actors of influence with regard to the issue of sexual violence and the appropriate responses.

The ICRC’s multifaceted approach is determined by key objectives and expected results in the following domains:

1. holistic operational responses to the needs of victims of sexual violence
2. prevention of sexual violence
3. Movement mobilization on sexual violence
4. staff sensitization and training

A Special Appeal: Strengthening the response to sexual violence 201X will provide, on a yearly basis, detailed objectives and plans of action, accompanied by result indicators. The first appeal was issued in 2014. Each appeal will be followed by a Special Report: Strengthening the response to sexual violence 201X providing the results against the objectives and plans of action announced in the Special Appeal (the first Special Report covering 2014’s achievements and constraints will be issued in May 2015).

MAIN OBJECTIVES AND EXPECTED RESULTS

HOLISTIC OPERATIONAL RESPONSE TO THE NEEDS OF VICTIMS OF SEXUAL VIOLENCE

Objective

In armed conflicts and other situations of violence, people are protected against sexual violence; the needs of those affected are holistically and effectively met.

Expected results

all ICRC delegations:
- by 2014, work with the assumption that sexual violence takes place and is a grave and life-threatening protection concern in armed conflicts and other situations of violence,
regardless of the extent of tangible evidence in their contexts
• by 2014, consider/include sexual violence in their wider problem analysis of the humanitarian situation, particularly for the target populations Civilians (including migrants and displaced persons), People deprived of their freedom (including men) and Wounded and sick (be they women, men, girls or boys)
• by the end of 2016, as part of their multidisciplinary approach, deliberately consider problems related to sexual violence in armed conflicts and other situation of violence, and integrate responses accordingly, while taking into account local circumstances, opportunities, constraints and the ICRC’s added value

► in 2014, in addition to Colombia and the Democratic Republic of the Congo (hereafter DRC), three other contexts where sexual violence is a grave concern initiate holistic responses, as should be the case by 2015 for any delegations facing such problems during emergencies
► people affected by sexual violence – those who are vulnerable to abuse and those who have already experienced it – contribute to the analysis, development and implementation of the approaches/measures meant to help them protect themselves against sexual violence and to overcome its consequences; this approach aims to expand the range of people’s choices (empowerment) and to encourage ownership of solutions, both key success factors for sustainable results

37. The ICRC has already developed multidisciplinary projects specifically addressing sexual violence in Burundi (2002–05); the DRC (since 2005, see ICRC Annual Report 2005; available on the ICRC Extranet for Donors at: http://extranet.icrc.org/extranet/exxonors/content.nsf/htmlall/6PTJ6C/$FILE/icrc_ar_05_drc.pdf?OpenElement), and Colombia (since 2006, see ICRC Annual Report 2006; available on the ICRC Extranet for Donors at: http://extranet.icrc.org/extranet/exxonors/content.nsf/htmlall/72LDXV/$FILE/icrc_ar_06_colombia.pdf?OpenElement). In other countries, responses to sexual violence are integrated into the general protection and assistance programmes in line with the population’s identified needs.
approaches and measures implemented throughout the various ICRC operations to prevent or respond to the needs of those directly or indirectly affected by sexual violence, as well as lessons learnt and best practices, are collected and shared within and across delegations to support further institutional learning; regular ICRC monitoring and review processes promote the replication, adaptation and innovation of these processes

**PREVENTION OF SEXUAL VIOLENCE**

**Objective**
Governments, armed and security forces and other weapon bearers respect, include and implement IHL and internationally recognized standards related to sexual violence in armed conflicts and other situations of violence in and through their domestic law, doctrine, regulations and operations. They facilitate access to all types of assistance (e.g. legal, medical, social and economic) that victims of sexual violence need. Intergovernmental organizations and actors from civil society encourage and support them in these tasks.

**Expected results**

- by the end of 2014, all delegations have updated tools at their disposal to address sexual violence during their operational prevention activities with authorities, weapon bearers and key members of civil society
- systematic support provided by the ICRC Advisory Service on IHL helps governments integrate into their domestic legislation the norms protecting people against sexual violence and helping victims receive the necessary assistance
- the ICRC’s legal interpretation of existing law and monitoring of the evolution of the interpretation of the law contribute to the knowledge and understanding of the prohibition and criminalization of sexual violence; notably, the ICRC commentaries project\(^{38}\) and the ICRC study on customary IHL\(^ {39}\) contribute to this objective
- the ICRC’s field and public communication activities and its contribution to debates and documents organized and put together by intergovernmental organizations and other actors help rally support for preventing sexual violence and for assisting victims

**MOVEMENT MOBILIZATION ON SEXUAL VIOLENCE**

**Objective**
While they work according to a wider approach against gender-based violence, particularly during peacetime, National Societies advocate for the incorporation of the norms of IHL and international human rights law related to sexual violence in armed conflicts and other situations of violence into domestic law, promote these norms, and help ensure adequate responses to the needs of affected people.

**Expected results**

- using their global reach, National Societies help raise awareness of sexual violence in armed conflicts and other situations of violence; National Societies take specific action, including by launching humanitarian responses or communication initiatives, in support of people affected by sexual violence in contexts struggling with such situations – either independently or in partnership with the ICRC (see above)

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38. The “ICRC commentaries project” seeks to update the commentaries on the four Geneva Conventions of 1949 and their two Additional Protocols of 1977. The purpose of this nine-year project (2011–19) is to contribute to the improved dissemination and clarification of the content of the treaties concerned, and ultimately to the better respect and protection for victims of armed conflict.


► after the 2013 Council of Delegates – at the latest – the components of the Movement, including National Societies, proactively follow up on Objective 2.2: To enhance the protection of women in armed conflict of the Action plan for the implementation of international humanitarian law annexed to Resolution 241 adopted during the 31st International Conference
► with the ICRC and other Movement partners, National Societies in countries at risk of emergencies build up their capacities to address sexual violence at the onset of a crisis

STAFF SENSITIZATION AND TRAINING

Objective
ICRC staff have the requisite knowledge, skills, tools and support mechanisms to systematically analyse sexual violence in their contexts, incorporate the issues into their problem analysis, design and implement humanitarian responses, while working with those concerned (i.e. people vulnerable to or already victimized by sexual violence).

Expected results
► in 2014, additional regional specialists support field delegations in addressing sexual violence and other broader concerns related to women and war and to child protection, and contribute to staff sensitization and training through courses offered by the ICRC regional training hubs
► National Societies with specific competencies and experience in gender-based analysis and in addressing sexual violence share their knowledge and assist the ICRC in training and supporting field staff
► by 2016, specific training sessions are provided for staff involved in responding to sexual violence, while operational tools are regularly updated so as to ensure long-term capacity building and skills transfer among field staff
► by 2016, operational managers of delegations and at headquarters have the necessary tools to coach programme managers responsible for the analysis, definition and implementation of multi-disciplinary responses, having received the requisite support to build such skills
► by 2016, all ICRC training courses include updated tools that have been adapted to the course content and target population, so as to enable those responsible to better undertake or manage gender-based analysis and action
HEADQUARTERS: OBJECTIVES, PLANS OF ACTION AND INDICATORS FOR 2016

HOLISTIC OPERATIONAL RESPONSE TO THE NEEDS OF VICTIMS OF SEXUAL VIOLENCE

Objective

In armed conflicts and other situations of violence, people are protected against sexual violence; the needs of those affected are holistically and effectively met.

Plan of action and indicators

Support to regions and delegations

► under the leadership of the Department of Operations, continue to improve coordination and links between and among all units, such as the Central Tracing Agency and Protection Division (hereafter Protection Division) and the Assistance Division, and the services responsible for the ICRC’s action in the domains of prevention, public communication and humanitarian diplomacy; work to ensure institutional alignment on this project and to broaden the coverage of needs of people affected by sexual violence

► continue to increase the scope and number of programmes specifically benefiting victims of sexual violence, especially in relation to their medical, psychological, social and economic concerns; through regular meetings of the working group of protection and assistance staff members (including those from the health, livelihood support and water and habitat units), exchange and compare operational experiences and developments so as to fine-tune existing good practices and enhance the design and implementation of future ones

► seek to ensure availability of the requisite resources and of sufficient on-the-ground presence to address sexual violence, in order to tackle cultural sensitivities, taboos and other complications surrounding the subject; continue to ensure that all ICRC staff, regardless of their area of expertise, have the necessary knowledge and understanding to address the issue by, among other means, providing them with specialized guidance/input and helping them use available material, such as the e-learning tool and guidelines on the protection of the civilian population, the internal Guiding Methodological Tools document and other training options/platforms developed by the Protection Division

► continue to support all delegations in working on the assumption that sexual violence takes place in their contexts, unless rigorous analyses show otherwise; help them, through the regions and various units at headquarters, consider the issue in their planning processes so as to improve the definition and implementation of appropriate multidisciplinary activities that respond to the target population’s specific needs and circumstances; to these ends, focus guidance on:

• considering the risks, pervasiveness and consequences of sexual violence, paying particular attention not just to the number of victims and to who the perpetrators are, but also to the types of acts committed, the attitude of the authorities, the precise risks, vulnerabilities
42. For more details, see the section “Making the case” on page 10.

and needs dealt with by victims, their families and communities, and the circumstances surrounding the violations, bearing in mind that such violence rarely occurs in isolation 42

- identifying all possible sources of the above-mentioned information, building communication/dialogue with these actors, and gathering and processing the information required to ensure that responses are tailored to the needs and sensitivities of the people affected
- helping delegations come to a decision – based on the analysis of information gathered through various sources – on whether to initiate responses, taking into account the opportunities for or constraints to such action
- defining future means of support to contexts for which such analyses and documentation had not previously been done

Civilians and Wounded and sick

▶ contribute to protecting vulnerable people by engaging with the authorities and other parties concerned in discussions on the laws prohibiting and criminalizing sexual violence; in particular, assist delegations in:
  - developing dialogue and other communication efforts with the actors concerned and, when necessary, drafting and sharing interventions
  - encouraging the parties concerned to take measures to prevent sexual violence and to ease the legal, medical and social consequences suffered by victims
▶ pay particular attention to efforts specifically addressing sexual violence against children, including minors formerly associated with fighting forces
▶ support delegations’ work to enable individuals and communities to practise self-protection and risk-awareness/reduction measures and to provide the especially vulnerable with specialized assistance, such as through individual follow-up or accompaniment programmes

Papua New Guinea, Eastern Highlands Province, Goroka Show. The ICRC takes part in this cultural show to inform the people about its activities in the region.

© Philippe Frison/ICRC
help delegations produce communication tools aimed at advocating against the stigmatization of victims of sexual violence and at publicizing National Society/ICRC responses to their needs

raise awareness among members of the international community, local NGOs and other pertinent actors of the need to respect the dignity of victims of sexual violence, with a view to protecting them from the risk of double victimization, such as through public display or further harassment

in conjunction with the Health Care in Danger project, help conduct context-based analyses of the impact of health care insecurity on the accessibility and availability of specialized treatment and services for sexual violence victims; moreover, study the potential violations/vulnerabilities experienced by patients, including with regard to the interaction between them and health staff

in line with the Health Strategy 2014–2018, continue to help delegations ensure that their responses to the health needs of conflict/violence-affected people, including victims of sexual violence, cover mental-health care and psychosocial support

People deprived of their freedom

support ICRC teams in identifying problems related to sexual violence in places of detention; guide them in comprehensively assessing:

• detainees’ living conditions and whether these could increase the risk of sexual violence (as is the case with overcrowding)

• the treatment of detainees by detaining authorities/prison staff and other detainees during all phases of detention

guide delegates on raising the topic of sexual violence with detainees, especially during interviews conducted without witnesses, and with detaining authorities, prison staff and health teams; help delegates encourage the authorities – for instance, through confidential dialogue – to take action to improve the conditions of detainees and to pay attention to particularly at-risk individuals; focus on systematically urging the authorities to ascertain that:

• 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 regarding arrest, interrogation and detention – for example, having female officers attend to female detainees whenever possible and keeping living and hygiene facilities for women and children separate from men’s facilities

• measures are taken to enhance detainees’ safety, such as by improving prison management and curbing overcrowding

• detainees have access to appropriate health/medical services, including health promotion sessions that address sexual violence and its risks/consequences

help ICRC staff members in taking a multidisciplinary approach to their work; in addition to the above-mentioned support, advise them on providing direct assistance to victims (during or after their detention) and on helping the detaining authorities make improvements

when necessary and with the authorities’ agreement, help delegations mobilize national/inter-national actors with influence on issues concerning detainees’ welfare and detention policies, structures and processes so that these actors can, as appropriate, support the detaining authorities, take action independently and/or back the ICRC’s efforts in this domain

PREVENTION OF SEXUAL VIOLENCE

Objective
Governments, armed and security forces and other weapon bearers respect, include and implement the norms of IHL and internationally recognized standards related to sexual violence in armed conflicts and other situations of violence in and through their domestic law, doctrine, regulations and
operations. They facilitate access to all types of assistance (e.g. legal, medical, social and economic) that victims of sexual violence need. Intergovernmental organizations and actors from civil society encourage and support them in these tasks.

**Plan of action and indicators**

**Relations with national/regional authorities and armed forces and other bearers of weapons**

- help delegations strengthen their understanding of IHL provisions and domestic legislations prohibiting rape and other forms of sexual violence, thereby improving the support they provide to national and regional authorities regarding the inclusion of applicable provisions and norms in domestic legal and regulatory frameworks and/or enhancing their efforts to foster respect of these rules/norms; in particular, provide delegations with general and specific guidance, including technical expertise, to:
  - support the authorities in taking measures to ensure that sexual violence is prohibited and criminalized, that the issue is covered in weapon bearers’ training systems, and that victims have access to assistance and justice; whenever possible, work with national IHL committees to support the efforts of authorities and weapon bearers in these domains, such as by conducting regular courses, including sessions during predeployment briefings, and offering other capacity-building options
  - encourage States to carry out compatibility studies between existing international norms and domestic frameworks, so that they can pinpoint ways to enhance their current law/practices
- carry out a comprehensive review of military doctrine and manuals to ascertain the degree to which these documents prohibit sexual violence; on this basis, identify best practices and develop guidelines and tools to enhance the ICRC’s work with armed forces on the prevention of sexual violence
- in selected contexts, continue the multidisciplinary analysis of national legal frameworks and structures prohibiting rape and other forms of sexual violence and facilitating victims’ access to assistance and justice, so as to identify best practices and gaps and to assess the impact of these laws on rules applicable during armed conflicts and other situations of violence
- continue updating the Customary IHL database and the National Implementation database with domestic and international rules and practices related to the prohibition and criminalization of sexual violence; continue updating the Commentaries to the Geneva Conventions and their Additional Protocols

**Reinforcing wider IHL discourse and capacity-building measures**

- continue developing and promoting IHL-related material and capacity-building/awareness-raising initiatives focused on preventing sexual violence; seek to shape the discourse surrounding the matter and to gain more traction for work in this field; notably:
  - following the 32nd International Conference, further emphasize the prohibition of sexual violence during armed conflicts, the measures all parties concerned must take to enforce/respect the prohibition, the importance of prosecuting perpetrators of such violence, and the assistance to which victims are entitled
  - organize a regional experts’ workshop – in Lima, Peru – on addressing sexual violence in armed conflicts, with a view to encouraging States to develop normative and other mechanisms to prevent, repress and respond to sexual violence during armed conflicts
  - continue to promote the issue of the *International Review of the Red Cross* dedicated to the topic

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44. The ICRC set up a database to share information on IHL implementation measures taken by all States; available at: https://www.icrc.org/ihl-nat
• help in drafting/conceptualizing pertinent documents, resolutions, guidelines and policies, including those spearheaded by actors outside the Movement
• provide internal and external legal advice within and beyond the ICRC – for instance, by producing legal documents; help improve the accessibility of such documents through the ICRC web page on Legal Training, Research and Debate
• promote, organize and participate in events, including meetings/working sessions organized by international/regional intergovernmental organizations – such as the African Union (AU), the Asian-African Legal Consultative Organization, the League of Arab States, the Organization of American States and the UN or groups/bodies thereof – and by NGOs, including think-tanks
• endorse the use of a workshop kit and other resources developed for academics; continue designing training modules, including a web-based learning course for humanitarian practitioners to be developed together with the Center for Education and Research in Humanitarian Action (CERAH)
• publish a thematic electronic brief for policy-makers and other actors concerned; continue to include sessions dedicated to the issue during training courses on IHL

MOVEMENT MOBILIZATION ON SEXUAL VIOLENCE

Objective
While they work according to a wider approach against sexual and gender-based violence, particularly during peacetime, National Societies advocate for the incorporation of the norms of IHL and international human rights law related to sexual violence in armed conflicts and other situations of violence into domestic law, promote these norms, and help ensure adequate responses to the needs of affected people.

Plan of action and indicators

► maximize the coherence and effectiveness of Movement responses to sexual violence by promoting increased cooperation among Movement components; specifically:
• continue to work with Movement partners to analyze the specific capacities and/or difficulties selected National Societies have with regard to addressing sexual violence and related issues
• follow up on the 7 key recommendations formulated on the basis of an analysis of Movement activities on sexual and gender-based violence in armed conflicts and disasters, with a view to strengthening the Movement’s overall efforts in addressing this issue
• continue to share best practices and operational experiences, particularly with regard to how National Societies can enhance their capacities to undertake joint action with governments to prevent sexual violence

► follow up with components of the Movement on the outcomes of the 32nd International Conference related to the issue of sexual and gender-based violence

► pursue implementation of the four-year action plan on implementing IHL adopted at the 31st International Conference; following the 32nd International Conference, continue to work with National Societies to mobilize States and seek their commitment to fulfill their obligations to enact/implement domestic laws criminalize sexual violence during armed conflicts and other situations of violence, and to provide assistance to the victims

► continue to help National Societies ensure that their application of the Safer Access Framework includes considerations of the risk of sexual violence; assist them in using Safer Access: A guide

48. To be presented at the 32nd International Conference in 2015, the recommendations were based on a study aimed at mapping existing Movement activities and identifying good practices, potential gaps and needs in terms of training and tools.
STAFF SENSITIZATION AND TRAINING

Objective

ICRC staff have the requisite knowledge, skills, tools and support mechanisms to systematically analyse sexual violence in their context, incorporate the issues into their problem analysis, and design and implement humanitarian responses, while working with those concerned (e.g. people vulnerable to or already victimized by sexual violence).

Plan of action and indicators

- within the 2014-16 training framework on gender analysis and sexual violence, enable staff to take part in specialized and cross-cutting training, so as to build institutional capacities to address sexual violence; develop more learning tools in this domain; in particular:
  - continue to promote the e-learning courses/modules specifically produced to support field teams, such as the module on gender analysis or the one on addressing sexual violence in armed conflict for the protection of civilian populations
  - maintain dedicated sessions on sexual violence during all relevant specialized internal courses, such as those for protection coordinators, on the protection of the civilian population during emergencies, and on communicating the law; likewise, continue to cover the issue during annual meetings, including those of doctors working in detention, administrators of primary health care programmes, mental-health care and psychosocial support staff, and delegates working with armed and security forces
  - continue to integrate the case study which examines sexual violence and abuse of power by humanitarian workers in relation to internal codes of conduct, in the second module - focused on team dynamics - of the ICRC’s Humanitarian Leadership and Management School
- continue to ensure that up to half of the slots for each session of the thematic seminar on sexual violence in armed conflicts and emergencies – developed in partnership with CERAH\(^\text{51}\) – are reserved for ICRC staff members; during these sessions, help ensure the use of multi-agency and multidisciplinary approaches through the sharing of practices, challenges and achievements, and through regular interaction, with other humanitarian actors; to complement these events, continue to develop a web-based module for the use of both ICRC staff and other actors
- explore partnerships with National Societies willing and able to share their expertise/operational experiences, so as to facilitate capacity building both within the ICRC and throughout the Movement as a whole

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50. The guide is the core component of the Safer Access Practical Resource Pack, which is designed to support National Societies in fulfilling their humanitarian mandate and roles, particularly when working in sensitive and insecure contexts, including armed conflict and internal disturbances and tensions; see at http://www.cerahgeneve.ch/training/seminars/1-sexual-violence-in-conflict-settings-and-emergencies/ (accessed in November 2015).

RESPONSE TO SEXUAL VIOLENCE IN 2016: OPERATIONAL EXAMPLES

A FOUR-YEAR INITIATIVE CONSOLIDATING THE ICRC’S OPERATIONAL RESPONSE TO SEXUAL VIOLENCE

In line with the ICRC’s commitment to strengthen its humanitarian response to sexual violence during armed conflicts and other situations of violence, it continues to examine the causes and consequences of the problem, factoring the findings into the development of its approaches and plans of action. With various forms of support from units and services at headquarters (see previous sections of this Special Appeal), ICRC delegations around the world analyse the impact of activities already carried out, the feasibility of scaling up these activities, the constraints that may necessitate a change in approach, and/or the opportunities that could enable immediate or future action – to help the ICRC systematically improve both the quality of its response and its access to victims.

The following section describes the different phases and types of action the ICRC has planned for 2016 to address the issue of sexual violence in armed conflicts and other situations of violence. The activities presented are at different stages of the project cycle, reflecting the varying degrees to which delegations have formed their understanding of the problem and the type of action they plan to carry out.

Across most contexts, the ICRC will seek to contribute to the protection of people from sexual violence by reminding the authorities and weapon bearers with whom it has contact of their obligations under IHL, other applicable norms and international human rights law to prevent such abuses and address the consequences. Through field teams, it will document allegations of violations and, where feasible, raise these with the pertinent parties – to urge them to take action, inter alia, sanction perpetrators and prevent the recurrence of abuses. In contexts where dialogue with alleged perpetrators of abuses is limited, the ICRC will aim to build a network of contact with parties with bearing on the situation of victims of sexual violence and other abuses.

The ICRC will work towards fostering an environment more conducive to protecting people from sexual violence. It will do so primarily by supplementing its bilateral dialogue with authorities and armed/security forces with events and various forms of capacity-building support that address the issue more broadly. Notably, it will encourage national authorities, and lend them technical expertise, to advance domestic implementation of pertinent IHL provisions. In Benin, Burkina Faso, Côte d’Ivoire, Togo and the countries in the Western Balkans, the authorities will receive guidance in updating sanctions and other mechanisms for suppressing sexual violence and other violations of IHL. Armed forces, for example, in Uganda, will be supported in ensuring that their doctrine, training curricula and operations address the issue of sexual violence during armed conflicts and other situations of violence. In Sri Lanka, the ICRC will help train police officers in dealing with cases of sexual violence appropriately. In Egypt, it will partner with regional organizations to advocate for stronger legal protection for victims of sexual violence in armed conflicts.

The ICRC will take steps to help mitigate the risk of sexual violence for people who are especially at risk of abuse. Delegations – for example, in Liberia – will follow the situation of unaccompanied children, including migrants and those formerly associated with weapon bearers. They will prioritize

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reuniting these children with their families, if appropriate, or finding alternative solutions for them, with a view to reducing their exposure to various risks, including sexual violence. Within a community-based protection approach integrating protection and assistance activities, the ICRC will work – in Cameroon and Nigeria, for instance – with people at risk of abuse to help them explore, develop and reinforce mechanisms to protect themselves or their communities. It will seek to raise awareness of the plight of victims and of the services available to them through dissemination sessions for community members. More broadly, the ICRC will work – with National Societies, where possible – to heighten public awareness of the incidence/consequences of sexual violence and other humanitarian concerns in armed conflicts, through discussions, meetings and public awareness campaigns in, among other countries, Argentina, Brazil, Chile, Djibouti, India, Kenya, Morocco, Paraguay, United Republic of Tanzania and Uruguay.

Moreover, during visits to monitor the treatment and living conditions of people deprived of their freedom, ICRC delegates will pay attention to the risk/incidence of sexual violence. Where applicable, they will raise concerns and recommendations during their confidential dialogue with the authorities, either by addressing specific cases or within the framework of improving detainees’ overall treatment and living conditions. The ICRC will support detaining authorities in, *inter alia*, reducing overcrowding, making health services available, and observing internationally recognized standards on ensuring the presence of female staff members to attend to female detainees and the separation of detainees according to sex and age. Such efforts will be carried out in Afghanistan, Chad and Niger, among other contexts. In Tunisia, specifically, the ICRC will help the authorities ensure that health/penitentiary staff observe internationally recognized standards on the documentation and judicial/medical follow-up for victims of sexual and other forms of violence.

In parallel to pursuing protection- and prevention-focused activities, ICRC delegations will reinforce existing initiatives, and initiate new ones, to ensure that victims of sexual violence receive the assistance they require. These will include direct provision of aid, where possible, as well as referrals to appropriate service providers. The ICRC will encourage the authorities – for instance, in Nepal – to recognize and support the victims and facilitate their access to aid.
The ICRC will work with the authorities and other parties concerned to help improve the quality and ease of victims’ access to health-care and medical/other specialized services, including mental-health care and psychosocial support. It will offer training in mental-health care and/or related capacities to National Society staff members, local service providers and community members in Egypt, Guatemala, Kenya, Mexico and Tajikistan. It will cover transportation costs for midwives/health staff visiting remote communities and support emergency transport services – for example, in Myanmar. It will provide various types of support to health-care facilities – including staff training, infrastructural upgrades and, as in Somalia, funding for operational costs – so they can attend to victims of sexual violence and other vulnerable people, in line with national laws.

With a view to further reducing their exposure to risk and, potentially, helping them deal with the consequences of abuse, victims of sexual violence will be counted among the beneficiaries of ICRC assistance activities aimed at helping conflict/violence-affected people boost their self-sufficiency and better their living conditions. These initiatives include projects to help people meet their basic needs, support their families and have access to clean water. In Somalia, for example, victims of sexual violence are among those who will receive cash grants to launch small businesses or take vocational courses.

To back these efforts, the ICRC will pursue humanitarian diplomacy to mobilize actors with broader international influence and the ability to address or impact the problem of sexual violence. The ICRC in Addis Ababa, Brussels, Canberra, London, New York, Paris, Tokyo and Washington will work to gain the support of State authorities, representatives of international or regional intergovernmental and non-governmental organizations and other actors with influence on humanitarian situations/action worldwide; they will organize and participate in multilateral and bilateral consultations, while contributing to shaping the humanitarian agenda, relevant policies and the practices/activities carried out by other actors.

The following section provides brief descriptions of the situation with regard to sexual violence and the corresponding plans of action in nine ICRC delegations. The activities outlined below illustrate examples of the ICRC’s holistic approach to the issue, adapted as necessary to the particularities of each context. Activities in the Central African Republic (hereafter CAR), Colombia, the Democratic Republic of Congo (hereafter DRC), Mali and South Sudan include concrete efforts to improve victims’ access to mental-health care and psychosocial support and/or ensure the sustainability of services by helping enhance local expertise. The inclusion of Papua New Guinea in this year’s Appeal demonstrates how the ICRC develops activities based on its improving understanding of the situation in more operational contexts, particularly those where few other actors are tackling the issue. The activities in Jordan, Lebanon and the Syrian Arab Republic (hereafter Syria) show the ICRC’s regional approach to addressing the particular vulnerability of people fleeing the armed conflict in Syria.

**EXAMPLE 1: CENTRAL AFRICAN REPUBLIC**

In the CAR, the overall security situation remains fragile owing mostly to increased criminality, intercommunal violence and the presence of a large number of armed elements throughout the country. Abuses, including sexual violence, continue to be reported. Restoration of public services disrupted by the conflict, particularly in rural areas, continues to be hampered by regular clashes. Many health facilities – abandoned by staff who fled at the height of the conflict – were ransacked or damaged, and remain closed. Staff have been reluctant to return to facilities that have resumed operations but are far from the capital. As a result, people have limited access to medical/specialized care. Those who have been traumatized by their experiences in relation to conflict, in particular, are unable to receive comprehensive services because existing mental-health and psychological services do not have the capacity to cover all identified needs. For victims of sexual violence, lack of awareness of the services available hinders them from receiving the necessary care, such as post-exposure prophylactic treatment within 72 hours of assault.
People who have returned to their places of origin also struggle to resume their livelihoods or rebuild their homes. Some of them become victims of theft or indiscriminate attacks. Sporadic clashes continue to cause displacement, although at a lower scale than in previous years. Members of dispersed families need help reconnecting. Children formerly associated with armed groups may face difficulties in reintegrating into their communities.

Legal systems have been restored, but delays in processing cases result in lengthy detention for many inmates. Places of detention also continue to be underfunded and understaffed. Detainees have little or no access to health-care services.

Local and international media contribute to keeping the public abreast of the humanitarian consequences of the situation in the CAR.

**PLAN OF ACTION AND INDICATORS**

**CIVILIANS**

**Protection and Assistance**

- help the National Society strengthen its ability to meet the needs of conflict/violence-affected people, for instance by training/equipping staff and volunteers to evaluate needs, respond to emergencies, manage human remains and deliver/promote family-links services

**Protection**

- through regular dialogue with and/or oral/written representations based on documented allegations of abuse, including sexual violence, to the parties concerned:
  - reinforce respect for the protection due to civilians, including IDPs, the wounded and sick, and medical personnel/infrastructure – under IHL, international human rights law and other applicable law
  - encourage them to develop measures to prevent the recurrence of abuse

- when appropriate, raise awareness, among conflict/violence-affected people, of community-based protection mechanisms that can help them reduce their exposure to risks; refer victims of sexual violence and other abuses to the pertinent services and/or, when necessary, provide emergency assistance

- with the National Society, enable members of dispersed families, particularly minors, to exchange news through RCMs/phone calls; when appropriate, help them reunite and provide them with basic necessities to ease their return; monitor the resettlement of minors formerly associated with weapon bearers

**Assistance**

With the National Society:

**Health**

- help approximately 45,000 people obtain good-quality preventive/curative health care, including ante/post-natal care, and family-planning services by deploying 3 mobile clinics in remote areas and by providing up to 2 health centres with equipment, medicines/other supplies and, for staff, financial incentives/technical support; when necessary, refer people needing urgent treatment to the appropriate facilities

- in the Nana-Grébizi prefecture, improve medical care and integrate mental-health/psychosocial support for people suffering from conflict/violence-related trauma, including sexual violence, by continuing to train/supervise health staff; raise awareness of the plight of victims through community information campaigns

**Economic security**

- help conflict/violence-affected communities, including the victims of sexual violence among them, to meet some of their most urgent needs through emergency relief; contribute to their recovery or to reducing their vulnerability to abuse by helping them regain some level of self-sufficiency; more specifically:
• during emergencies, help as many as 50,000 IDPs, returnees and residents (10,000 households) cope by distributing one-month food rations and providing 40,000 of them with household essentials

• through cash-for-work projects and material support, enable around 1,500 breadwinners to generate enough income to cover up to 50% of their household needs (7,500 people) for at least 2 weeks

Water and habitat
With the water authorities:

▸ in rural areas, improve around 12,500 people’s access to water by upgrading water points and strengthening the National Society’s ability to independently implement water projects for some 5,000 of them

▸ help ensure that up to 570,000 residents in urban areas have sufficient quantities of drinking water, by constructing/upgrading water points and infrastructure and providing national water board members with technical expertise

▸ meet daily water needs, and reduce the risk of disease, for as many as 45,000 IDPs by constructing/upgrading water/sanitation facilities near them and by promoting good hygiene practices

▸ provide up to 1,000 violence-affected households (5,000 people) with materials to rebuild/repair their homes

PEOPLE DEPRIVED OF THEIR FREEDOM
Protection

▸ visit detainees, in accordance with standard ICRC procedures; register and individually monitor vulnerable inmates, such as security detainees, women and minors; continue to seek access to people being held by certain armed groups

▸ after visits, provide detaining authorities with confidential feedback on the treatment and living conditions of people under their purview; encourage them to take steps to ensure respect for judicial guarantees, particularly with regard to informing inmates of the reason for their detention, and access to timely health/medical care

Assistance

▸ support the authorities in improving health-care services and living conditions for detainees, by:
- stocking health facilities at up to 4 prisons with medicines and other supplies, including for emergencies; covering treatment costs for inmates receiving emergency surgery at ICRC-supported hospitals
- helping penitentiary and health officials prepare a reference document on addressing health-care issues in detention
- providing penitentiary authorities with technical/material support for upgrades to water/sanitation and other infrastructure

WOUNDED AND SICK
Assistance

▸ help people obtain good-quality secondary care by maintaining a medical team in a hospital in Kaga Bandoro and a surgical team in a referral hospital in Bangui, and by supporting both facilities through salary incentives for staff and provision of laboratory equipment and medicines/other supplies; in addition, cover treatment costs for destitute patients and people needing urgent care, including women giving birth

▸ assist the authorities in upgrading/maintaining water, sanitation and electrical infrastructure at the Bambari and Kaga Bandoro hospitals, and at 2 primary health care centres
ACTORS OF INFLUENCE

**Prevention**

- Facilitate safe access to conflict/violence-affected communities by maintaining dialogue with the authorities and weapon bearers – including members of armed groups and multinational forces – on IHL, especially the importance of protecting civilians and health personnel, and on the Movement’s role and activities

- Support the armed and security forces in incorporating IHL and international human rights law, respectively, in their doctrine, training and operations; to that end:
  - Organize briefings on IHL for the armed forces and on international law enforcement standards for security forces
  - Enable senior officers from the police/gendarmerie/armed forces to attend IHL courses abroad
  - Arrange the participation of parliamentarians in a local seminar, and in regional meetings, on IHL

- To broaden understanding of IHL, humanitarian principles and neutral, impartial and independent action among those capable of fostering support for the Movement’s work:
  - Provide training/technical/material support for National Society staff and volunteers to strengthen their ability to promote the above, particularly among communities, with emphasis on recognizing/respecting the emblems protected under IHL
  - Inform conflict/violence-affected communities of the humanitarian services available to them, through radio broadcasts, for example
  - Help local and foreign journalists report accurately on humanitarian issues through field trips, workshops and other means
  - Organize awareness-raising sessions for influential members of religious and academic circles
  - Keep the diplomatic community, international organizations and NGOs abreast of developments in the humanitarian situation

**RED CROSS AND RED CRESCENT MOVEMENT**

**Cooperation**

- Provide the National Society with financial/material/technical support and training to help it strengthen its capacities, particularly in addressing the humanitarian needs of violence-affected people – for example, via emergency response, first aid and family-links services – and fostering support for IHL and Movement action

**EXAMPLE 2: COLOMBIA**

Armed confrontations continue to take place between government forces and armed groups, as well as among these various armed groups. Military and police units conduct joint law enforcement operations in remote areas and in violence-affected urban settings; they have incorporated IHL and international human rights law in their doctrine and training, but have yet to apply these to their operations.

Sexual violence continues to be reported, among other abuses/violations such as killings, disappearances, the recruitment of minors by weapons bearers, forced displacement and attacks/threats against medical services. Relatives of the missing, people affected by weapon contamination and households headed by women are particularly vulnerable to such abuses and their consequences, which include restrictions on movement and difficulties in accessing basic services.

Many victims of conflict/violence, especially those in remote areas, still have needs that have not been addressed, partly because they do not have information about the pertinent services and/or the means to obtain them. Victims of sexual violence – although entitled under Colombian law to protection and unconditional access to health/medical care – are sometimes reluctant/unable to seek timely
treatment because of fear of exposure/stigmatization and a shortage of health personnel trained in psychosocial care.

To avoid becoming victims of abuse, entire families sometimes escape to neighboring communities with meagre resources and strained services/infrastructure. People who return home – among them families who have lost their breadwinners/property – face difficulties in their economic and social re-integration.

Living conditions in places of detention are reportedly poor. Overcrowding is rising; it puts additional strain on already-limited services for inmates, such as health care and infrastructure, and may increase the risk of abuse.

State services are gradually becoming more capable of assisting victims. Colombia has also ratified treaties related to IHL, international human rights laws and other existing legal frameworks, but these are not yet fully implemented.

The media play a key role in helping the public understand humanitarian issues.

**PLAN OF ACTION AND INDICATORS**

**CIVILIANS**

**Protection**

- through dialogue and/or representations made on the basis of documented allegations of violations – including those pertaining to sexual violence – urge weapon bearers to respect IHL or other applicable law, notably those related to protecting people not/no longer taking part in the fighting and health-care staff/facilities and to communities’ access to basic services
- encourage government institutions to or directly inform people affected by conflict/violence – including women, the families of missing persons and victims of sexual violence – of their rights and the State services available; if needed, cover the expenses of some of these people
- support the National Society in reinforcing its capacity to respond to family-links needs; where necessary, help separated relatives, including minors formerly associated with armed groups, re-establish contact or reunite

**Assistance**

With the National Society:

- to help them increase their capacities to assist IDPs and other conflict/violence-affected people, provide technical/material/financial support to the authorities and to around 100 National Society volunteers, notably to enable the volunteers to become more effective at gathering information on needs and referring people to State services

**Health**

- as a neutral intermediary, facilitate people’s access to health services by accompanying national health personnel to remote areas; stand in for them, in exceptional circumstances
- support up to 300 victims of sexual violence and 200 families of missing persons in obtaining timely and appropriate health care, including mental-health services and psychosocial assistance
- help health professionals and others boost their capacities to deliver health-care services, particularly for victims of sexual violence, through discussions, workshops or training sessions

**Economic security**

- to help them restore their diets and material conditions to pre-emergency levels, provide up to 1,000 residents (250 households) with food rations/essential household items, and as many as 4,000 IDPs (1,000 households) with similar assistance and cash, enabling them to cover their immediate needs for at least half a month and helping mitigate their vulnerability to sexual violence and other abuses
- provide agricultural/livestock supplies, productive grants, cash-for-work and other employment opportunities and/or related training to enable 1,750 heads of resident households (sup-
porting 7,000 people), particularly women, and around 900 breadwinners (supporting 3,600 people) – including IDPs, returnees, victims of sexual violence and relatives of missing persons – to increase their food production or monthly income by at least 20%

PEOPLE DEPRIVED OF THEIR FREEDOM

Protection

► in accordance with standard ICRC procedures, visit detainees – including minors and those held in connection with the conflict – to monitor their treatment and living conditions; share findings and recommendations confidentially with the authorities

► help the authorities tackle detention-related issues by:

• providing them with technical support for updating disciplinary mechanisms, such as training for prison guards

• facilitating coordination between judicial and penitentiary officials to enable them to promptly inform detainees in up to 2 selected prisons of pertinent procedures; advising these officials in such matters as the criteria for post-trial benefits and methods for improving the juvenile justice system

• conducting workshops on humanitarian issues in prisons, such as the provision of health care, to encourage them to formulate alternative solutions

• mobilizing civil society members and other stakeholders to engage in dialogue with these authorities on policy changes for addressing penitentiary concerns, for instance, those faced by female detainees and inmates held far from home

Assistance

► to help ensure that detainees, primarily those in the country’s largest prison, have access to appropriate health-care services and living conditions, work with or support the authorities in:

• enabling its staff to independently conduct medical screenings for newly arrived inmates and, where needed, refer detainees needing specialized care, including physical rehabilitation services; covering treatment costs for the most ill

• maintaining/rehabilitating water, sanitation, sleeping and other facilities

ACTORS OF INFLUENCE

Prevention

With the National Society:

► through bilateral meetings, dissemination sessions, workshops, media campaigns and/or informational materials:

• urge the media to report on IHL and on the humanitarian consequences of the conflict/violence

• foster understanding of and support for humanitarian principles, IHL and the Movement’s neutral and independent humanitarian activities in Colombia among the authorities, weapon bearers, members of civil society and the public

► provide the authorities, especially national IHL committee members, with technical support and sponsor their participation in courses/workshops locally or abroad, to help ensure the incorporation of IHL and international human rights norms in domestic laws and to facilitate:

• the ratification and implementation of IHL-related treaties

• efforts to bring penitentiary doctrine, training and operations in line with internationally recognized standards

► support security forces in ensuring compliance with IHL and international human rights norms, including respect for medical services, through dialogue, technical advice and the sponsorship of officials’ attendance at national/international courses; more specifically, enable them to:

• revise and reinforce their doctrine, training and operations based on, for example, self-evaluation exercises
• refine standard operating procedures for joint military and police activities during law enforcement operations
• autonomously train their staff in using force according to internationally recognized standards

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

▶ while strengthening coordination mechanisms with the National Society, provide it with funding and technical support, including training for volunteers, to enable it to bolster its capacities in:
  • assisting conflict/violence-affected communities, in line with the Safer Access Framework
  • autonomously conducting training sessions for security forces on human rights and the use of force
  • operational, organizational, communication and volunteer management

EXAMPLE 3: CONGO, DEMOCRATIC REPUBLIC OF THE

The DRC continues to be affected by armed conflict and other situations of violence, particularly in the eastern provinces. The armed forces – with the backing of the UN Stabilization Mission in the DRC (MONUSCO) – conduct military operations against several armed groups, many of which are fighting among themselves; intercommunal tensions persist.

Civilians are exposed to abuses committed by weapon bearers during hostilities. Many people suffer from sexual violence and its psychological consequences. Victims often find it difficult to seek timely treatment owing to various factors, including threats of reprisals against them and/or those caring for them, and the stigma against victims of sexual violence. Such stigma also limits their ability to engage in income-generating activities.

Civilians, especially those in remote areas, also contend with difficult living conditions. Insecurity hampers their access to the country’s meagre public services, including health care. Poverty – in addition to forced recruitment – often drives minors to join fighting forces. Many households struggle to resume disrupted livelihoods, following the destruction of their property or the death of a breadwinner. Family members are separated from one another.

People arrested in relation to the armed conflict, or for security reasons, are held at places of temporary detention. Inmates in permanent places of detention often have poor living conditions as a result of dilapidated facilities and overcrowding. Moreover, prison dispensaries lack qualified staff and medical supplies.

Security sector reform – which includes the revision of the defence forces’ doctrine, training and procedures – continues, with support from MONUSCO and other international actors. The authorities are also taking steps to penalize abuses, although there is limited progress in the implementation of major IHL treaties. Traditional/religious leaders, civil society members and the media play an important role in shaping the opinions of weapon bearers and community members.

The country-wide presence of the Red Cross Society of the Democratic Republic of the Congo enables it to provide emergency services.

PLAN OF ACTION AND INDICATORS

CIVILIANS

Protection

▶ through confidential representations made on the basis of documented allegations of abuse, encourage all weapon bearers to comply with IHL/international human rights law and, where applicable, call on the parties concerned to prevent abuses, including sexual violence and child recruitment; refer victims to assistance programmes (see below)

▶ help the National Society enhance its family-links services and work with it to help people
– IDPs/refugees in particular – separated by conflict/violence reconnect; where appropriate, reunite unaccompanied/demobilized children with their relatives and follow up their cases to ensure their well-being; together with other organizations, find lasting solutions for those unable to rejoin their families

► organize recreational/educational activities in communities/transit centres to prevent child recruitment and to support the social reintegration of demobilized children

**Assistance**

**Health**

► with the Health Ministry, improve access to health care in Katanga and North/South Kivu; specifically:

- provide funds, medical supplies/equipment, infrastructural support and staff training for 15 health centres to provide preventive, curative, obstetric and ante/post-natal care to a catchment population of 155,000 people, including children and victims of sexual violence; if necessary, facilitate patients’ evacuation to hospital
- donate medical equipment/consumables to some 16 looted/damaged clinics; during emergencies, deliver supplies to some 12 health centres for up to three months

► to help victims of sexual abuse in North and South Kivu recover from trauma:

- provide staff in around 30 counselling centres with financial/technical assistance and training; with local teams, build/repair up to 4 such centres and, in case of mass influxes of patients, set up 2 more centres
- refer victims of sexual violence to ICRC-supported health facilities for medical treatment and, in districts without counselling centres, for psychosocial support; train community facilitators to provide basic psychological care during emergencies
- raise awareness in local communities of the consequences of sexual violence and of the health services available to victims, and help prevent the stigmatizing effects of such violence
- monitor the situation of 100 victims of sexual violence/other abuses in South Kivu, who were financially assisted by the British Red Cross/ICRC in 2015

**Economic security**

► with the National Society, help especially vulnerable residents, IDPs and returnees – and among them, people at risk of or have suffered sexual violence – improve their conditions and/or work toward self-sufficiency, by providing:

- around 175,000 IDPs/returnees (35,000 households) with household/hygiene items and some 100,000 people (20,000 households) with one-month food rations, in kind or through vouchers
- 23,000 IDP/returnee farming households (115,800 people) and some 840 IDP/returnee fishing households (4,200 people) with seed/tools and fish fingerlings, in kind or through cash/vouchers, also offering them technical guidance/training to pursue/resume their livelihoods
- food and other essentials for some 680 unaccompanied/demobilized children and 20 other vulnerable people, after reuniting them with their families
- funds, food and other essentials to cover some of the basic needs of around 800 children in transit centres or with host families

**Water and habitat**

► so that conflict-affected people improve their living conditions, including access to water for their daily needs:

- with local water boards, upgrade water infrastructure in Katanga and the Kivu provinces to benefit around 550,000 urban/rural residents
- during emergencies, provide up to 106,000 IDPs with water/sanitation facilities and shelter
materials
- upgrade infrastructure in 3 transit centres for demobilized children

### PEOPLE DEPRIVED OF THEIR FREEDOM

**Protection**
- visit, in accordance with standard ICRC procedures, detainees in prisons and places of temporary detention – and, when granted access, persons held by armed groups – to monitor their treatment and living conditions, in particular the situation of security detainees and detainees with specific needs, including women and minors; communicate findings/recommendations confidentially to the authorities to help them improve detainees’ treatment and living conditions
- encourage detaining authorities, through dialogue, to address overcrowding in prisons and to take measures to ensure respect for detainees’ judicial guarantees
- enable detainees to maintain/restore contact with relatives through RCMs/phone calls; facilitate travel home for released security detainees

**Assistance**
- work with the authorities to improve detainees’ living conditions, by:
  - upgrading water, sanitation and kitchen facilities in 13 prisons; encouraging/facilitating the development of repair/maintenance teams
  - distributing hygiene products and other essentials to around 17,000 detainees

### WOUNDED AND SICK

**Assistance**
- Medical care
  - to ensure that weapon-wounded people, victims of sexual violence and other patients – particularly those from Katanga, North Kivu and/or South Kivu – receive suitable medical treatment, support the casualty-care chain; in particular:
    - help 2 hospitals treat around 800 weapon-wounded people via 2 surgical teams – an ICRC-supported team of local surgeons in Bukavu and an ICRC team in Goma; in Goma, also train doctors in war-surgery standards and offer psychological and psychosocial support for patients
    - regularly support up to 5 hospitals with supplies/equipment, funds and training; help develop financial support mechanisms for especially vulnerable patients, for example displaced people and unaccompanied/demobilized children; stand ready to assist 3 more hospitals in an emergency
    - repair/upgrade electrical, sanitation and water infrastructure in up to 6 ICRC-supported facilities

### ACTORS OF INFLUENCE

**Prevention**
- through dissemination sessions – sometimes together with first-aid training – radio spots and brochures, increase weapon bearers’ understanding of IHL/international human rights law; in particular:
  - encourage all parties concerned to address issues of humanitarian concern, including sexual violence, child recruitment and the treatment of detainees; help the authorities and military/security commands review mechanisms for investigating and suppressing violations
  - encourage military commanders to consider changing operational tactics to comply with IHL and to issue directives to their personnel accordingly
  - with the police, promote international norms governing the use of force, especially in view of the approaching elections
  - foster respect for medical services/staff and the red cross emblem among these weapon
bearers, to facilitate provision of medical care and other aid to conflict/violence-affected people

- to help incorporate provisions of IHL/international human rights law in the armed forces’ training and restructuring process:
  - offer advice to, and organize workshops for, the ministries and parties involved in security sector reforms
  - contribute to officers’ training at military academies, in particular by furnishing them with reference materials and sponsoring their instructors’ participation in seminars/workshops abroad

- foster understanding of and acceptance for the Movement’s activities and the ICRC’s mandate among members of civil society, especially in conflict-affected areas; specifically:
  - hold dissemination sessions and distribute informational materials translated into five local languages
  - organize field trips for local/foreign media – especially local radio – to help them report regularly and accurately on humanitarian issues
  - organize/sponsor conferences, debates and competitions for academics, especially those with influence on the DRC’s decision-makers; contribute to a virtual IHL library in academic institutions

- at meetings/workshops in the DRC and abroad, encourage and help government officials to advance the ratification of IHL treaties and to contribute to the Strengthening IHL process; advise them on implementing treaties already ratified and enacting legislation on the suppression of IHL violations and, with the National Society, on the red cross emblem

**RED CROSS AND RED CRESCENT MOVEMENT**

*Cooperation*

- provide training and financial/logistical/material support to strengthen the National Society’s ability to carry out its core activities and provide emergency assistance, including by updating its contingency plan and working in line with the Safer Access Framework

**EXAMPLE 4: JORDAN**

Jordan continues to deal with the consequences of the armed conflict in Syria. It hosts hundreds of thousands of refugees – around four-fifths of them live among host communities, and the rest are at the Azraq and Al-Zaatari camps in Zarqa and Mafraq governorates. Most refugees are destitute. Those in camps struggle to find work and pay for their expenses. Tensions between residents and refugees in host communities are exacerbated by the strain on Jordan’s limited resources and public services, particularly its water-supply and health systems. Female breadwinners and separated/unaccompanied children are particularly vulnerable to various risks, including of sexual violence, under these circumstances.

People arriving from Syria receive treatment, as necessary, from the Royal Medical Services (RMS) of the Jordanian Armed Forces (JAF), at government-managed reception/collection centres along the border. The critically wounded/sick are transferred to hospitals; an RMS facility on the north-western border stabilizes patients – on an ad hoc basis – before they are transferred. However, owing to the influx of patients, the RMS and hospitals experience shortages of medical supplies, and may have trouble ensuring care during refugees’ transfer to camps. Psychological care is not always readily available to victims of sexual violence. Humanitarian actors help patients cover treatment costs.

The JAF – which plays a key role in receiving and assisting refugees – has incorporated IHL in its doctrine and training; it conducts some IHL training sessions autonomously. Interior Ministry officials maintain law and order in camps and transit facilities. The JAF, Interior Ministry and the General Intelligence Directorate (GID) detain people for security-related reasons, some of whom are interrogated in places of temporary detention.
Islamic circles, local/international media, NGOs, universities and civil society leaders influence public opinion.

The Jordan National Red Crescent Society plays a key role in the Movement’s response to the needs of people seeking refuge in the country. It runs vocational training and psychosocial care projects for female heads of refugee households, and is developing support programmes for victims of sexual violence.

**PLAN OF ACTION AND INDICATORS**

**CIVILIANS**

**Protection**

- Document abuses, including sexual violence, reported by refugees in transit facilities and camps, with a view to sharing these allegations with the parties concerned to prevent their recurrence; in particular:
  - remind the Jordanian authorities of their obligations under domestic and international law to people seeking refuge in Jordan, including the duty to respect the principle of non-refoulement and to facilitate access for weapon-wounded people to appropriate care
  - follow up humanitarian concerns in Syria with the relevant parties
  - discuss the specific needs of separated children/unaccompanied minors and victims of sexual violence with the authorities and community/religious leaders in camps
- With the National Society, help members of families dispersed by conflict, detention or migration restore/maintain contact; where appropriate, help separated children/unaccompanied minors rejoin their families

**Assistance**

- Help the National Society strengthen its response to the needs of people fleeing the conflict in Syria, through technical/financial support for:
  - conducting vocational courses for some Syrian/Jordanian women in host communities, to help them find a source of income
  - providing psychosocial support for victims of sexual violence

With the National Society:

**Economic security**

- Pay attention to including people at risk of sexual violence among the beneficiaries of the following forms of support, which will be provided in coordination with the authorities and other actors:
  - provision of food rations (and, as needed, 3 ready-to-eat and high-energy biscuits) and hygiene/essential items to as many as 1,000 people per day among those entering transit points or staying in reception/collection centres
  - monthly cash assistance for 3,000 females heading households (15,000 people) living in host communities, for covering rent and basic needs; one-off cash distribution to 3,000 households (15,000 people), for their winter-related expenses; food parcels and hygiene kits for 3,000 refugee and resident households (15,000 people)

**Water and habitat**

- With the authorities, help ensure adequate access to essential services for up to 100,000 people at border reception/collection points and 1 registration facility, and 150,000 people in host communities, by constructing/upgrading shelters and water/sanitation facilities and providing support for their maintenance

**PEOPLE DEPRIVED OF THEIR FREEDOM**

**Protection**

- Help the authorities ensure that the treatment and living conditions of detainees/internees – including those in temporary detention, under interrogation and in solitary confinement – meet
internationally recognized standards by confidentially sharing with them findings/recommendations based on:

- individual monitoring of people held by the GID, the Interior Ministry and, if possible, the JAF
- visits, conducted in accordance with standard ICRC procedures, to: security detainees; administrative detainees in Correction and Rehabilitation Centres; Palestinians from Syria/Syrians in *de facto* internment; people sentenced to death; women; and migrants

**Assistance**

- help prison health personnel tackle ethical issues associated with the provision of care in detention – the confidentiality of medical files and the documentation of ill-treatment, for example; in particular:
  - support the development of in-house training in these areas, and the setting up of a committee to oversee the process
  - provide technical expertise for updating the health information management system
  - facilitate the sharing of best practices by organizing a round-table event
  - work with the Health and Interior Ministries to reform health services in line with past ICRC assessments

**WOUNDED AND SICK**

**Assistance**

**Medical care**

- so that people crossing into Jordan can protect their health with timely preventive/curative care:
  - support 3 RMS-run health posts at reception/collection points
  - maintain 1 clinic at a registration facility; fund National Society ambulance services to evacuate up to 300 people needing specialized treatment, to hospital

**ACTORS OF INFLUENCE**

**Prevention**

- to promote respect for people protected by IHL/applicable international norms and domestic law, including those seeking refuge from the Syrian armed conflict:
  - help the police/gendarmerie add to their knowledge of international norms governing arrest and detention procedures through information sessions, specialized courses for their instructors and advanced training abroad; cultivate dialogue and coordinate with actors involved in reforming the security sector
  - supplement the JAF’s IHL training with briefings for troops and advanced courses for instructors, senior officers and legal advisers; encourage/assist in the establishment of an IHL steering committee; and develop dialogue on the conduct of hostilities, particularly with field commanders involved in the planning/execution of operations abroad
  - conduct information sessions on IHL and the ICRC’s activities for foreign weapon bearers, particularly those from Syria, with a view also to securing access for the ICRC in those places

**RED CROSS AND RED CRESCENT MOVEMENT**

**Cooperation**

- provide financial, material and technical support for the National Society to expand its emergency-response and other operational capacities; conduct its activities more safely in violence-prone areas; maintain its vocational training centre and explore ways to generate income from vocational and first-aid courses; and promote the Fundamental Principles and IHL among its staff/volunteers and actors of influence
- coordinate with Movement partners and with other organizations
EXAMPLE 5: LEBANON

The impact of the armed conflict in Syria continues to be felt in Lebanon. On top of political instability that has affected the country’s social and economic situation, Lebanon is seeing bouts of violence, particularly intercommunal clashes linked to the situation in Syria. Stricter border policies have reduced the influx of people from Syria, but Lebanon is already hosting well over a million refugees. People who have fled the conflict in Syria – including Lebanese returnees and Palestinian and Syrian refugees – report having suffered sexual violence and other abuses in Syria.

Most Syrian refugees are staying in host communities; some are in informal settlements. Palestinians from Syria often stay at the Palestinian refugee camps that Lebanon has been hosting for some time. The situation creates tremendous pressure: tensions often arise between refugees and residents over scarce resources. The lack of residence permits prevents many refugees from seeking employment; returnees from Syria struggle with re-establishing their livelihoods. Palestinian refugees contend with adverse living conditions and persistent tensions in camps. Owing to such conditions and difficulties, people from Syria in Lebanon are especially vulnerable to abuse; there have been reports of sexual violence against and among refugees.

There are numerous organizations involved in assisting refugees and returnees, as well as vulnerable residents, but they sometimes struggle to address people’s overwhelming needs. The local health-care system is similarly burdened. Obtaining hospital care and physical rehabilitation is difficult for both residents and refugees because of rising costs. For victims of sexual violence, stigma surrounding such abuse and risk of facing discrimination and family/community rejection further hinders them from seeking treatment or assistance.

The Lebanese Armed Forces (LAF) oversee State security, while the Internal Security Forces are responsible for law enforcement activities, with LAF support. The LAF’s IHL office supports and monitors the integration of IHL into military decision-making. The media and NGOs are active in Lebanon and the region.

PLAN OF ACTION AND INDICATORS

CIVILIANS

Protection

➤ through dialogue, remind authorities and weapon-bearers of provisions of international/domestic law regarding the protection of civilians, including refugees and health-care personnel, internationally recognized standards on law enforcement, the need for safe access to health care and other essential services and the principle of non-refoulement

➤ raise documented allegations of violations with the pertinent parties to prevent their recurrence; help victims in coping with their situation

➤ through interviews with refugees/returnees, document humanitarian concerns in Syria, including incidents of sexual violence, for submission to the pertinent parties via the ICRC’s Syria delegation

➤ with the National Society, aid communities in reducing their exposure to risks by raising awareness of safety measures through information sessions

➤ through Movement family-links services, help people re-establish/maintain contact with relatives, including those detained/interned abroad

With the National Society

Assistance

Health

➤ help conflict/violence-affected people – including victims of sexual violence – obtain basic health services such as ante/post-natal care and vaccinations, by:

• providing equipment/supplies for up to 8 primary health care facilities and 3 mobile medical units
• facilitating referrals for further medical/psychological care
• in an emergency, supporting 3 additional facilities or mobile units for three months

Water and habitat

◆ to help address the problem of overcrowding in refugee camps and alleviate its effects, including the risk of sexual violence and other abuses:
  • provide technical support to authorities to upgrade/repair water, power supply and sanitation infrastructure for up to 100,000 people in municipalities hosting refugees and areas in/around Palestinian refugee camps
  • assist local organizations in refurbishing shelters being rented by up to 600 Syrian/Palestinian refugee households (3,000 people); persuade the shelters’ owners to allow refugees to stay for free or at a reduced rate for a year

Assistance

Economic Security

◆ in coordination with the authorities and other humanitarian actors, help IDPs, refugees and returnees from Syria and their host communities meet their immediate needs; in particular, provide ad hoc cash grants to relatives of missing persons and victims of sexual violence to help improve their living conditions, and up to 2,650 refugee households (13,250 people) to cover 70% of their living expenses for two to six months

WOUNDED AND SICK

Assistance

Medical care

◆ to enable weapon-wounded/sick people, or women with obstetric complications, to access quality hospital care:
  • provide material/financial/technical support for up to 2 hospitals in southern Lebanon, 5 hospitals run by the Palestine Red Crescent, 3 clinics serving Palestinians, 2 field hospitals in Arsal and 3 post-operative centres in the Bekaa Valley
  • cover treatment costs of patients unable to reach ICRC-supported facilities

ACTORS OF INFLUENCE

Prevention

◆ to promote respect for IHL and other relevant norms among authorities and weapon bearers, contributing to an environment conducive to humanitarian action:
  • engage military forces and armed groups, including during first-aid training, in discussions on IHL and other applicable norms, underscoring the need to ensure the protection of civilians, including health workers, and health-care facilities, and to prevent sexual violence
  • support the LAF in advancing the integration of IHL into military training and operations by sponsoring the participation of key officials in courses abroad, conducting train-the-trainer sessions, and providing technical advice for updating the LAF’s law enforcement training curriculum
  • brief government officials regularly on the ICRC’s work and support the participation of a government expert in an international meeting on IHL

With the National Society:

◆ to foster broader support for the Movement’s neutral, impartial and independent humanitarian action and awareness of humanitarian concerns:
  • encourage regular and accurate media reports on the Movement’s action in the country and the region through press briefings, a humanitarian reporting award and seminars for journalists
  • hold exhibits and other events and produce communication materials to draw attention to the plight of families of missing persons, issues raised by the Health Care in Danger project,
and other humanitarian concerns, and the Movement’s response to them

- with think-tanks and academic institutions, organize workshops for lecturers/students; encourage their participation in regional IHL courses/events and their contribution to related researches/publications

**EXAMPLE 6: MALI**

In northern Mali, people continue to feel the effects of widespread insecurity and armed conflict. Civilian casualties are reported following fighting between armed groups and international/Malian forces, and after clashes among rival armed groups. Intercommunal violence and criminality render people in the affected communities more vulnerable to abuses, including sexual violence. Many people have lost livelihoods, fled their homes and became separated from their families. Hundreds of thousands remain displaced within the country and in neighboring countries. Migrants from around the region travel through Mali to reach Europe; some of them become victims of theft or attacks.

In northern Mali, successive years of poor harvest have left communities dependent on humanitarian aid. The instability, however, hampers access to this assistance and to already-scant basic services. Health staff are reluctant to return to facilities in conflict/violence-affected areas; resources are lacking for the repair of damaged or looted structures. The Gao regional hospital and Kidal referral centre provide emergency and specialized care, are at risk of being overwhelmed by an influx of wounded people following clashes. Victims of sexual violence are particularly affected by such constraints on the health system. Few health staff are trained in providing mental health and psychological support; victims are usually not aware of services available to them. Because of this, and of cultural taboos or lack of understanding in their communities of their ordeal, sexual violence victims are often reluctant or unable to seek treatment within the recommended period; most do so only on developing complications.

The Malian/international forces and armed groups detain people in connection with the conflict. The number of people arrested reportedly increases after clashes. Structural issues, particularly overcrowding, exacerbate poor living conditions and contribute to detainees’ vulnerability to abuse.

The media can contribute to raising awareness of humanitarian issues, including the consequences of sexual violence and the importance of prompt treatment for victims. Along with religious leaders and other influential members of civil society, they can help foster support for IHL and respect for humanitarian principles.

The incorporation in domestic law of sanctions for IHL violations – including revision of the penal code to include abuses committed during non-international armed conflict in the definition of war crimes – is ongoing.

**PLAN OF ACTION AND INDICATORS**

**CIVILIANS**

**Protection**

- share documented allegations of IHL/human rights violations, and discuss other humanitarian issues, with the parties concerned – focusing on people/groups who have regular dialogue with the ICRC – so that:
  - weapon bearers take steps to prevent abuses, including sexual violence, and do not recruit minors
  - people have safe access to health care/other essential services; medical/humanitarian workers perform their duties unhindered

- through integrated assistance and protection activities, help ensure that vulnerable communities reduce their exposure and build their resilience to conflict/violence; more specifically:
• help in developing community-based protection mechanisms and in restoring/strengthening livelihoods (see below)
• assist victims of sexual violence, taking steps – such as briefing other actors on their situation – not to add to their distress/stigmatization
• with the National Society, address the needs of vulnerable migrants on their way to Gao/Kidal or in transit centres

► with the National Society, help reconnect families separated by migration, detention or conflict/violence; where appropriate, reunite them and provide basic necessities; monitor the resettlement of minors formerly associated with weapon bearers; promote measures to prevent the dispersal of families along migration routes

**Assistance**

**Health**

► through financial/infrastructural and other support, help 12 community health centres and community workers in northern Mali deliver government-approved standards of preventive/curative care, so that:

• women obtain good-quality ante/post-natal care and family-planning services; people needing urgent care, such as women giving birth, access more advanced treatment at the Bourem health facility or Gao hospital
• people receive specialized care and psychosocial support for trauma linked to the conflict and/or sexual violence

► raise awareness in communities of the available services and importance of prompt treatment for victims of sexual violence

**Economic security and Water and habitat**

With the National Society:

► in northern Mali, help conflict/violence-affected communities – and thus the especially vulnerable people among them, including victims of sexual violence or people at risk thereof – improve their living conditions and/or restore their capacities to generate income, by providing:

• emergency assistance to help new IDPs cope during emergencies or returnees to adjust/readapt to their communities; specifically, provide some 30,000 people (5,000 households) with three-month food rations and household essentials, and around 10,000 people with water and shelter
• some 21,000 farming households (126,000 people) with agricultural supplies/equipment, support for seed banks and – in some cases – three-month rations/cash/vouchers for food so that they avoid consuming planting stock during the hunger gap period
• around 52,500 herding households (315,000 people) with training on fodder/pasture management and other support for boosting the health/market value of their livestock, such as for veterinary services, commercial destocking activities and fodder banks
• some 4,000 vulnerable breadwinners (24,000 people) – including women and victims of violence – with cash-for-work projects and financial/material support for establishing small businesses, thereby restoring/increasing their incomes by at least 80% of pre-crisis levels

► work with local water authorities, some 30 ICRC-trained water technicians and, where appropriate, people participating in cash-for-work projects to construct/upgrade water infrastructure in rural areas, so that 172,000 people have sufficient water for their crops and livestock

**People deprived of their freedom**

**Protection**

► provide the authorities with confidential feedback on the treatment and living conditions of detainees visited, paying particular attention to people held for conflict-related or security reasons; monitoring them during transfers and upon/after release; helping released detainees to travel home
work with the authorities to reduce overcrowding, by strengthening respect for judicial guarantees and improving prison management; more specifically:

- notify the authorities of people detained past the length of detention prescribed by domestic legislation
- assist vulnerable detainees in obtaining legal assistance – for conditional release on medical grounds, for example
- advise the authorities on planning budgets (see below) and arrange a study visit abroad for prison officials

**Assistance**

- through material/technical support, help the Malian authorities apply system-wide reforms to prison services for ensuring the well-being of detainees, particularly their access to food and health-care services
- install/upgrade prison infrastructure in as many as 4 prisons, so that detainees benefit from improved ventilation, kitchens and water/sanitation systems

### WOUNDED AND SICK

**Assistance**

- cover the emergency treatment expenses of weapon-wounded patients, victims of sexual violence, women giving birth and others at the Gao and Kidal facilities; help these facilities maintain national standards of care by:
  - supporting staff, including through ICRC medical/surgical teams and advanced training; encouraging them to remain/return through financial incentives
  - upgrading infrastructure and providing material support, including kits for treating up to 150 wounded people; aiding the Health Ministry in reassuming full responsibility for these facilities

### ACTORS OF INFLUENCE

**Prevention**

- support weapon bearers in incorporating humanitarian principles in their training and operations, for example, through:
  - IHL briefings/training for military personnel and advanced courses abroad for senior officers
  - information sessions on basic IHL and international human rights law for security forces
  - train-the-trainer courses for gendarmerie and military instructors, including on the use of an IHL manual
  - where possible, IHL briefings for armed groups

- with the National Society, foster support for IHL and the Movement among actors capable of facilitating Movement activities, including those inaccessible for security reasons, by:
  - facilitating accurate reporting on humanitarian issues through press conferences, field trips and regional workshops for journalists
  - stimulating discussion on the parallels between IHL and Islam among academic and religious circles – including religious leaders, Koranic teachers and faith-based NGOs – at seminars, conferences abroad, and other events
  - boosting communication efforts of National Society volunteers and promoting neutral, impartial and independent humanitarian action among the organizations with which they work
  - informing northern communities and migrants of the services available from Movement components and other humanitarian organizations in Mali and within the region

- facilitate the ratification/implementation of IHL treaties and the revision of the penal code; more specifically:
  - help politicians and government officials – particularly parliamentarians, magistrates and members of the national IHL committee – understand their role in ratifying/implementing
IHL, through information sessions, a workshop and regional meetings on IHL
- organize meetings and other events for national authorities on, *inter alia*, the Strengthening
  IHL process and the prevention of sexual violence

**RED CROSS AND RED CRESCENT MOVEMENT**

*Cooperation*

- with the International Federation, provide the National Society with expertise/training and
  financial/material/logistical support for strengthening its ability to provide assistance and fam-
  ily-links services, administer first aid, prepare for emergencies and, when working in isolated
  and violence-prone areas, incorporate the Safer Access Framework in its activities

**EXAMPLE 7: SOUTH SUDAN**

Hostilities continue to take place in several parts of South Sudan despite a peace agreement signed, in
August 2015, by the parties to the non-international armed conflict that broke out in 2013. Intercom-
munal tensions also persist and often lead to violence.

Residents, returnees and IDPs are exposed to risks of various forms of abuses, including sexual vio-
lence perpetrated as part of attacks against civilians or in connection with abduction/detention. They
are made even more vulnerable by repeated and long-term displacement and poor living conditions
brought about by inadequate access to water, absence of shelter and scarcity of food and other basic
commodities, especially in remote areas. People face security and other threats when traveling long
distances to reach safe areas and/or obtain water, firewood or food. Households cannot pursue liveli-
hood activities because of displacement, reduced access to land and depleted productive assets. Many
families are dispersed, and their members lack the means to contact each other.

Owing to prevailing violence, lack of awareness of the need for the victims to be treated in a timely
manner, and absence of adequate and sufficient care, victims of sexual violence are often unable to
receive the health services and medical treatment they require. The few health facilities that remain
functional lack supplies, equipment and qualified staff. Psychosocial care and support mechanisms
are particularly insufficient; victims also face the risk of being rejected or persecuted by their com-
nunities. Aid agencies have limited access to vulnerable people because of security and logistical
constraints, as well as the patterns of displacement – IDPs are often scattered in large, hard-to-reach
locations. Humanitarian agencies often depend on parties involved in conflict/violence to allow them
safe access to vulnerable communities.

The authorities, military, police and other armed groups present in the country play a crucial role in
safeguarding people and protecting their rights. However, disrespect for IHL provisions and other
applicable norms is allegedly widespread because members of fighting forces – among them soldiers,
militias, armed fighters, minors and people allegedly recruited against their will – lack awareness and
understanding of these rules.

People detained in relation to conflict/other situations of violence are held in facilities run by the
Interior Ministry, the military and/or the Ministry of National Security. Some people are being held
by armed groups. Persons who allegedly endanger the safety of IDPs in “protection-of-civilians” sites
are detained by the UN Mission in South Sudan (UNMISS); some of them are handed over to the
national authorities. The national penitentiary administration’s means – to maintain detention infra-
structure, and to provide inmates with health care, for example – are limited.

**PLAN OF ACTION AND INDICATORS**

**CIVILIANS**

*Protection*

- through dialogue, remind the pertinent authorities, military forces and armed groups of their
  obligations under IHL and other applicable law to protect conflict/violence-affected people and
  ensure unimpeded access for them to essential goods/services and humanitarian aid; submit
confidential representations to the parties concerned on alleged violations, including sexual violence

▶ in cooperation with community members/other humanitarian agencies, help victims of sexual violence and other abuses obtain medical/psychological care by referring them to suitable facilities and by making ad hoc donations of material assistance

▶ with the National Society, enable newly displaced persons and other vulnerable people, including unaccompanied/separated children, to restore contact with their relatives, mainly through phone calls; when appropriate, reunite members of dispersed families

**Assistance**

**Health**

▶ provide up to 6 clinics with supplies/equipment and staff training so that they can:
  - offer the necessary services, including psychological and psychosocial support, for victims of sexual violence
  - treat sick/injured people and refer patients for hospital/surgical care
  - facilitate safe deliveries and provide ante/post-natal care
  - mitigate disease risks through immunization

▶ extend ad hoc support to 5 other clinics for sustaining their services/managerial capabilities

**Economic security**

With the National Society:

▶ as part of broader efforts to help vulnerable people meet their basic needs and strengthen their resilience to the consequence of conflict, seek to include victims of sexual violence or people at risk of such abuse among the beneficiaries of the following forms of support:
  - distribution of food rations, including nutritional supplements, to up to 432,000 IDPs and residents (72,000 households), and shelter/household items to up to 120,000 people (20,000 households)
  - provision of fishing kits, which may be carried should beneficiaries have to flee for their safety, to 20,000 households (120,000 people)
  - health services for the livestock of some 20,000 households (120,000 people), primarily by coordinating with the Ministry of Animal Resources and Fisheries, in training/equipping animal health workers to provide veterinary services
  - distribution of seed/tools to some 30,000 households (180,000 people), helping them resume agricultural production or increase it by 25%
  - group discussions in up to 10 communities on self-protection and preservation of livelihoods

**Water and habitat**

▶ to help ensure sustainable access to clean water for communities and mitigate their exposure to health, security and other risks:
  - with local authorities/technicians, repair/install water supply systems serving up to 150,000 residents/IDPs in rural areas, and up to 150,000 residents in urban areas
  - train/equip local technicians to operate/maintain these systems

▶ repair facilities at up to 6 ICRC-supported clinics, to help ensure uninterrupted provision of care

**PEOPLE DEPRIVED OF THEIR FREEDOM**

**Protection**

▶ through visits carried out in accordance with standard ICRC procedures, monitor the treatment and living conditions of detainees, POWs, people held by armed groups and people in UNMISS’s custody; pay particular attention to the situation of women, minors, foreigners and the mentally ill; communicate findings and recommendations to the authorities confidentially
help detainees contact their families through family-links services and, on their release, help them reunite.

**Assistance**

- help authorities ensure that detainees’ living conditions meet internationally recognized standards, by:
  - promoting, through information sessions, better sanitation practices among detainees and prison staff
  - ensuring inmates’ access to medical care by training health staff, particularly in managing health services and treating malnutrition
  - donating medicines or food supplies during disease outbreaks or other emergencies

**WOUNDED AND SICK**

**Medical care**

With the National Society:

- provide comprehensive support for 2 hospitals to meet national/international standards for surgical, paediatric, obstetric/gynaecological and medical support services; more specifically:
  - for each hospital, provide training and direct assistance through 1 surgical team
  - donate supplies and equipment, fuel for generators, and food for destitute patients and their caretakers
  - repair water/sanitation/electrical supply infrastructure
  - through training and material assistance, help the hospitals’ staff build their capacities in infection control, maintenance and human resources/financial management
- during emergencies, support up to 10 health facilities with ad hoc deliveries of supplies and/or the deployment of a surgical team

**ACTORS OF INFLUENCE**

**Prevention**

With the National Society:

- to help ensure that all conflict/violence-affected people, including the weapon-wounded and those at risk of sexual violence, are protected and that they receive medical/humanitarian assistance:
  - during meetings, dissemination sessions and first-aid courses, remind the authorities, military/police, foreign/international troops and other weapon bearers of their responsibilities under IHL/international human rights law, particularly regarding the conduct of hostilities and the use of force; encourage them to take steps to prevent sexual violence and abuses and ensure the protection of the red cross and red crescent emblems; seek to maintain/enhance acceptance among them for the ICRC’s mandate and working methods
  - promote awareness of IHL and humanitarian issues, including those linked to sexual violence, and foster support for Movement activities through public communication efforts, including information sessions for traditional/religious leaders, radio spots, press releases/conferences and meetings with members of the diplomatic community
- through training courses, including train-the-trainer sessions, for government and opposition forces, and by sponsoring the participation of key military officers in a workshop in San Remo:
  - encourage commanders on both sides to implement disciplinary measures to suppress IHL violations and improve their troops’ conduct
  - help them incorporate provisions of IHL – including those concerning the treatment of detainees – in their decision-making processes and operations

**RED CROSS AND RED CRESCENT MOVEMENT**

**Cooperation**

- provide the National Society with training and material/logistical/financial support for orga-
nizational development and for strengthening its capacity to respond to emergencies, restore family links, promote IHL and the Movement, and apply the Safer Access Framework to reinforce the overall Movement response, strengthen coordination with Movement partners through workshops and periodic meetings.

EXAMPLE 8: SYRIAN ARAB REPUBLIC

The armed conflict – between government forces and numerous armed groups that are also fighting among themselves – continues unabated. The conflicting parties largely disregard IHL provisions and other norms governing the conduct of hostilities and the protection of civilians, civilian infrastructure and medical services. Violations/abuses reportedly committed by weapon bearers on all sides include sexual violence.

Owing to violence, erratic essential services, insufficient basic goods and poor economic conditions, majority of the Syrian population – residents and IDPs alike – mostly rely on assistance to meet their needs. Many IDPs are staying in camps/settlements unequipped for such purposes; sexual violence is reportedly a concern at these places. Millions of people have sought refuge abroad, particularly in neighbouring Jordan and Lebanon, where they face specific hardships and vulnerabilities.

The need for medical care is immense, but access to health services is very limited and seeking/providing these is potentially unsafe. The health-care system has steadily deteriorated, and facilities that remain open have barely enough resources to sustain their operations. Health personnel/facilities and patients are targeted from across front lines. Parties to the conflict prevent medical workers from treating their adversaries’ wounded/sick personnel or deliberately block the delivery of humanitarian/medical aid to civilians. In addition, victims of sexual violence may be afraid to come forward and seek assistance owing to social/cultural norms.

The Defence/Interior Ministries and the security services detain people in relation to the conflict. Some armed groups have confirmed that they are holding people, mostly Syrian armed/security forces personnel, members of other armed groups and foreign nationals. Reports of ill-treatment and poor living conditions in places of detention are widespread.

The parties to the conflict make use of traditional and social media for propaganda purposes. Religious/community leaders, as well as certain foreign actors, have some influence over those involved in the conflict.

PLAN OF ACTION AND INDICATORS

CIVILIANS

Protection

▸ pursue dialogue with the Syrian authorities and weapon bearers from all sides; emphasize their obligations under IHL and other applicable law to respect and protect people not/no longer participating in the hostilities, and to put an end to abuses against civilians and civilian infrastructure, including patients, medical staff/facilities and humanitarian workers

▸ through dialogue and written representations, including those about allegations reported by people who have sought refuge abroad, draw attention to IHL rules governing the use of force in the conduct of hostilities, and to violations such as indiscriminate attacks affecting civilians, tactics depriving civilians of essential goods/services, sexual violence, recruitment of minors and extra-judicial killings

With the National Society:

▸ enable separated relatives, including people who have sought refuge abroad, to exchange family news through RCMs, phone calls and other family-links services

▸ in coordination with IOM, UNHCR and others, issue travel documents to help refugees and asylum seekers resettle; facilitate identification/registration of unaccompanied minors, trace their relatives and, if appropriate, help them reunite
Assistance

Health

- To help IDPs/residents, including victims of sexual violence, have access to basic health services:
  - Provide up to 11 National Society-run mobile health units and as many as 7 clinics with medical supplies/equipment, staff training and financial assistance for meeting operating costs, so that they can sustain their services, including mother/child care, treatment of common illnesses, psychosocial support and referrals for advanced/hospital care
  - Enable National Society health staff to become more capable of diagnosing/treating/preventing common illnesses and providing psychological care, through training/on-site coaching and financial/material assistance

Economic security

With the National Society:

- While seeking to increase access and proximity to people in conflict-affected areas, and taking into account their resilience and coping mechanisms:
  - Every month: ease the situation of up to 800,000 people (160,000 households) by covering part of their dietary needs with food parcels, canned goods or fresh bread, or via donations of bulk rations to collective kitchens in IDP shelters; help up to 150,000 IDPs (30,000 households) improve their living conditions by providing them with essential household items (e.g. hygiene kits, kitchen sets, mattresses)
  - Provide up to 500 female or disabled heads of household (supporting 2,500 people in all) with cash to start small businesses, thereby helping them to earn enough money to cover some 50% of their essential monthly expenses
  - Enable up to 25,000 people (5,000 households) to boost their self-sufficiency by helping increase their incomes by some 30% through cash-for-work projects and other initiatives to enhance community infrastructure or agricultural/livestock production

Water and habitat

With the National Society and/or local water boards:

- Help up to 2 million IDPs, residents and returnees meet their immediate water needs through water trucking, emergency repairs/upgrades to water installations and distribution of bottled water
- In conflict-affected areas, help improve living conditions for up to 1 million people – including IDPs in collective shelters and returnees requiring basic services – by repairing/upgrading water-distribution/supply systems, sanitation infrastructure and energy-supply installations, and by implementing solid-waste management and pest-control programmes
- Help ensure a reliable supply of water for up to 15 million people by providing water boards with chemicals (e.g. aluminum sulphate) and spare parts for operating water and sewage treatment plants

PEOPLE DEPRIVED OF THEIR FREEDOM

Protection

- With the detaining authorities’ consent, conduct standard ICRC visits to all detainees held by the Syrian government, including those outside the jurisdiction of the Interior Ministry, and to people held by armed groups; share findings and recommendations confidentially with the authorities concerned, with a view to improving, where necessary, detainees’ treatment and living conditions
- Through dialogue, remind detaining authorities of the importance of complying with internationally recognized standards, particularly in relation to respecting judicial guarantees, ensuring access to health care, and notifying detainees’ families of their relatives’ whereabouts; seek to engage detaining authorities in dialogue about standards/best practices applicable to prison management
Assistance

Water and habitat

- based on needs identified during detention visits, help improve the living conditions of up to 15,000 people held at 8 prisons, by:
  - supporting the authorities in repairing/maintaining water-supply/sanitation installations, energy systems and other facilities

WOUNDED AND SICK

Assistance

Medical care

- to enhance the quality of first aid and surgical/medical care available to wounded and sick people, including victims of sexual violence:
  - help Syrian Arab Red Crescent staff and volunteers become more capable of administering first aid and stabilizing/evacuating patients by providing them with supplies/equipment, ambulances and financial support for organizing training sessions

ACTORS OF INFLUENCE

Prevention

- to promote respect for civilians/civilian infrastructure and for other IHL rules, and to help facilitate ICRC activities in the field:
  - through dialogue and informal field meetings, and by disseminating information, participating in and/or organizing workshops, and working with the reactivated national IHL committee, raise awareness of/support for IHL and its rules concerning protected persons/objects, and secure acceptance for the ICRC and its mandate – particularly in relation to people deprived of their freedom – among the Syrian authorities and armed/security forces, and among armed groups, including their representatives abroad
  - develop contacts with influential actors in Syria and abroad, such as States supporting parties to the conflict, religious/community leaders, academics and the media; keep them up to date on IHL-related issues the humanitarian situation in Syria and ICRC activities, through news releases and operational updates on online platforms and multi-format informational materials; invite journalists, law students and community leaders to participate in IHL-themed courses/seminars

EXAMPLE 9: PAPUA NEW GUINEA (SUVA REGIONAL)

In the Highlands region of Papua New Guinea, intercommunal clashes cause injuries and deaths, including among women, children and the elderly. Sexual violence is rampant, and also takes place during clashes. Damage to public and private property/infrastructure disrupts communities’ means of subsistence and hampers their access to vital services, such as health care. Together with the persisting tensions – which allegedly fuel partiality in health-care provision – and security issues, this makes it difficult for wounded or sick people, and victims of sexual abuse, to receive appropriate treatment and support. Host communities and IDPs often have to share limited resources.

The armed forces of Papua New Guinea are deployed to support the police during law enforcement operations in tension-prone areas; private security companies, employed mainly by resource-extraction companies, sometimes stand in for local police. Lack of training in the pertinent rules has had adverse consequences for the people involved in or caught up in such operations – for example, instances of the use of excessive force law enforcement/security operations have been reported.

Some prisons are dilapidated and ill-equipped, as are police lock-ups, which are not meant to hold people for extended periods. Partly because of the lack of maintenance, detainees have insufficient access to clean water and live in unsanitary conditions. Health services are not always available, largely because of limited capacities. Legal and procedural frameworks on judicial guarantees and protection from abuse are, at times, inadequately enforced. Some migrants/asylum seekers intercept-
ed off Australia’s coasts are held at a processing centre on Manus Island in Papua New Guinea, where they continue to await the resolution of their cases. Among them are women, children and trauma survivors.

PLAN OF ACTION AND INDICATORS

CIVILIANS

Protection

▶ develop dialogue with people involved in intercommunal fighting in the Highlands and encourage leaders, fighters and other community members concerned to abide by basic principles of humanity, in particular: sparing people not/no longer taking part in the hostilities; facilitating access to health care for the wounded, the sick and victims of sexual abuse; and respecting public and private property, including health-care facilities

▶ based on field visits and contact with stakeholders, document the consequences of the fighting for the communities concerned; share the findings with local/national government authorities and urge them to take corrective/preventive measures, for instance, by restoring disrupted essential services and ensuring safe access to health/medical care for victims of sexual violence and other people in need, regardless of their ethnic identity/affiliation

▶ urge law enforcement/security forces to take measures to ensure respect for communities and public/private property during their operations

Assistance

With the National Society:

▶ work with the local authorities and communities to help address the needs of vulnerable people, including IDPs; more specifically:
  • train first-aiders from various communities in the Highlands and provide them with equipment to increase the likelihood of people injured during clashes or other emergencies, including victims of sexual violence, receiving timely and impartial medical attention
  • support up to 3 health centres in the Highlands – by rehabilitating infrastructure, training staff and providing supplies – to improve access to preventive/curative care for people in their catchment areas; donate medical supplies to other health facilities to help them cope in the event of mass-casualty incidents
  • construct water-supply systems to provide up to 4,000 people in the Highlands with access to water for household/agricultural purposes and for their livestock

PEOPLE DEPRIVED OF THEIR FREEDOM

Protection

▶ visit, in accordance with standard ICRC procedures, detainees in police lock-ups and prisons and – with the support of Australian Red Cross staff – migrants/asylum seekers held at the processing centre in Manus Island; assess their treatment and living conditions, including, where applicable, during arrest and interrogation at police stations

▶ share findings and recommendations confidentially with the authorities concerned; follow up specific issues, including cases of people on lengthy remand at police lock-ups; urge the authorities to address the needs of particularly vulnerable people by taking such measures as ensuring their protection against abuse, including sexual violence, conducting medical screening before transfers, and providing treatment for traumatized or mentally ill persons and suitable care for minors and pregnant women

▶ to promote penitentiary reform and observance of good practices and internationally recognized standards for detainees’ treatment and living conditions, sponsor detaining authorities’ participation in seminars abroad
**Assistance**

- to help enhance health-care provision for detainees in prisons and police lock-ups:
  - in cooperation with prison and civilian health authorities, conduct health-monitoring visits to facilitate proper diagnosis and treatment, including physical rehabilitation or psychiatric care, for detainees; where necessary, refer detainees for treatment at external health facilities
  - through workshops and training, help prison health authorities develop/strengthen their ability to address health issues in detention
  - provide medical equipment/supplies to prison health services, as needed

**ACTORS OF INFLUENCE**

**Prevention**

- promote respect for humanitarian principles, IHL and/or other relevant norms and standards among the armed forces, police and other weapon bearers, and urge them to incorporate these norms/standards in their training, doctrine and operations; more specifically:
  - provide training in IHL and applicable internationally recognized standards, and make presentations on the ICRC’s mandate and activities, for armed forces and police personnel, for instance, during courses at military/police training establishments
  - facilitate the participation of senior armed forces officers and legal advisers in IHL courses abroad
  - engage people involved in intercommunal fighting in dialogue on principles of humanity; organize workshops/round-tables and train-the-trainer courses for police units, security companies and correctional services staff on internationally recognized standards applicable to their duties, particularly those governing the use of force in law enforcement

- to further understanding of and support for IHL, the ICRC’s neutral, impartial and independent humanitarian action and the Movement:
  - engage in dialogue on humanitarian issues with government representatives, the media, academics, think-tanks and NGOs, and encourage them to raise awareness of these issues through their circles of influence; organize briefings, workshops or other events on the Health Care in Danger project, preventing sexual violence or other IHL-related subjects
  - maintain contact with community leaders and other key stakeholders, particularly in the Highlands, keeping them informed about the ICRC’s activities for violence-affected people and highlighting such matters as the importance of facilitating access to health care; organize a conference to tackle specific aspects of tribal fighting, focusing on sexual violence, with a view to developing dialogue on the issue
  - keep stakeholders and the wider public informed of IHL-related developments and Movement activities by producing/distributing operational updates and other informational materials through online and other channels

**RED CROSS AND RED CRESCENT MOVEMENT**

**Cooperation**

- provide the Papua New Guinea Red Cross Society with financial, material and technical support and training, enabling it to respond more effectively to the needs of victims of violence/natural disasters, scale up their activities in response to emergencies, and promote IHL, humanitarian principles and its own roles and activities
## SPECIAL APPEAL: STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE 2016: ICRC BUDGET

### BUDGET IN KCHF

#### STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE: ICRC BUDGET

<table>
<thead>
<tr>
<th>Operations</th>
<th>Budget in KCHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEADQUARTERS**</td>
<td>677</td>
</tr>
<tr>
<td>CENTRAL AFRICAN REPUBLIC**</td>
<td>8,228</td>
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<tr>
<td>COLOMBIA**</td>
<td>5,088</td>
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<tr>
<td>CONGO, DEMOCRATIC REPUBLIC OF THE**</td>
<td>13,419</td>
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<tr>
<td>JORDAN**</td>
<td>5,297</td>
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<td>LEBANON**</td>
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<tr>
<td>MALI**</td>
<td>8,748</td>
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<tr>
<td>PAPUA NEW GUINEA (UNDER SUVA REGIONAL DELEGATION)**</td>
<td>896</td>
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<tr>
<td>SOUTH SUDAN**</td>
<td>18,444</td>
</tr>
<tr>
<td>SYRIAN ARAB REPUBLIC**</td>
<td>8,219</td>
</tr>
</tbody>
</table>

**TOTAL ICRC SPECIAL APPEAL** | 72,979

These activities, along with others, are also included in the funding requirements outlined in the ICRC Appeals 2016: Headquarters and ICRC Appeals 2016: Operations, both issued in November 2015.

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may lead to differences in rounded-off addition results.

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


54. For each operation, includes the funding requirements related to directly or indirectly addressing sexual violence.


56. Also included in the funding requirements outlined in the Appeals 2016: Operations for Colombia; launched in November 2015 and available on the ICRC Extranet for Donors at: http://extranet.icrc.org/extranet/rexdonors/content.nsf/html/all/A2L4X6/$FILE/Appeals2016_Colombia_Final.pdf?OpenElement

57. Also included in the funding requirements outlined in the Appeals 2016: Operations for Congo, Democratic Republic of the; launched in November 2015 and available on the ICRC Extranet for Donors at: http://extranet.icrc.org/extranet/rexdonors/content.nsf/html/all/A2D9PT/$FILE/Appeals2016_DRC_Final.pdf?OpenElement


62. Also included in the funding requirements outlined in the Appeals 2016: Operations for South Sudan; launched in November 2015 and available on the ICRC Extranet for Donors at: http://extranet.icrc.org/extranet/rexdonors/content.nsf/html/all/A2D9G2/$FILE/Appeals2016_SouthSudan_Final.pdf?OpenElement

COMMENTS

This Special Appeal aims to attract contributions from new funding sources, more particularly from those not usually or not yet financing the ICRC on the basis of its yearly Headquarters Appeal and Emergency Appeals. Activities covered are also included in the ICRC Appeals: Headquarters and ICRC Appeals: Operations 2016.

The budget presented covers:

► activities to be exclusively funded and implemented through the ICRC
► for the operational examples, activities that address sexual violence and are deployed under various ICRC programmes benefiting the target populations, civilians, people deprived of their freedom and wounded and sick; other initiatives directed at actors of influence under prevention and protection programmes; and the means needed to operate with/in coordination with Movement partners

Contributions for 2016 can be made towards this Special Appeal, without further earmarking.

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

In summary:

► narrative reporting will be accessible through:
  • regular information published on the ICRC website
  • ICRC Midterm Reports: the states/progress of ICRC operations by context as of mid-year (published on the ICRC Extranet for Donors in July–August each year)
  • ICRC Annual Reports: yearly achievements in ICRC operations (by context) as well as work at headquarters
  • ICRC Special Report on the Special Appeal (once a year)
► financial reporting will be available in:
  • ICRC Annual Report: financial reporting, including the yearly consolidated financial statement, the independent Auditor’s report and financial and statistical tables
  • Special Auditor’s Report on the Special Appeal (once a year)