SPECIAL REPORT

STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE 2016
EXECUTIVE SUMMARY

Sexual violence during armed conflicts and other situations of violence has long been widespread, with grave and devastating consequences. It may be used as an act of retribution, and to create fear, targeting both the individual and the entire community. In many cases, rape and other forms of sexual violence have been used systematically and with extreme brutality, frequently resulting in severe consequences that affect all dimensions of victims’ physical, psychological, social and spiritual well-being. These acts occur despite prohibitions, explicit and implicit, against sexual violence in treaty and customary international humanitarian law applicable in both international and non-international armed conflicts, international human rights law and, in many cases, domestic law. Moreover, the full extent of the problem is often concealed owing to various factors that prevent victims or witnesses from reporting it.

In line with the pledge it made at the 27th International Conference of the Red Cross and Red Crescent in 1999, the ICRC developed a comprehensive approach to ensuring that its activities emphasized the respect that women and girls must be accorded at all times and the need for further efforts to counter the grave threat that sexual violence poses to all people, including men and boys, during armed conflicts and other situations of violence. In the years since, it has improved its response in this regard. However, owing to the appalling and brutal nature of sexual violence, and the fact that it is often underreported and underestimated, the ICRC acknowledged, in 2013, the need to further improve its approach, strengthen its response and mobilize its staff to proactively address the issue. It thus undertook a four-year commitment (2013–2016) to reinforce its action in four main areas:

- holistic operational response;
- prevention;
- mobilization of the International Red Cross and Red Crescent Movement (the Movement); and
- staff sensitization and training.

The current Special Report follows up on the objectives and plans of action presented in the Special Appeal 2016. It covers: the background and goals of the four-year initiative; the developments, activities and progress – at headquarters and field levels – that occurred in 2016; and the activities in nine contexts, as examples of the ICRC’s efforts to protect people from sexual violence, prevent the recurrence of abuse and assist the victims. The last section presents the expenses for activities related to the initiative and the contributions made towards the Special Appeal 2016. The narrative and financial information in this report is based on the ICRC Annual Report 2016, published in May 2017.

In 2016, the ICRC continued to focus on improving the planning and implementation of activities in response to the risks and consequences of sexual violence. It took stock, through an ongoing review, of the progress made and challenges encountered during the 2013–2016 period, and initiated efforts to better monitor and evaluate its activities and to draw lessons for future action.

Delegations continued to be encouraged to strengthen their response to sexual violence and to work on the assumption that the problem occurs during conflict and other situations of violence. They received capacity-building support and specific technical advice to expand the scope of ongoing efforts, start new activities and/or lay the ground for future action. Coordination among and between staff members working on the issue was sustained through regular meetings and other means, helping ensure institutional alignment on the issue and facilitating implementation of an integrated response.

The activities carried out by ICRC delegations continued to have a strong focus on providing medical care and psychological and psychosocial support to help victims of sexual violence deal with the most urgent consequences of the abuse they had suffered. These included initiatives to make psychosocial care and
prompt medical treatment available to the victims, either in ICRC-supported facilities or through referrals to appropriate providers. Awareness-raising campaigns for communities, and for health and humanitarian workers, sought to protect victims from stigmatization or further harm. The ICRC took particular care to uphold the “do no harm” principle, by, among other means, providing care through a broader approach benefitting the general population and all victims of violence.

Several delegations carried out activities to help victims of sexual violence meet their daily needs or to facilitate their reintegration into society. These included the provision of livelihood support and vocational training, which at times also helped reduce people’s vulnerability to safety risks and abuses, including sexual violence.

Contributing to the protection of people and helping create an environment conducive to the prevention of abuse remained a key aspect of the ICRC’s response. Delegations included the issue of sexual violence during armed conflict in their dialogue with the authorities, weapon bearers and other groups with influence. Where possible, oral or written representations were made to remind these actors to take measures to prevent abuses and to sanction the perpetrators. In several contexts, such issues were addressed during briefings and dissemination sessions for weapon bearers. In carrying out these activities, delegations drew on the advice and support of specialists and other staff members at headquarters and on various reference materials and tools.

The ICRC reinforced its efforts to sustain the attention given to the issue by the humanitarian, development and political communities. It sought to influence resolutions, policies and other decisions regarding sexual violence, to ensure that they reflected well the prohibition of sexual violence under IHL and the responsibilities of States to address victims’ concerns. It did so by, among other things, organizing and/or attending events that were specifically about sexual violence during armed conflict or which addressed the issue in the framework of compliance to or implementation of IHL. Senior ICRC officials represented the organization at these events, which included the World Humanitarian Summit held in May. The ICRC also continued to update legal tools and undertake other initiatives to build support and encourage action around preventing sexual violence.

Coordination with other components of the Movement was sustained, with a view to maximizing the global reach of the Movement in addressing sexual violence during armed conflict, disasters and other emergencies. Notably, efforts were undertaken to implement Resolution 3 “Sexual and gender-based violence: joint action on prevention and response”, adopted at the 32nd International Conference of the Red Cross and Red Crescent held in 2015.

The ICRC kept up its efforts to ensure that its staff members were equipped to develop and implement effective responses to the consequences of sexual violence, and to reinforce prevention activities. As set out in its 2014–2016 training framework on gender analysis and sexual violence, it continued to devote resources to this end, by organizing internal training specific to the issue and including sessions about sexual violence in general training courses. ICRC staff members – and those from National Societies and other organizations – also had access to training courses provided by ICRC partners.

The section summarizing the activities carried out by the ICRC’s delegations in the Central African Republic, Colombia, the Democratic Republic of the Congo, Jordan, Lebanon, Mali, South Sudan and the Syrian Arab Republic, and in Papua New Guinea by the Suva regional delegation, demonstrates the ICRC’s multifaceted response to sexual violence and the circumstances under which these activities were implemented. These activities range from assistance programmes to provide victims with appropriate health services and/or support for their basic needs to protection- and prevention-focused activities. It must be noted that the activities are at different stages of the project cycle, depending on the level of understanding the ICRC has of the problem in a particular context and of prevailing cultural sensitivities and other factors. The section also describes efforts carried out by the ICRC in other contexts.
HEADQUARTERS: ACTIVITIES AND RESULTS 2016

HOLISTIC OPERATIONAL RESPONSE TO THE NEEDS OF VICTIMS OF SEXUAL VIOLENCE

PREVENTION OF SEXUAL VIOLENCE

MOVEMENT MOBILIZATION ON SEXUAL VIOLENCE

STAFF SENSITIZATION AND TRAINING

OPERATIONS: RESPONSE TO SEXUAL VIOLENCE IN 2016

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

Example 1: Central African Republic
Example 2: Colombia
Example 3: Congo, Democratic Republic of the
Example 4: Jordan
Example 5: Lebanon
Example 6: Mali
Example 7: South Sudan
Example 8: Syrian Arab Republic
Example 9: Papua New Guinea (Suva regional)

FINANCIAL OVERVIEW

BREAKDOWN OF THE BUDGET AND EXPENDITURE IN RELATION TO THE SPECIAL REPORT: STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE 2016 (IN KCHF)

LIST OF CONTRIBUTIONS PLEDGED AND RECEIVED

COMMENTS
### ICRC Abbreviations and Definitions

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</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 accountability²</td>
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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 and 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 (Movement) that aims to improve the security of the 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, the Movement, humanitarian organizations, health-care professionals and other relevant actors, bearing in mind their respective roles, mandates and capacities. Launched in 2011, it is scheduled to run through 2017. |
| HIV          | human immunodeficiency virus |
| IASC         | United Nations Inter-Agency Standing Committee |
| ICC          | International Criminal Court |
| 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 |

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¹ Definition used in the ICRC’s management framework; see Annual Report 2016: The ICRC’s operational approach to results-based management: improving humanitarian action, available on the ICRC Extranet for Donors at:https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/76D5B4D0B0F7FC3C3C1B20214A06/$File/3_icrc-annual-report-mang-framework.pdf(accessed in April 2017).

² Ibid.

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, role and mandate.

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 military medical services.

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).

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

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), in order to identify any significant deviations from the plan.

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. For sexual violence as defined above to fall under the scope of application of international humanitarian law, it needs to take place in the context of, and be associated with, an armed conflict.

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).

United Nations

United Nations World Health Organization

5. Ibid.
THE CONSEQUENCES OF SEXUAL VIOLENCE

Sexual violence during 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 retribution, and to create fear, targeting both the individual and the entire community. In many cases, rape and other forms of sexual violence have been used systematically and with extreme brutality, frequently resulting in severe consequences that affect all dimensions of the victim's physical, psychological, social and spiritual well-being; many people consider the violence damaging to the most intimate components of their personhood. These acts are violations of human dignity and integrity.

People deprived of their freedom in relation to armed conflicts and other situations of violence are vulnerable to ill-treatment, including sexual violence. Poor conditions of detention, such as overcrowding, 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.

The physical consequences of sexual violence 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 and suffering. When victims feel that they cannot go through with pregnancy, they must also contend with the risk of a potentially unsafe abortion.

Victims oftentimes continue to suffer consequences that are detrimental to their mental health and overall well-being long after the abuse. Many are left feeling soiled, and their aspirations and spiritual beliefs threatened; they report feeling alienated from themselves, their bodies and their communities. Male victims often find their sexuality called into question or threatened. Further psychological and psychosocial consequences include distress, self-blame, confusion, humiliation, 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, suicidal ideation, other forms of self-harm, and other trauma and stress-related difficulties.

Social consequences include stigmatization, discrimination, rejection or abandonment by family or community members, increased risk of further sexual violence, rejection or desertion of children.

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9. Ibid.
born of rape, forced marriage, or loss of means of subsistence\textsuperscript{10}. Amid these potential social ramifications, victims often agonize over the decision to seek help or not.

Sexual violence also deeply affects the family and close relatives of the victim, particularly the victim’s spouse or partner, children, parents, and/or others who witnessed the aggression. This contributes to the weakening of the fabric of community cohesion and the deterioration of social coping mechanisms. Spouses experience trauma, distress, loss of dignity and guilt over their inability to protect their partners, as well as fear and shame stemming from the belief that they, too, have been violated. In many instances, rape causes repudiation or conjugal separation, during or following the conflict, affecting both female and male victims. Children of the victims, especially if they witnessed the aggression, can experience similar feelings of shock and terror\textsuperscript{11}.

**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.

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 – pro-


\textsuperscript{11} Ibid.
hibits “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 who is 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 in 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.\(^\text{12}\)

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.\(^\text{13}\)

The Rome Statute of the ICC explicitly includes sexual violence in the list of war crimes\(^\text{14}\) and of crimes against humanity when committed as part of a widespread or systematic attack directed against any civilian population\(^\text{15}\). Acts of sexual violence may also qualify as constitutive acts of genocide\(^\text{16}\). Sexual violence can also fall within the scope of other crimes; the ad hoc International Criminal Tribunal for the former Yugoslavia held in the Delalić case, for instance, that rape could constitute torture when the specific conditions of that crime are fulfilled\(^\text{17}\).

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

**USE OF SEXUAL VIOLENCE DURING ARMED CONFLICT**

Sexual violence in armed conflict, particularly rape, is sometimes described as a “means of warfare” 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

\(^{12}\) 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 under-lying the study (Volume II) has been regularly updated and is freely accessible in an online database (see Practice at: http://www.icrc.org/customary-ihl/eng/docs/Home); for the practice collected about Rule 93, see http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule93; all websites accessed in April 2017.


\(^{14}\) Article 8 (2) (b) (xxii) and 8 (2) (e) (vi), ICC Statute regarding rape and other serious forms of sexual violence as war crimes in international and non-international armed conflicts; available at: http://www.icc-cpi.int/NR/rdonlyres/ADD16852-AEE9-4757-ABE7-9CDC7CF02886/283503/RomeStatutEng1.pdf (accessed in April 2017).

\(^{15}\) 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.


– 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 resorted to as a tactic or strategy to overwhelm and weaken the adversary directly, or to do so indirectly by hurting the civilian population. This is particularly the case when sexual violence is carried out in a systematic manner and authorized 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. The legal prohibition exists independently of whether or not rape and other forms of sexual violence are qualified as a (unlawful) means, weapon or method of warfare. These acts can also as such amount to international crimes – in particular war crimes, but also crimes against humanity or even genocide – provided that the specific elements of those international crimes are met.

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 consent18. 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 in the form of sexual violence: these may include non-sexual attacks on women, girls, men and boys because of their gender19. 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 inheritance20. 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, 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 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 consent21. It furthermore includes acts of a sexual nature that a person is compelled to engage in against another

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person through the factors and circumstances outlined above. Sexual violence encompasses acts such as rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization or any other form of sexual violence of comparable gravity\textsuperscript{22}.

The ICRC uses “gender” as an analytical tool when addressing the various needs, vulnerabilities and strengths of women, men, girls and boys. In light of the Movement’s Fundamental Principles, particularly neutrality and impartiality, the ICRC pays attention to the different needs and vulnerabilities of its diverse beneficiaries. Through an analysis of gender-related issues, it seeks to improve its humanitarian response and ensure that it is adapted to the different situations and concerns of males and females. The ICRC relies on the complementarity of its work with that of other actors in the field, and focuses on those forms of gender-based violence that intersect with its mission of protecting people and assisting victims of armed conflicts and other situations of violence.

\textbf{CHALLENGES, RESPONSE AND OPPORTUNITIES}

Despite legal prohibitions against sexual violence during armed conflicts and other situations of violence, and the grave consequences of such acts, the full extent of the problem is often concealed because of various factors that prevent victims or witnesses from coming forward. These factors include the stigma, guilt and shame associated with sexual violence and the fear of retribution. Recourse to justice may be impossible, owing to obstacles such as the absence of witnesses or medical evidence – because medical services may be lacking or prohibitively costly, for example – and significant cultural barriers to speaking about the incident. People 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, because of cultural and social taboos and constructs. Misconceptions about sexual violence continue to be pervasive, even among professionals such as health-care workers and other service providers.

The factors mentioned above 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 are likely to 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.

Sexual violence during armed conflict is now better recognized as a preventable tragedy. Notably, sexual violence during 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\textsuperscript{23} in June 2014 – 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\textsuperscript{24} was launched. This protocol builds on previous efforts such as the UK’s

\textsuperscript{22} This definition is based on the Rome Statute, as well as on its Elements of Crimes.

\textsuperscript{23} 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 in April 2017).


Preventing Sexual Violence Initiative (PSVI)\(^{25}\) and the ensuing Declaration of Commitment to End Sexual Violence in Conflict\(^{26}\), endorsed by over 120 countries. In 2016, the PSVI highlighted the need to address the stigmatization of victims of sexual violence, bringing together experts to discuss the topic at a round-table held in November. In 2013, the UN Security Council adopted a resolution\(^{27}\) calling on countries that contribute troops to peacekeeping missions to ensure that their training systems address sexual violence; the resolution also notes that the full range of sexual and reproductive health services must be made available, without discrimination, to those in need. A UN Security Council resolution\(^{28}\) adopted in October 2015 re-emphasized these matters. More recently, a resolution\(^{29}\) adopted on 11 March 2016 expressed deep concern over allegations of sexual exploitation and abuse by UN peacekeepers; it asked the UN secretary-general to replace all military and/or police units from contributing countries that have failed to hold perpetrators accountable. The UN General Assembly 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.

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In line with the pledge it made at the 27th International Conference in 1999, the ICRC developed a comprehensive approach to ensuring that its activities emphasized the respect that women and girls must be accorded at all times and the need for further efforts to counter the grave threat that 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 capacity to assess the needs of violence-affected people in a comprehensive manner, taking into account any specific vulnerabilities linked to, for example, their gender.

Owing to the appalling and brutal nature of sexual violence, and the fact that it is often underreported and underestimated, the ICRC acknowledged, in 2013, the need to further improve its approach, notably by changing how it looks at the issue and by starting to work with the assumption that sexual violence occurs in many of the places where the ICRC is present, regardless of whether the problem is visible or not. It also recognized the need to strengthen its response and to mobilize its staff to proactively address the issue. This shift in thinking helped facilitate changes in the way field activities were planned and allowed delegations to come up with and carry out initiatives to address sexual violence, even without comprehensive evidence of the problem, which is often very difficult to obtain.

The ICRC undertook a four-year initiative focused on responding to sexual violence and preventing its occurrence (see Strengthening the ICRC’s response to sexual violence 2013–2016 on page 16). The initiative centres on a multidisciplinary approach determined by objectives and expected results in four domains: holistic operational response; prevention; Movement mobilization; and staff sensitization and training. The ICRC’s approach places emphasis on improved internal coordination within headquarters, among delegations and between headquarters and the field; comprehensive assessment of victims’ needs in certain contexts; and the development of a multidisciplinary response. Guidance documents, training courses and other tools were developed and made available to ICRC staff members and to external audiences, such as the staff of other humanitarian organizations. The ICRC also seeks to draw attention to the issue and raise it as a priority within the wider humanitarian community – by, among other means, intervening in international fora, such as various bodies of the African Union and the UN. Notably, such efforts led to the adoption of Resolution 3 “Sexual and gender-based violence: joint action on prevention and response” (hereafter Resolution 3) at the 32nd International Conference held in December 2015, through which States and the components of the Movement commit to implementing a wide range of measures aimed at preventing and responding to sexual and gender-based violence. While it condemns sexual and gender-based violence in all circumstances, the resolution focuses on sexual violence in armed conflict and sexual and gender-based violence in disasters and other emergencies.

30. The topic of addressing sexual violence during armed conflict is also referenced in the resolutions and outcome documents adopted at other International Conferences, including: Resolutions 1 and 2 of the 26th International Conference in 1995; Resolution 1 (“Adoption of the Declaration and the Plan of Action”) of the 27th International Conference in 1999; Resolution 3 of the 30th International Conference in 2007, and Resolutions 2 and 6 of the 31st International Conference in 2011.

The ICRC recognizes that it has room for improvement in its response to sexual violence, and in ensuring that its activities in this regard are adapted to local needs and circumstances. For example, it continues to tackle challenges in identifying incidents of sexual violence in contexts where barriers prevent victims from reporting their experiences or accessing care and assistance. It balances these efforts by placing the “do no harm” principle at the centre of all its activities – this emphasizes the importance of ensuring that the ICRC’s response does not add to victims’ distress or stigmatization. Furthermore, the ICRC is intensifying its effort to ensure that the views of the people on whose behalf it works, and their feedback on its activities, are factored into its response. The ICRC endeavours to strengthen its research capacities, to reinforce evidence-based decision-making for both operational and policy matters. Additionally, the ICRC is set to revise internal guidance documents, with a view to enhancing support for field activities and strengthening the institution’s multidisciplinary approach.

The Department of Operations is reviewing the progress made and challenges encountered during the period 2013–2016. Findings and recommendations drawn from this review will be used for the drafting of an institutional strategy on sexual violence, and contribute to enhancing the ICRC’s evidence-based approach.
The ICRC seeks to address sexual violence in armed conflicts and other situations of violence through a multidisciplinary approach, in order to respond – as feasible and appropriate – to the diverse needs of survivors of sexual violence. This may include providing victims with assistance – such as medical, psychological and psychosocial care and other forms of support – referring them to other service providers as necessary, and protecting those vulnerable to abuses. The ICRC also undertakes activities to help prevent the occurrence of sexual violence, including activities to mitigate risks and initiatives with longer-term objectives. The latter may include raising awareness of the issue among the authorities and weapon bearers through confidential and bilateral dialogue, briefings and training sessions, and within communities and among the general public. The ICRC works to promote understanding of and compliance with the applicable rules of IHL, and encourages the pertinent actors to ensure that all possible measures are taken to prevent abuses, and to investigate and prosecute those responsible for committing serious violations, in accordance with their obligations under international law.

**MEDICAL CARE**

The ICRC works to provide victims of sexual violence – within a safe and confidential space – with direct access to appropriate primary-health-care and medical services, or referrals to these services, in order to: protect them from sexually transmitted infections; to treat any injuries and; to prevent

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South Sudan. The ICRC works with communities to raise awareness of sexual violence and make sure victims are not stigmatized.

W. Blanchet/ICRC
unwanted pregnancies, in line with the national health system in place and, as applicable, with internationally recognized standards. Whenever possible, these services are coupled with support for the victim’s mental and psychosocial well-being (see below).

However, accessing medical care, during either armed conflicts or other situations of violence, is often a significant challenge. Most of the time, medical infrastructure is inadequate, and trained staff and medicines are either unavailable or insufficient. Victims also face various barriers to accessing treatment, including the long distances sometimes separating them and the nearest health facilities, high costs of care, discrimination and lack of confidentiality. Besides taking these challenges into account, the ICRC must also consider the desires and preferences of the victims, as well as their and ICRC staff members’ security concerns. Detainees face particular challenges, as, in many cases, they obtain better 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. The ICRC supports national medical structures, transport systems and personnel during armed conflicts and other situations of violence, while encouraging the authorities concerned to ensure the sustainability and safety of such services. Notably, the ICRC focuses on the provision of these services as part of a broader emergency health-care approach benefitting the general population, so as to avoid labelling and stigmatizing victims.

**PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT**

It is also important that all people affected by sexual violence, be they women, men, girls and boys, receive support – in a private, safe and confidential space, and in line with the “do no harm” principle – to help them overcome the trauma and other psychological consequences of the abuse they had suffered. The ICRC has several programmes that assist victims by addressing 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. Initiatives also involve entire communities, with a view to improving victims’ support systems and preventing them from being stigmatized and discriminated against. For example, to help communities build their capacity to address sexual violence, the ICRC trains and supervises carefully selected community actors in providing psychological and psychosocial support to victims. It also carries out activities aimed at raising people’s awareness of available services and of the importance of seeking care in a timely manner and referring victims to these services.

**PROTECTION AND RISK REDUCTION**

The ICRC carries out activities to enhance the protection of individuals and groups at risk of sexual violence and to help foster a safe environment. It develops and implements these initiatives based on information collected from all available sources, including the victims themselves and the institutions and service providers helping them or their communities. The ICRC also seeks confidential dialogue with the authorities, weapon bearers and other influential actors on observed or alleged violence and the patterns of such acts; the humanitarian consequences of such abuse on victims and their communities; and the legal and other measures that may be taken to decrease the risk of further violations – for example, the investigation and prosecution of 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 circumstances that exacerbate or reduce their vulnerability. For
example, reuniting minors with their families, when it is found to be in the minors’ best interests, may reduce their exposure to sexual violence. The organization’s standard procedures for visiting detainees are also designed to help mitigate the risk of sexual violence – delegates examine facilities for particularly dangerous points, hold private confidential interviews with detainees to identify their concerns, and aim to repeat visits, so as to help decrease the risk of retribution against detainees.

The ICRC pays attention to the multi-tiered vulnerabilities of detainees: stigma, for instance, hinders detainees from accessing the appropriate services should they be victimized. People held in interrogation centres may also be particularly vulnerable to sexual violence, which may amount to torture; however, detained men, women, boys and girls also face this risk elsewhere. The ICRC works to address these risks through its interventions to the detaining authorities on the treatment of detainees and other structural concerns, such as the management of detention; overcrowding; detainees’ privacy, safety and access to food and essential services and facilities; and the needs of particularly vulnerable groups. The ICRC urges the authorities to ensure that, inter alia: all forms of violence against people deprived of their freedom are strictly prohibited by local policies, including those pertaining to arrest and interrogation; adequate gender-sensitive safeguards and procedures are in place at all stages of detention – for example, having female officers attend to female detainees whenever possible and 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 facilities, curbing overcrowding and increasing independent oversight; and that detainees have access to appropriate health and other medical services, including health promotion sessions that address sexual violence and its risks and consequences. When necessary, the ICRC provides the authorities with different types of support to make these improvements.

Outside of detention settings, the ICRC works directly with at-risk communities and groups to reduce their exposure to sexual violence and their reliance on potentially harmful coping strategies. It does so in a community-based protection approach, wherein it partners communities in order to raise awareness, or provide assistance (e.g. economic security, and water and habitat) aimed at reducing people’s exposure to risks and/or offer options for mitigating harmful coping strategies. Some of these activities include: the installation or 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.

**PREVENTION**

The ICRC works to prevent sexual violence in armed conflicts and other situations of violence by promoting understanding of and support for the applicable legal rules of IHL, including existing prohibitions of sexual violence, and other internationally recognized standards. Reminding all parties to an armed conflict – be they State armed forces or non-State armed groups – that rape and other 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. It works on ensuring the implementation of Resolution 3 adopted at the 32nd International Conference.

The ICRC also speaks out about the stigma often attached to victims of sexual violence, with a view to discouraging their communities from ostracizing them. Through bilateral and confidential dialogue, and based on a thorough analysis of the dynamics of violence in the field, it seeks to help pertinent actors identify patterns of violations and adopt and implement the relevant measures to address these harms.

Moreover, the organization encourages authorities and weapon bearers to integrate provisions of IHL and other 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.
The ICRC uses online tools and other products designed to give information and guidance to the pertinent parties in tackling sensitive issues in relation to sexual violence. It provides governments and weapon bearers with assistance – ranging from inputs on improving draft laws to encouraging and facilitating 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 determine whether prevention of sexual violence is covered in these basic documents.

Through workshops, research and public campaigns, the ICRC shapes debates and facilitates in-depth discussions on the multifaceted issues around sexual violence at national, regional and global level with key stakeholders, including with authorities, weapon bearers, university scholars and the general public. It contributes to building knowledge about the issue through publications – such as the volume of the *International Review of the Red Cross* dedicated to the topic33 – and other means.

With regard to its work specifically concerning non-State armed groups, the ICRC continues to develop new methods, analytical tools and approaches to better understand and engage with them, particularly in the field. Through operational research, the organization strives, among other things, to advance its understanding of the informal processes that influence members of armed forces and non-State armed groups and, thus, identify ways to improve its interaction with them.

The following sections begin by detailing the ICRC’s goals for 2013–2016 (page 16), then present the content specific to the Special Report 2016, including:

- the activities, primarily those led by headquarters, for 2016 that are directly related to the response to sexual violence (page 19)
- nine operational cases serving as concrete examples of how the ICRC works in the field to address and prevent sexual violence during armed conflict (page 24)
- financial reporting about contributions to the Special Appeal 2016 and the expenses related to 2016 (page 34)

These sections are based on the ICRC Annual Report 2016, published in May 2017.
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 responses 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 to it.

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/survivors 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. 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.

MAIN OBJECTIVES AND EXPECTED RESULTS

HOolistic OPERATIONAL RESPONSE TO THE NEEDS OF VICTIMS/SURVIVORS 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, 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 concerns/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

- 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**

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 conflict and other situations of violence into domestic law, promote these norms, and help ensure adequate responses to the needs of affected people.

**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 and the ICRC study on customary IHL 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 assisting victims

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34. The ICRC has already developed multidisciplinary projects specifically addressing sexual violence in Burundi (2002–05), the DRC (since 2005) and Colombia (since 2006). In other countries, responses to sexual violence are integrated into the general protection and assistance programmes in line with the population’s identified needs.

35. 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 (2011–2019) 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.

36. The ICRC study on customary international humanitarian law 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 this publication, the collection of State and international practice underlying the study (Volume II of the study) is regularly updated and made freely accessible on an online database (see Practice at: http://www.icrc.org/customary-ihl/eng/docs/Home). For the practice collected about the Rule 93 see at: http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule93
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 conflict and other situations of violence into domestic law, promote these norms, and help ensure adequate responses to the needs of affected people.

Expected results
- National Societies’ global reach helps raise awareness of sexual violence in armed conflict 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)
- after the 2013 Council of Delegates37 – at the latest – the components of the Movement, including National Societies, pro-actively 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 238 of 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 multidisciplinary 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

SPECIAL REPORT: STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE 2016

HEADQUARTERS: ACTIVITIES AND RESULTS 2016

Democratic Republic of the Congo, South Kivu province, South Hombo. The chiefs of the nine villages of the Bunyakiri region and ICRC psychosocial workers and psychologists meet in a classroom. Together, they are discussing how to best reintegrate the victims of sexual violence into the community.

P. Yazdi/ICRC

HOLISTIC OPERATIONAL RESPONSE TO THE NEEDS OF VICTIMS OF SEXUAL VIOLENCE

In 2016, the ICRC continued to focus on its main objective: improve – at headquarters and field levels – the planning and implementation of activities in response to the risk and consequences of sexual violence. To this end, delegations were strongly encouraged to work on the basis of the assumption that sexual violence occurs during armed conflicts and other situations of violence, and given support in designing and carrying out their responses. They were reminded – through institutional documents, meetings or official messages and via support missions and training – that addressing the issue is an institutional priority.

Coordination among divisions and units helped reinforce integrated approach

Under the leadership of the Department of Operations, internal coordination on the issue of sexual violence was sustained; this helped ensure institutional alignment, identify teams that needed assistance and determine the type of support they required, and address possible difficulties.

Two types of meeting were held regularly: 1) broad institutional meetings that gathered focal points from all units concerned, to ensure efficient flow and alignment of information and facilitate decision-making; and 2) more specific bi-monthly meetings among focal points from the Protection and
Assistance divisions, mostly aimed at sharing operational information and experiences, and at addressing potential difficulties or obstacles, in order to enhance the development and implementation of new objectives and activities in the field.

Field staff receive guidance and support for addressing sexual violence and its consequences

The team dedicated to addressing sexual violence, and specialists from other units who have expertise in sexual violence and gender analysis, supported staff members at headquarters and in the field to sustain and strengthen existing projects, and/or develop and implement new initiatives. In the field, these initiatives included projects that were specific to addressing sexual violence or which responded to victims’ needs within broader assistance or protection programmes. Delegations also took into account the issue of sexual violence in their analysis of and response to the more general needs of people affected by armed conflict and other situations of violence. (See also Operations: Response to sexual violence in 2016 on page 34).

Staff members improve their general capacity to address the problem of sexual violence

The adviser on sexual violence and specialists in health care, protection and other pertinent sectors carried out field missions to give delegations additional resources, lend them expertise, and help them build their capacities. The delegations in Iraq and Nigeria were given support – including additional consultants to support the delegations’ staff – to carry out assessments that facilitated a better understanding of the problem of sexual violence in their context and helped them identify an appropriate response. The delegation in Burundi also received on-site support for conducting an in-depth assessment on the best entry points for a project to address the needs of victims of violence, including sexual violence.

The support and sensitization (see also Staff sensitization and training on page 23) carried out in 2016 resulted in 43 delegations incorporating activities to address sexual violence in their budget, operations and overall strategies for 2017. Their plans of action included activities that were specifically formulated to assist victims of sexual violence and contribute to people’s protection by, among other means, preventing the occurrence or recurrence of abuses. They also included efforts to address the problem within their broader programmes, including existing ones.

With a view to improving its accountability to beneficiaries, the affected communities and other stakeholders, the ICRC committed to improve its monitoring, evaluation and learning exercises in 2017, so as to better track the results of its activities and draw lessons for future action and programmes.

Technical guidance helps delegations advance specific aspects of the response to sexual violence

ICRC teams in the field drew on technical advice from teams at headquarters to carry out or improve specific aspects of their response. This helped ensure that teams working on the ground consider the issue of sexual violence when analysing the situation of conflict-affected people and responding to their needs. For example, protection teams were supported – through advice and guidance tools – in documenting allegations of sexual violence during armed conflict, among other IHL violations reported to the ICRC. They also received help in organizing training, information sessions and other events that tackled the issue (see Prevention of sexual violence on page 20).

To help delegations respond to the medical needs of victims of sexual violence, on-site psychologists on long-term field assignments provided delegation staff with guidance aimed at reinforcing the design and implementation of their health-related activities, particularly the provision of mental health
care and psychosocial support. For example, the psychologists helped delegations comprehensively assess the availability and quality of care for victims and identify the obstacles they faced in accessing these services, including those related to cultural sensitivities. With a view to countering biases and prejudices still held by medical and humanitarian workers, the psychologists organized awareness-raising sessions for ICRC and National Society staff members, and for other health personnel and staff from other organizations. Similar sessions aimed at protecting victims from stigmatization were organized for community members.

Health specialists from headquarters also visited Colombia, the Democratic Republic of the Congo (hereafter DRC), Mexico, Nigeria and South Sudan to support the mental health and psychosocial response carried out by these delegations as part of programmes for victims of violence, including sexual violence.

Delegations also received support for conducting community-based projects aimed at: enabling people to share their concerns and provide feedback on the ICRC’s response; increasing communities’ resilience by reinforcing existing constructive coping mechanisms; providing alternatives to harmful coping strategies; and helping address the stigmatization linked to sexual violence. Workshops about community-based protection helped staff members at the delegations in the Central African Republic (hereafter CAR) and in Israel and the occupied territories, among other contexts, to improve their understanding of how communities are affected by sexual violence; during these workshops, staff members discussed multidisciplinary approaches to helping communities strengthen their resilience.

Delegations were also assisted in developing or implementing projects – for example, support for micro-economic initiatives, cash assistance programmes and provision of vocational training – to help victims of sexual violence address their daily needs and to facilitate their reintegration into society.

The ICRC continued to take particular care to uphold the “do no harm” principle by ensuring that its activities do not expose victims to further harm. For example, it avoids labelling victims by providing them with medical care as part of a broader emergency health care approach that benefits the general population and victims of all types of violence. Delegations received direct support for determining how best to formulate their activities in line with the above-mentioned principle, particularly with regard to identifying victims in a sensitive manner, and documenting and following up on activities and their results.

**Updated reference materials made available to staff members involved in detention-related work**

ICRC staff members carrying out activities for people deprived of their freedom were encouraged, and given support, to consider the issue of sexual violence when assessing the situation of detainees and to include the topic in their dialogue with the authorities. For example, doctors and nurses working in detention settings discussed the matter during their annual seminar. They – and teams from headquarters who were working on detention-related guidance materials – also benefited from presentations by, and bilateral discussions with, representatives from two non-governmental organizations involved in addressing sexual violence in prisons in South Africa and the United States of America.

A guidance document, developed in 2015, about the ICRC’s analysis of sexual violence in detention and its approach to responding to the issue was made a mandatory reading material for training sessions (see also Staff sensitization and training on page 23) on the topic. Delegates in the field and staff members at headquarters attended these sessions, which made use of case studies drawn on the ICRC’s experience. Based on its observations on the use of sexual violence as a form of torture or ill-treatment during the early phases of detention, the ICRC began developing a new training module on possible interventions.
Within the framework of its support to detaining authorities, the ICRC also produced a publicly available document\(^3\) on sexual violence and detention, which aims to help those responsible for protecting people deprived of freedom to understand the problem better and to take measures to reduce detainees’ exposure to risk and address the consequences; the document was being translated into Arabic, French, Spanish and other languages at year’s end. The ICRC also included a section about sexual violence in the updated public document\(^4\) about its work in behalf of people deprived of their freedom.

The ICRC contributed to the peer review of the draft guidance document of the Organization for Security and Co-operation in Europe, on preventing and addressing sexual and gender-based violence in detention facilities, including those for temporary detention.

**PREVENTION OF SEXUAL VIOLENCE**

The ICRC reinforced its efforts to contribute to the prevention of sexual violence during armed conflicts – through its contact with authorities, weapon bearers and other actors of influence well-placed to address the issue, and by working to sustain the attention given to the issue by the humanitarian, development and political communities. It sought to influence resolutions, policies and other decisions regarding sexual violence, to ensure that they reflected well the prohibition of sexual violence under IHL and the responsibilities of States to address victims’ concerns.

The ICRC facilitates and shapes discussions about sexual violence

In line with Resolution 3 adopted at the 32nd International Conference, ICRC delegations – with support from headquarters – organized or attended events that were either specifically about sexual violence during armed conflict or addressed the issue in the framework of compliance to or implementation of IHL and other norms. In March, the ICRC participated in the 13th Conference of the South Asian Association for Regional Cooperation in Law, held in Nepal. It gave a presentation about policy and legal issues related to sexual violence during armed conflict, particularly on the legal aspects of prevention and response. In December, the ICRC also organized a training session for representatives and staff from Member States of the League of Arab States: the participants were helped to further their understanding of the prevention of sexual violence against women during armed conflict, and the applicable legal framework. During the same month, the ICRC carried out a regional workshop, in India, on the protection of civilians during peacekeeping operations. Organized in partnership with the Centre for United Nations Peacekeeping of the Indian Army, the workshop was attended by some 50 senior officers from 27 countries that contribute military and police personnel for peacekeeping. It drew participants’ attention to the early warning signs of sexual violence, the analysis of related threats and victim-centred approaches to addressing the problem. The workshop included case studies based on the experiences of the ICRC and the UN Department for Peacekeeping Operations.

National IHL committee members from different countries discussed sexual violence during armed conflict, particularly the applicable legal provisions, during the Fourth Universal Meeting of National Committees on IHL and Similar Bodies held in November in Geneva, Switzerland.

Senior ICRC officials – the president, vice-president, director-general, director of operations, and director of law and policy, for instance – continued to represent the organization at regional and international events, such as the World Humanitarian Summit held in May. They described the ICRC’s efforts to address sexual violence during armed conflict and the challenges to preventing the problem and responding to its consequences. They also discussed the topic, as necessary, during meetings with government officials and other influential groups or people – as did the ICRC president during a meeting with the UK foreign minister in March.


\(^4\) Protecting People Deprived of their Liberty; ICRC, 2016; available at: https://shop.icrc.org/prives-de-liberte-333.html.
The ICRC, alongside other organizations, discussed the prevention of and response to sexual violence during armed conflict at a high-level panel discussion convened by the Commonwealth Secretariat and the British Red Cross in June. The ICRC also addressed the issue in its statement to the plenary of the 15th Assembly of States Parties to the Rome Statute on the ICC, held in November.

At the initiative of the director of operations, the ICRC began production on a short movie about its multidisciplinary activities related to preventing sexual violence and responding to its consequences, for release in 2017. An animated film, whose production was supported by the European Commission and led by the ICRC Brussels office, was screened in cinemas in Belgium and the Netherlands, helping raise awareness about the issue and about the ICRC’s work in response.

**The ICRC completes and continues research projects on sexual violence**

ICRC delegations continued to benefit from the outcomes of a project that identified best practices and gaps in existing domestic legislation, policies and procedures related to the prohibition of and response to sexual violence. The resulting internal analytical framework was applied in ten contexts, including the CAR, Colombia, DRC, Kenya, Peru and Tunisia. The findings provided the ICRC’s legal advisers and other staff members in these places with additional resources and support for their efforts to help States take steps to prevent and address sexual violence in conflict settings. A more in-depth study was launched to analyse legal and other parameters related to mandatory reporting of sexual violence; it will be used as a basis for additional institutional follow-up on the issue.

The ICRC’s Unit for Relations with Arms Carriers completed, in December, its review of the military doctrine, manuals and practices of ten countries. The review – carried out with funding from the Norwegian Red Cross – assessed the degree to which military doctrines and manuals prohibit sexual violence, with a view to identifying best practices and developing guidelines for enhancing the ICRC’s work with armed forces on the prevention of sexual violence. Based on the review’s findings, the unit began developing a tool that will serve as a framework for the ICRC’s work in this field.

**The ICRC updates legal tools with new developments in relation to sexual violence**

The database on national IHL implementation continued to be updated with domestic legislation and case law, and the database on customary IHL with national and international practice related to, *inter alia*, the prohibition and criminalization of sexual violence. Work also continued on the updates to the commentaries to the 1949 Geneva Conventions and their 1977 Additional Protocols, including their provisions relating to sexual violence: the full text of the updated Commentary on the First Geneva Convention was published online in March 2016 and in print in December.

A guidance tool, published in 2015, which provides, among other issues, legislative and practical measures for adequately addressing the needs of victims of sexual violence during armed conflict and other emergencies was translated into French and widely disseminated.

In October, the ICRC and the Inter-Parliamentary Union, the Geneva-based international organization of parliaments, published an updated version of the Handbook for Parliamentarians on IHL (No. 25), which specifically addressed the issue of rape and other forms of sexual violence during armed conflicts.

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42. Available at: https://www.icrc.org/customary-ihl/eng/docs/home (accessed in April 2017).
Resources for prevention-focused initiatives continue to be made available

Delegations continued to work on refining their prevention-focused activities with the help of the studies and tools mentioned above, various other guidance materials, and specific support from headquarters. In particular, the sexual violence team and other specialists continued to provide tailored help, upon request, to staff members working with armed forces or political authorities, thereby assisting them in: addressing the issue in their written and/or verbal communication with actors of influence; and ensuring its inclusion in the IHL training sessions, bilateral discussions and events they carried out with weapon bearers, government authorities, academics and other audiences.

The volume of the *International Review of the Red Cross* dedicated to the issue of sexual violence in armed conflict – published in 2014 – continued to be promoted and distributed, including online. Translation of the volume – which was already available in Chinese, English, Russian and Spanish – into French was in progress. The online briefing on sexual violence in armed conflict, based on the content of the *International Review of the Red Cross*, had reached over 4,000 unique visitors since its launch in 2015.

**MOVEMENT MOBILIZATION ON SEXUAL VIOLENCE**

The ICRC continued to foster coordinated or joint action within the Movement, with a view to maximizing the global reach of Movement components in addressing sexual violence during armed conflict, disasters and other emergencies. Notably, it pursued operational partnerships in this regard with National Societies, both those working in their own countries and those engaged in international activities. The Norwegian Red Cross funded the ICRC’s review of military doctrine and manuals (see *The ICRC completes and continues research projects on sexual violence* on page 21), and supported a programme of the Kenyan Red Cross and the ICRC to provide mental-health and psychosocial support to victims of sexual violence in parts of Nairobi, Kenya. The British Red Cross and the ICRC maintained their partnership in providing livelihood support to victims of sexual violence in the DRC, to help them reintegrate into society. The Swiss Red Cross backed the ICRC’s efforts to make primary-health-care services available to victims of violence, including sexual violence, in South Sudan.

Implementation of Resolution 3 of the 32nd International Conference was discussed during the annual meeting of National Society legal advisers, held in September in Geneva and attended by the ICRC’s director of international law and policy and the International Federation’s director of policy, strategy and knowledge. At a session dedicated to the topic, the participants shared their views and discussed concrete steps for following up on the resolution and on pledges made by National Societies in relation to addressing sexual violence.

The ICRC continued to participate, at headquarters level, in regularly held conference calls and bilateral meetings with National Societies and the International Federation. Movement partners also undertook joint initiatives in the field, with the ICRC leading, co-hosting or attending several projects. Through a regional working group, the ICRC co-organized with the Kenyan Red Cross, Norwegian Red Cross and the International Federation the 2nd Sexual and Gender-based Violence Forum. Held in October in Nairobi, Kenya, the event brought together representatives from the National Societies of Burundi, CAR, Comoros, Denmark, Djibouti, DRC, Finland, Guinea, Italy, Kenya, Lesotho, Madagascar, Mali, Norway, Seychelles, Somalia, South Sudan, Sudan, Sweden, UK and Zimbabwe. The ICRC led a session about carrying out assessments and providing psychological and psychosocial support, and co-facilitated a session where participants discussed Resolution 3 and reviewed the progress achieved thus far by the different components of the Movement. The Colombian Red Cross, Norwegian Red Cross and the ICRC hosted a workshop on sexual and gender-based

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46. Op Cit.
violence, at which staff members of the Colombian Red Cross and the ICRC discussed tools available for addressing the problem. The ICRC made a presentation about its work in response sexual violence in Colombia (see also Example 2: Colombia on page 27).

At a workshop organized by the International Federation in Lebanon, the ICRC contributed to the development of the International Federation’s training module for programme managers working on issues related to sexual and gender-based violence – in line with the recommendations of Resolution 3. Participants also discussed more general training and capacity-development needs within the Movement, with a view to identifying ways to address these.

The ICRC and the Norwegian Red Cross discussed the possibility of organizing, in 2017, a training course on protection of the civilian population, including from sexual and gender-based violence, for other components of the Movement.

**STAFF SENSITIZATION AND TRAINING**

The ICRC kept up its efforts to ensure that its staff members, and those from other humanitarian organizations, were sensitized to the issue of sexual violence during armed conflict and equipped to develop and implement effective responses. As with past years, and in line with its 2014–2016 training framework on gender analysis and sexual violence, it focused its training-related efforts around three types of capacity-building initiatives that seek to reach the widest audience possible.

The training programme designed for specific divisions or units continued to include sessions dedicated to sexual violence, with the main messages adapted to the discipline or area of specialization of participants, and to the main problems to be addressed. In 2016, sessions were carried out in this framework during courses on, *inter alia*: protection of the civilian population; the responsibilities of protection coordinators; provision of mental health/psychosocial support; detention; and health care in detention. ICRC staff members from different disciplines and levels benefited from these courses. Protection delegates and other staff members in Cameroon, the CAR, Mali, Niger and Nigeria notably benefited from capacity-building support – through specific sessions or within broader courses – provided by the advisers on gender, sexual violence and/or community-based protection.

Transversal courses for staff from different disciplines emphasized the importance of taking a holistic approach to the problem of sexual violence, although this was discontinued mid-year. Field staff familiarized themselves better with the topic and with the ICRC’s approach during dissemination sessions provided either at headquarters or in the field by advisers based in Geneva and by two others, on gender-based and sexual violence, based in Colombia and Senegal.

Through external training, the ICRC reached out to its staff and those of other humanitarian organizations, to share ideas and best practices and to increase the likelihood of objectively critiquing its own institutional practice. A one-week seminar on sexual violence during armed conflicts and emergencies – developed by the Geneva Centre for Education and Research in Humanitarian Action with ICRC financial support – continued to be offered to ICRC staff, for whom up to half of the slots for each session were reserved. Three seminars were held during the year: two in Geneva and, as a pilot initiative, one in Uganda. During the seven sessions conducted between the launch of the seminar in 2014 and December 2016, a total of 72 mid- to senior-level ICRC managers from 30 different contexts and several staff from other organizations deepened their knowledge of the issue and exchanged ideas, challenges, achievements and best practices. Nine National Society personnel – three from the Burundi Red Cross, two each from the Australian Red Cross and the Norwegian Red Cross, and one each from the Kenya Red Cross and the Somali Red Crescent Society – had participated in these sessions since 2014.

Tools and guidelines developed in previous years as reference and learning material for the use of staff at headquarters and in the field continued to be promoted and used on a regular basis. Nonetheless, despite these training courses, materials and tools, there continued to be a demand from the field, and space for the ICRC, to reinforce its efforts to help its staff improve their capacities to effectively address sexual violence.
A FOUR-YEAR INITIATIVE CONSOLIDATING THE ICRC’S OPERATIONAL RESPONSE TO SEXUAL VIOLENCE

In 2016, the ICRC continued to encourage its delegations to strengthen their response to the problem of sexual violence during armed conflict, and provided them with the necessary professional and technical support (see previous sections) to expand the scope of ongoing efforts, initiate new activities and/or lay the groundwork for future action.

The following section describes the range of activities that the ICRC undertook worldwide – the examples were taken from different contexts and reflect the varying degrees to which delegations have formed an understanding of the problem and the types and phases of action they have been able to carry out. It must be noted that, for each activity, the delegations mentioned were at different stages of the project cycle.

Several delegations – for example, the ones in Burundi, Iraq, and Nigeria – assessed the problem of sexual violence and/or the situation and needs of victims. Based on their findings, they carried out activities for victims or people at risk of abuse in 2016, or made plans for these for 2017. The delegation in Nigeria, for instance, helped vulnerable groups, such as widows and other female breadwinners, to come up with self-protection strategies, included them in existing psychosocial support programmes, and made plans to cover them in the livelihood assistance programme in 2017. In Indonesia, the Indonesian Red Cross Society and the ICRC began developing, with the authorities’ approval, a pilot project to address the medical and psychological needs of victims of sexual violence, and to advocate the prevention of sexual violence; additional assessments and implementation were planned for 2017.

Authorities and weapon bearers urged to protect people from sexual violence and other abuses

Across contexts, the ICRC reminded the authorities and weapon bearers with whom it had contact of their responsibilities – under IHL, applicable norms and international human rights law – to prevent sexual violence and other abuses, sanction perpetrators and address the consequences for the people affected. Field teams – including the delegations in Niger, Senegal and Somalia, and the Yaoundé regional delegation – took note of reports of sexual violence in the course of documenting allegations of violations of IHL and other abuses reported to them. Whenever possible, ICRC delegates raised these concerns – through confidential dialogue or by submitting written representations – with the pertinent parties, for their follow-up action. In Somalia, ICRC training enabled National Society to work closely with ICRC staff to improve documentation of cases of sexual violence and of violations of the principles promoted by the Health Care in Danger project.

To complement its confidential, bilateral dialogue with the authorities and weapon bearers, the ICRC pursued efforts aimed at cultivating an environment more conducive to protecting people from sexual violence and preventing the occurrence of abuses. In Togo, for example, 50 military commanders from Côte d’Ivoire, Guinea, Mali and Niger took part in an ICRC briefing on their role in prevent-
ing sexual violence during armed conflict. In line with the pilot project planned in Indonesia (see above), the ICRC conducted a workshop for police officers on the necessity of protecting women and children from sexual abuse during conflict and other violence. The ICRC also addressed the topic of sexual violence in armed conflict during briefings or dissemination sessions about IHL and humanitarian principles in general – including those it organized for the authorities and armed and security forces in Afghanistan, Bolivia, Ecuador, India, Peru and Senegal. Briefings for peacekeepers – such as those for troops from Bangladesh, Egypt, Liberia and Rwanda – also often included sessions on the importance of preventing sexual violence. In Nepal, the ICRC conducted a new two-day module as part of the predployment training for army officers bound for peacekeeping missions; the participants learnt more about IHL and humanitarian issues such as sexual violence during armed conflict and the protection of medical services.

The ICRC continued to encourage national authorities to advance domestic implementation of pertinent IHL provisions, and lent them expertise in this regard. Where pertinent, it partnered with regional organizations in promoting the matter: at two courses held in Cairo, Egypt, representatives from League of Arab States exchanged views on the incorporation of IHL provisions in military doctrine, and on the legal frameworks applicable to the prevention of sexual violence during conflict; at their annual meeting in Nepal, members of the South Asian Association for Regional Cooperation in Law had a panel discussion with the ICRC on law and policies related to the issue of sexual violence during armed conflict. The authorities in Antigua and Barbuda, Bangladesh and Jamaica drew on the ICRC’s technical advice to implement pledges they had made, at the 32nd International Conference, to take measures aimed at preventing sexual violence during armed conflict. Discussions with the Nepalese government commission on “truth and reconciliation”, on the needs of people who had suffered sexual violence during the past conflict, continued; the ICRC gave the commission a paper with its recommendations.

Several delegations carried out initiatives to help community members, especially the people who were particularly vulnerable to abuse, minimize their exposure to risks. Notably, information sessions in Senegal encouraged women and girls from communities vulnerable to sexual violence.
to adopt risk-reduction measures, such as travelling in groups and/or avoiding certain routes; these efforts were backed with community-based assistance projects (see below). Awareness-raising sessions to promote available services, prevent stigmatization of victims, and encourage referrals were organized in several delegations.

In most places where it worked, the ICRC continued to register and monitor the situation of unaccompanied minors, often in cooperation with other actors; after careful assessments, it worked to reunite the minors with their families or sought alternative solutions that could help reduce risks to their safety.

When monitoring the situation of people deprived of their freedom through standard visits, ICRC delegates paid particular attention to detainees with specific needs and, where possible, to the risk of sexual violence within places of detention. By sharing its findings and recommendations with the authorities, it urged them to ensure that detainees were treated and afforded living conditions in line with internationally recognized standards. In Niger, for example, ICRC delegates monitored whether minors and women were held separately from other inmates.

**Victims of sexual violence receive medical care and other assistance for meeting their needs**

Several ICRC delegations implemented projects to make specialized health services and other assistance available to victims of sexual violence. They did so by providing the victims with direct assistance, supporting local providers and/or facilitating referrals to other organizations and service providers. Taking into account the sensitivity of the topic in most contexts where they worked, delegations took particular care to carry out these projects in a manner that did not contribute to the stigmatization of victims of sexual violence or exposed them to further harm.

In Somalia, ICRC-supported National Society clinics provided basic health services for vulnerable people, including victims of sexual violence; where needed and/or possible, people were referred for follow-up care. The delegation monitored over 50 cases of sexual violence in all. The ICRC, along with other Movement partners, also helped a hospital to expand its surgical services to include a treatment programme for vesicovaginal fistulae. Specialized care was made available to victims of violence in Niger through the ICRC’s support – medicines and training – for six health centres.

In Guatemala, Mexico, Nigeria and other contexts, the ICRC trained volunteers, usually of the National Societies, and health workers or others in providing psychological and psychosocial support for easing conflict-related trauma, including sexual violence. Five people in Nepal who had suffered sexual violence and/or torture during the past conflict received specialized mental-health support through ICRC-managed referrals. In Yemen, migrant minors, including victims of sexual violence, were referred to the appropriate organizations for assistance.

Long-standing assistance initiatives for communities in the Casamance region of Senegal – notably those to which the ICRC and the National Society had exclusive access to – were sustained. These included the provision of livelihood support – cereal mills and seed and advice on techniques for cultivating market gardens – to female heads of households, which helped them meet their needs and mitigate their exposure to sexual violence and other risks.

In Liberia, a project partly funded by the American Red Cross, the German Red Cross and the ICRC enabled the National Society to provide some 200 vulnerable women – including those affected by or at risk of sexual violence – with assistance in the form of home visits, counselling sessions and vocational training.

In Northern Ireland (UK), staff from community-based organizations learnt more about the consequences of sexual violence and ways to help victims, through events organized or supported by the ICRC. These included a symposium – organized with a university – that tackled the results of an ICRC-commissioned study on conflict-related sexual violence.
Plans to assist victims of sexual violence in Egypt in coordination with a local hospital and an NGO were, however, cancelled because of administrative constraints. The ICRC nonetheless sought to help people reduce their risk of becoming victims of sexual violence: it exchanged information on safety measures with the National Society, the League of Arab States and other organizations; and supported the National Society in integrating care for victims of sexual violence in training for its emergency action teams.

Several delegations counted victims of sexual violence among the beneficiaries of their broader assistance initiatives to help people affected by sexual violence meet their emergency needs or sustain their livelihoods: installation or upgrade of water infrastructure, distribution of food or essential household items, support to the local health care system and provision of productive inputs, cash and other forms of livelihood assistance.

**Influential groups and the wider public learn more about sexual violence during armed conflict**

The ICRC sought to broaden awareness among the general public of the plight and needs of victims of sexual violence – by including them in topics discussed during public events and other communication initiatives. It also continued humanitarian diplomacy efforts to position the issue in the agenda of the wider international community and to mobilize actors with broader influence and the capacity to address or impact the problem. Discussions between the ICRC and influential groups in Brussels (Belgium), London (UK) and other European capitals, covered by the Paris regional delegation, and in New York and Washington (United States of America), for example, included matters of humanitarian concern such as sexual violence, in addition to the situation in conflict-affected countries and the ICRC’s work there. The ICRC organized seminars on the topic with the Japanese government and the Japanese Red Cross. Senior ICRC officials participated in various international and regional forums (see Prevention of sexual violence on page 20) to present the ICRC’s work with regards to sexual violence and with a view to influencing policies, practices and activities by other actors.

The ICRC’s commitment to strengthening its multidisciplinary response to sexual violence was particularly exemplified through activities carried out by the delegations in the CAR, Colombia, the DRC, Jordan, Lebanon, Mali, South Sudan and the Syrian Arab Republic (hereafter Syria), and in Papua New Guinea by the Suva regional delegation. The sections below describe these activities, following up on the plans of action presented in the Special Appeal 2016. They also give an overview of the situation of people in the contexts mentioned, to show the circumstances in which the ICRC’s activities took place. The narratives are based on corresponding chapters of the ICRC Annual Report 2016, published in May 2017.

The activities described below focused strongly on the medical, mental-health and psychosocial aspects of support, and on outreach activities to communities. They often combined direct support, referrals and other channels of assistance. In most of the contexts mentioned, partnerships were pursued with local associations and communities to raise awareness of the plight of victims, build support within their communities, reduce the stigma they experienced, highlight the importance of prompt treatment, and encourage local ownership of these activities. These efforts were coupled with protection and prevention activities, such as dialogue with the authorities and weapon bearers.

**EXAMPLE 1: CENTRAL AFRICAN REPUBLIC**

Socio-political tensions and pockets of insecurity persisted in the CAR despite a decrease in the prevalence of violence during and after the elections in the first quarter of 2016. Clashes between armed groups resumed – with particular intensity in the latter part of the year, and especially in rural areas. As a result, most of the hundreds of thousands of families displaced within the country and elsewhere were unable to return to their places of origin. Starting or resuming livelihood activities continued to be difficult for residents and returnees. The availability of health care and other public services remained limited.
Amid this situation, the ICRC helped people cope with the effects of conflict and other violence, carrying out some of its activities with the Central African Red Cross Society.

**More victims of sexual violence receive prompt care**

In areas where poor security conditions and limited resources affected the availability of health care, the ICRC helped clinics and hospitals continue their services by providing them with medical supplies and additional staff and by carrying out repairs to essential facilities. Wounded, sick and malnourished people thus obtained primary health care and other medical services. Among them were victims of sexual violence who availed themselves of the services offered by two ICRC-supported clinics in Nana-Grébizi. At these clinics and at a counselling centre in Kaga Bandoro, more than 292 victims of sexual violence received psychosocial support from counsellors trained by the ICRC. Community members deepened their awareness of the consequences of violence, and the importance of prompt post-exposure prophylactic treatment, at ICRC-organized information sessions. These sessions also aimed to prevent the stigmatization of victims and encourage their referral for suitable care. Following these efforts, 78% of the victims of sexual violence treated at ICRC-supported facilities received care within 72 hours of the assault, from an average of 38% in the latter half of 2015.

**Weapon bearers familiarize themselves with their obligations under IHL**

The ICRC maintained its efforts to help prevent abuses by encouraging respect for IHL and broadening support for humanitarian action among weapon bearers. It reminded them of their obligations under applicable laws, by engaging them in dialogue, making written representations about documented allegations of abuses, and organizing briefings and disseminations sessions.

At briefings, more than 800 military and peacekeeping personnel, and over 1,200 members of armed groups, developed their understanding of IHL and other applicable laws, and their respective obligations under them. Some 400 members of the police and the gendarmerie familiarized themselves with internationally recognized standards applicable to law enforcement. All sessions and briefings emphasized the necessity of protecting civilians, facilitating safe access for them to medical and humanitarian aid, and preventing sexual violence. These topics – and the humanitarian consequences of conflict and other violence – were also tackled during dialogue with the authorities, including members of parliament, and with members of civil society.

**Community members learn more about their role in protecting people affected by violence**

During information sessions and other ICRC-organized activities, community members and traditional leaders learnt more about what they could do to help protect people affected by conflict and other violence. They also discussed ways to develop and implement community-based strategies to reduce their exposure to risks. The ICRC sought to include victims of sexual violence or people at risk of such abuse among the beneficiaries of assistance activities to help people meet their basic needs or improve their self-sufficiency.

Protection-focused activities also contributed to mitigating people’s exposure to risks. Members of families separated by conflict and other violence, or detention, reconnected using RCMs and phone calls facilitated by the Central African Red Cross, National Societies in neighbouring countries and the ICRC. A total of 96 unaccompanied minors, 47 of whom were formerly associated with armed groups, were reunited with their families.

Following visits to detainees within its purview, the ICRC conveyed its findings and, where necessary, its recommendations confidentially to the detaining authorities. It continued to support the authorities’ efforts to improve detainees’ living conditions and access to health care, and supplemented these with material assistance.
EXAMPLE 2: COLOMBIA

The peace agreement and ceasefire between the government and the Revolutionary Armed Forces of Colombia-People’s Army (FARC-EP) resulted in a decrease in the violence related to the armed conflict involving the two parties. However, situations of violence involving other armed groups continued. The government authorized the use of military force to combat some of these groups. Negotiations between the government and the National Liberation Army were in progress.

People continued to suffer the consequences of the armed conflicts and other situations of violence: disappearance, displacement, sexual violence and restricted access to basic services, among others.

**Victims of sexual violence receive appropriate care**

Around 170 victims of sexual violence coped with their situation with the help of ICRC-provided medical and psychological care. At ICRC-facilitated workshops, local service providers and National Society volunteers trained in psychological first aid. The ICRC donated medical supplies to or repaired the facilities of three health centres, to help them deal with influxes of patients. It also provided vulnerable people with brochures outlining ways of reducing the risks of sexual violence.

To facilitate people’s safe access to health care in conflict-affected areas, the ICRC monitored attacks against people delivering or seeking health care and made representations to the parties concerned. About 6,000 health personnel received markers bearing protective emblems, including some for use on facilities and vehicles. With ICRC support, National Society volunteers, community members and health personnel learnt more about their rights and duties, and ways to promote respect for health-care services; three universities incorporated these topics in their curricula.

**The armed forces refine their protocols for preventing sexual violence**

Parties to the conflicts and the ICRC held confidential dialogue on: the protection of civilians; the release of minors associated with armed groups; missing persons; and sexual violence. Weapon bearers were reminded of their obligations under IHL or other applicable laws, through oral or written representations made by the ICRC based on documented allegations of abuses. The ICRC discussed with the parties the consequences of sexual violence and the means of preventing it; and provided vulnerable people with brochures outlining ways of reducing the risks of sexual violence. Drawing on ICRC technical input, the armed forces assessed their incorporation of IHL in their doctrine and refined their protocols for preventing sexual violence.

To foster long-term compliance with applicable norms, the ICRC continued supporting the armed and security forces’ efforts to incorporate IHL and other pertinent norms in their training and doctrine. Government officials and other stakeholders discussed, at various events, IHL issues specific to Colombia’s situation. The ICRC broadened public awareness of IHL and pertinent humanitarian issues through communication materials picked up by local media outlets.

**Activities addressing protection concerns contribute to risk mitigation**

In its role as a neutral intermediary, the ICRC facilitated the return of 27 people held by armed groups – including 15 minors – to their families, with the agreement of all parties concerned. It also assisted in the transfer of 13 minors formerly associated with the FARC-EP to reception centres run by the State or other humanitarian organizations; where appropriate, the ICRC helped restore contact between them and their families.

Twenty other demobilized minors spent time with their families during ICRC-organized visits. Family members dispersed by armed conflict or detention restored contact through the Movement’s family-links services. With ICRC assistance, over 755 people facing threats linked to the conflicts or other situations of violence reached safer places.

The ICRC continued to visit detainees according to its standard procedures, and confidentially shared its findings with the authorities. Detainees restored contact with their families through the Move-
ment’s family-links services. The ICRC concluded its material assistance to the detaining authorities in 2016, and began shifting towards a more advisory role in detention-related activities. It advised central authorities on addressing system-wide detention-related issues at policy level. With ICRC advice, the authorities continued to revise their policies on solitary confinement, the use of force and other disciplinary measures, and worked to address health emergencies in prisons.

**EXAMPLE 3: CONGO, DEMOCRATIC REPUBLIC OF THE**

The security situation in the DRC, particularly in North Kivu, deteriorated further as armed violence, ethnic tensions and criminality increased. This continued to lead to casualties, displacement, the destruction of livelihoods and property, and other abuses against civilians.

People continued to approach the ICRC with reports of abuses committed by weapon bearers, including sexual violence. Based on these allegations, the ICRC made representations to weapon bearers, and reminded them of their obligations under IHL to put an end to such abuses and prevent their recurrence.

**Sexual violence victims receive counselling and referrals to medical care**

In North and South Kivu, some 4,840 people suffering from conflict-related trauma – 68% of whom were victims of sexual violence – received psychosocial care at 26 ICRC-supported centres; the centres included four newly opened ones, of which two were built by the ICRC. The ICRC’s access to one of the 26 centres was, however, suspended early in the year owing to uncertain security conditions.

People who required medical treatment were referred to nearby ICRC-supported health facilities: 14 centres and 4 hospitals that were regularly provided with material and training support for sustaining their preventive and curative health-care services. Eleven other health centres and another 18 hospitals were given ad hoc support during emergencies.

Community members learnt of the services available at the counselling centres and the health facilities – and about the importance of prompt post-exposure prophylactic treatment for victims of sexual violence – through information sessions that also aimed to prevent stigmatization of victims.

**Financial assistance enable victims of sexual violence to start income-generating activities**

According to assessments carried out by the ICRC, about 100 victims of sexual violence and/or economically vulnerable people in South Kivu – recipients of financial assistance from the British Red Cross and the ICRC in 2015 – had started income-generating activities, thereby reintegrating into their communities. Plans were made to replicate the programme in North Kivu and other parts of South Kivu.

The ICRC also took into account the needs of victims of sexual violence, or people at risk of such abuse, in other assistance activities: provision of food and essential household items to help people meet their basic needs; livelihood support for vulnerable households; and projects to boost people’s access to essential services and economic infrastructure.

**Key message on preventing and addressing sexual violence are relayed to weapon bearers**

Weapon bearers reinforced their understanding of IHL and the Movement through workshops and training sessions organized by the ICRC; these sessions covered key messages on sexual violence and the protection of health personnel and facilities. Dialogue, on incorporating IHL in military planning and operations, was pursued with officers in charge of operational decision-making in conflict-affected provinces and at military headquarters.

Regular contact with the ICRC and presentations in various provinces helped over 11,000 people to understand humanitarian principles more fully. Conferences, dissemination sessions, moot court
competitions and other events for academics helped stimulate academic interest in IHL. Local and foreign journalists drew on ICRC resources and press materials to report on humanitarian issues, such as the needs of victims of sexual violence.

**Vulnerable groups receive particular attention, and help in addressing their protection concerns**

Members of families separated by conflict or other violence – including refugees from Burundi, the CAR and South Sudan, and detainees in the country – reconnected through the Movement’s family-links services. Particular attention was paid to unaccompanied children, including those formerly associated with weapon bearers: they were helped in reuniting with their families in the DRC or abroad, helping diminish their vulnerability to abuses such as sexual violence. The ICRC also conducted follow-up visits to monitor the children’s welfare, and supported transitional centres and foster families caring for children registered by the ICRC and waiting to rejoin their families. Hundreds of children, and their communities, attended awareness-raising sessions about the risks they faced upon returning home. Community-based initiatives and recreational activities fostered the children’s social reintegration and helped prevent further recruitment.

The ICRC continued to visit detainees, in accordance with its standard procedures, to monitor their treatment and living conditions; delegates paid particular attention to vulnerable groups, including security detainees. The ICRC discussed the findings confidentially with the pertinent authorities, who were encouraged to ensure respect for judicial guarantees and address overcrowding in prisons. It also distributed material assistance to help improve detainees’ living conditions.

The National Society and the ICRC strengthened their partnership by planning joint activities and incorporating the Safer Access Framework in them. The National Society received support from the ICRC for reinforcing its capacities in such areas as first aid, managing human remains and restoring family links.

**EXAMPLE 4: JORDAN**

Asylum seekers fleeing the conflict in Syria sought to enter Jordan, mainly through the Hadalat and Rukban crossing points on the country’s border with Syria. They remained stranded there for months, under extreme desert conditions, with poor access to essential services. In April, the Jordanian authorities allowed the entry of a few thousand people, even as the number of arrivals mounted. In June, an armed attack near Rukban prompted the complete closure of the border; this prevented further entry by asylum seekers, and led to the suspension of all humanitarian operations, which resumed only in November.

Asylum seekers allowed to enter Jordan stayed at transit sites with limited basic services and dilapidated facilities. Jordan already hosted some 640,000 refugees, straining local resources.

The ICRC documented the protection concerns of people at the border and transit sites, and those in refugee camps and host communities. Where necessary, the ICRC raised these concerns, including allegations of abuse, with the Jordanian authorities, reminding them in particular of the principle of *non-refoulement* and the rights of asylum seekers. Allegations of arrest and reported IHL violations in Syria were documented for discussion with the relevant actors there.

Asylum seekers, and vulnerable Jordanians and Syrians in host communities, cover their basic needs

The Jordan National Red Crescent Society and the ICRC helped people in host communities – including those at risk of abuse – to ease their situation. Notably, 144 vulnerable Syrian and Jordanian women improved their livelihood prospects – potentially reducing their vulnerability to sexual violence – after completing vocational courses run by the National Society with the ICRC’s material and technical support.
On a larger scale, the National Society and the ICRC sought to help protect and assist asylum seekers from Syria, throughout their passage from the Hadalat and Rukban crossing points to transit and registration sites run by the Jordanian Armed Forces (JAF).

From January to March, asylum seekers at the crossing points met some of their urgent needs with ICRC-provided food, clean water and household essentials. They had access to health care through ICRC-run mobile clinics and from first-aiders trained by the National Society or the ICRC. In April, UN agencies took over providing aid in Hadalat and Rukban; the ICRC concluded its relief distributions. Following the June incident mentioned above, the ICRC also terminated its protection and health-related activities, and did not resume them in November, owing to security reasons.

Asylum seekers allowed to proceed from the border benefited from emergency relief, and from water, sanitation, shelter and health-care facilities, at ICRC-supported transit and registration sites. In May, the ICRC concluded its support for three transit sites that asylum seekers no longer used. It continued supporting or running clinics at another transit site and a registration center.

The ICRC visited detainees and gave the authorities confidential feedback to help them improve detainees’ treatment and living conditions. The authorities improved detainees’ access to health care with ICRC technical and material support. At an international conference in Amman, members of medical associations discussed ways to foster respect for medical ethics in places of detention.

**Jordanian military commanders and leaders of Syrian armed groups train in applying IHL**

More than 2,000 officers from the Jordanian armed and security forces, including those deploying on peacekeeping missions, participated in ICRC-conducted training in IHL and international human rights law, respectively. Some 60 field commanders of Syrian armed groups discussed with ICRC experts the proper conduct of hostilities and people’s right to safe access to humanitarian aid; they learnt more about the ICRC’s mandate and protection-related activities.

With ICRC technical support, Jordanian military and security forces continued integrating IHL and other applicable international norms into their training programmes. The ICRC organized train-the-trainer courses for instructors of the JAF and the gendarmerie, to help them attain autonomy in teaching IHL and international human rights law, respectively, to their troops. The gendarmerie conducted an instructors’ course to help 16 officers teach their peers topics relating to IHL, international human rights law, international policing standards and the prevention of sexual violence, in view of establishing a dedicated unit for training in these topics.

**EXAMPLE 5: LEBANON**

The conflict in Syria and its spillover effects continued to affect Lebanon. Over a million refugees from Syria were in host communities, informal settlements and Palestinian camps; some had been there for over five years. Their presence severely strained struggling local economies and public services, especially electricity, water and health care; the authorities and humanitarian organizations were hard-pressed to meet the needs of refugees and destitute residents. Strict entry policies at the Lebanon–Syria border limited the further influx of people from Syria – including the wounded. Refugees from Syria and other people reported allegations of abuse to the ICRC; these were shared with parties concerned, including those in Syria, with a view to preventing the recurrence of such abuse. The Lebanese authorities were reminded of the protection granted by IHL and other applicable international norms to people seeking refuge. Complementing these efforts, the ICRC organized workshops for the Internal Security Forces and the Lebanese Armed Forces, and lent them its expertise, to improve training in IHL and international human rights law for their personnel. Academics, government officials and others with influence learnt more about IHL at various events organized by the ICRC; these events, and media campaigns, also helped cultivate support for Movement action in Lebanon and in the region.
Refugees and residents obtain medical services, psychosocial care and livelihood assistance

Victims of abuse received ICRC assistance or were referred to other organizations. Some 113 people, including victims of sexual violence, received psychosocial care at an ICRC-supported facility. Psychosocial care was also available for patients at the ICRC-run Weapon Traumatology and Training Centre in Tripoli, and the Rafik Hariri University Hospital (RHUH) in Beirut, where the ICRC ran an emergency ward.

Refugees and vulnerable residents received preventive, curative or ante/post-natal care at ten primary-health-care facilities along the Lebanese–Syrian border and in Palestinian camps – all supported by the ICRC with supplies, equipment and staff training – and at the outpatient clinic of the RHUH. Tens of thousands of infants were vaccinated by four mobile health units, backed by Lebanese Red Cross and the ICRC. Hundreds of people who required higher-level care received treatment – some for free – at the above-mentioned ICRC-run facilities.

The ICRC helped refugees establish and reinforce sources of income through livelihood and cash-based assistance. Thus, nearly 1,990 households improved their economic prospects through small businesses established with ICRC-provided cash grants, livestock and/or supplies; or by participating in cash-for-work projects. Some Palestinian refugees underwent vocational training and several Syrian refugees found employment, with ICRC support. Monthly distributions of cash, for up to eight months, enabled over 1,010 households to pay for rent, food and winter necessities.

Emergency aid was reduced and given only to the most vulnerable refugees and residents – victims of abuse and people in remote areas – who needed it to meet their immediate needs.

Members of families separated by armed conflict or detention reconnected through Movement family-links services. Several people rejoined their families in Lebanon or abroad, and some lodged tracing requests with the ICRC for relatives missing in Syria.

EXAMPLE 6: MALI

Despite the signing of a peace accord in 2015, violent encounters in northern Mali persisted between armed groups and Malian and international forces, including the UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA); similar incidents occasionally occurred in central and southern Mali. Demonstrations over political issues turned violent and resulted in damage to public infrastructure. There were reports of arrests by State and international forces, and of people being held by armed groups, in connection with these events. Tensions between some armed groups, however, abated owing to informal talks among them. Banditry and communal violence persisted.

All this continued to stall the resumption of State services in violence-affected areas and to hamper people’s efforts to restore their livelihoods.

Victims of sexual violence obtain help for coping with trauma

In Gao and Tombouctou, people suffering from violence-related trauma – including victims of sexual violence – coped with their ordeal through psychosocial support and other specialized treatment provided by ICRC-trained counsellors, doctors, midwives and other medical personnel. At information sessions conducted by ICRC-trained community members, some 22,430 people learnt of the availability of services for victims of violence and the importance of securing prompt treatment for their distress. These sessions also sought to prevent the stigmatization of victims and to encourage victims to seek treatment.

Victims of violence, including sexual violence, also had access to services offered by primary-health-care centres that received comprehensive ICRC support. One centre in Tombouctou reopened in March 2016 after the ICRC helped repair damage sustained by it during clashes in 2012. Most of the consultations given at these centres were to women and children; over 160 people were
evacuated to the Gao hospital or other health facilities for secondary care, with the ICRC covering the transportation costs. Children under the age of five and others received immunizations during national vaccination campaigns conducted with ICRC logistical support. The Gao regional hospital and the Kidal referral centre continued to provide good-quality hospital care, with various forms of ICRC support, including on-site guidance from two ICRC surgical teams.

With the help of the ICRC, vulnerable households in northern and central Mali restored, preserved or expanded their livelihood; some increased their income by up to 80%. Beneficiaries included heads of households – some of them victims of sexual violence – who established small businesses using cash grants or supplemented their income through cash-for-work projects. Material donations and upgraded water infrastructure helped violence-affected people cover their food, water and shelter needs; herders no longer had to walk long distances in search of watering holes in violence-prone areas.

**Unaccompanied minors are reunited with their families**

The ICRC also worked to minimize people’s exposure to abuse through initiatives addressing the protection concerns of conflict-affected people. For example, unaccompanied or separated minors, including those formerly associated with armed groups, were assisted in contacting their families. Five minors reunited – on their own or with support from the National Society and the ICRC – with their families in Mali. The ICRC monitored approximately 60 resettled minors.

The ICRC also continued to visit detainees in accordance with its standard procedures; it individually monitored the situation of those held in connection to the conflict and other vulnerable inmates. The authorities were urged – through confidential dialogue and various forms of support – to improve detainees’ treatment and living conditions. Where the ICRC had access, people held by armed groups were visited within days of being captured.

**Influential people learn more about IHL provisions and humanitarian considerations**

The ICRC relayed documented allegations of abuse, reported by violence-affected people, to the parties concerned. Local partners and the ICRC developed community-based protection mechanisms for vulnerable populations.

More broadly, the ICRC engaged a wide network of influential contacts in dialogue that reiterated the importance of: respecting IHL and its provisions, including those prohibiting abuses against civilians, such as sexual violence; facilitating access to medical and humanitarian aid; and ensuring the safety of personnel providing these services. These subjects were also discussed during dissemination sessions for different audiences. Articles published on various media helped broaden awareness among the general public of IHL, the Movement, the red cross emblem and the ICRC’s activities. The authorities continued, with ICRC support, to take steps to advance the implementation of IHL.

The National Society drew on various forms of ICRC support to strengthen its operational capacities. With other Movement components, it maintained the regional family-links network that helped members of families dispersed by violence or other circumstances to reconnect.

**EXAMPLE 7: SOUTH SUDAN**

The situation in South Sudan remained tense despite the establishment, in April 2016, of a national unity government – as per the 2015 agreement between the parties to the non-international armed conflict that began in 2013. Clashes between government troops and opposition forces continued to take place, and armed groups also continued to fight among themselves, mainly over cattle and other resources. These confrontations and other situations violence were sometimes fuelled by communal or ethnic tensions. Attacks against civilians, obstruction of health-care delivery and other abuses continued to be reported.

Some 1.9 million people had been displaced as a result of past and current clashes. In addition, many people were at risk of malnutrition and disease, as basic commodities and essential services were mostly unavailable.
In light of the continued violence, the ICRC maintained its multidisciplinary response to humanitarian needs. It kept up its confidential bilateral dialogue with the parties to the conflict, in order to promote protection for civilians. Through oral and written representations, it urged parties to: protect and respect persons who were not, or were no longer, participating in hostilities; protect civilian property and essential infrastructure from being looted or destroyed; prevent and address sexual violence and other abuses; and facilitate people’s access to basic services and humanitarian assistance.

**Victims of sexual violence receive medical care and other assistance**

Six clinics sustained their services, and expanded their capacities, with ICRC support: donations of medical supplies, staff training and supervision, and infrastructural repairs to improve conditions for staff members and patients. Some 96,000 consultations were made at these centres, whose staff also vaccinated around 38,000 people; more than 1,130 deliveries were facilitated at the clinics or in communities by ICRC-supported birth attendants. Victims of sexual violence obtained specialized services – including prophylactic treatment within 72 hours of the incident, and psychosocial care – at some of the clinics.

A total of 669 people, including victims of sexual violence, were referred for secondary-level care at appropriate facilities, including those supported by the ICRC; some of these people were evacuated by plane by the ICRC. Three hospitals – in Juba, Kodok and Maiwut – sustained their obstetric, paediatric, nutritional and other medical services with ICRC-provided medical supplies, staff supervision and training, maintenance services and infrastructural upgrades. The ICRC assigned a surgical team at each hospital, while two other teams worked in various locations. Seven hospitals were given emergency material donations.

The ICRC worked directly with communities and with health personnel, to help them strengthen their resilience to the effects of violence and minimize their exposure to safety risks and abuses, including sexual violence. For instance, it helped community members identify and develop projects to protect their livelihoods and themselves, and provided them with advice and material input for implementing these. Other ICRC assistance activities – distribution of food and essential household items to destitute and hard-to-reach communities, provision of livelihood support and improvement of water and sanitation facilities – also took into account the inclusion of people who might have suffered sexual violence or who were at risk of it or other abuses.

Family members separated from each other – particularly following clashes in several locations in the second half of the year – communicated through family-links services offered by the ICRC and the South Sudan Red Cross. After careful assessment, and to help mitigate their exposure to risks and abuses, 24 minors and other particularly vulnerable people were reunited with their families under ICRC auspices.

The ICRC continued to visit people held either by the government or by opposition forces, as well as those in the custody of the UN Mission in South Sudan (UNMISS). ICRC delegates monitored their treatment and living conditions and shared their findings and recommendations with the pertinent authorities. Detainees contacted relatives using ICRC family-links services; in the Juba and Wau prisons, these services included phone calls facilitated by the ICRC with the authorities’ consent.

**Weapon bearers further their understanding of basic IHL principles**

Over 3,270 weapon bearers from different sides learnt more about IHL at dissemination sessions that were often combined with first-aid training. These sessions and the various reference materials distributed to weapon bearers emphasized compliance with IHL, particularly its provisions on: protecting civilians and other people not or no longer taking part in hostilities; facilitating safe access to medical care; and preventing sexual violence and other unlawful conduct.

Radio programmes, materials printed in local languages, and updates posted on social media or published in other online platforms broadened the general public’s awareness of neutral and impar-
tial humanitarian action. They also drew attention to issues of humanitarian concern, such as sexual violence and the violence impeding health services. Discussions with UNMISS and diplomats also highlighted these matters.

All these efforts – as well as meetings with community leaders and events with civil society – helped increase acceptance for the South Sudan Red Cross and the ICRC, and facilitated their access to vulnerable people.

**EXAMPLE 8: SYRIAN ARAB REPUBLIC**

The armed conflict between government forces and numerous armed groups, and clashes between these groups, continued throughout Syria. Ceasefire agreements were implemented during certain periods – notably in end-December, following heavy clashes in eastern Aleppo. Violence went on in several areas regardless. Third-party States conducted air strikes against the Islamic State group. Breaches of IHL and other applicable norms, serious and recurrent, continued to be alleged.

In this complex and challenging environment, the ICRC sustained its multidisciplinary response and continued to work on fostering acceptance for its mandate and activities through contact with authorities, community leaders and armed groups. It also pursued its limited dialogue, on IHL and other applicable norms, with the parties to the conflict. It reminded these parties to respect people not or no longer participating in hostilities and to protect them from abuse, including sexual violence. The ICRC’s interaction, in Syria and abroad, with representatives of some armed groups helped familiarize them with IHL rules and principles, and the Movement.

**In some besieged areas, people are able to access health services**

The ICRC continued to develop activities aimed at facilitating the referral of victims of sexual violence to providers of appropriate care. More broadly, it supported the Syrian Arab Red Crescent and other local health actors in making preventive and curative health services available in violence-affected communities, including those in besieged areas. People in eight provinces benefited from services offered by seven mobile health units and seven polyclinics run by the National Society, with ICRC material, financial and technical support. Twenty-two other health facilities, including ten located across front lines, received supplies for haemodialysis sessions; 28 facilities had specialized equipment and spare parts donated or maintained by the ICRC. Three hospitals sustained their services, supported by ICRC-led repairs, as did one National Society-run hospital, with the help of ICRC training for maintenance personnel.

Distributions of food and essential household items were carried out by the ICRC and the Syrian Arab Red Crescent in various parts of the country, enabling IDPs, residents and returnees to address their daily needs. Where security conditions were relatively stable, resident and returnee households – including those headed by female or disabled breadwinners – were given livelihood support. Almost 15 million people had drinking water and lived in safer conditions through projects undertaken by the National Society and the ICRC, in coordination with the water ministry, local authorities, or representatives of some armed groups.

The ICRC monitored the treatment and living conditions of detainees at two central prisons and shared its feedback confidentially with the authorities. It helped ease the situation of detainees by enabling them to contact their relatives, donating essential supplies and repairing facilities in several prisons. It continued to develop its joint work with the authorities in pursuing longer-term solutions for alleviating detainees’ circumstances, such as through pilot farming projects in two prisons, where detainees helped diversify the food supply. While it sought to bolster dialogue on its standard procedures for visits to detainees with the pertinent authorities, the ICRC put its detention activities on hold, starting in September.

Movement family-links services helped facilitate contact between members of dispersed families, but thousands remained without news of their missing relatives, including those allegedly arrested or detained in relation to the conflict.
People in Syria and abroad kept abreast of the humanitarian consequences of the conflict and of the ICRC’s activities, especially in besieged and other areas inaccessible to journalists. They did so by accessing multi-format informational materials, including operational updates and news releases, produced and disseminated by the organization through various platforms. The ICRC continued to interact with local and international reporters, regardless of affiliation in relation to the conflict, contributing to their coverage of the humanitarian situation in Syria.

**EXAMPLE 9: PAPUA NEW GUINEA (SUVA REGIONAL)**

In the Enga, Hela and Southern Highlands provinces of Papua New Guinea, communal fighting caused casualties and displacement, and disrupted basic services. With a view to mitigating the effects of such violence, the ICRC continued to promote respect for basic principles of humanity. It relayed documented allegations of abuse to the parties concerned and urged them to prevent the recurrence of such unlawful conduct. During bilateral talks with them, the ICRC emphasized the necessity of: facilitating, in an impartial manner, access to medical treatment for the wounded, the sick and victims of sexual abuse; and protecting health-care staff and facilities. These and other related concerns were also highlighted at workshops for police officers on international standards applicable to law enforcement, and through plays staged for violence-prone communities.

**Local health-care personnel pay particular attention to the medical needs of sexual-violence victims**

The Papua New Guinea Red Cross Society and the ICRC worked with local communities to address the effects of violence on their access to water and health care. The National Society strengthened its capacities with the help of training and other support from the ICRC.

In the Southern Highlands, some victims of sexual violence received counselling and specialized care at two family-support centres that were given supplies by the ICRC. Through an ICRC course, staff at 11 health-care facilities familiarized themselves with the specific needs of sexual-violence victims and with ways of addressing these.

More broadly, inhabitants of the Southern Highlands continued to have access to primary health care at two ICRC-supported health posts, one of which was built by the ICRC in 2015 and began functioning in July, after overcoming staffing difficulties. Nearly 3,800 people increased their water supply with the help of rainwater-harvesting systems installed by the ICRC. Patients and staff at six health facilities had better access to water and/or electric power after repairs to water-supply systems were completed, and solar-power systems installed, at these facilities.

Training sessions organized by the National Society and the ICRC equipped over 200 community members to administer emergency care to casualties of clashes.

**The authorities and the ICRC discuss humanitarian concerns of migrants in processing centres**

The ICRC visited, in accordance with its standard procedures, detainees in Papua New Guinea to monitor their treatment and living conditions. With support from the Australian Red Cross, it also checked on the circumstances of migrants in the processing centre on Manus Island; migrants undergoing treatment at medical transit facilities in Port Moresby received ad hoc visits. Subsequently, the ICRC discussed its findings with the authorities concerned, with a view to helping them make the necessary improvements. Based on reports submitted to them in 2015, the ICRC discussed with the pertinent authorities in Australia and Papua New Guinea matters of persistent concern to migrants in processing centres: mental-health and child-protection issues, allegations of sexual abuse and uncertainty about their status.

Prison authorities received ICRC assistance in enhancing detainees’ living conditions. In the Highlands, for instance, 110 people held at two police stations benefited from infrastructural improvements carried out by the ICRC; some inmates received hygiene items.
### Breakdown of the Special Appeal: Strengthening the Response to Sexual Violence 2016 (in KCHF)

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Expenditure</th>
<th>Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengthening the Response to Sexual Violence: ICRC Budget</strong></td>
<td>695</td>
<td>703</td>
<td>0</td>
</tr>
<tr>
<td><strong>Funded out of Contributions to the Appeals 2016: Headquarters</strong></td>
<td></td>
<td></td>
<td>703</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>8,228</td>
<td>7,063</td>
<td>316</td>
</tr>
<tr>
<td>Colombia</td>
<td>5,088</td>
<td>4,580</td>
<td>2,231</td>
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<tr>
<td>Congo, Democratic Republic of the</td>
<td>13,419</td>
<td>12,859</td>
<td>6,543</td>
</tr>
<tr>
<td>Jordan</td>
<td>8,869</td>
<td>5,734</td>
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<tr>
<td>Lebanon</td>
<td>3,964</td>
<td>3,615</td>
<td>0</td>
</tr>
<tr>
<td>Mali</td>
<td>8,748</td>
<td>7,356</td>
<td>1,885</td>
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<tr>
<td>South Sudan</td>
<td>18,444</td>
<td>17,325</td>
<td>292</td>
</tr>
<tr>
<td>Syrian Arab Republic</td>
<td>9,690</td>
<td>8,848</td>
<td>0</td>
</tr>
<tr>
<td>Papua New Guinea (Suva Regional)</td>
<td>896</td>
<td>905</td>
<td>815</td>
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<tr>
<td><strong>Funded out of Contributions to the Appeals 2016: Operations</strong></td>
<td></td>
<td></td>
<td>58,204</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>76,041</td>
<td>68,990</td>
<td>61,060</td>
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</tbody>
</table>

N.B. As the figures in this table have been rounded off, adding them up may give slightly different results from the total presented. Therefore, the figures may also vary slightly from the amounts indicated in other documents.

49. The budget exclusively covers activities to be funded and implemented through the ICRC. Activities funded directly by partners or others are not included.
51. The figures for each operation includes the funding requirements related to directly or indirectly addressing sexual violence.
## List of Contributions Pledged and Received

<table>
<thead>
<tr>
<th></th>
<th>Amount in CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governments</strong></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>1,728,880</td>
</tr>
<tr>
<td>Belgium</td>
<td>1,765,238</td>
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<tr>
<td>Canada</td>
<td>2,231,100</td>
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<tr>
<td>Germany</td>
<td>2,177,000</td>
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<tr>
<td>Japan</td>
<td>200,000</td>
</tr>
<tr>
<td>Norway</td>
<td>1,688,286</td>
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<tr>
<td>Spain</td>
<td>327,060</td>
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<tr>
<td>United States of America</td>
<td>1,955,200</td>
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<tr>
<td><strong>Sub-total: Governments</strong></td>
<td><strong>12,072,764</strong></td>
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<tr>
<td><strong>Private Sources</strong></td>
<td></td>
</tr>
<tr>
<td>Spontaneous donations from private individuals</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>Sub-total: Private Sources</strong></td>
<td><strong>10,000</strong></td>
</tr>
<tr>
<td><strong>Sub-total: Contributions to the Special Appeal: Strengthening the Response to Sexual Violence 2016</strong></td>
<td><strong>12,082,764</strong></td>
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<tr>
<td>Funded out of contributions to the appeals 2016: Headquarters</td>
<td>703,225</td>
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<tr>
<td>Funded out of contributions to the appeals 2016: Operations</td>
<td>56,203,901</td>
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<td><strong>Total Receipts for 2016 as at 31.12.2016</strong></td>
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<td><strong>No balance brought forward</strong></td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>68,989,890</strong></td>
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</table>

N.B. As the figures in this table have been rounded off, adding them up may give slightly different results from the total presented. Therefore, the figures may also vary slightly from the amounts indicated in other documents.
COMMENTS

This Special Report: Strengthening the Response to Sexual Violence 2016 covers the ICRC’s activities related to this project at headquarters and, in some cases, field level. The activities discussed here were also mentioned in the ICRC Annual Report, published in June 2017.

These cover:

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

Funds are subject to standard ICRC operational reporting, auditing and financial control procedures. There is a yearly “Special Report: Strengthening the Response to Sexual Violence” and a separate auditor’s report directly related to the year’s Special Appeal, as well as narrative and financial reports related to the topic included in other standard reports.

In summary:

- narrative reporting is accessible through:
  - 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 is available in the:
  - ICRC Annual Report: financial reporting, including the yearly consolidated financial statement, the independent Auditor’s report and financial and statistical tables
  - Special Auditor’s Report on the Special Appeal (once a year)
MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.