

SPECIAL APPEAL

ADDRESSING SEXUAL VIOLENCE 2017



ICRC



ICRC

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ADDRESSING
SEXUAL VIOLENCE 2017

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EXECUTIVE SUMMARY

- ▶ Sexual violence during armed conflicts and other situations of violence has long been widespread, with grave and far-reaching consequences – physical, psychological, social and spiritual – for victims and their communities. Women, men, girls and boys may all become victims. It occurs despite prohibitions against sexual violence in treaty and customary international humanitarian law applicable to international and non-international armed conflicts, international human rights law and, in many cases, domestic law.
- ▶ In 2013, the ICRC recognized the need to strengthen its response to sexual violence during conflict and other violence and to mobilize its staff to proactively address the issue. It launched a four-year initiative, covering the period 2013–2016, to expand and heighten its focus on responding to sexual violence. The initiative emphasized the importance of comprehensively assessing and responding to sexual violence, as well as taking efforts to prevent its occurrence. 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 sought to highlight the issue among the wider humanitarian community. It worked on fostering coordinated or joint action within the International Red Cross and Red Crescent Movement. Nevertheless, the ICRC recognizes that sexual violence continues to take place with appalling frequency and that the organization itself has room to improve its work on this issue – in particular, it encountered many challenges in terms of identifying the appropriate entry points for its activities in different contexts and developing corresponding responses of high quality. Thus, evaluating, enhancing and adapting its humanitarian action to address sexual violence during armed conflict and other situations of violence will remain an institutional priority.
- ▶ In 2017, the ICRC will build on the achievements and successes of previous years and help sustain the momentum around addressing this issue. In particular, the ICRC will strive to make progress in the following areas: increasing the level of concrete and specific reporting in order to illustrate more accurately the organization's efforts in this regard; facilitating monitoring, evaluation and learning exercises so as to track the results of its activities; and, over the longer term, ensuring the response to sexual violence is embedded across all ICRC programmes. In support of these, the ICRC will also improve its internal and external awareness-raising and capacity-building efforts for those working on the issue of sexual violence.
- ▶ Delegations will continue to receive assistance for assessing the incidence and/or the risk of sexual violence and the circumstances surrounding such violations in their contexts, planning the type of intervention they will carry out and, on the basis of such decisions, implementing a multidisciplinary response. The ICRC's response will include, as appropriate: helping victims access the assistance they need to address the consequences of sexual violations; working with communities to help them develop risk-reduction measures and avoid dependence on harmful coping mechanisms; and engaging with influential actors to gain their support for prohibiting and criminalizing sexual violence, while assisting them in taking immediate and longer-term action to prevent its occurrence, sanction its perpetrators, and assuage the suffering of victims. Whenever possible, these activities will be conducted with local actors, such as the National Red Cross and Red Crescent Societies, the authorities and other service providers, to help them improve their capacities, and to increase the likelihood that these efforts can be sustained over

the long term. The ICRC will also continue its humanitarian diplomacy efforts to rally more support for this issue.

- ▶ The 2017 Special Appeal is the first appeal to be produced beyond the initial four-year initiative. It describes the activities planned at headquarters and field level that are specifically designed to address sexual violence, although many other activities carried out by the ICRC also contribute, indirectly, to this end. The activities and budgets presented here are based on the *ICRC Appeals 2017: Headquarters* and *ICRC Appeals 2017: Operations*, published in November 2016. This Special Appeal aims to draw contributions particularly from funding sources that usually do not or have not yet financed the ICRC on the basis of its yearly Headquarters and Operations appeals.
- ▶ The section summarizing the situations relating to sexual violence and the ICRC's humanitarian response in the **Central African Republic, Colombia, Democratic Republic of the Congo, Jordan, Lebanon, Mali, Mexico City (regional), Nigeria, Papua New Guinea** (under the Suva regional delegation), **South Sudan** and the **Syrian Arab Republic** demonstrates how the ICRC will take a nuanced and context-specific approach to addressing the problem of sexual violence. The responses were formulated according to identified needs, the space for the ICRC to further develop, support or initiate activities, and the constraints to such action in the context concerned; hence, each set of responses does not necessarily include the full range of efforts that the ICRC employs across the world to address sexual violence.

With this *Special Appeal: Addressing sexual violence 2017*, the ICRC seeks:
CHF 23 million

These funding requirements cover the ICRC's activities at headquarters and in the Central African Republic, Colombia, the Democratic Republic of the Congo, Jordan, Lebanon, Mali, Mexico City regional, Nigeria, Papua New Guinea (under Suva regional), South Sudan, and the Syrian Arab Republic for 2017.

ABBREVIATIONS AND DEFINITIONS AT THE ICRC

activity	any action or process through which inputs are combined to generate goods and services (outputs) ¹
Additional Protocol I	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
Additional Protocol II	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
Additional Protocol III	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
AIDS	acquired immune deficiency syndrome
evaluation	an independent, objective and systematic examination of the design, implementation and results of an initiative, programme, operation or policy against recognized criteria; it is intended to articulate findings, draw conclusions and make recommendations so that the ICRC may draw lessons, improve overall policy and practice, and enhance accountability ²
1949 Geneva Conventions	Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 12 August 1949 Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949 Convention (III) relative to the Treatment of Prisoners of War, 12 August 1949 Convention (IV) relative to the Protection of Civilian Persons in Time of War, 12 August 1949
gender and sex	“Gender” refers to the culturally constructed and prescribed behaviour of men and women, specifically the roles, attitudes and values ascribed to them on the basis of their sex; whereas the term “sex” refers to biological and physical characteristics. Gender roles vary widely within and among cultures, social, economic and political contexts ³ .
Health Care in Danger project	<i>Health Care in Danger</i> 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
Movement	The International Red Cross and Red Crescent Movement comprises the ICRC, the International Federation of Red Cross and Red Crescent Societies, and the National Red Cross and Red Crescent Societies. These are all independent bodies. Each has its own status and exercises no authority over the others.

1. Definition used in the ICRC's management framework; see *Annex 1: The ICRC's operational approach to result-based management – improving humanitarian action*, in *Management Framework and Standard Reporting 2014–2015*; available on the ICRC Extranet for Donors at: [http://extranet.icrc.org/extranet/rexdonors/content.nsf/htmlall/9QY-CEC/\\$FILE/2015_MGMTFWDescProg_Annexes_Extranet_Final.pdf?OpenElement](http://extranet.icrc.org/extranet/rexdonors/content.nsf/htmlall/9QY-CEC/$FILE/2015_MGMTFWDescProg_Annexes_Extranet_Final.pdf?OpenElement)

2. Ibid.

3. *What do we mean by “sex” and “gender”?*, WHO, at: <http://www.who.int/gender/whatisgender/en/>

National Society	The National Red Cross or Red Crescent Societies embody the Movement's work and Fundamental Principles in over 180 countries. They act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services, including disaster relief and health and social programmes. In times of conflict, National Societies assist the affected civilian population and, where appropriate, support the army medical services.
other situations of violence	This refers to situations of collective violence that fall below the threshold of an armed conflict but generate humanitarian consequences, in particular internal disturbances (internal strife) and tensions. The collective nature of the violence excludes self-directed or interpersonal violence. If such situations of collective violence have significant humanitarian consequences to which the ICRC can provide a relevant response, the ICRC may take any humanitarian initiative falling within its mandate as a specifically neutral, impartial and independent organization, in conformity with the Statutes of the Movement, article 5(2)(d) and 5(3).
programme	a group of activities that are within the specific competence of the ICRC and often concern particular professional skills and areas of expertise; ICRC operations are structured into four main programmes: assistance, cooperation, prevention and protection ⁴
review	periodic or ad hoc internal examinations of performance that take place at various levels: from the context as a whole, which happens at least once a year, down to the sub-target population (e.g. physically disabled people, under Wounded and sick) and sub-programme (e.g. economic security, under Assistance), and even in a limited geographical area within the context; information on the interim situation (the results so far) is compared with information on the intended results (the objective) and on the initial situation (the baseline) to identify any significant deviations from the plan .
sexual violence	Acts of a sexual nature committed against any person by force, threat of force or coercion. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against another person. Sexual violence also comprises acts of a sexual nature committed by taking advantage of a coercive environment or a person's incapacity to give genuine consent. It furthermore includes acts of a sexual nature that a person is caused to engage in against another person through the factors/circumstances outlined above. Sexual violence encompasses acts such as rape, sexual slavery, enforced prostitution, forced pregnancy or enforced sterilization. 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.
target population	a specific group of people; the implementation of the ICRC's mission, which combines different approaches and activities, comes into its own when the organization is confronted with various groups of people either suffering the direct and/or indirect effects of armed conflict or other situations of violence and who are not or no longer taking a direct part in the hostilities or other forms of violence, or are able to influence the structures or systems associated with identified humanitarian problems; this is why, in setting its objectives, the ICRC has drawn up a standard list of target groups or populations divided into two broad categories: the "affected persons/populations" (Civilians, People deprived of their freedom and Wounded and sick) and the "influential persons/institutions" (Actors of influence and Red Cross and Red Crescent Movement)
UN	United Nations
WHO	United Nations World Health Organization

4. Annex 1: The ICRC's operational approach to result-based management- improving humanitarian action. Op. cit.

5. Ibid.

6. Annex 1: The ICRC's operational approach to result-based management- improving humanitarian action. Op. cit.

SEXUAL VIOLENCE IN ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

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 particularly 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 mutilation⁷ or following injury or penetration with an object); and higher incidence of disease and subsequent health problems⁸. 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 abortion⁹.

Victims frequently continue to suffer consequences that are detrimental to their mental health and well-being long after the violence. Many are left feeling soiled, and having their deeper 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, indignity, anger, feelings of isolation, poor self-esteem, powerlessness, guilt and shame over the impact of the abuse on themselves and their families, sleeping or eating disorders, substance abuse, high-risk sexual behaviour, depression, 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

7. Female genital mutilations take various forms, including clitoridectomy, excision, infibulation and other harmful procedures. For more information, see *Female genital mutilation. Fact sheet N°241* (WHO/RHR/12.41). Geneva: World Health Organization, 2014; available at: <http://www.who.int/mediacentre/factsheets/fs241/en/> (accessed in January 2017).

8. *Health consequences – Understanding and addressing violence against women*. (WHO/RHR/12.43). Geneva: World Health Organization, 2012; available at http://apps.who.int/iris/bitstream/10665/77431/1/WHO_RHR_12.43_eng.pdf (accessed in January 2017).

9. Ibid.



South Kivu, Minova.
Victims of sexual
violence and other
conflict-related
trauma receive
psychosocial care at
counselling centres
supported by the
ICRC.

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children born of rape, forced marriage, or loss of means of subsistence¹⁰. In the face of such adverse consequences, victims often have an excruciating time deciding whether or not to seek assistance.

Sexual violence also deeply affects the family and close relatives of the victim, particularly the victim's spouse/partner, children, parents, and/or others who witnessed the aggression. This contributes to the weakening of the fabric of community cohesion and deterioration of social coping mechanism. Spouses experience great trauma, distress, indignity and guilt at having been unable to protect their partners, as well as fear and shame stemming from the belief that they, too, have been soiled by these dehumanizing acts. In many instances, rape causes repudiation or conjugal separation, during or following the conflict, affecting both female and male victims. Children of the victims, especially if they witnessed the aggression, can experience similar feelings of shock and terror¹¹.

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

10. Carpenter, R. Charli. “War’s Impact on Children Born of Rape and Sexual Exploitation: Physical, Economic and Psychosocial Dimensions”. Chapter 1 in: R. C. Carpenter: “Born of War: Protecting Children of Sexual Violence Survivors in Conflict Zones”. Hartford: Kumarian Press, 2007. See Abstract; available at: <http://people.umass.edu/charli/childrenbornofwar/Carpenter-WP.pdf> (accessed in January 2017).

11. Ibid.

specifically protected against “any form of indecent assault” in Article 77(1) of Additional Protocol I. Furthermore, Article 75(2)(b) of Additional Protocol I – providing fundamental guarantees – prohibits “outrages upon personal dignity, in particular humiliating and degrading treatment, enforced prostitution and any form of indecent assault”. This particular provision equally protects women and men.

In non-international armed conflicts, Article 4(2)(e) of Additional Protocol II explicitly prohibits “outrages upon personal dignity, in particular humiliating and degrading treatment, rape, enforced prostitution and any form of indecent assault” against any person 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 throughout IHL treaties that implicitly prohibit rape and other forms of sexual violence. These include provisions prohibiting cruel treatment, torture and outrages upon personal dignity, in particular humiliating and degrading treatment (for example, see Article 3 common to the 1949 Geneva Conventions).

Furthermore, rape and other forms of sexual violence are also prohibited under customary law, in both international and non-international armed conflict, as highlighted in Rule 93 of the ICRC study on customary IHL¹².

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 crimes¹³.

The Rome Statute of the ICC explicitly includes sexual violence in the list of war crimes¹⁴ and of crimes against humanity when committed as part of a widespread or systematic attack directed against any civilian population¹⁵. Acts of sexual violence may also qualify as constitutive acts of genocide¹⁶. 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 fulfilled¹⁷.

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

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 underlying the study (Volume II) has been regularly updated and is freely accessible in an online database (see *Practice* at: <http://www.icrc.org/customary-ihl/eng/docs/Home>; for the practice collected about Rule 93, see http://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule93; all websites accessed in January 2017).

13. For details see ICRC Advisory Service, Factsheet “Prevention and criminal repression of rape and other forms of sexual violence during armed conflicts”, 2015, available at: <http://www.icrc.org/en/document/prevention-and-criminal-repression-rape-and-other-forms-sexual-violence-during-armed>. See also ICRC study on customary IHL, rules 156–158, available at http://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule156, https://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule157 and https://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule158; all websites accessed in January 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>; all websites accessed in January 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*.

16. Article 6 b) c) d) of the ICC Statute, *op. cit.*; and ad hoc International Criminal Tribunal for Rwanda, *Akayesu* case, Judgement, September 1998; available at <http://unictr.unmict.org/sites/unictr.org/files/case-documents/ict9-6-4/trial-judgements/en/980902.pdf> (accessed in January 2017).

17. ad hoc International Criminal Tribunal for the former Yugoslavia, *Delalić* case, Judgement, 16 November 1998; available at: <http://www.icty.org/x/cases/mucic/tjug/en/cel-tj981116e.pdf> (accessed in January 2017).

USE OF SEXUAL VIOLENCE DURING ARMED CONFLICT

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

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

In contrast, a method of warfare is generally understood as the way in which a weapon, or other means of warfare, is used, or as any specific, tactical or strategic way of conducting hostilities that is intended to overwhelm and weaken the adversary. Rape and other forms of sexual violence occur in armed conflicts in various contexts and for various purposes, including, for example, to alter the ethnic composition of a community. Sometimes, sexual violence is resorted to as a tactical or strategic way of overwhelming and weakening the adversary, directly, or indirectly by hurting the civilian population. This is particularly the case when sexual violence is carried out in a systematic manner and 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. These prohibitions exist independently of whether rape or other forms of sexual violence are qualified as an (unlawful) means, weapon or method of warfare. These acts can also *as such* amount to international crimes – in particular war 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 gender.¹⁹ 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.

18. *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings*, IASC Taskforce on Gender in Humanitarian Assistance, 2005; available at: https://interagencystandingcommittee.org/system/files/legacy_files/tfgender_GBVGuidelines2005.pdf (accessed in January 2017).

19. *Policy Paper on Sexual and Gender-Based Crimes*, ICC, 2014; available at: <http://www.icc-cpi.int/iccdocs/otp/OTP-Policy-Paper-on-Sexual-and-Gender-Based-Crimes--June-2014.pdf> (accessed in January 2017).

20. *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings*. Op. cit.

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 person through the factors/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 gravity²².

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 these are 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.

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 – 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 Conflict²³ 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

21. See ICC, *Bemba Gombo* Trial Judgment, 2016, paras 103-104; ad hoc International Criminal Tribunal for Rwanda, *Akayesu* Trial Judgment, 1998, paras 688.

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

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 January 2017).

Sexual Violence in Conflict²⁴ was launched. This protocol builds on previous efforts such as the UK's Preventing Sexual Violence Initiative (PSVI)²⁵ and the ensuing Declaration of Commitment to End Sexual Violence in Conflict²⁶, 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 resolution²⁷ 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 resolution²⁸ adopted in October 2015 re-emphasized these matters. More recently, a resolution²⁹ 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.

24. The protocol was produced by the UK government in collaboration with over 200 gender and sexual violence experts; available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319054/PSVI_protocol_web.pdf (accessed in January 2017).

25. See *Declaration on Preventing Sexual Violence in Conflict*, adopted by the G8 in London on 11 April 2013; available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/185008/G8_PSVI_Declaration_-_FINAL.pdf (accessed in January 2017).

26. See *A Declaration of Commitment to End Sexual Violence in Conflict*; available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244849/A_DECLARATION_OF_COMMITMENT_TO_END_SEXUAL_VIOLENCE_IN_CONFLICT__TO_PRINT....pdf (accessed in January 2017).

27. United Nations Security Council Resolution 2122, adopted in October 2013; available at: http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/2122%282013%29 (accessed in January 2017).

28. United Nations Security Council Resolution 2242, adopted in October 2015; available at http://www.securitycouncilreport.org/atf/cf/%7B-65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_res_2242.pdf (accessed in January 2017)

29. United Nations Security Council Resolution 2272, adopted in March 2016; available at <http://www.securitycouncilreport.org/un-documents/document/sres2272.php> (accessed in January 2017).

EVOLUTION OF THE ICRC'S APPROACH

In line with the pledge³⁰ 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 capacities 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 improve its approach, notably by changing how it looks at the issue and starting to work with the assumption that sexual violence occurs in many of 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 design and implement initiatives to address sexual violence, even without comprehensive evidence of the problem, which is often very difficult to obtain.

The ICRC also placed an 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 multidisciplinary responses. Guidance documents, training courses and other tools have been developed and made available to ICRC staff members and to external audiences, such as the staff of other humanitarian organizations. The ICRC also sought to draw attention to the issue and raise it as a priority within the wider humanitarian community by intervening in international fora, such as various bodies of the African Union and the UN. This notably led to the adoption of Resolution 3 "Sexual and gender-based violence: joint action on prevention and response"³¹ 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, from prevention to 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.

These efforts came as part of a four-year ICRC initiative, covering the period 2013–2016, focused on responding to sexual violence and preventing its occurrence. The initiative centred on a multidisciplinary approach determined by objectives and expected results in four domains: *holistic operational response*; *prevention*; *Movement mobilization*; and *staff sensitization and training*. While the four-year period has ended, the ICRC recognizes that it still has room to improve its response to sexual violence and to ensure 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 there are barriers preventing victims from reporting their experiences

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

31. For the full text of the resolution, see: rcrcconference.org/wp-content/uploads/sites/3/2015/04/32IC-AR-on-Sexual-and-gender-based-violence_EN.pdf (accessed in January 2017).

or accessing care and assistance. It balances its efforts towards this end with the importance of ensuring that its response does not add to victims' distress or stigmatization, placing the "do no harm" principle at the centre of all its activities. Furthermore, the ICRC is intensifying its effort to ensure that the needs and views of the people on whose behalf it works, as well as 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 currently 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'S MULTIDISCIPLINARY RESPONSE

The ICRC seeks to address sexual violence in armed conflict 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 services as necessary, and protecting those vulnerable to abuses. The ICRC also undertakes activities to help prevent the occurrence of sexual violence; these range from 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, as well as within communities and the general public. The ICRC also works to promote understanding of and compliance with the applicable rules of IHL, and encourages the pertinent actors to ensure they take all possible measures to prevent abuse, and investigate and prosecute those responsible for committing serious violations in accordance with their obligations under international law.

The ICRC aims to carry out these responses with care and professionalism, and to always act with respect to the victims and in their best interests. To this end, the ICRC pays particular attention to the possibility of further abuse, the risks to victims' lives, and the emergency and longer-term consequences to their physical, mental and social health and well-being.

MEDICAL CARE

The ICRC works to provide victims of sexual violence, within a safe and confidential space, with 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 unwanted pregnancies, in line with the national health system and, as applicable, internationally recognized standards³². Whenever possible, these services are coupled with support for the victim's mental and psychosocial well-being (see below).

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

Nevertheless, bearing in mind that victims are entitled to the best possible care, without discrimination, the ICRC – in contexts where it engages in such activities – seeks to provide impartial, comprehensive and effective care. The ICRC supports national medical structures, transport systems and personnel during armed conflict and other situations of violence, while encouraging the authorities concerned to ensure the sustainability and safety of such services. 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.

32. For example, the WHO guidelines for the clinical management of rape, available at: <http://www.who.int/reproductivehealth/publications/emergencies/924159263X/en/> (accessed in January 2017).

PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT

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

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 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 their 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. Detainees in interrogation centres may also be especially 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 regarding arrest, interrogation and detention – for example, having female officers attend to female detainees whenever possible and keeping living and hygiene facilities for women and children separate from men's facilities; measures are taken to enhance detainees' safety, such as by improving prison management and facilities, curbing overcrowding and increasing independent oversight; and that detainees have access to appropriate health/medical services, including health promotion sessions that address sexual violence

and its risks/consequences. When necessary, it provides the authorities with different types of support to make these improvements.

Within the framework of its support to detaining authorities, the ICRC produced a publicly available document³³ on sexual violence and detention, which aims to help those responsible for the protection of people deprived of freedom to understand the problem better and to take measures to reduce risk and address the consequences of such violence.

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 within a community-based protection approach, wherein it partners with 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/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 rules of IHL and other internationally recognized standards, many of which strictly prohibit sexual violence. Reminding all parties to an armed conflict – be they State armed forces or non-State armed groups – that all forms of sexual violence are prohibited by IHL, the ICRC privately and publicly urges all actors concerned to meet their obligations to protect women, men, girls and boys from such violence and to ensure their unimpeded access to health care. It also speaks out about the stigma faced by victim, with a view to discouraging their communities from rejecting them. Through bilateral and confidential dialogue, and based on a thorough analysis of the dynamics of violence in the field, the ICRC seeks to help pertinent actors to identify the patterns of violations and adopt and implement the relevant measures to address these harms.

The ICRC 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 virtual tools and other products aimed at helping improve the pertinent parties' capacities to tackle sensitive issues in relation to sexual violence. It provides governments and weapon bearers with assistance – ranging from helping them improve draft laws to encouraging 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.

With regard to its work specifically concerning non-State armed groups, the ICRC will continue to develop new methods, analytical tools and approaches to better understand and engage with them, particularly at field-level. Through operational research, the organization will strive, 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.

33. *Protecting People Deprived of their Liberty*; ICRC, 2016; available at: <https://shop.icrc.org/prives-de-liberte-333.html> (accessed in January 2017).

THE CURRENT SPECIAL APPEAL

The 2017 Special Appeal is the first appeal to be produced beyond the ICRC's four-year initiative to strengthen its humanitarian action specifically responding to sexual violence and preventing its occurrence. The 2013-2016 initiative aimed at achieving results in four key domains: holistic operational response; prevention; Movement mobilization; and staff sensitization and training. While the ICRC made significant strides in these areas, it continues to encounter many challenges in addressing the problem and preventing its recurrence; these are owed, *inter alia*, to the sensitive and opaque nature of sexual violence and to internal constraints, including difficulties in identifying appropriate entry points in several contexts.

Consequently, in 2017, the ICRC aims to sustain the work it did under this initiative, in line with its continued commitment to improve its response to sexual violence during armed conflict and other situations of violence. The 2017 Special Appeal focuses on activities specifically planned to directly assist victims of sexual violence and contribute to their protection – for instance, by providing victims with the requisite medical treatment or helping them reduce their risk exposure. Guided by the do no harm principle, the ICRC will implement some of these activities for victims of sexual violence within the framework of assistance it provides to the wider population, so as to avoid stigmatizing victims and exposing them to further risks. The document at hand describes these activities at headquarters and in the field, focusing in particular on the work of 11 delegations, and the corresponding budgets for them. All these are based on the *Appeals 2017: Headquarters* and the *Appeals 2017: Operations*, published in November 2016.

Many other ICRC activities, while not detailed in this Appeal, may also contribute indirectly to addressing the problem of sexual violence, as in the case of economic security and water and habitat activities aimed at easing living conditions and, thus, mitigating people's vulnerability.

By focusing the 2017 Special Appeal on specific activities for victims of sexual violence and groups that can influence their situation, the ICRC it aims to:

- ▶ encourage more concrete and specific reporting, at headquarter and field levels, on activities carried out for people affected by sexual violence, in order to illustrate more accurately the organization's efforts in this regard
- ▶ facilitate the efficient evaluation of ongoing efforts, in order to track the outcomes and, whenever possible, impact of the activities for beneficiaries; identify challenges and develop recommendations for the way forward

The ICRC continues to consolidate the progress made thus far towards the longer-term goal of embedding multidisciplinary efforts to address sexual violence in all ICRC programmes, and will seek to improve its capacity to capture and track its progress in this regard.

RESPONSE TO SEXUAL VIOLENCE IN 2017: HEADQUARTERS



North Kivu province, Walikale territory, Nyasi. Dissemination session for a unit of the armed forces of the Democratic Republic of the Congo during the inauguration of a counselling centre supported by the ICRC.

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ICRC

In 2017, addressing sexual violence during armed conflict and other situations of violence will remain an institutional priority for the ICRC. The Department of Operations will continue to provide institution-wide support for the organization's response, through a small team dedicated to the issue. The ICRC's efforts will focus on the following areas: protecting people from sexual violence and responding to their needs in a comprehensive manner; contributing to the prevention of sexual violence; mobilizing Movement partners; and strengthening institutional capacities to address the issue. The following section describes examples of the activities the ICRC has planned for 2017, at headquarters level, to these ends.

Responding comprehensively to the needs of the people affected

The units and teams at headquarters will continue to support regional desks and delegation management during the annual planning process. This will include support for: conducting comprehensive assessments – both by Protection and Health teams, for instance – of the problem of sexual violence and of the needs of victims, people at risk, and their communities; obtaining information from all possible sources; capitalizing on such assessments to develop appropriate, multidisciplinary initiatives; ensuring that the needs and sensitivities of all people affected are factored into the planned responses; and building dialogue with all pertinent stakeholders, to secure their support. Delegations will be encouraged to take a regional perspective to analyzing the problem, if necessary, and adapting their planned responses accordingly. They will also be urged to assess, in line with the Health Care in Danger project, how attacks on health services affect the availability

and accessibility of care for victims of sexual violence and the potential violations and vulnerabilities experienced by patients. Headquarters staff will provide field teams with on-site support, as needed.

Delegations and regional desks will also receive support for the implementation of their activities, which will span protection and assistance initiatives. This will include guidance in developing dialogue and other communication efforts with parties who can contribute to the protection of vulnerable people, and support in drafting and sharing interventions meant to encourage the parties concerned to take measures to end abuse and to ease the legal, medical, psychological and social consequences faced by those affected. Delegations will be asked to pay particular attention to violence against children, including minors formerly associated with fighting forces.

As needed, headquarters teams will help delegations to comprehensively identify and address problems related to sexual violence in detention. They will provide technical support and guidance for comprehensively assessing: the living conditions of detainees and whether these heighten detainees' vulnerability, as is often the case where there is overcrowding or inadequate basic supplies; and the treatment of detainees by detaining authorities, prisons staff and other detainees during all phases of detention. In support of field teams, advice will be provided regarding the direct provision of assistance to identified victims – whether during or after these people's detention – and for helping the detaining authorities make improvements that either directly respond to sexual violence or address it alongside other issues (see *Protection and risk reduction* on page 12).

Given the sensitivity of the topic of sexual violence in most of the contexts where the ICRC works, and more so in detention settings, ICRC delegates will receive specific support for raising the subject and related issues with detainees, especially during private interviews, and with detaining authorities, prison staff and health teams. When necessary and with the authorities' agreement, delegations will be supported to mobilize other actors with influence on issues concerning detainees' welfare and detention policies, structures and processes so that they can, as appropriate, support the detaining authorities, take action independently and/or back the ICRC's efforts in this domain.

The headquarters will ensure, where feasible, that the issue of sexual violence is integrated into ICRC activities aimed at strengthening people's resilience, particularly by promoting the use of community-based approaches that support communities in developing or reinforcing group coping mechanisms, offer options for mitigating harmful coping strategies, raise awareness of the issue, or provide assistance that could reduce people's exposure to risks.

In line with the Health Strategy 2014–2018, delegations will be supported in ensuring that they deliver integrated and comprehensive health care, including mental-health care and psychosocial support, in response to the health needs of violence-affected people, among them victims of sexual violence. Field teams will, likewise, receive support for other assistance activities, aimed at improving the living conditions of people affected by sexual violence and/or mitigating people's risk exposure.

Across all its activities, the ICRC will pay heed to the do no harm principle: it will take care to study the likely effects of its interventions and will integrate risk-reduction measures to ensure that its intended beneficiaries will not face additional harm as a result of its work. It will also closely involve the community throughout the different phases of the project cycle, as part of its community-based protection approach (see *Protection and risk reduction* on page 12).

Stepping up ICRC action to prevent sexual violence

To complement the ICRC's initiatives to protect people from abuse and assist those who are affected, the organization will sustain its efforts to foster an environment conducive to the prevention of sexual violence. These will be carried out in the framework of the ICRC's broader efforts – in line with the Institutional Strategy 2015–2018 – to strengthen its relations with the authorities and armed

forces and others weapons bearers; uphold the applicability and relevance of IHL; and shape the debate around key issues of humanitarian concern, including sexual violence.

The headquarters will assist delegations in enhancing their understanding of the legal frameworks relevant to sexual violence and its consequences, so as to improve the support they provide to authorities regarding the inclusion of applicable provisions and norms in domestic legal and regulatory frameworks and/or enhance their work to foster respect of these rules/norms. Guidance will be made available in the following domains: urging the authorities to take measures to ensure that sexual violence is prohibited and criminalized, that the issue is covered in weapon bearers' training systems, and that victims have access to assistance and justice; working with national IHL committees to support the efforts of authorities and weapon bearers; conducting courses and briefing sessions for the authorities and weapon bearers; and planning and offering other capacity-building options for a range of stakeholders.

The ICRC will encourage States to carry out studies comparing international norms and domestic legal frameworks, with a view to helping them to identify ways to enhance their current law and practice. It will continue to develop a checklist that can help States ensure that they have the appropriate normative frameworks, policies and regulations in place for preventing, repressing and responding to sexual violence during armed conflict.

A number of ongoing activities led by the ICRC's Department of International Law and Policy will be maintained, or expanded, in 2017. The ICRC will continue analysing selected national legal frameworks and structures that prohibit rape and other forms of sexual violence and that facilitate victims' access to justice and assistance; this aims to identify both gaps and best practices, and assess the impact of the laws on rules applicable during armed conflict and other situations of violence. It will broaden the scope of its review of military doctrine and manuals, which seeks to ascertain the degree to which these documents prohibit sexual violence, and to identify best practices and develop guidelines and tools that can help the ICRC enhance its work with armed forces. The ICRC will continue updating the Customary IHL database³⁴ and the national implementation database³⁵ with domestic and international rules and practices related to the prohibition and criminalization of sexual violence, as well as the commentaries to the Geneva Conventions and their Additional Protocols.

The ICRC will also reinforce its efforts to influence the broader international agenda and to gain more traction for its work to prevent sexual violence. Notably, it will follow up on the implementation of Resolution 3³⁶ of the 32nd International Conference, by emphasizing the prohibition of sexual violence during armed conflict, the measures all concerned parties must take to respect and enforce the prohibition, the importance of prosecuting perpetrators of such violence, and the assistance to which victims are entitled. It will continue to place prevention of, and response to, sexual violence on the agenda of various forums, as well as to promote, organize and attend international and regional events around the issue. It will lend expertise for conceptualizing and drafting pertinent documents, resolutions, guidelines and policies, including those spearheaded by actors outside the Movement. The ICRC will also seek to improve its understanding of the links between sexual violence and key issues such as migration and displacement, in order to contribute to policy development and enhance its related activities.

34. Customary IHL database. Op. cit

35. The ICRC set up a database to share information on IHL implementation measures taken by all States; available at: <https://www.icrc.org/ihl-nat> (accessed in January 2017).

36. Sexual and gender-based violence: joint action on prevention and response, available at: rcrcconference.org/wp-content/uploads/sites/3/2015/04/32IC-AR-on-Sexual-and-gender-based-violence_EN.pdf (accessed in January 2017).

The ICRC will continue to promote and develop resources – such as the volume of the *International Review of the Red Cross* dedicated to the sexual violence³⁷ – to advance knowledge and understanding of the issue. It will provide legal advice for people within and outside the ICRC – for instance, by producing legal documents and improving the accessibility of such documents through the ICRC webpage on Legal Training, Research and Debate³⁸, endorsing the use of a workshop kit and other resources³⁹ for academics, and designing training modules, including a web-based learning course for humanitarian practitioners to be developed with the Center for Education and Research in Humanitarian Action (CERAH).

Mobilizing the Movement to strengthen collective action on sexual violence

The ICRC will work in close collaboration with the International Federation in order to maximize the coherence and effectiveness of the Movement's responses to sexual violence. It will promote increased cooperation among Movement components, towards eventual joint planning, and engage with Movement components working on this issue. In accordance with its mandate and institutional focus, the ICRC will regularly reach out to Movement partners to follow up on the outcomes of the 32nd International Conference including Resolution 3 "Sexual and gender-based violence: joint action on prevention and response" (see above).

The ICRC will continue to work with Movement partners to analyze the specific capacities that National Societies have or the challenges they may face with regard to addressing sexual violence and related issues. It will further invest in helping National Societies build their capacities to respond to sexual violence, including through sustained support for considering the risk of sexual violence in their operational risk assessments. It will help them ensure that mitigation measures are covered in their application of the Safer Access Framework, and assist them in using the *Safer Access: A guide for all National Societies*⁴⁰. The ICRC will continue to share good practices and operational experiences, particularly regarding how National Societies can better undertake joint action with governments to prevent sexual violence.

Enhancing the ICRC's own capacity and improving the effectiveness of its response

The ICRC will sustain initiatives to strengthen its institutional capacity to understand and respond to sexual violence during armed conflict and other situations of violence. It will continue to identify and address – through research and other means – the gaps in its understanding of the phenomenon, as well as in its action. It will similarly identify and share trends and observations, where feasible, both in order to improve its own capacity and to influence global policy discussions and the action of the wider humanitarian sector (see also *Reinforcing ICRC action to prevent sexual violence* above).

The Department of Operations will lead a process of enhancing the coordination and links between and among all departments, such as the Central Tracing Agency and Protection Division (hereafter Protection Division) and the Assistance Division, and the services responsible for the ICRC's action

37. *International Review of the Red Cross* Issue No. 894, available at: <https://www.icrc.org/en/international-review/sexual-violence-armed-conflict> (accessed in January 2017).

38. <https://www.icrc.org/eng/war-and-law/law-and-policy/index.jsp> (accessed in January 2017).

39. <https://www.icrc.org/eng/resources/documents/feature/2014/08-25-sexual-violence-workshop-tool.htm> (accessed in January 2017).

40. The guide is the core component of the Safer Access Practical Resource Pack, which is designed to support National Societies in fulfilling their humanitarian mandate and roles, particularly when working in sensitive and insecure contexts, including armed conflict and internal disturbances and tensions; see at <https://www.icrc.org/eng/resources/documents/report/safer-access-all-national-societies-2013-11-07.htm> (accessed in January 2017).

in the domains of prevention, public communication and humanitarian diplomacy. Support will be enhanced to regional desks and delegation management. In this way, the Department of Operations will contribute to improving institutional alignment on this priority.

The ICRC will take pains to streamline information sharing between headquarters and delegations – as well as among, and within, delegations – in order to build a strong evidence-based narrative to drive the ICRC's capacity to plan, improve and adapt its approaches and decisions. The ICRC will strengthen its monitoring and evaluation mechanisms, in order to better track the outcomes of its activities and their impact on beneficiaries – the victims, the people at risk, their families and communities. This will help the organization ensure that understanding of sexual violence, and a proactive approach to addressing it, is embedded across all its programmes; delegations will also be in a better position to develop programmes through suitable entry points, given the environment in which they work.

Headquarters- and field-based ICRC staff members, regardless of their area of expertise, will continue to have the opportunity to build their knowledge in this field through different types of guidance material. These will include e-learning tools, courses and modules, guidelines on the protection of the civilian population, the internal Guiding Methodological Tools document and other resources developed over the past years by, among other units, the Protection Division. The ICRC will also revise key institutional guidelines on multidisciplinary response to sexual violence, with a view to providing better support to the field and boosting the organization's overall response.

Staff members will also receive support for attending specialized training. Notably, up to half of the slots available for each session of the thematic seminar developed in partnership with CERAH⁴¹ will continue to be reserved for ICRC staff members. During these sessions, the ICRC will help encourage the use of multi-agency and multidisciplinary approaches through the sharing of practices, challenges and achievements. Through regular interaction, it will aim to do the same with other humanitarian actors. The ICRC will also continue to develop a web-based module for the use of ICRC staff and other actors.

Dedicated sessions on sexual violence will be maintained during all relevant specialized internal courses, such as training courses for protection coordinators, sessions on the protection of the civilian population during emergencies, and courses on communicating the law. The issue of sexual violence will be raised during annual meetings, including for health-care professionals working in places of detention, administrators of primary-health-care programmes, mental health and psychosocial care specialists, and staff members working with armed and security forces. The ICRC will evaluate its current staff training programmes, both internal and external, making changes as necessary, to improve the effectiveness and impact of these courses.

41. For details on the course content, see <http://www.cerahgeneve.ch/training/tsc-thematic-short-courses/sexual-violence-in-conflict-settings-and-emergencies/> (accessed in January 2017).

RESPONSE TO SEXUAL VIOLENCE IN 2017: OPERATIONS



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

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ICRC

In the field, as in headquarters, the ICRC will work to consolidate and sustain momentum around efforts to address sexual violence during armed conflicts and other situations of violence. The following section gives an overview of the activities that will be carried out by ICRC delegations in 2017, with a focus on the plans of 11 delegations. These are at different stages of the project cycle, reflecting the varying degrees to which delegations have formed their understanding of the problem and the type of action they plan to carry out.

Responding comprehensively to the needs of the people affected

Several ICRC delegations will step up or continue ongoing activities, or initiate new activities, to help people affected by sexual violence access the assistance they require. Many of these activities aim to help improve the quality and availability of basic health services and specialized care, including mental-health care and psychosocial support, for victims of violence, including sexual violence. The ICRC will offer training courses on the provision of psychosocial care and/or related services to National Society staff members and other local service providers in, for example, northern **Cameroon**, Nairobi, **Kenya** and a district in **Indonesia's** Papua province; the project in Indonesia is a new initiative that will include financial assistance to the National Society and other local organizations. In **Burundi**, the ICRC will provide supplies and staff training to health centres in Bujumbura, to reinforce local capacities to care for people who have suffered sexual violence and/or emotional trauma. In **Lebanon**, **Niger**, **Somalia** and several other contexts, victims of sexual violence will have access to basic health-care services, hospital-level treatment and specialized services at community health centres and hospitals supported by the ICRC with staff training, infrastructural upgrades, funding and technical expertise. In the **United Kingdom of Great Britain and Northern Ireland**, the ICRC will provide financial and technical

support to community-based organizations involved in efforts to mitigate violence and its consequences in Northern Ireland, so that they can better assist victims of sexual violence and other abuse.

Where necessary, the ICRC will encourage and facilitate referrals of victims of sexual violence to service providers. To this end, it will carry out information sessions with and/or for communities, to raise awareness of the consequences of sexual violence, the services available to victims and the ways community members can refer victims to such services. These information sessions – for example, those to be conducted in **Kenya** and **Senegal** – fall under the ICRC's community-based approach, which also includes working with the people at risk of abuse to help them explore, develop and reinforce mechanisms to protect themselves and their communities.

Also within its community-based approach, the ICRC plans to provide hundreds of female heads of households in the Casamance region in **Senegal** with material and technical support for grinding cereal and establishing or sustaining market gardens – initiatives that will help them earn incomes and mitigate the risk of sexual violence by reducing their need to work in unsafe areas.

With a view to reducing their exposure to further risks and helping them deal with the consequences of having been abused, the ICRC will include victims of sexual violence among the beneficiaries of broader assistance activities aimed at helping violence-affected people, in general, improve their living conditions – be it through emergency relief, livelihood support or the repair of water and sanitation systems. Notably, in **Lebanon**, the ICRC will help vulnerable female breadwinners meet their needs, and, thus, reduce their vulnerability to various types of abuse, by providing them with cash to pay for essential expenses or other livelihood support such as vocational training to help supplement their incomes.

Wherever feasible, ICRC delegations will seek to address the problem related to sexual violence in places of detention. During visits to monitor the treatment and living conditions of people deprived of their freedom, ICRC delegates will pay attention to the risk or incidence of sexual violence. As applicable, they will raise concerns and provide recommendations during their confidential dialogue with the authorities, either by addressing specific cases or within the framework of improving detainees' overall treatment and living conditions. The ICRC will support detaining authorities in, *inter alia*, reducing overcrowding, making health services available, and observing internationally recognized standards on ensuring the presence of female staff members to attend to female detainees and the separation of detainees according to sex and age.

Reinforcing ICRC action to prevent sexual violence

Helping protect people from abuse, including sexual violence, is a priority across most contexts. This encompasses reminding the authorities and weapon bearers with whom the ICRC has contact of their responsibilities under international law, including IHL and international human rights law, to prevent sexual violence and to address its consequences. Delegations will continue to document allegations of violations and, where feasible, raise these with the pertinent parties. In contexts where dialogue with alleged perpetrators is limited, the ICRC will aim to build contact with the parties who can influence the perpetrators and/or improve the circumstances of victims.

The ICRC will raise awareness about sexual violence among members of armed and security forces – for example, delegates will incorporate the subject in their briefings for the forces, as is planned in **Algeria**, **Indonesia**, **Liberia**, **South Africa** and **Uganda**. The ICRC also aims to provide the authorities and weapon bearers concerned with various forms of capacity-building support for addressing the issue more broadly. It will urge national authorities to advance domestic implementation of pertinent IHL provisions, and offer them expert advice on the topic. The authorities in **Bosnia and Herzegovina**, for instance, will be provided with technical expertise and advisory support to adopt laws and regulations that address the needs of victims of sexual violence. In **Nepal**, the ICRC will continue to work to persuade the authorities to recognize and assist victims of sexual violence during the past conflict.

To back the efforts mentioned above, the ICRC will pursue humanitarian diplomacy efforts and mobilize actors with broader international influence and the ability to address or impact the problem. ICRC teams in **Addis Ababa, Brussels, and New York** for example, will work to gain the support of State authorities, representatives of international or regional intergovernmental and non-governmental organizations and other actors with influence on humanitarian action worldwide. These teams will organize and participate in multilateral and bilateral consultations and contribute to shaping the humanitarian agenda, policies and the activities carried out by other actors. More broadly, the ICRC will heighten public awareness of the incidence and consequences of sexual violence through events and public communication campaigns in, among other countries, **Djibouti, Kenya** and the **United Republic of Tanzania**.

The following section describes in more detail the humanitarian responses that 11 ICRC delegations will implement in 2017, to assist victims of sexual violence, protect them and other people at risk, and help prevent the occurrence or recurrence of such violence. These responses are featured in line with the ICRC's decision to focus the 2017 Special Appeal on activities that specifically aim to address the issue of sexual violence (for more on this decision, see the section, *The current special appeal* on page 13); this decision is also reflected in the budget presented in the current Special Appeal.

A short description of the problem of sexual violence, the needs of victims or people vulnerable to abuse, and other key elements of the prevailing situation and their impact on people's lives is provided for each of the contexts featured below. This is followed by the ICRC's humanitarian response in each context: in the **Central African Republic** (hereafter CAR), **Colombia**, the **Democratic Republic of Congo** (hereafter DRC), **Mali** and **South Sudan**, the ICRC will work to improve victims' access to mental-health care and psychosocial support and to ensure the sustainability of services by helping enhance local expertise; in **Nigeria**, the ICRC will take a community-based approach to helping people develop or strengthen positive coping mechanisms; the response in the countries covered by the **Mexico City regional delegation** will centre around assistance and protection for migrants and other particularly vulnerable people; in **Papua New Guinea** (under the Suva regional delegation), the focus will be on helping ease access for victims to suitable care; the activities in **Jordan, Lebanon** and the **Syrian Arab Republic** (hereafter Syria) will keep to the ICRC's regional approach to addressing the vulnerabilities of people fleeing the armed conflict in Syria.

CENTRAL AFRICAN REPUBLIC

People in the CAR still feel the effects of violence resulting from communal tensions and the presence of armed elements; sexual violence and other unlawful conduct continue to be reported. Clashes sometimes occur between armed groups, causing displacement and disrupting essential services. Wounded and sick people – including victims of attacks – have limited access to health care; mental-health and psychological services, in particular, are insufficient to address all needs.

Local and international media help to keep the public informed of the humanitarian situation in the CAR; they can also inform the public of the humanitarian aid available to them.

HUMANITARIAN RESPONSE

To help ensure the protection of people vulnerable to sexual violence and other abuse, including IDPs, the ICRC will remind the authorities and weapon bearers of their obligations under IHL and other applicable law. It will also encourage the authorities to develop measures to prevent the occurrence of violations and abuses, including sexual violence. It will address these matters through confidential dialogue with the authorities, via oral or written representations based on documented allegations, and during briefings, on IHL and related matters, for the armed and security forces. The ICRC will also seek to broaden understanding of its activities addressing sexual violence through information sessions and meetings with communities, journalists, and others with influence.

Victims of sexual violence, and other violence, will have access to appropriate care at ICRC-supported facilities. Health staff and counsellors, including those at a counselling centre in Kaga Bandoro, will receive training from the ICRC, aimed at helping improve the medical and psychosocial support available to people suffering from violence-related trauma, including sexual violence. To help ensure that victims and their communities are aware of these services, the ICRC will conduct dissemination sessions about these services and on the consequences of violence and the importance of timely treatment.

DEMOCRATIC REPUBLIC OF THE CONGO

The armed forces of the DRC, backed by the UN Stabilization Mission in the DRC, continue to be engaged in military operations against several armed groups in the country. In the DRC's eastern provinces, notably North and South Kivu, fighting among various armed groups and ethnic tensions persist.

Civilians are victims of widespread violations and abuse committed by weapon bearers, including sexual violence; they also endure the ensuing psychological effects of the violence. People who have suffered sexual violence are prone to further victimization. They are often stigmatized by their communities, which makes it difficult for them to seek assistance, pursue their livelihoods and/or provide for themselves and their families.

HUMANITARIAN RESPONSE

The ICRC will continue to document allegations of abuse and make confidential representations to authorities based on them. It will urge all parties concerned to comply with IHL and other applicable norms, and to take measures to prevent the occurrence of violations, including sexual violence; to this end, it will help the authorities and military and security officials review their mechanisms for investigating and suppressing violations.

People who have suffered through sexual violence can seek appropriate medical treatment at 10 health-care facilities supported by the ICRC with funding, donations of medical supplies and equipment, infrastructure improvements and training for staff. Victims can also turn to counselling centres – 30, in all – being given financial, structural, technical and training assistance by the ICRC; trained professionals at up to three ICRC-supported health facilities in areas without counselling centres will offer psychosocial support to those in need. In the event of mass influxes of patients, ICRC-trained community volunteers will also provide psychosocial services at two sites.

In order to help prevent the stigmatization of victims of sexual violence and encourage their referral for appropriate care, community information sessions will be held to raise awareness of their plight and of the health services, including psychosocial support, available for them. The ICRC and the British Red Cross will also extend financial assistance to up to 500 victims of sexual violence and other abuses in the Kivu provinces to help them begin income-generating activities, and thus earn more money for their households. With the National Society and local water boards, the ICRC will upgrade water facilities to the benefit of conflict- or violence-affected households, helping reduce their risk exposure.

MALI

Cases of sexual violence committed by weapon bearers continue to be reported, notably in Gao, Kidal and Timbuktu. However, the social stigma associated with rape and the lack of recognition and understanding of the problem prevent victims from seeking timely assistance. Hospitals are ill-equipped to meet the medical and psychosocial needs of victims; few health workers are trained to extend professional assistance to them.

HUMANITARIAN RESPONSE

Through dialogue and information sessions, the ICRC will raise awareness, among the authorities and weapon bearers concerned, of the need to prevent sexual violence. It will document allegations of sexual violence and share them confidentially with the parties concerned, with a view to encouraging them to take steps to prevent such violations.

Up to 12 community health centres, including some in remote areas, will receive material, technical and other forms of support from the ICRC. Such support will help health workers there deliver specialized care for victims of sexual violence. The ICRC will cover the treatment and/or transportation costs of conflict-affected patients, including victims of sexual violence, at the Gao and Kidal hospitals. ICRC medical teams based at these hospitals will work with local health personnel to improve the quality of services through training and on-site support. Patients can avail themselves of medical and psychosocial care at these hospitals and at another in Timbuktu; they will be referred to other medical facilities for further treatment, if necessary.

Through dissemination sessions, community members will be informed of the services available to, and the importance of prompt treatment for, victims of sexual violence. Such sessions will also seek to deepen public understanding of the plight of the victims. To help them mitigate risks to their safety, the ICRC will also facilitate discussions on measures to protect themselves against sexual violence and other dangers.

NIGERIA

The conflict continues between the Nigerian defence/security forces and the Multinational Joint Task Force, and the armed group that calls itself the Islamic State group's West Africa Province. People also contend with increases in crime and communal violence, particularly in the Niger Delta region. In areas affected by conflict and other violence, people report violations, including sexual violence, which often leads to severe trauma for those affected.

Access to public services and livelihoods have been disrupted, making it difficult for people to cater to their needs and to sustain themselves. Penitentiary services are strained; the authorities' efforts to ease detainees' living conditions are hindered by budgetary and administrative constraints.

HUMANITARIAN RESPONSE

The ICRC will monitor and document the concerns of people affected by conflict or other violence. It will take a community-based approach to helping vulnerable households develop and strengthen self-protection strategies to mitigate their exposure to risks, including sexual violence; during workshops and other events, it will help community members explore the coping mechanisms they can adopt in this regard. The ICRC will also train health staff and volunteers, particularly from the National Society, to facilitate psychosocial support sessions for people dealing with violence-related trauma, and to offer mental-health and psychosocial support at some of the ICRC-supported health centres.

To help violence-affected urban households – including particularly vulnerable households headed by widows or which include victims of sexual violence – increase their incomes, they will be provided with cash and training for starting small businesses.

In places of detention, the ICRC will visit detainees, according to the organization's standard procedures, in order to monitor their treatment and living conditions. Based on these visits, it will share findings and recommendations – for instance, on the need to protect women and minors – with the authorities concerned.

SOUTH SUDAN

Clashes continue to take place between government and opposition forces, and civilians also continue to report unlawful conduct, including acts of sexual violence, by weapon bearers on all sides. The victims, as well as other sick and wounded people, are often unable to obtain assistance, primarily because of the absence of adequate care. Lack of awareness of the necessity for victims to receive treatment in a timely manner and insufficient support mechanisms contribute to this problem.

Members of fighting forces – among them soldiers, militia personnel and those unlawfully recruited – are not properly trained in matters related to IHL and other applicable rules.

HUMANITARIAN RESPONSE

The ICRC will assist victims of sexual violence in South Sudan in line with its multidisciplinary response to the acute humanitarian needs in the country.

Victims of sexual violence will have access to suitable services, including timely prophylactic treatment and psychosocial support, at a minimum of three clinics provided by the ICRC with supplies, equipment and staff training. The ICRC will also help establish a community centre that will offer counselling, recreational activities and skills training for women, including victims of sexual violence. Through information campaigns, it will raise awareness among community members of the importance of timely assistance to victims and of the services available. It will work with communities and with other organizations to facilitate referrals of victims to service providers.

The ICRC will remind the authorities and weapon bearers of their responsibilities under IHL and other applicable law to respect civilians and to prevent and address abuses against them. It will do so through confidential dialogue and written representations, based on documented allegations. It will also organize training courses and dissemination sessions on IHL for weapon bearers.

COLOMBIA

Violations of IHL and other relevant norms continue to be reported in relation to ongoing conflicts and other violence in the country. These include cases of sexual violence, which are often not reported or, when reported, are poorly addressed. Fear, gender discrimination, lack of awareness among victims of their rights, insufficient skills among local health professionals, and sporadic clashes hamper victims' access to appropriate medical and mental-health services, including those offered by the State. Provisions of IHL and other applicable laws relevant to sexual violence have yet to be fully incorporated in domestic legislation and in military and police operations. Existing legal frameworks for victim assistance are not thoroughly implemented.

HUMANITARIAN RESPONSE

The ICRC will engage weapon bearers in dialogue on their responsibilities under IHL and other relevant norms, particularly on preventing sexual violence and addressing its consequences. Government institutions will be urged to raise victims' awareness of their rights and the State services available to them.

Direct assistance from the ICRC will complement these efforts. Up to 300 victims of sexual violence will receive appropriate care, including psychosocial support, from ICRC personnel or ICRC-trained Colombian Red Cross volunteers and local service providers. To ensure that victims in remote areas can receive proper treatment, the ICRC will accompany national health personnel to these areas as a neutral intermediary or, in exceptional cases, deploy its own medical team. Particularly vulnerable

individuals will have their transportation costs or other expenses covered. Courses for health workers will help bolster their knowledge of victims' rights, and enable them to handle cases properly.

The ICRC will support the authorities in their efforts to incorporate IHL and other relevant norms in domestic legislation and military and police doctrine and operations, and comply with legal frameworks addressing the needs of conflict victims, including victims of sexual violence. Notably, it will sponsor the attendance of the pertinent officials to local or overseas courses/workshops on relevant topics.

Through joint projects and coordination meetings, the Colombian Red Cross and other Movement components in Colombia will seek to improve their response to sexual violence and other consequences of urban violence.

MEXICO CITY (REGIONAL)

Organized armed violence – particularly in El Salvador, Guatemala, Honduras and Mexico – puts some people at risk of injury or death, or of abduction, sexual violence and other abuses. The presence of armed actors along migration routes exposes migrants to similar risks. Especially in violence-prone areas, medical and psychosocial services for victims of sexual violence are lacking or inaccessible; local professionals need help in upgrading their skills in addressing the victims' specific needs. Migrants' rights, especially to access medical services, are often not recognized.

HUMANITARIAN RESPONSE

The ICRC will work with local health-care providers and National Societies to help ensure that vulnerable people, including victims of sexual violence, can access specialized treatment of good quality. Up to ten health facilities serving migrants and other vulnerable people in El Salvador, Guatemala, Honduras and Mexico will receive ICRC support in the form of equipment, supplies and infrastructural upgrades. Referrals of victims of violence, including sexual violence, to appropriate service providers will be facilitated, as necessary. People who need to travel from remote areas to obtain hospital care will have their transportation costs covered by the ICRC.

Staff at the above-mentioned facilities, members of medical brigades, and surgeons and emergency-room staff in El Salvador, Honduras and Mexico will receive ICRC training. Such courses will cover proper care for wounded people and victims of sexual violence. One university each in Honduras and Mexico will receive assistance from the Mexican Academy of Surgery and the ICRC in integrating these subjects in their curricula.

Support for mental-health services and counselling will also be a priority. Community members and National Society staff and volunteers in El Salvador, Guatemala, Honduras and Mexico will be trained in providing such services.

Through awareness campaigns, the ICRC and National Societies will seek to raise migrants' awareness of their rights and the services available to them, to help them reduce their exposure to abuses.

PAPUA NEW GUINEA (UNDER THE SUVA REGIONAL DELEGATION)

Sexual violence is reportedly widespread, particularly in the Highlands region of Papua New Guinea. Cases of such violations and abuses being committed during tribal clashes have been alleged. Victims find it difficult to receive appropriate treatment and support; in some instances, communal tensions allegedly prevent health care from being provided in an impartial manner.

HUMANITARIAN RESPONSE

The ICRC will seek to develop dialogue with people involved in communal violence and emphasise the prohibition of sexual violence to leaders, fighters and other community members, and raise awareness around the consequences faced by victims. It will help local authorities and health-care staff familiarize themselves, through workshops, with the specific medical needs of victims of sexual violence.

To help victims obtain timely and impartial care, first-aiders will be trained in administering emergency treatment, and up to two health centres and two family-support units will be given support – in the form of infrastructure upgrades, supplies and staff training – for improving their services. Where needed, the ICRC will also cover the costs of referring patients to suitable medical facilities for further care.

To broaden support for international law rules addressing sexual violence, the ICRC's activities for violence-affected people and the Movement's neutral, impartial and independent humanitarian action, the ICRC will engage in dialogue with government officials, regional bodies, community leaders, the media and other influential actors. Through briefings and other events, it will urge these actors to raise awareness of humanitarian issues – for example, the necessity of preventing sexual violence – within their circles of influence.

SYRIAN ARAB REPUBLIC

Parties to armed conflict in Syria are reportedly contravening IHL and other applicable norms on a recurring basis. Violations and abuses allegedly committed by weapon bearers on different sides include sexual violence and restrictions, or systematic denial, of access for people to basic services and humanitarian assistance. The violence – and the large-scale destruction it has engendered – has made obtaining health-care services difficult for everyone. The capacities of service providers, including the Syrian Arab Red Crescent, are often overstretched.

HUMANITARIAN RESPONSE

The ICRC will seek to address humanitarian concerns related to sexual violence as part of its broader efforts to help people cover their needs and to promote their protection from abuse. In the framework of helping increase the availability of health-care services in general, it will work on ensuring access to suitable care for victims of sexual violence and other types of abuse. It will provide mobile health teams and clinics of the National Society with medical supplies and equipment, staff training and financial assistance to enable them to maintain their services, which include psychosocial support. The ICRC will also help ensure the availability of hospital-level care by extending material and technical support to hospitals.

Through dialogue and/or written representations, the ICRC will remind the authorities and weapon bearers from all sides of the applicability of IHL and urge them to comply with the rules and other norms protecting people during armed conflict and other situations of violence. Whenever possible, it will share documented allegations of violations, including those reported by people who have fled Syria (see below), with the relevant parties.

JORDAN

Conflict-affected people from Syria continue to seek to enter Jordan, but they have not been allowed to enter the country. As a consequence, some 80,000 asylum seekers have been stranded for months at transit points on the Jordan-Syria border. Asylum seekers and refugees report being victims of violations and abuses, including sexual violence.

At transit points, asylum seekers have little access to food, water and essential services. In host communities, refugees' livelihood prospects are dim, and they struggle to obtain enough food and cover their daily expenses.

HUMANITARIAN RESPONSE

The ICRC will document violations and abuses, including sexual violence, reported by asylum seekers and refugees at the Jordan-Syria border, in transit facilities or elsewhere. It will share these allegations with the parties concerned, to encourage them to take action to prevent the recurrence of such violations. The ICRC will remind Jordanian authorities of their obligations to people seeking refuge in Jordan, such as to protect them from and abuse; it will also raise humanitarian concerns in Syria with the relevant parties.

The National Society and the ICRC will continue to offer family-links services to help people contact their relatives and, where appropriate, reunite with them. In particular, this will benefit women and unaccompanied minors who may face increased risk of abuse, if they are separated from their families.

LEBANON

Lebanon hosts people who have fled the armed conflict in Syria; these people include Lebanese returnees and Palestinian and Syrian refugees. Returnees and refugees report violations and abuses they suffered in Syria, including sexual violence.

The lack of residence permits prevents refugees from obtaining employment; returnees struggle to restore their livelihoods or face administrative obstacles in claiming government benefits. This situation forces many of them to resort to harmful coping strategies and exposes them to the risk of exploitation and abuse, including sexual violence.

The Lebanese Armed Forces (LAF) and the Internal Security Forces (ISF) conduct security operations in areas experiencing communal violence. The interior ministry/ISF and the defence ministry/LAF hold security detainees, including people arrested in relation to violence.

HUMANITARIAN RESPONSE

During its dialogue with the authorities, the ICRC will continue to promote respect for IHL and other international norms among weapon bearers – particularly regarding their obligations towards protecting civilians – and encourage their incorporation of these norms in their training and operations. It will also brief ISF and LAF officers on IHL and international policing standards, including regarding the prevention of sexual violence.

The ICRC will help violence-affected residents and refugees – including victims of sexual violence – meet their immediate needs and boost their capacities to cope with their situations, thereby helping them reduce their vulnerabilities. It will distribute food and essential goods, and cash to cover their living expenses. To help households establish or supplement their incomes, it will implement a cash-for-work programme and, with local non-governmental organizations, provide cash grants, vocational training and job-placement services.

FINANCE

SPECIAL APPEAL: ADDRESSING SEXUAL VIOLENCE 2017: ICRC BUDGET

	BUDGET IN KCHF
STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE: ICRC BUDGET⁴²	
HEADQUARTERS ⁴³	518
STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE: BUDGET IN SOME OPERATIONS⁴⁴	
CENTRAL AFRICAN REPUBLIC	3,883
COLOMBIA	4,243
CONGO, DEMOCRATIC REPUBLIC OF THE	4,204
JORDAN	752
LEBANON	342
MALI	1,390
NIGERIA	2,363
PAPUA NEW GUINEA (UNDER SUVA REGIONAL DELEGATION)	273
SOUTH SUDAN	2,511
SYRIAN ARAB REPUBLIC	2,096
MEXICO CITY (REGIONAL)	763
TOTAL ICRC SPECIAL APPEAL – BUDGET 2017	23,337

These activities, along with others, are also included in the funding requirements outlined in the *Appeals 2017: Headquarters* and *Appeals 2017: Operations*, both issued in November 2016.

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

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

43. Also included in the funding requirements outlined in the *ICRC Appeals 2017: Headquarters*, launched in November 2016 and available on the ICRC Extranet for Donors

44. The budget for each operation is also included in the funding requirements outlined in the respective appeal of the context.

COMMENTS

This Special Appeal aims to attract contributions from new funding sources, particularly from those not usually or not yet financing the ICRC on the basis of its yearly appeals. Activities covered are also included in the *Appeals 2017: Headquarters* and *Appeals 2017: Operations*.

The budget presented covers:

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

Contributions for 2017 can be made towards this Special Appeal, without further earmarking.

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

In summary:

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

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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.



ICRC