EXECUTIVE SUMMARY

Acts of sexual violence are prohibited, both explicitly and implicitly, under treaty and customary international humanitarian law applicable in both international and non-international armed conflicts. Despite these legal prohibitions, however, acts of sexual violence remain widespread and prevalent during armed conflicts and other situations of violence. The consequences of these acts are both immediate and long term, and they often affect all dimensions of a person’s physical, psychological and social well-being. Moreover, in many contexts, the full extent of the problem is concealed because of various factors that prevent victims or witnesses from coming forward. These factors, as well as additional obstacles brought about by violence, may also impede victims’ access to the protection and assistance – such as medical services and psychosocial support – that they require.

In 2017, the ICRC continued to carry out activities to address the consequences of sexual violence through a multidisciplinary approach, and to advocate the prevention of such abuses. Its activities encompassed ensuring that victims of sexual violence had access to medical care and psychological and psychosocial support; engaging with weapon bearers, authorities and other pertinent parties in dialogue on their obligations to protect civilians from abuse; and pursuing humanitarian diplomacy efforts to include the prevention of sexual violence in the agenda of the international humanitarian, diplomatic and political communities.

This Special Report follows up on the objectives and plans of action presented in the Special Appeal 2017. It describes developments, activities and progress at headquarters and field levels, and features 11 operational contexts as concrete examples of the ICRC’s efforts to protect people from sexual violence, help address their needs and encourage the pertinent parties to end abuses. The report also presents the expenses related to these activities and the contributions made towards the Special Appeal 2017. The narrative and financial information in this report is based on the ICRC Annual Report 2017, published in June 2018.

In 2017, specialists at headquarters, particularly the sexual violence advisory team embedded within the Department of Operations, continued to give technical and other support to delegations, for various aspects of their response. The ICRC sustained its efforts to facilitate and shape discussions on the prevention of sexual violence, and continued or pursued research studies on specific topics, including mandatory reporting requirements in certain contexts. The issue of sexual violence also continued to be covered in training sessions for staff members. The ICRC sustained its efforts to foster coordinated or joint action among members of the International Red Cross and Red Crescent Movement (hereafter Movement), with a view to maximizing the global reach of the Movement in addressing sexual violence during armed conflict and other situations of violence, disasters and other emergencies.

At field level, several ICRC delegations continued, stepped up and/or initiated activities to help people affected by sexual violence to receive the assistance they required. Many of these activities aimed to ensure that victims of violence, including sexual violence, had access to appropriate health services. ICRC delegations also implemented projects in the framework of the community-based approach, in order to raise awareness of the consequences of sexual violence, inform people of the services available to victims, and help vulnerable communities and individuals to develop or reinforce their coping mechanisms and avoid risks to their safety. Where feasible, ICRC field teams included the issue of sexual violence and its prevention in their dialogue with parties to conflict and with people or groups with influence over them.

The ICRC also reviewed the progress made and challenges encountered during the period (2013–2016) covered by its four-year commitment to reinforce its action on sexual violence. It conducted an internal diagnostic exercise to this end, and then commissioned an external evaluation that focused on three contexts, namely Colombia, Lebanon and Mali. The main findings and recommendations of these exercises helped the ICRC develop a new institutional strategy on sexual violence (2018–2022) and reinforce its main internal objectives, which include enhancing support for field activities and strengthening the institution’s multidisciplinary approach.
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### ICRC Abbreviations and Definitions

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<td>Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977</td>
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<td>Additional Protocol II</td>
<td>Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977</td>
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<td>Additional Protocol III</td>
<td>Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Adoption of an Additional Distinctive Emblem (Protocol III), 8 December 2005</td>
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<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<tr>
<td>evaluation</td>
<td>an independent, objective and systematic examination of the design, implementation and results of an initiative, programme, operation or policy against recognized criteria; it is intended to articulate findings, draw conclusions and make recommendations so that the ICRC may draw lessons, improve overall policy and practice, and enhance accountability</td>
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| 1949 Geneva Conventions | Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 12 August 1949  
Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949  
Convention (III) relative to the Treatment of Prisoners of War, 12 August 1949  
Convention (IV) relative to the Protection of Civilian Persons in Time of War, 12 August 1949 |
| gender and sex | “Gender” refers to the culturally constructed and prescribed behaviour of men and women, specifically the roles, attitudes and values ascribed to them on the basis of their sex; whereas the term “sex” refers to biological and physical characteristics. Gender roles vary widely within and among cultures, social, economic and political contexts |
| 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. |
| 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). |

1. Definition used in the ICRC’s management framework; see Appeals 2017: Operations – Annex: The ICRC’s operational approach to results-based management: improving humanitarian action (all internet sources were accessed in May 2018).
2. Ibid.
| programme | a group of activities that are within the specific competence of the ICRC and often concern particular professional skills and areas of expertise; ICRC operations are structured into four main programmes: assistance, cooperation, prevention and protection |
| review | periodic or ad hoc internal examinations of performance that take place at various levels: from the context as a whole, which happens at least once a year, down to the sub-target population (e.g. physically disabled people, under Wounded and sick) and sub-programme (e.g. economic security, under Assistance), and even in a limited geographical area within the context; information on the interim situation (the results so far) is compared with information on the intended results (the objective) and on the initial situation (the baseline) to identify any significant deviations from the plan |
| sexual violence | Acts of a sexual nature committed against any person by force, threat of force or coercion. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against another person. Sexual violence also comprises acts of a sexual nature committed by taking advantage of a coercive environment or a person’s incapacity to give genuine consent. It furthermore includes acts of a sexual nature that a person is caused to engage in against another person through the factors/circumstances outlined above. Sexual violence encompasses acts such as rape, sexual slavery, enforced prostitution, forced pregnancy or enforced sterilization. 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 “influential persons/institutions” (Actors of influence and Red Cross and Red Crescent Movement) |

### Footnotes:


6. Ibid.
MAKING THE CASE

THE CONSEQUENCES OF SEXUAL VIOLENCE

Sexual violence during armed conflicts and other situations of violence has long been widespread, with grave and devastating consequences for victims and their communities. It may be used as an act of retribution, and to create fear, targeting both the individual and the entire community. In many cases, rape and other forms of sexual violence have been used systematically and with extreme brutality, frequently resulting in severe consequences that affect all dimensions of the victim’s physical, psychological, social and spiritual well-being; many people consider the violence damaging to the most intimate components of their personhood. These acts are violations of human dignity and integrity.

People deprived of their freedom in relation to armed conflicts and other situations of violence are vulnerable to ill-treatment, including sexual violence. Poor conditions of detention, such as overcrowding, often increase the likelihood of violence. Women, men, girls and boys are all at risk of being targeted by perpetrators, who may include the investigating authorities, prison staff or other detainees.
The physical consequences of sexual violence include: sexually transmitted infections, such as HIV/AIDS; physical injuries, including burns, abrasions, abdominal or chest trauma; general or specific pain resulting from physical violence (vaginal or anal pain, pain in the abdomen or in other parts of the body); infertility; vesicovaginal fistulae (notably in young girls, following genital mutilation or following injury or penetration with an object); and higher incidence of disease and subsequent health problems. Pregnancy resulting from rape may compound victims’ trauma and suffering. When victims feel that they cannot go through with pregnancy, they must also contend with the risk of a potentially unsafe abortion.

Victims oftentimes continue to suffer consequences that are detrimental to their mental health and overall well-being long after the abuse. Many are left feeling soiled, and their aspirations and spiritual beliefs threatened; they report feeling alienated from themselves, their bodies and their communities. Male victims often find their sexuality called into question or threatened. Further psychological and psychosocial consequences include distress, self-blame, confusion, humiliation, anger, feelings of isolation, poor self-esteem, powerlessness, guilt and shame over the impact of the abuse on themselves and their families, sleeping or eating disorders, substance abuse, high-risk sexual behaviour, depression, suicidal ideation, other forms of self-harm, and other trauma and stress-related difficulties.

Social consequences include stigmatization, discrimination, rejection or abandonment by family or community members, increased risk of further sexual violence, rejection or desertion of children born of rape, forced marriage, or loss of means of subsistence. Amid these potential social ramifications, victims often agonize over the decision to seek help or not.

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

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7. Female genital mutilations take various forms, including clitiridectomy, excision, infibulation and other harmful procedures. For more information, see the WHO factsheet Female genital mutilation, available at: http://www.who.int/mediacentre/factsheets/fs241/en/.


9. Ibid.


11. Ibid.
LEGAL ISSUES AND OTHER RELATED CONCEPTS

LEGAL FRAMEWORK

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

For example, Article 27 of the Fourth Geneva Convention specifies that, in international armed conflicts, women should be protected against “any attacks on their honour, in particular against rape, enforced prostitution, or any form of indecent assault”. Article 76(1) of Additional Protocol I explicitly provides that “women shall be the object of special respect and shall be protected in particular against rape, forced prostitution and any other form of indecent assault”. Children are also specifically protected against “any form of indecent assault” in Article 77(1) of Additional Protocol I. Furthermore, Article 75(2)(b) of Additional Protocol I – providing fundamental guarantees – prohibits “outrages upon personal dignity, in particular humiliating and degrading treatment, enforced prostitution and any form of indecent assault”. This particular provision protects women and men equally.

In non-international armed conflicts, Article 4(2)(e) of Additional Protocol II explicitly prohibits “outrages upon personal dignity, in particular humiliating and degrading treatment, rape, enforced prostitution and any form of indecent assault” against any person who is not, or no longer, participating in hostilities – women and men alike.

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

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

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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.

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

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

**USE OF SEXUAL VIOLENCE DURING ARMED CONFLICT**

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

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

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

Most importantly, rape and other forms of sexual violence in armed conflicts – whether international or non-international – are as such prohibited under IHL. The legal prohibition exists independently of whether or not rape and other forms of sexual violence are qualified as (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.

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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.


GENDER-BASED VIOLENCE VERSUS SEXUAL VIOLENCE

Gender-based violence is a general term for any harmful act that is prompted by the victim's gender and by the corresponding, socially ascribed differences between males and females, and that is carried out without the victim's consent\(^ {18} \). 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 inheritance\(^ {20} \). Around the world, the impact of gender-based violence is more visible on women and girls than on men and boys; however, it is important to note that men and boys may also be victims, including of sexual violence.

The ICRC considers sexual violence to be 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 consent\(^ {21} \). It furthermore includes acts of a sexual nature that a person is compelled to engage in against another person through the factors and circumstances outlined above. Sexual violence encompasses acts such as rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization or any other form of sexual violence of comparable gravity\(^ {22} \).

The ICRC uses “gender” as an analytical tool when addressing the various needs, vulnerabilities and strengths of affected populations. 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 to ensure that it is adapted to the different situations and concerns of males and females. The ICRC relies on the complementarity of its work with that of other actors in the field, and focuses on those forms of gender-based violence that intersect with its mission of protecting people and assisting victims of armed conflicts and other situations of violence.

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

Despite legal prohibitions against sexual violence during armed conflicts and other situations of violence, and the grave consequences of such acts, the full extent of the problem is often concealed because of various factors that prevent victims or witnesses from coming forward. These factors include the stigma, guilt and shame associated with sexual violence and the fear of retribution. Recourse to justice may be impossible, owing to obstacles such as the absence of witnesses or medical evidence – because medical services may be lacking or prohibitively costly, for example – and significant cultural barriers to speaking about the incident. People who fail to prove they have been assaulted may face penalties for adultery or perjury. Male victims of sexual violence contend with particular difficulties in broaching the subject and in gaining access to support or justice, because of cultural and social taboos and constructs. Misconceptions about sexual violence remain 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 also likely to be stigmatized or rejected by their families and communities. Hence, sexual violence often remains a wholly or partially hidden problem, with the gravity of the crimes and the consequences on individuals, families and communities overlooked or underestimated.

Sexual violence during armed conflict is now better recognized as a preventable tragedy. Notably, sexual violence during armed conflicts and other situations of violence has gained intensified scrutiny from the wider international community. For instance, at the Global Summit to End Sexual Violence in Conflict in June 2014 – organized by the United Kingdom of Great Britain and Northern Ireland (hereafter UK) – the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict was launched. This protocol builds on previous efforts such as the UK’s Preventing Sexual Violence Initiative (PSVI) and the ensuing Declaration of Commitment to End Sexual Violence in Conflict, endorsed by over 120 countries. In 2016, the PSVI highlighted the need to address the stigmatization of victims of sexual violence, bringing together experts to discuss the topic at a round-table held in November. In 2013, the UN Security Council adopted a resolution calling on countries that contribute troops to peacekeeping missions to ensure that their training systems address sexual violence; the resolution also notes that the full range of sexual and reproductive health services must be made available, without discrimination, to those in need. A UN Security Council resolution adopted in October 2015 re-emphasized these matters. More recently, a resolution 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 had 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.

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.
In line with the pledge it made at the 27th International Conference in 1999, the ICRC developed a comprehensive approach to ensuring that its activities emphasized the respect that women and girls must be accorded at all times, and the need for further efforts to counter the grave threat that sexual violence poses to all people, including men and boys, during armed conflicts or other situations of violence. In the years since, the ICRC has significantly improved its capacity to assess the needs of violence-affected people in a comprehensive manner, taking into account any specific vulnerabilities linked to, for example, their gender.

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

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

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

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

The Department of Operations reviewed the progress made and the challenges encountered – at headquarters and in the field – during the period 2013–2016. It conducted an internal ‘diagnostic exercise’ to this end, followed by an external evaluation that focused on three contexts, namely Colombia, Lebanon and Mali. The main findings and recommendations of these exercises helped shape the ICRC’s new sexual violence strategy (2018–2022), and helped the ICRC reinforce its main internal objectives, which include enhancing support for field activities and strengthening the institution’s multidisciplinary approach by, among other means, drafting internal guidance documents.
THE ICRC’S MULTIDISCIPLINARY RESPONSE

Democratic Republic of the Congo, South Kivu, Minova. Community members are trained in the provision of psychosocial support and in raising awareness of the problem, with a view to helping prevent the stigmatization of victims. (A. Synenko/ICRC)

The ICRC seeks to address sexual violence in armed conflicts and other situations of violence through a multidisciplinary approach, in order to respond – as feasible and appropriate – to the diverse needs of victims of sexual violence. This may include providing victims with assistance – such as medical, psychological and psychosocial care and other forms of support – referring them to other service providers as necessary, and protecting those vulnerable to abuses. The ICRC also undertakes activities to help prevent the occurrence of sexual violence, including activities to mitigate risks, and initiatives with longer-term objectives. The latter may include broadening awareness of the issue among the authorities and weapon bearers through confidential and bilateral dialogue, briefings and training sessions, and within communities and among the general public. The ICRC works to promote understanding of and compliance with the applicable rules of IHL, and encourages the pertinent actors to ensure that all possible measures are taken to prevent abuses, and to investigate and prosecute those responsible for committing serious violations, in accordance with their obligations under international law.

The ICRC aims to carry out these activities with care and professionalism, and to always treat the victims with respect and act 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 immediate and longer-term consequences to their physical, mental and social health, and overall well-being.
MEDICAL CARE

The ICRC works to provide victims of sexual violence with direct access – within a safe and confidential space – 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 in place and, as applicable, with internationally recognized standards. Wherever possible, these services are coupled with support for the victim’s mental and psychosocial well-being (see below).

However, accessing medical care, during either armed conflicts or other situations of violence, is often a significant challenge. Most of the time, medical infrastructure is inadequate, and trained staff and medicines are either unavailable or insufficient. Victims also face various barriers to accessing treatment, such as long distances separating them and the nearest health facilities, high costs of care, discrimination and lack of confidentiality. In addition to taking these challenges into account, the ICRC must also consider the desires and preferences of the victims, and their and ICRC staff members’ security concerns. Detainees face particular challenges, as, in many cases, they obtain better access to health care only after their release.

Nevertheless, bearing in mind that victims are entitled to the best possible care without discrimination, the ICRC – in contexts where it engages in such activities – seeks to provide impartial, comprehensive and effective care. The ICRC supports national medical structures, transport systems and personnel during armed conflicts and other situations of violence, while encouraging the authorities concerned to ensure the sustainability and safety of such services. Notably, the ICRC focuses on the provision of these services as part of a broader emergency health-care approach benefiting the general population, so as to avoid labelling and stigmatizing victims.

PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT

It is also important that all people who have experienced sexual violence, be they women, men, girls and boys, receive support – in a private, safe and confidential space, and in line with the “do no harm” principle – to help them overcome the trauma and other psychological consequences of the abuse they have suffered. The ICRC has several programmes that assist victims by addressing their psychological and psychosocial needs, while ensuring their right to privacy and confidentiality. For example, in addition to learning mechanisms to cope with stress and anxiety, victims can choose to participate in sessions with trained counsellors, who listen to their stories and provide them with appropriate psychological and psychosocial assistance. Initiatives also involve entire communities, with a view to improving victims’ support systems and preventing them from being stigmatized and discriminated against. For example, to help communities build their capacity to address sexual violence, the ICRC trains and supervises carefully selected community actors in providing psychological and psychosocial support to victims. It also carries out activities aimed at broadening people’s awareness of available services, and of the importance of seeking care in a timely manner and referring victims to these services.

32. For example, the WHO guidelines for the clinical management of rape, available at: http://www.who.int/reproductivehealth/publications/emergencies/924159263X/en/.
The ICRC carries out activities to enhance the protection of individuals and groups at risk of sexual violence and to help foster a safe environment. It develops and implements these initiatives based on information collected from all available sources, including the victims themselves, and the institutions and service providers helping them or their communities. The ICRC also seeks confidential dialogue with the authorities, weapon bearers and other influential actors regarding observed or alleged violence and the patterns of such acts; the humanitarian consequences of such abuse on victims and their communities; and the legal and other measures that may be taken to decrease the risk of further violations – for example, the investigation and prosecution of the perpetrators.

Especially vulnerable groups – such as children and unaccompanied minors, detainees, displaced persons, and migrants, including asylum seekers and refugees – require protection-focused approaches that take into account the specific circumstances that exacerbate or reduce their vulnerability. For example, reuniting minors with their families, when it is found to be in the minors’ best interests, may reduce their exposure to sexual violence. The organization’s standard procedures for visiting detainees are also designed to help mitigate the risk of sexual violence – delegates examine facilities for particularly dangerous points, hold private confidential interviews with detainees to identify their concerns, and aim to repeat visits, so as to help decrease the risk of retribution against detainees.

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

Outside of detention settings, the ICRC works directly with at-risk communities and groups to reduce their exposure to sexual violence and their reliance on potentially harmful coping strategies. It does so through a community-based protection approach, in which it partners with communities in order to broaden awareness, or to provide assistance (e.g. economic security, and water and habitat activities) aimed at reducing people’s exposure to risks and/or offering options for mitigating harmful coping strategies. Some of these activities include: the installation or repair of water points closer to communities to reduce women’s exposure to risk when fetching water; food assistance and livelihood support given to communities of displaced people; and health awareness sessions.
PREVENTION

The ICRC works to prevent sexual violence in armed conflicts and other situations of violence by promoting understanding of and support for the applicable legal rules of IHL, including existing prohibitions of sexual violence, and other internationally recognized standards. Reminding all parties to an armed conflict – be they State armed forces or non-State armed groups – that rape and other forms of sexual violence are prohibited by IHL, the ICRC privately and publicly urges all actors concerned to meet their obligations to protect women, men, girls and boys from such violence and to ensure their unimpeded access to health care. It continues to work on ensuring the implementation of Resolution 3 adopted at the 32nd International Conference.

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

Moreover, the organization encourages authorities and weapon bearers to integrate provisions of IHL and other internationally recognized standards relating to the prohibition of sexual violence, as appropriate, into doctrine, training and guidance for weapon bearers, and policies for law enforcement operations. It carries out briefings and training sessions adapted to local circumstances.

The ICRC uses online tools and other products designed to give information and guidance to the pertinent parties for tackling sensitive issues in connection with sexual violence. It provides governments and weapon bearers with assistance – ranging from giving input on improving draft laws to encouraging and facilitating their participation in IHL courses – to enact and implement these laws and adapt their training and operations, respectively. The ICRC also reviews military doctrine and manuals, and operating procedures, to determine whether prevention of sexual violence is covered in these basic documents.

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

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

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33. For more information regarding Movement component’s implementation of Resolution 3 thus far, see the mid-term review of the outcomes of the 32nd International Conference, prepared in 2017: http://rcrcconference.org/wp-content/uploads/2017/08/1320000-Mid-Term-Review-32nd-IC-proof-05.pdf

34. Available at: https://www.icrc.org/en/international-review/sexual-violence-armed-conflict.
This report follows up on objectives and plans of action outlined in the *Special Appeal: Addressing sexual violence 2017*. It features the following:

- the activities, primarily those led by headquarters, for 2017 that are directly related to the response to sexual violence (page 20)
- 11 operational cases serving as concrete examples of how the ICRC works in the field to address and prevent sexual violence during armed conflict (page 27)
- financial reporting about contributions to the Special Appeal 2017 and the expenses related to 2017 (page 38)

These sections are based on the ICRC Annual Report 2017, published in June 2018.
RESPONDING COMPREHENSIVELY TO THE NEEDS OF AFFECTED PEOPLE

In 2017, the ICRC made strides towards improving – at headquarters and field levels – the planning and implementation of its response to the risk and consequences of sexual violence. In parallel, it also decided to take steps to better monitor how the multidisciplinary approach is implemented in the field, with a view to further improving its activities and internal procedures.

Coordination among divisions and units help reinforce integrated approach

Under the leadership of the Department of Operations, internal coordination on the issue of sexual violence continued to be reinforced at headquarters level. During regular meetings of a working group formally established in 2017, staff members and specialists from more than 20 different divisions, units and services – with expertise in a wide range of disciplines – discussed relevant issues and made decisions by consensus. This fostered better institutional alignment, facilitated the adoption of important decisions, and helped resolve difficulties faced by field teams and identify the type of support they required.

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

The sexual violence advisory team, and specialists from other ICRC units who have expertise in the issue, gender analysis and other pertinent topics, helped staff members at headquarters and in the field to sustain and strengthen existing projects and/or to develop and implement new initiatives.

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

The adviser on sexual violence, and specialists in health care, protection and other pertinent sectors, carried out field missions to give delegations additional resources, lend them expertise and help them build their capacities. For example, the regional delegation in Nairobi, Kenya, and the Somalia delegation were supported by law and health specialists in reviewing domestic legal frameworks applicable to the provision of health care to victims of sexual violence. The delegations in the Democratic Republic of the Congo (hereafter DRC) and Nigeria were similarly assisted by law specialists to analyse national law and shape their response strategies accordingly.

The delegation in Nigeria also received additional support for completing its assessment of the issue, which enabled it to better understand the problem and identify approaches towards addressing internal challenges and maximizing its capacity in line with the potential added value of its response.

Such support, alongside sensitization efforts (see also Enhancing the ICRC’s own capacity and improving the effectiveness of its response on page 25) carried out in 2017, resulted in 61 delegations’ incorporating activities to address sexual violence in their budget, planning and overall strategies for 2018. This was an increase of around 42% from the previous year, in which 43 delegations included sexual violence in their planned activities. Twenty-two delegations had specifically formulated activities to address sexual violence; many other delegations included efforts to address the problem within their broader programmes, including existing ones.
With a view to improving its accountability to affected people and communities, and to other stakeholders, the ICRC committed to improving its monitoring, evaluation and learning exercises, so as to better track the results of its activities and draw lessons for future action and programmes (see also Enhancing the ICRC’s own capacity and improving the effectiveness of its response on page 25). This was in line with broader institutional efforts to strengthen accountability to affected populations, for which guidelines were being developed.

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

ICRC teams in the field drew on technical advice from teams at headquarters to carry out or improve specific aspects of their response. This helped ensure that teams working on the ground considered the issue of sexual violence when analysing the situation of conflict-affected people and responding to their needs.

In order to better respond to the medical needs of victims of sexual violence, delegation staff continuously received guidance and direct support from headquarters and from specialists, especially experts in mental health and psychosocial support and primary health care. The support was provided in line with the ICRC’s Health Strategy 2014–2018, and helped strengthen the continuum of care approach aimed at reducing the stigmatization of victims of sexual violence by carrying out interventions for them as part of the overall response for all victims of violence.

With a view to empowering medical and humanitarian workers to identify, assist and protection victims of sexual violence more proactively, awareness-raising sessions were held for ICRC and National Society staff members, and for other health personnel and staff from other organizations. Similar sessions aimed at protecting victims from stigmatization were organized for community members.

Delegations also received support for conducting community-based projects through which people could share their concerns and provide their feedback on the ICRC’s response and in general. These projects also sought to increase communities’ resilience by reducing their exposure to threats and reinforcing existing constructive coping mechanisms; provide alternatives to potentially negative coping strategies; and help address the stigmatization linked to sexual violence.

Workshops on community-based protection helped ICRC staff members in Cameroon, Colombia, Lebanon and South Sudan, among other contexts, to improve their understanding of how communities are affected by sexual violence. During these workshops, staff members discussed multidisciplinary approaches for helping communities strengthen their resilience. Delegations were also assisted in developing projects for reducing and mitigating the risks and consequences of exposure to sexual violence. For example, in Colombia, the ICRC and Medellin University supported women exposed to sexual violence in urban areas by raising awareness through a radio programme, which featured stories about the consequences of sexual violence and the services available to victims and their families; the stories were written by women who had been victims of and/or had been exposed to sexual violence.

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

ICRC staff members carrying out activities for people deprived of their freedom continued to be encouraged, and given support, to consider the issue of sexual violence when assessing the situation of detainees and to include the subject in their dialogue with the authorities.
Together with the Association for the Prevention of Torture, the ICRC organized a round-table in which 34 high-ranking police officers and other experts from 27 countries discussed good practices in holding people in police custody. This initiative was carried out in response to the need – identified by the ICRC, on the basis of its field activities – to tackle the risk of ill-treatment, including sexual violence, faced by detainees during the first hours following arrest.

A document on sexual violence and detention, which was produced by the ICRC in 2016 within the framework of its support to detaining authorities, was made available in Arabic, French and Spanish. This document aimed at helping those responsible for protecting people deprived of freedom to understand the problem better, and to take measures to reduce detainees’ exposure to risk and address the consequences of the problem.

**STEPPING UP THE ICRC’S ACTION TO PREVENT SEXUAL VIOLENCE**

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

**The ICRC facilitates and shapes discussions about sexual violence**

In line with Resolution 3 adopted at the 32nd International Conference, ICRC delegations – with support from headquarters – organized or attended events that were either specifically about sexual violence during armed conflict, or addressed the issue in terms of compliance with or implementation of IHL and other applicable norms. At the 29th South Asia Teaching Session on IHL, held in Sri Lanka in July, one session was devoted specifically to sexual violence; a separate session, on amnesties and the importance of balancing the need for peace and reconciliation with accountability, also covered the topic. In West Africa, the ICRC briefed national authorities – about the risks associated with arms transfers and sexual violence in the context of the Arms Trade Treaty – on two occasions: during an IHL implementation seminar it co-organized with the Economic Community of West African States, and at the invitation of Togo’s National Commission for the Fight Against the Proliferation, Circulation and Trafficking of Illicit Arms. In Rwanda, the ICRC talked about the prohibition of sexual violence under IHL at a round-table for academics and at a national IHL moot court competition.

The ICRC also continued its efforts to influence the agenda of the international community. At an experts’ meeting held in the UK in March, the ICRC’s director of international law and policy examined the extent to which current laws protect women in armed conflict. In October, the ICRC president met with the UN special representative on sexual violence in conflict to discuss current issues and potential solutions. Moreover, as part of the gender advisory board of the San Remo Institute of IHL, the ICRC confirmed sexual violence as a priority topic for training sessions for armed forces involved in international operations. Experts from the military, academic circles and civil society discussed the prohibition of sexual violence at a round-table organized jointly by the ICRC and the San Remo Institute in September.

In June, on the International Day for the Elimination of Sexual Violence in Conflict, the ICRC released a video on the consequences suffered by victims of sexual violence, and examples of the ICRC’s response to these consequences and its efforts to prevent the occurrence of such abuse.

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36. See the video at: https://www.icrc.org/en/document/pushing-back-against-sexual-violence
The ICRC undertakes research on mandatory reporting of sexual violence

The ICRC launched an in-depth study to analyse legal and other parameters related to the mandatory reporting of incidents of sexual violence. The study’s initial phase – which was carried out by an external consultant using desk research methodology – found that in 27 of the 62 contexts evaluated, there were laws or practices requiring victims or health staff to report occurrences of sexual violence to the authorities prior to receiving or providing care. The study also assessed whether compulsory reporting in detention obstructed victims’ access to care. A second phase was initiated, to delve deeper into the issue of mandatory reporting requirements and their impact on victims in specific contexts, and to formulate recommendations for overcoming the resulting barriers in accessing services.

The ICRC reviews military doctrine towards efforts to prevent sexual violence

The review of the military doctrine, manuals and practices of ten countries, to assess the degree to which their military doctrines and manuals prohibit sexual violence, continued in 2017; this was supervised by ICRC’s Unit for Relations with Arms Carriers and funded by the Norwegian Red Cross. Based on best practices, patterns and main challenges identified in the initial phases of the review, the ICRC began preparing a toolkit to help field staff engage in relevant dialogue with armed forces.

The ICRC continued to explore other areas for future research and to seek and strengthen prospective partnerships for this work.

The ICRC updates legal tools with new developments in connection with sexual violence

The database on national IHL implementation continued to be updated with domestic legislation and case law related to the prohibition and criminalization of sexual violence. In this framework, the ICRC reviewed domestic legislation and military codes pertinent to sexual violence in various contexts, including Afghanistan, Burkina Faso, Cameroon, the Central African Republic, Paraguay and the United Arab Emirates. Similarly, the ICRC continued to update the database on customary IHL with national and international practice related to, inter alia, the prohibition and criminalization of sexual violence; entries added in 2017 included practice from the Democratic Republic of the Congo and Switzerland. Work also continued on the updates to the commentaries to the 1949 Geneva Conventions and their 1977 Additional Protocols: in May 2017, the updated Commentary on the Second Geneva Convention was published online, including its discussion of sexual violence in the context of armed conflicts at sea.

Resources for prevention-focused initiatives continue to be made available

Delegations continued to work on refining their prevention-focused activities with the help of the studies and tools mentioned above, various other guidance materials, and specific support from headquarters. In particular, the sexual violence team and other specialists continued to provide tailored help, upon request, to staff members working with armed forces or political authorities, thereby assisting them in addressing the issue in their written and/or verbal communication with actors of influence, and in ensuring its inclusion in the IHL training sessions, bilateral discussions and events they carried out with weapon bearers, government authorities, academics and other audiences. For example, topics related to sexual violence were integrated into the training sessions for prosecutors in the Philippines, defense and security forces in Niger, and academics and students in Cape Verde, Guinea Bissau, Mali, Senegal and Thailand.

37. Available at: https://www.icrc.org/ihl-nat
38. Available at: https://www.icrc.org/customary-ihl/eng/docs/home
39. Available at: https://www.icrc.org/ihl/full/GCIi-commentary
The ICRC continued to foster coordinated or joint action within the Movement, with a view to maximizing the global reach of Movement components in addressing sexual violence during armed conflict and other situations of violence, disasters and other emergencies, and to implement a preventive approach to the issue. The ICRC sustained its operational partnerships with various National Societies, both those working in their own countries and those engaged in international activities. The Norwegian Red Cross, for example, continued to fund the ICRC’s review of military doctrine and manuals (see above), and supported a programme of the Kenyan Red Cross and the ICRC to improve access to appropriate care for victims of sexual violence in informal settlements in Nairobi. The British Red Cross and the ICRC maintained their partnership to provide livelihood support to some 500 victims of sexual violence in the DRC, to help them reintegrate into society. The Swiss Red Cross backed the ICRC’s efforts to make primary-health-care services available to victims of violence, including sexual violence, in South Sudan.

The ICRC also continued to liaise with Movement partners, particularly the International Federation, to follow up on the implementation of Resolution 3 of the 32nd International Conference. It drew up a joint action plan with the International Federation and continued to participate in monthly working group meetings, including conference calls and bilateral meetings, on sexual and gender-based violence with other Movement components. Implementation of the resolution was also discussed during forums co-organized by the Movement partners in, among other places, Lebanon (see below) and Senegal.

Movement partners also undertook joint initiatives in the field, with the ICRC leading, co-hosting or attending several of these. The 3rd Sexual and Gender-based Violence Forum was held in Dakar, Senegal, and brought together representatives from the National Societies of Burundi, Cote d’Ivoire, DRC, Ethiopia, Guinea, Kenya, Senegal, Somalia, South Sudan and Zimbabwe. During the event, participants attended a newly developed training session on dealing with sexual and gender-based violence in emergencies, and discussed the implementation of Resolution 3, including good practices and challenges, and ways forward. As in the past, the forum was organized jointly by the International Federation, the Norwegian Red Cross and the ICRC. A similar regional event, which included a train-the-trainer workshop, was held in Guatemala and attended by the National Societies of Belize, Colombia, Costa Rica, Cuba, Ecuador, Guatemala, Haiti, Honduras, Nicaragua, Panama and Venezuela. This event, which was organized jointly by the Canadian Red Cross, the Guatemalan Red Cross, the International Federation and the ICRC, helped participants learn more about developing activities for preventing and mitigating sexual and gender-based violence.

Work continued on updating the 2009 Guidelines for National Societies Working in Immigration Detention, which covers sensitization to the presence and needs of migrants with particular vulnerabilities, including victims of sexual violence and lesbian, gay, bisexual, transgender and intersex persons.
ENHANCING THE ICRC’S OWN CAPACITY AND IMPROVING THE EFFECTIVENESS OF ITS RESPONSE

The ICRC kept up its efforts to ensure that its staff members, and those from other humanitarian organizations, were sensitized to the issue of sexual violence during armed conflict and other situations of violence and in detention, and that they were equipped to develop and implement effective responses.

The training programme designed for specific divisions or units continued to include sessions dedicated to sexual violence, with the main messages adapted to the participants’ disciplines or areas of specialization, and to the main problems to be addressed. In 2017, sessions were carried out in this framework during courses on, inter alia: protection of the civilian population; the responsibilities of protection coordinators; the provision of mental health and/or psychosocial support; detention; and health care in detention. ICRC staff members of different disciplines and levels benefited from these courses. During specific sessions, staff members in the field – for example, in Cameroon, Lebanon, Niger, Nigeria, Thailand and South Sudan – developed their ability to deal with gender-related issues, including sexual violence. Staff members involved in protection and other activities in Cameroon and South Sudan also benefited from specific sessions.

Transversal courses for staff from different disciplines emphasized the importance of taking a holistic approach to the problem of sexual violence. Field staff became more familiar with the subject and with the ICRC’s approach to it during dissemination sessions conducted either at headquarters or in the field by advisers based in Geneva, and by two other advisers, specializing in gender-based and sexual violence, based in Colombia and Senegal. The ICRC continued to work on a web-based module for staff training.

Through external training, the ICRC reached out to its staff and to those of other humanitarian organizations, to share ideas and best practices and to increase the likelihood of critiquing its own institutional practice objectively. A one-week seminar on sexual violence during armed conflicts and emergencies – developed by the Geneva Centre for Education and Research in Humanitarian Action, with the ICRC’s financial support – continued to be offered to ICRC staff, for whom up to half of the slots for each session were reserved. Three seminars, two in Geneva and one in Uganda, were held during the year. During the ten sessions conducted between the launch of the seminar in 2014 and December 2017, over 100 mid- to senior-level ICRC managers from 35 different contexts and several staff from other organizations deepened their knowledge of the issue and shared ideas, challenges, achievements and best practices. Seventeen National Society personnel – four each from the Burundian and South Sudanese National Societies, three from the Norwegian Red Cross, and two each from the Australian, Kenyan and Somali National Societies – had participated in these sessions since 2014. Tools and guidelines developed in previous years as reference and learning material for the use of staff at headquarters and in the field continued to be promoted and used on a regular basis, while new ones continued to be developed. Production of an animated tool meant to serve as an entry point to encourage discussion with police officers and detaining authorities, on the risks of sexual violence associated with all phases of arrest, was under way.

40. For more information about the seminar, see: http://www.cerahgeneve.ch/education-training/courses-health/sexual-violence-in-conflict-settings-and-emergencies/
Nonetheless, despite these training courses, materials and tools, there continued to be a demand from the field, and space for the ICRC, to reinforce its efforts to help its staff improve their capacities to address sexual violence effectively. In early 2017, the sexual violence advisory team carried out an internal diagnostic exercise on staff members’ understanding of the ICRC’s approach and activities, to identify areas where clarity, or reinforcement of knowledge, was necessary. This exercise, combined with feedback from the field, confirmed the need for a concise guidance document encompassing all aspects of programming on sexual violence – from interacting with victims to conducting assessments and establishing multidisciplinary responses. Preliminary steps for developing such a document were initiated: a two-day workshop involving staff members from various units was organized, and the drafting of an outline of the document – aimed at ensuring that understanding of the issue, and a proactive approach to addressing it, were embedded across all ICRC programmes – got under way.

The ICRC also began working on strengthening its monitoring and evaluation mechanisms, so that it could better track the outcomes of its activities and their impact on beneficiaries. It commissioned an external evaluation to assess how the multidisciplinary approach was being implemented in three contexts, namely Colombia, Lebanon and Mali; the evaluation focused on lessons learned, achievements, challenges and recommendations for further improvement. The ICRC accepted most of the evaluation’s recommendations and drafted plans of action for implementing these.

To consolidate the initiatives mentioned above, and as a follow-up to its 2013–2016 commitment, the ICRC developed a new institutional strategy to guide its efforts to strengthen its approach and response during the period 2018–2022.

41. The 2018–2022 institutional strategy on sexual violence will guide the ICRC’s operational, humanitarian, policy and diplomacy efforts to ensure that victims of sexual violence have access to all the services they require and that communities and individuals are able to strengthen their resilience to the occurrence and consequences of sexual violence, and to engage actors of influence regarding the prevention of incidents of sexual violence. For more information about the orientations of the strategy, and the related plans of action for 2018, see the Special Appeal 2018: The ICRC’s response to sexual violence on the ICRC Extranet for Donors.
The following section describes the range of activities that the ICRC carried out worldwide. The examples were taken from different contexts and reflect the varying degrees to which delegations have formed an understanding of the problem and the types and phases of action they have been able to carry out. It must be noted that, for each activity, the delegations mentioned were at different stages of the project cycle.

Responding to the needs of the people affected

Several ICRC delegations continued, stepped up and/or initiated activities to help people affected by sexual violence receive the assistance they required. Many of these activities – those carried out by ICRC delegations in the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC) and South Sudan, among other contexts – aimed to ensure that victims of violence, including sexual violence, had access to quality health services. In Burundi, where an assessment was conducted in 2016, victims of sexual violence received medical care and/or psychosocial support at four primary-health-care centres that the ICRC began supporting in August 2017. Health staff at these centres were also trained to provide integrated care for the victims. Victims of sexual violence were also among the beneficiaries of services, including post-exposure prophylactic treatment and referrals to higher-level care, offered by ICRC-supported health centres in Nigeria. In Somalia, victims of sexual violence had access to suitable care from ICRC-trained midwives. The ICRC also trained doctors and paramedics working in clinics in Cox’s Bazar, Bangladesh, in the provision of suitable treatment for victims of sexual violence.
In various contexts, the ICRC sought to broaden awareness of the consequences of sexual violence and the services available to victims. These efforts were carried out in the framework of the community-based approach and often involved training National Society volunteers – as in Burundi and Colombia – or community health volunteers – as in Nairobi, Kenya – to organize information sessions. Community health volunteers in Nairobi also received ICRC training and supervision to identify cases of sexual and other violence, and to refer the victims for medical and other assistance. At workshops organized by the ICRC in Northern Ireland (the UK), personnel from community-based organizations learnt how to provide more effective assistance, especially psychosocial support, to victims of sexual and other violence.

In Indonesia, the ICRC and the National Society, in coordination with the pertinent authorities, implemented a pilot project to address the medical and psychological needs of victims of sexual violence in a district in Papua province, and to advocate the prevention of such abuse.

Planned awareness-raising sessions in Senegal were not carried out, after assessments by ICRC staff members there revealed that these were not necessary. Nevertheless, the ICRC continued long-standing assistance initiatives – also within its community-based approach – to help female breadwinners in the Casamance region to pursue livelihood activities that made it less necessary for them to work in unsafe areas and helped them avoid risks to their safety, including exposure to sexual violence.

The ICRC continued to seek to address the issue of sexual violence, wherever feasible, when carrying out its humanitarian activities for people deprived of their freedom. During standard visits to monitor the situation of detainees, delegates paid particular attention to people with specific needs and, where possible, to the risk of sexual violence within places of detention. By sharing its findings and recommendations with the authorities, the ICRC urged them to ensure that detainees’ treatment and living conditions were in line with internationally recognized standards. Discussions with prison officials or courses organized for them – in Burundi and Liberia, for example – covered the prevention of sexual violence.

As part of its protection-focused activities, the ICRC paid specific attention to groups of people who might be particularly vulnerable to abuses, including sexual violence. In most contexts where it worked, it continued to register unaccompanied minors and monitor their situation, often in cooperation with other actors. After careful assessments, and when this was deemed to be in the children’s best interest, the ICRC worked to reunite them with their families or sought alternative solutions that could help reduce risks to their safety. In Egypt, the ICRC continued to support a local organization that provided psychosocial and education assistance to unaccompanied minors, especially female minors, who were given additional material assistance.

Promoting compliance with IHL and the prevention of sexual violence

In many of the places where it worked, the ICRC reminded authorities and weapon bearers with whom it had contact of their responsibilities – under IHL, applicable norms and international human rights law – to prevent sexual violence and other abuses, sanction perpetrators, and address the consequences for the people affected. Field teams – including the Chad and Somalia delegations – took note of reports of sexual violence in the course of documenting allegations of violations of IHL and other abuses reported to them. Whenever possible, ICRC delegates raised these concerns – through confidential dialogue or by submitting written representations – with the pertinent parties, for their follow-up action. In Somalia, the ICRC continued to work with the National Society to document incidents of sexual violence and of unlawful conduct against those seeking or providing medical care.

To complement its confidential and bilateral dialogue with authorities and weapon bearers, the ICRC pursued efforts aimed at cultivating an environment more conducive to protecting people from sexual violence and preventing the occurrence of abuses. The ICRC thus addressed the topic during briefings or dissemination sessions about IHL and humanitarian principles in general – including those it organized for the authorities and armed and security forces in Bangladesh, Bolivia, Cameroon, Congo, Ecuador, Indonesia, Liberia, Mauritania, Senegal, Somalia and Peru, among other contexts. Briefings for
peacekeepers – such as those for troops from Bangladesh, Egypt, Liberia, Rwanda and South Africa – also often included sessions on the importance of preventing sexual violence. The ICRC also lent expertise to the African Union, which worked on its framework for promoting compliance with IHL in peace-support operations, including measures to enforce discipline among troops and prevent sexual abuse.

The ICRC continued to encourage national authorities to advance domestic implementation of IHL provisions, including those applicable to sexual violence and assistance for victims, and lent them expertise in this regard. Where pertinent, it partnered with regional organizations to promote the matter. For instance, participants of two sessions of the South Asia Teaching Session on IHL, held in Pakistan and Sri Lanka, discussed sexual violence, among other topics. In Nepal, the ICRC continued to emphasize to the authorities the necessity of addressing the needs of people affected by the past conflict there, including victims of sexual violence.

The ICRC sought to broaden public awareness of the plight and needs of victims of sexual violence – by including the subject in discussions during events and other initiatives for civil society, academic circles and the general public. It also continued humanitarian diplomacy efforts to position the issue in the agenda of the wider international community and to mobilize actors with broader influence and the capacity to address or impact the problem. Discussions between the ICRC and influential groups in Brussels (Belgium), in London (UK) and in other European capitals covered by the Paris regional delegation, and in New York and Washington (United States of America), for example, included matters of humanitarian concern such as sexual violence, in addition to the situation in conflict-affected countries and the ICRC’s work there. The ICRC organized seminars on the subject with the Japanese government and the Japanese Red Cross. Senior ICRC officials participated in various international and regional forums (see Stepping up ICRC action to prevent sexual violence on page 22) to present the ICRC’s work with regards to sexual violence, and with a view to influencing other actors’ policies, practices and activities.

The ICRC’s commitment to addressing the consequences of sexual violence and contributing to its prevention was particularly exemplified through activities carried out by its teams in the CAR, DRC, Mali, Nigeria, South Sudan, Colombia, the countries covered by the Mexico City regional delegation, Papua New Guinea (covered by the Suva regional delegation), the Syrian Arab Republic (hereafter Syria), Jordan and Lebanon. The sections below describe these activities, following up on the plans of action presented in the Special Appeal 2017. They also give an overview of the situation of people in the contexts mentioned, to show the circumstances in which the ICRC’s activities took place. The narratives are based on the corresponding chapters of the ICRC Annual Report 2017, which was launched in June 2018.

**CENTRAL AFRICAN REPUBLIC**

Insecurity and socio-political tensions persisted in some regions of the CAR; particularly in the south-east and in rural areas, violent clashes between armed groups and episodes of communal violence occurred more frequently than in the previous year. Access to health care and other public services continued to be limited.

**Victims of sexual violence receive appropriate care within 72 hours of their assault**

Victims of sexual violence obtained suitable care at three ICRC-backed health centres; plans to provide the same services at a centre in Nana-Grébizi were cancelled because of security constraints. At these three centres, and at a counselling centre in Kaga Bandoro, victims received psychosocial support from ICRC-trained counsellors.

During ICRC-facilitated information sessions, community members deepened their awareness of the consequences of violence. The sessions aimed to prevent the stigmatization of victims of sexual violence and to encourage their referral for suitable care; they also highlighted the importance of post-exposure prophylactic treatment for such victims within 72 hours of an assault. Partly as a result of these efforts,
86% of the victims of sexual violence who sought treatment at ICRC-supported facilities received it within 72 hours of being assaulted, from an average of 78% in 2016.

**Authorities and weapon bearers reminded of their obligations under IHL**

The ICRC reminded the authorities and other weapon bearers, through confidential dialogue and briefings, of their obligations under IHL and other applicable law, in particular, to protect civilians and medical services. It documented allegations of abuses and, where appropriate, discussed these confidentially with the parties concerned; it urged them to take measures to prevent the occurrence of such misconduct.

This dialogue with the authorities and weapon bearers was complemented by training sessions and briefings that emphasized the necessity of protecting civilians, including from sexual violence, and facilitating people’s safe access to medical and humanitarian aid. These sessions reached some 340 members of the armed forces and international peacekeeping contingents, and almost 670 members of armed groups. At ICRC-facilitated training sessions, over 600 police officers, gendarmes and security forces personnel learnt more about internationally recognized standards pertinent to law enforcement.

Meetings and other dissemination activities helped strengthen acceptance for the ICRC among communities and facilitate its humanitarian activities, and helped broaden awareness of the services available to violence-affected communities.

**DEMOCRATIC REPUBLIC OF THE CONGO**

In the DRC, especially in North Kivu and South Kivu, the fragmentation and proliferation of armed groups, and fighting among them, continued. Ethnic violence spread in Haut-Katanga and Tanganyika. Clashes between government forces and armed groups in six provinces, around the Kasaï, that had been previously considered stable, added to the DRC’s deteriorating security situation. Civilians bore the brunt of the fighting: many were displaced, wounded or killed, and their livelihood and property were destroyed. Logistical and security constraints sometimes hindered the delivery of humanitarian aid.

**Victims of sexual violence obtain medical care and psychosocial support**

In the Kivu provinces, access to psychosocial support improved after the ICRC repaired or constructed four counselling centres. Almost 5,000 people suffering from conflict-related trauma received psychosocial support at 27 ICRC-backed counselling centres; they included some 3,400 victims of sexual violence, half of whom were referred to health facilities for medical treatment. At information sessions aimed at preventing the stigmatization of victims of sexual violence, community members learnt of the services available to them and the importance of prompt post-exposure prophylactic treatment.

Some 500 victims of sexual violence, who sought psychosocial support at ICRC-backed counselling centres, received cash, training and material support to start income-generating activities; this also facilitated their social reintegration.

The ICRC repaired and/or constructed water infrastructure, including hand pumps, which improved people’s access to clean water.

**Weapon bearers strengthen their grasp of rules and norms applicable to their duties**

People approached the ICRC with reports of abuses committed by weapon bearers, including sexual violence. On the basis of these allegations, the ICRC made representations to weapon bearers and reminded them of their obligation, under IHL, international human rights law and/or other applicable norms, to protect civilians and ensure their access to health and other services. Some parties took steps to improve the training of personnel under their command and establish disciplinary measures to prevent the recurrence of abuses.
Moreover, weapon bearers of all ranks furthered their understanding of IHL and the Movement at ICRC-organized events, which covered key messages on the prevention of sexual violence and the protection of health care during conflict and other violence. For instance, roughly 4,600 military personnel and 350 other weapon bearers attended training sessions, which helped them understand the necessity of complying with IHL and respecting humanitarian principles.

Journalists drew on ICRC public communication material to report on the plight of victims of sexual violence, among other issues of humanitarian concern.

MALI

Despite efforts by the government and some armed groups to implement a 2015 peace accord, little progress was made in this regard as clashes between the signatory armed groups persisted, mainly in Kidal. Violent confrontations continued to take place in northern and central Mali, between various armed groups and Malian and international forces, including the French armed forces and the UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA).

Communal violence – exacerbated by recurrent drought and competition over limited resources – added to the volatility. The political and security void in some areas also led to a rise in criminality, which affected both local populations and humanitarian organizations, including the ICRC. These circumstances hindered the resumption of State services in certain areas and disrupted people’s livelihoods and access to basic services.

The ICRC continued to remind weapon bearers to respect IHL and other applicable norms. Violence-affected people reported abuses to the ICRC, which documented and relayed these allegations confidentially to the parties concerned so that they could take steps to prevent their occurrence.

People coping with violence-related trauma receive psychosocial support

The ICRC, in cooperation with local health authorities, provided 11 primary-health-care centres in northern Mali with comprehensive support: supplies, equipment, training and supervision of personnel and, where needed, infrastructure repairs. The ICRC also covered transportation expenses for patients referred for further care – for example, to the Gao regional hospital and the Kidal referral centre, which received comprehensive support from the ICRC.

ICRC-trained personnel provided psychosocial support and other specialized help for people suffering from violence-related trauma in Gao, Tombouctou and, from May onwards, Kidal. Almost 60 victims of sexual violence availed themselves of such assistance; they included those who had received post-exposure prophylactic treatment within 72 hours of the incident. About 30,700 people learnt about the availability of such services – and how they could protect themselves from the violence – at National Society and ICRC community information sessions.

Victims of sexual violence and other vulnerable breadwinners generate income

Over 5,500 households (33,054 people) boosted their income with ICRC financial support; among them were households headed by victims of sexual violence. Breadwinners earned money for food and other essentials through cash-for-work projects that benefited the wider community. Others earned from small businesses that they had set up with ICRC grants. Some households received materials or training related to their chosen ventures, such as bookkeeping, food preservation and basic livestock treatment.
NIGERIA

The conflict between Nigerian forces and factions of the armed group known as Boko Haram, ‘Islamic State’s West Africa Province’ and/or Jama’atu Ahlus-Sunnah Lidda’Awati Wal Jihad continued. Skirmishes and bombings occurred in Nigeria’s north-eastern states and neighbouring countries. The humanitarian consequences included: mass and repeated displacement; alleged abuses; disrupted livelihoods; severe food insecurity; and injuries, deaths and arrests.

Parts of the north-east continued to be retaken by Nigerian forces. Some people attempted to return home, and more communities became accessible to humanitarian organizations. However, security constraints still limited access to some areas, and a large number of people remained displaced. Communal violence, and violence related to criminality and to resurgent militancy and secessionism, persisted in other parts of Nigeria.

The ICRC documented allegations of violations of IHL and other unlawful conduct. It relayed them to the pertinent parties to prevent their recurrence, when such misconduct had taken place. It also reminded these parties of their obligations, under IHL and other norms, with regard to the conduct of hostilities and the necessity of protecting civilians and providing or facilitating access to basic services, especially health care.

Victims of trauma receive specialized care

The ICRC continued to expand its assistance for primary-health-care facilities in newly accessible areas of north-eastern Nigeria. This enabled people to obtain health services at 31 fixed or mobile health centres, where roughly 581,800 curative and 128,000 antenatal consultations took place. Furthermore, around 2,300 people were referred to nearby hospitals for further care; among them were 20 victims of sexual violence, who received post-exposure prophylactic treatment before being referred.

Roughly 9,100 people – including patients at an ICRC-supported hospital and National Society personnel who had responded to emergencies – were counselled by ICRC staff or ICRC-trained community and National Society volunteers. This helped them cope with traumatizing experiences related to the conflict, including sexual violence.

Returnees resume farming and women in urban areas start small businesses

Where feasible, the ICRC sought to strengthen communities’ resilience to the effects of violence by supporting income-generating activities. As thousands of IDPs returned home, the ICRC gave them seed and tools, or vouchers for obtaining these, enabling around 83,800 households (503,200 people) to resume farming. Roughly 22,000 households (131,700 people) in urban areas of north-eastern and south-eastern Nigeria – most of which were headed by widows and other vulnerable breadwinners – received cash grants for small businesses.

The ICRC visited people held by the Nigerian Prisons Service, the police and the military; particularly vulnerable detainees were monitored individually. Findings and recommendations from these visits, which were conducted in line with standard ICRC procedures, were communicated confidentially to the authorities, to help them improve detainees’ living conditions and treatment, including respect for judicial guarantees and procedural safeguards.
SOUTH SUDAN

Clashes between government troops and opposition forces persisted in South Sudan, despite efforts to implement a 2015 peace agreement between the parties to the non-international conflict that began in 2013. Abuses against civilians continued to be reported. People continued to have limited access to essential services, including health care. Insecurity and other constraints hampered humanitarian organizations’ ability to assist vulnerable communities.

In light of the continued violence, the ICRC sustained its multidisciplinary response to the humanitarian needs of people in South Sudan. The ICRC maintained confidential bilateral dialogue with parties to conflict, with a view to promoting protection for civilians. It made oral and written representations to all sides, urging them to meet their obligations under IHL and other applicable bodies of law, including addressing and preventing sexual violence and other abuses, and facilitating access to essential services and humanitarian assistance.

Conflict-affected people, including victims of sexual violence, receive health care

One mobile clinic and 11 primary-health-care clinics in conflict-affected areas sustained their services with ICRC support: medical supplies, training and supervision for staff, and infrastructural repairs that expanded the clinics’ capacities and helped improve conditions for staff members and patients. Because of increasing violence in certain areas, however, five clinics suspended their activities by July; two of them were functioning at year’s end.

Victims of sexual violence obtained specialized services at some of the clinics, including prophylactic treatment within 72 hours of the incident, and psychosocial care; they were referred to other facilities for further treatment when necessary. At ICRC information sessions, over 5,500 people learnt more about the consequences of sexual violence, and the services available to victims.

Weapon bearers acquaint themselves with IHL

About 2,300 weapon bearers from all sides furthered their understanding of IHL through dissemination sessions that were often combined with first-aid training. These sessions, and the reference materials distributed to participants, emphasized compliance with IHL, particularly its provisions on: protecting civilians and detainees; facilitating safe access to medical care; and preventing sexual violence and other abuses.

Coverage by the media of the Movement’s activities was enhanced with ICRC input. Content printed in local languages, and posted on online platforms, drew attention to issues of humanitarian concern, such as sexual violence. These efforts helped broaden acceptance for the National Society and the ICRC, and facilitated their access to vulnerable people.
COLOMBIA

The Colombian government and the Fuerza Alternativa Revolucionaria del Común (FARC, formerly known as the Revolutionary Armed Forces of Colombia – People’s Army) continued to implement the terms of their peace agreement. In February 2017, the Colombian government and the National Liberation Army began peace talks in Ecuador.

Violent confrontations between government forces and other armed groups – and clashes among armed groups – persisted, particularly in urban areas. People continued to suffer the consequences of past and ongoing hostilities, such as disappearances and displacement. Instances of sexual violence and attacks on health-care services continued to be reported in violence-affected urban and rural areas.

Issue of sexual violence addressed in dialogue and events with authorities and weapon bearers

The ICRC engaged the parties concerned in confidential dialogue on, *inter alia*: the protection of civilians; allegations of sexual violence; and attacks on people seeking or delivering health services. It reminded weapon bearers of their obligations under IHL or other applicable law – for example, by submitting oral and written representations based on documented allegations of abuses. In parallel, the ICRC trained community leaders in informing conflict victims about their rights and how to obtain State assistance, and promoted self-protection measures among vulnerable people at community briefings.

Over 500 military and security forces personnel attended ICRC workshops and round-tables, where they learnt more about applying IHL and international norms on the use of force – particularly in their joint law enforcement operations – and about ways of preventing sexual violence. Also at ICRC workshops, 250 State officials learnt more about ways of preventing sexual violence during armed conflict and of using a gender-sensitive approach in responding to victims’ needs. At dissemination sessions organized with universities, 130 law students deepened their knowledge in offering legal assistance to victims of sexual violence.

Victims of sexual violence receive appropriate care

With ICRC training, 120 National Society volunteers and 380 civilians in violence-affected areas learnt more about providing psychosocial and other services to victims of sexual violence; some of them provided psychological care to some 200 victims of sexual violence and/or referred them for medical treatment.

Ad hoc donations of medical supplies from the ICRC helped four health centres cope with influxes of patients; repairs to facilities at three other centres helped improve their services.

MEXICO CITY (REGIONAL)

Armed violence persisted throughout the region, particularly in El Salvador, Guatemala, Honduras and Mexico. In some of the countries covered, military troops aided law enforcement operations. People living in violence-affected areas, including displaced persons, continued to be at risk of injury or death, and of abduction. Young people were especially vulnerable to recruitment by weapon bearers. Access to health, education and other basic services was compromised by the violence.

People, primarily from El Salvador, Guatemala and Honduras, continued to seek safety and better opportunities elsewhere. Migrants heading to or deported from Mexico and the United States of America were at risk of physical abuse and other dangers along their route and on their return.
Vulnerable people, including migrants, obtain specific assistance for their needs

To help ensure the availability of suitable medical care for people in violence-affected areas in Guatemala, Honduras and Mexico, the ICRC provided various types of support for primary-health-care facilities and partners offering psychosocial and psychological care. Teachers, medical personnel and National Society volunteers were trained in stress management and in providing psychological or psychosocial support. Roughly 280 victims of violence – including sexual violence – in Guatemala were given follow-up consultations and other psychological care by psychologists volunteering for the National Society in their country.

Meanwhile, ICRC-supported facilities run by National Societies and other local partners helped ease the journey of people travelling along the migration route through El Salvador, Guatemala, Honduras and Mexico. They provided migrants with, among other types of assistance, health services, temporary accommodations and/or a means to contact relatives; informational materials gave migrants advice about reducing risks to their safety and where to obtain assistance. The ICRC also gave vulnerable migrants, deportees and returnees ad hoc financial assistance to obtain medical care, including for sexual violence.

In some of the countries covered, the ICRC also supported health-care services more broadly. To help ensure the availability of life-saving care for wounded people in Mexico, for example, the ICRC worked with the National Society to train potential first responders, health staff at public institutions, and military and police personnel, and provided them with supplies. As part of a two-year project that began in 2016, the ICRC provided comprehensive support – including advice from an ICRC medical team – for a teaching hospital in Honduras to improve treatment for victims of violence. A university in Honduras included wound management in its undergraduate curriculum.

PAPUA NEW GUINEA (UNDER SUVA REGIONAL DELEGATION)

In the Enga, Hela and Southern Highlands provinces of Papua New Guinea, communal fighting caused casualties and displacement, and disrupted basic services.

With a view to mitigating the effects of such violence, the ICRC continued to promote respect for basic principles of humanity among members of violence-prone communities. It relayed documented allegations of unlawful conduct to the parties concerned and urged them to prevent the recurrence of such misconduct. It emphasized the necessity of facilitating, in an impartial manner, access to medical treatment for people who were wounded, sick or victims of sexual violence. The ICRC also drew attention to these and other issues of concern at workshops for police, and at awareness-raising sessions or through audiovisual presentations in violence-affected provinces.

Health-care providers familiarize themselves with the specific needs of victims of sexual violence

Through ICRC courses, 23 health staff from 16 facilities became more familiar with the specific needs of victims of sexual violence, and some 170 community members and nurses learnt first aid; these courses were organized with the health ministry and with the Papua New Guinea Red Cross Society, respectively.

Training sessions conducted by the health ministry and the ICRC enabled 23 health staff from 16 health-care facilities to learn how to address the specific needs of victims of sexual violence. Victims of sexual and other abuse received counselling and specialized care at family-support centres in two hospitals in the Southern Highlands, and at a centre in the Western Highlands which was newly built by the ICRC; all three facilities received medical supplies and equipment. Staff at the Enga community hospital were trained in preparation for the opening of a support centre at their facility.

More broadly, people in the Southern Highlands obtained primary-health-care services at two ICRC-supported health posts. Supplies from the ICRC helped several other health facilities in Enga and in the Southern and Western Highlands to treat emergency cases. The ICRC used a new referral system to cover transport costs for some patients.
SYRIAN ARAB REPUBLIC

In Syria, the armed conflict between government forces and various armed groups continued, as did fighting among these factions. Government forces and third-party States also carried out and/or supported operations against the Islamic State group. Some parties agreed to establish ‘de-escalation zones’ and arranged ceasefires, contributing to the abatement of violence in some governorates. Nevertheless, fighting persisted – and even intensified – in several areas. Allegations continued to be made of serious and recurrent breaches of IHL and other applicable norms.

In this complex and challenging environment, the ICRC endeavored to foster respect for IHL and other applicable norms, primarily among the parties to the conflict and other key contacts. During bilateral dialogue and through written representations, it reminded the parties to: protect people who were not or no longer participating in hostilities from abuse, including sexual violence; and ensure safe access to health care and other basic services.

People in besieged and hard-to-reach areas receive health care

The ICRC continued to assess the needs of victims of sexual violence, particularly their psychological needs, with a view to establishing referral networks of suitable care providers for them. More broadly, it supported the Syrian Arab Red Crescent and other local health actors in making preventive and curative health services available, including in besieged or hard-to-reach areas. People from six governorates obtained services at seven mobile health units and nine polyclinics run by the National Society, which received comprehensive ICRC support; over 200,000 people were given consultations at these facilities. Other National Society clinics and health facilities received drugs, birth supplies and other essential items on an ad hoc basis. With ICRC backing, local authorities, health professionals and National Society personnel strove to curb the spread of communicable diseases; around 6,250 people with leishmaniasis received treatment.

The ICRC also strove to ensure the availability of hospital-level care. However, opportunities for the ICRC to provide material support to medical facilities remained limited: deliveries of surgical supplies were rarely allowed, and only in small quantities. Twenty-four government and/or field hospitals and dialysis centres, including in besieged and hard-to-reach areas, sustained their services with equipment and supplies, consumables, and spare parts donated by the ICRC on an ad hoc basis; 19 of these facilities received surgical instruments for treating wounded people. Over 100 health staff developed their ability to treat such patients, at ICRC training sessions in Syria and abroad.

JORDAN

Following an attack near a Jordanian border post in June 2016, Jordan closed its border with Syria. Since then, people fleeing the conflict in Syria were admitted to Jordan only in exceptional cases. Between February and mid-March, all of the asylum seekers at the Ruwayshid transit site – about 350 people – were either transferred to Raba’a al-Sarhan registration centre or deported by the authorities. Nevertheless, some 660,000 refugees from Syria registered by the UN remained in Jordan, along with thousands of other unregistered foreigners. These people and the communities hosting them had little or no access to basic resources.

Authorities are reminded to protect people who have fled to Jordan from Syria

ICRC delegates documented the protection concerns of people who had fled to Jordan from Syria. Where necessary, it raised these concerns with the Jordanian authorities at field level and, in cooperation with the United Nations High Commissioner for Refugees (UNHCR) and other humanitarian actors, at central level. The authorities were reminded of their obligations under international law, particularly with respect to the principle of non-refoulement and the rights of asylum seekers. Allegations of arrests made in Syria were documented for discussion with the relevant parties there.
People separated from their relatives by armed conflict, detention or other circumstances continued to benefit from family-links services provided by the Jordan National Red Crescent Society and the ICRC. Syrian nationals in camps, and in urban areas, made phone calls to their relatives abroad and lodged tracing requests to locate members of their families, including through the ICRC’s family-links website (familylinks.icrc.org) in Arabic. In coordination with the UNHCR, the International Organization for Migration and the embassies concerned, the ICRC issued travel documents to 78 foreign nationals in Jordan, enabling them to rejoin their families in third countries.

**Vulnerable Jordanians and Syrians in host communities work towards self-sufficiency**

Some 200 vulnerable Syrian and Jordanian women improved their livelihood prospects after completing vocational courses run by the National Society, with ICRC support. This aimed to help the women become more financially independent, and sought to reduce their vulnerability to abuse, including sexual exploitation.

**LEBANON**

The armed conflict in Syria continued to affect Lebanon. Border restrictions reduced refugee arrivals, but around 1.5 million people from Syria remained in Lebanon, amid growing anti-refugee sentiment in the country.

Tensions between armed factions persisted in the overcrowded Palestinian camps; clashes at the Ein el-Helwe camp caused casualties and displaced some of its inhabitants. Syrian refugees living in informal settlements or in remote areas lacked access to basic services and livelihood opportunities. The Lebanese Armed Forces (LAF) conducted security operations in violence-prone areas regularly. Military and security operations often resulted in arrests and detention and caused civilian casualties.

The ICRC monitored the situation of Syrian refugees and other vulnerable people in Lebanon. It submitted representations to the authorities and other actors concerned about the necessity of respecting the principle of *non-refoulement* and facilitating access to medical services. Through dialogue, it reminded the LAF and the Internal Security Forces (ISF) of international standards for law enforcement, and urged weapon bearers in Ein el-Helwe to protect patients and medical personnel. Complementing these efforts, the ICRC continued to guide the LAF’s efforts to incorporate IHL in military doctrine and operations, and organized a regional IHL course in Arabic for the LAF and the ISF.

The ICRC also checked on the well-being of detainees at 25 places of detention, through visits conducted in accordance with its standard procedures. It made recommendations to the detaining authorities for ensuring that detainees’ living conditions and treatment met internationally recognized standards. It submitted written representations on such matters as respect for judicial guarantees and the prevention of ill-treatment, including sexual violence.

**Vulnerable people receive emergency aid and livelihood support**

Two ICRC-supported clinics provided counselling for victims of sexual violence and other abuses; the ICRC carried out an assessment of the barriers to health care among the clinics’ catchment population, and conducted mental-health awareness sessions.

The Lebanese Red Cross and the ICRC assisted violence-affected people in Ein el-Helwe and in Arsal, including Syrian refugees. A total of 11,916 people (2,383 households) benefited from emergency distributions of household essentials; among them, 11,691 people (2,338 households) were given food parcels. In all, 16,255 people (3,251 households) received cash for buying basic necessities or launching small businesses. Supplies and tools for strawberry farming or livestock raising were given to 132 households (660 people).
## Financial Overview

### Breakdown of the Special Appeal and Expenditure 2017 (in CHF)

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Expenditure</th>
<th>Contributions</th>
</tr>
</thead>
</table>
| **Headquarters**
- Headquarters         | 543    | 550         |               |
- Funded out of contributions to the Appeal 2017: Headquarters |        |             | 550           |
| **Featured Field Operations**
- Central African Republic | 3,883  | 3,337       | 3,337         |
- Congo, Democratic Republic of the | 4,204  | 4,015       | 486           |
- Mali                  | 1,390  | 1,228       | 1,228         |
- Nigeria               | 3,059  | 2,692       |               |
- South Sudan           | 2,511  | 2,465       | 155           |
- Colombia              | 4,243  | 4,270       | 4,270         |
- Mexico City (regional) | 763    | 740         | 740           |
- Papua New Guinea (under Suva regional delegation) | 273    | 246         | 246           |
- Syrian Arab Republic  | 2,096  | 1,369       | 1,189         |
- Jordan                | 752    | 737         |               |
- Lebanon               | 342    | 343         | 340           |
- Funded out of contributions to the Appeal 2017: Operations |        |             | 9,451         |
| **Total**              | 24,058 | 21,992      | 21,992        |

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

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

43. The figures for each operation includes the funding requirements related to directly or indirectly addressing sexual violence. The budget and expenditure are also reflected in the financial information provided in the ICRC Annual Report 2017, available on the ICRC Extranet for Donors.
**BREAKDOWN OF THE SPECIAL APPEAL AND EXPENDITURE 2017 (IN KCHF)**

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<thead>
<tr>
<th>GOVERNMENTS</th>
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<td>CANADA</td>
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<td>GERMANY</td>
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<td>ICELAND</td>
<td>288,300</td>
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<tr>
<td>JAPAN</td>
<td>230,000</td>
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<td>ICELANDIC RED CROSS</td>
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<th>SUB-TOTAL: CONTRIBUTIONS TO THE SPECIAL APPEAL: STRENGTHENING THE RESPONSE TO SEXUAL VIOLENCE 2017</th>
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<td>FUNDED OUT OF CONTRIBUTIONS TO THE APPEALS 2017: OPERATIONS</td>
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<td>TOTAL RECEIPTS FOR 2017 AS AT 31.12.2017</td>
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<td>GRAND TOTAL</td>
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N.B. The figures in this section have been rounded off, and thus adding each figure may lead to a slightly different result from the total presented. The figures may also vary slightly from the amounts presented in other documents.
COMMENTS

This Special Report 2017: Addressing Sexual Violence covers the ICRC’s activities related to this project at headquarters and, in some cases, field level. The activities discussed here were also mentioned in the ICRC Annual Report, launched in June 2018.

These cover:

▸ activities exclusively funded and implemented through the ICRC

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

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

In summary:

▸ narrative reporting is accessible through:
  • regular information published on the ICRC website
  • ICRC Midterm Reports: the state/progress of ICRC operations by context as at mid-year
  • ICRC Annual Reports: yearly achievements in ICRC operations (by context) as well as work at headquarters
  • ICRC Special Report on the Special Appeal (once a year)

▸ financial reporting is available in the:
  • ICRC Annual Report: financial reporting, including the yearly consolidated financial statement, the independent auditor’s report and financial and statistical tables
  • Special Auditor’s Report on the Special Appeal (once a year)

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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.