THE ICRC’S RESPONSE TO SEXUAL VIOLENCE
# Table of Contents

**Overview**

The Special Appeal 2018

**Sexual Violence during Armed Conflict and Other Situations of Violence**

The consequences of sexual violence

**The ICRC’s Approach**

Scope of the ICRC’s work

**A Multidisciplinary Response**

Providing and/or facilitating access to appropriate health-care services
Providing and/or facilitating access to other essential services
Risk reduction and prevention
Response to sexual violence in detention

**Response to Sexual Violence in 2018: Headquarters**

Objectives and plans of action

**Response to Sexual Violence in 2018: Operations**

Provision of health-care services
Providing and/or facilitating access to other essential services
Prevention and risk-reduction
Activities for people deprived of their freedom

**Finance**

Special Appeal 2018: Budget
Comments
OVERVIEW

Acknowledging the appalling and brutal nature of sexual violence, and the fact that it is often underreported and underestimated, the ICRC made a commitment in 2013 to enhance its response to this problem.

As a first step, the ICRC decided to change the way it approached the issue by assuming that sexual violence occurs in the context of armed conflict and other situations of violence, regardless of whether such incidents have been documented, and unless specifically proven otherwise through rigorous assessment. The ICRC also undertook a four-year initiative (2013–2016) aimed at strengthening its efforts to address the issue; it focused on key areas, namely: reinforcing its holistic and multidisciplinary response to the needs of victims of sexual violence; strengthening its prevention activities; reinforcing its cooperation and coordination with other members of the International Red Cross and Red Crescent Movement (hereafter the Movement); and enhancing its internal capacity-building through increased staff sensitization and training.

Over the course of this four-year commitment, the ICRC made progress in all four key areas. It has improved its understanding of the issue and developed certain degree of expertise in responding to it. Numerous ICRC delegations gave more attention to the issue, either by developing specific activities to address sexual violence and/or by integrating these into their existing activities. The ICRC has also reinforced its position as a lead actor within the humanitarian community, particularly in relation to sexual violence that takes place in the context of armed conflict, other situations of violence, and detention.

Despite the progress made, however, the ICRC continues to encounter both external and internal challenges that hinder efforts to better respond to the issue. Among them is the extremely sensitive nature of sexual violence in many contexts, which, in some cases, creates difficulties for the ICRC to identify appropriate entry points for approaching victims.

At present, the ICRC is consolidating its efforts to ensure that victims of sexual violence have access to all the services required to address their needs and restore their dignity, and to help communities and individuals strengthen their resilience to the effects of such abuse. It has recently developed a five-year, multidisciplinary strategy, underpinned by a victim-centred approach, to guide its efforts in this respect, toward the ultimate vision of eliminating sexual violence in armed conflict, other situations of violence and settings of detention.
THE SPECIAL APPEAL 2018

The Special Appeal 2018 is in line with the ICRC’s efforts to consolidate and enhance its response to sexual violence during armed conflict, other situations of violence and detention. This document begins by describing the problem, the applicable legal frameworks, and the consequences on the people affected as well as their communities. This is followed by:

- the ICRC’s approach and key aspects of its response;
- the plan of action and activities foreseen to take place at headquarters for 2018;
- activities planned by nine field delegations for 2018, which provide concrete examples of the ICRC’s response;
- information on the corresponding budgets.

The narrative and budgets provided in this document are based on, and also included in, the ICRC Appeals 2018: Headquarters¹ and ICRC Appeals 2018: Operations².

With this Special Appeal 2018, the ICRC seeks:

**CHF 20 million**

These funding requirements cover the ICRC’s activities at headquarters and in the following delegations: Central African Republic, Colombia, the Democratic Republic of the Congo, Iraq, Mexico City regional, Nigeria, South Sudan, Suva regional and the Syrian Arab Republic.

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1. See the Appeals 2018: Headquarters on the ICRC Extranet for Donors (all web addresses accessed in February 2018)
2. See the Appeals 2018: Operations on the ICRC Extranet for Donors
SEXUAL VIOLENCE DURING ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

Democratic Republic of the Congo, South Kivu province. Victims of sexual violence usually face stigmatization and rejection by their families and communities. (A. Synenko/ICRC)

The ICRC defines sexual violence as acts of a sexual nature committed against any person by force, threat of force or coercion. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against a third 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 due to the factors and circumstances outlined above. Sexual violence includes 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 (IHL), it must take place in the context of, or be associated with, an armed conflict.

Acts of sexual violence are prohibited, both explicitly and implicitly, under IHL applicable in both international and non-international armed conflicts. Rape and other forms of sexual violence are also prohibited under customary law, in both international and non-international armed conflict, as

3. For example, Article 27 of the Fourth Geneva Convention specifies that, in international armed conflicts, women should be protected against “any attacks on their honour, in particular against rape, enforced prostitution, or any form of indecent assault”. Article 76(1) of Additional Protocol I explicitly provides that “women shall be the object of special respect and shall be protected in particular against rape, forced prostitution and any other form of indecent assault”. Children are also specifically protected against “any form of indecent assault” in Article 77(1) of Additional Protocol I. Furthermore, Article 75(2)(b) of Additional Protocol I – providing fundamental guarantees – prohibits “outrages upon personal dignity, in particular humiliating and degrading treatment, enforced prostitution and any form of indecent assault”. In non-international armed conflicts, Article 4(2)(e) of Additional Protocol II explicitly prohibits “outrages upon personal dignity, in particular humiliating and degrading treatment, rape, enforced prostitution and any form of indecent assault” against any person who is not, or no longer, participating in hostilities.
highlighted in Rule 93 of the ICRC study on customary IHL. Furthermore, rape and other forms of sexual violence in armed conflict can amount to serious violations of IHL and thereby constitute war crimes. Acts of sexual violence – at all times – fall under provisions of international human rights law, as applicable, and of many bodies of religious or traditional law. National criminal law in many countries recognizes rape and other forms of sexual violence as crimes.

Despite these legal prohibitions, sexual violence remains widespread and prevalent during armed conflicts and other situations of violence, as well as in detention settings. It occurs in various contexts and for various purposes, including, for example, to alter the ethnic composition of a community. Sexual violence is often utilized as a tactical or strategic means of overwhelming and weakening the adversary, whether directly or indirectly, by targeting the civilian population. Sexual violence rarely occurs in isolation but is rather part of a pattern of violence linked to other violations of IHL, such as torture, killings, looting, child recruitment or destruction of property. In conflict and post-conflict settings, erosion of State apparatuses, disruption of livelihood patterns, increase in poverty, proliferation of small arms and light weapons, and displacement, among other factors, can exacerbate underlying trends of sexual violence – such as marital rape and early or forced marriage – among civilians. These factors may also lead to the emergence of new trends or patterns, such as transactional or survival sex and trafficking for the purposes of sexual exploitation.

Sexual violence is a gendered phenomenon: it is often linked to or stems from harmful social and traditional practices attached to perceptions of gender roles and the power dynamics surrounding them. Gender can influence both vulnerability to sexual violence and ability to access care and services after an incident of violence. For example, men often encounter major difficulties in disclosing their experience of violence and thus in accessing care, precisely owing to the belief that they cannot be a victim of sexual violence as dictated by norms surrounding masculinity. However, gender is not the only factor that determines and interacts with power dynamics in society and that shapes vulnerability to and experiences of sexual violence. Rather, it is only one among a range of complex and intersecting identities (including race, ethnicity, religion, nationality, migrant status, disability, class, health, religion, caste and sexual orientation) which combine to influence a person’s position within society. Consequently, it is necessary to ensure that services for victims of sexual violence, as well activities to mitigate risk, are tailored in a way that makes them accessible and applicable to all victims, taking into account their specific needs and capacities vis-à-vis the interplays of gender and other identity factors.

THE CONSEQUENCES OF SEXUAL VIOLENCE

The consequences of sexual violence are both immediate and long term; they often affect all dimensions of a person’s physical, psychological and social well-being.

The physical consequences of sexual violence include sexually transmitted infections, physical injuries, pain resulting from physical violence, infertility, and higher incidence of disease and subsequent health problems. Pregnancy resulting from rape may compound 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 may continue to suffer consequences that are detrimental to their mental health and well-being long after the incident of violence. Further psychological consequences include distress, self-blame, confusion, indignity, anger, guilt or shame over the impact of the abuse on themselves.

4. 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”. 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/VolII_Rule93).

5. The Rome Statute of the ICC explicitly includes sexual violence in the list of war crimes. Article 8 (2) (b) (xii) and 8 (2) (e) (vi), ICC Statute regarding rape and other serious forms of sexual violence as war crimes in international and non-international armed conflicts; available at: http://www.icc-cpi.int/NR/rdonlyres/ADD16852-AEE9-4757-ABE7-9DC7C7F289E6/283503/RomeStatuteEn.pdf.

and their families, suicidal ideation, other forms of self-harm, and other trauma and stress-related difficulties. Psychosocial consequences include stigmatization, discrimination, rejection or abandonment by family or community, risk of re-victimization, rejection or desertion of children born of rape, forced marriage, retribution from perpetrators or authorities, or loss of means of subsistence. In the face of such adverse consequences, victims often face dilemmas in deciding whether to seek assistance.

Sexual violence can also deeply affect the immediate families and other close relatives of the victim, particularly the victim’s spouse or partner, children, parents, and/or others who witnessed the aggression. This contributes to the weakening of the social fabric with a given community and the deterioration of internal coping mechanisms.

While sexual violence may affect any person, certain groups may be particularly vulnerable to abuse. These include internally displaced people, refugees or other migrants, and people deprived of their freedom.

Despite its prevalence and grave consequences during armed conflict, other situations of violence and detention, sexual violence is often underreported because of various factors that prevent victims or witnesses from coming forward. As a result, the full extent of the problem is often concealed, with official figures failing to reflect the reality. Such factors can include the stigma, guilt and shame associated with sexual violence, or fear of retribution from the perpetrators, family or the community. In addition, cultural barriers to speaking out about incidents of sexual violence are often significant and vary according to the context. During armed conflict or other situations of violence, victims face additional obstacles to disclosing incidents, owing to, among other reasons, the breakdown of infrastructure, roadblocks or arbitrary check points, and targeting of health facilities. These factors, or a combination thereof, also impede victims’ access to medical services, psychosocial support, protection and other assistance that would enable them to restore their dignity, protect them from further victimization and facilitate reintegration into communities. Moreover, misconceptions surrounding sexual violence remain pervasive, even among professionals such as health-care workers and other service providers; this, in turn, leads to responses that are not specific enough to the needs of the victims or that are simply not provided.

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8. For more information about sexual violence in detention, see “Sexual Violence in Detention” published by the ICRC in 2017.
In line with its humanitarian mandate, the ICRC responds to the needs of victims of violence – including sexual violence – and pursues efforts to prevent sexual violence, particularly in the context of armed conflicts and other situations of violence.

Following its decision in 2013 to strengthen its response to the problem, the ICRC operates under the assumption that sexual violence occurs in a given context, unless specifically proven otherwise through rigorous assessment. While this assumption constitutes what is known as a reversed burden of proof, it is not a legal position nor does it seek to place the blame on any party or go against the principle of “presumption of innocence”. Rather, it calls on ICRC staff to be attentive to patterns and trends indicating the prevalence of sexual violence, or absence thereof, and to respond in a proactive manner, within the realms of their profession. Unless ICRC delegations are able to conclusively establish that sexual violence does not occur in a given context, they are encouraged to (1) at the minimum integrate a response to the issue into existing activities or (2) consider developing specific activities addressing specific concerns related to sexual violence. In either case, they are encouraged to ensure that referral systems are in place for services that the ICRC cannot provide itself.

The ICRC also seeks to systematically address the issue of sexual violence through its protection and prevention activities, with a view to preventing further incidents or initial occurrence. In pre-crisis contexts, the ICRC works under the similar assumption that sexual violence may occur in case of an outbreak of violence.

While maintaining a proactive stance on the issue, the ICRC takes an evidence-based approach toward designing its response. It strives to develop activities based on context-specific analyses of the issue, its causes and consequences, the associated risks, links to other violations, the most vulnerable populations, the coping strategies developed by victims and communities at risk, gaps in the assistance received by victims, and the ICRC’s added value. Acceptance of the ICRC and of neutral, impartial and independent humanitarian action in a given context, as well as a delegation’s capacity to act, are also taken into account. Furthermore, the ICRC strives to apply best practices and previous lessons learnt in responding to sexual violence, in order to improve its own activities and influence those of others.

Consistent with its overall working procedures, the ICRC favors a holistic and multidisciplinary approach, acknowledging the need to address sexual violence at different stages in which it may manifest, and to draw on the expertise of staff members from specialized units and services, both at headquarters and the field. This approach entails strong coordination and information sharing among the different teams involved. Where needed, the ICRC may engage with partners within and outside the Movement, following careful analysis of their capacities.

The ICRC recognizes that populations affected by armed conflict and other situations of violence are diverse, and thus takes measures to ensure that its activities are inclusive. It strives to apply an intersectional analysis, taking into account the varying vulnerabilities and capacities of victims – which are shaped not only by gender, but by other factors such as age, sexual orientation, religion, disability and race – and the ways in which they intersect and overlap to influence a person’s position within society. This is necessary so as to ensure that its response to sexual violence is at all times tailored to the people, communities and contexts in question – whether in terms of the services it provides, the accessibility of such services, or its support for people’s coping mechanisms, among other things. To this end, the ICRC endeavours to engage victims and communities throughout all stages of its response, in line with its efforts to increase its accountability to the people it helps.

Consistent with how it approaches all of its activities, the ICRC strives to uphold the “do no harm” principle when addressing sexual violence. It ensures that its response respects and protects people’s well-being and dignity and that it does not cause undue or additional adverse consequences as a result of its programming or presence in a given context. For example, it takes measures to avoid exposing victims to additional trauma and to prevent stigmatization and labelling.
SCOPE OF THE ICRC’S WORK

Recognizing the complexity of determining whether instances of sexual violence in a given context fall under the ICRC’s humanitarian mandate, the organization has developed a set of considerations to support delegations in this regard and to guide them in setting objectives, designing strategies and implementing activities.

- The link between the act(s) of sexual violence and the armed conflict or other situation of violence: the stronger the connection between these two, the stronger the imperative for the ICRC to act. Delegations assess the strength of this connection by considering the type of perpetrator, the circumstances in which the act of sexual violence occurred and the motives behind it, as well as other factors that link sexual violence to armed conflict or other situations of violence (e.g. an existing pattern of sexual violence aggravated by poverty or conditions of insecurity caused by conflict and other violence).

- The prevalence and humanitarian impact of sexual violence: this entails assessing the extent of the humanitarian needs engendered by the violation.

- The ICRC’s added value, with respect to the organization’s expertise, presence and acceptance by parties to a conflict compared with that of other actors.

- The delegation’s own capacity to respond to the needs identified.

These considerations are applicable only to circumstances outside places of detention. Within detention settings, the ICRC seeks to address sexual violence as systematically as it would any other type of violence or abuse, regardless of the connection with armed conflict or other situations of violence and regardless of the status and category of detainees.

Moreover, even without fulfilling the criteria outlined above, the ICRC aims to integrate the issue of sexual violence into its activities aimed at preventing violations of IHL.
A 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 works to address sexual violence at multiple stages of its occurrence through a combination of programmes and activities. Its response encompasses engagement with actors of influence, aimed at changing patterns of behaviour and decision-making; persuasion efforts to improve legal frameworks and the provision of support in this regard; and activities to mitigate people’s exposure to risks of sexual violence, enhance communities’ capacities and support their coping mechanisms.

It carries out activities to protect the rights of victims and ensure that they have access to the services they require. The ICRC’s response may be broadly categorized into the following areas: providing and/or facilitating access to health-care and other essential services for victims; and activities to mitigate risks to victims and communities and prevent sexual violence from occurring.

PROVIDING AND FACILITATING ACCESS TO APPROPRIATE HEALTH-CARE SERVICES

The ICRC works to provide victims of sexual violence, within a safe and confidential space, with direct access to appropriate primary-health-care and medical services to protect them from sexually transmitted infections, treat any injuries and prevent unwanted pregnancies, in line with the national health system and, as applicable, internationally recognized standards. Where it cannot directly provide these services or support those who can, the ICRC facilitates the referral of victims to other providers. It is also important that victims of sexual violence receive support – in a private, safe and confidential space – for overcoming the trauma and other psychological consequences associated with it.

However, accessing medical care in armed conflicts or other situations of violence is often a significant challenge. There are not enough medical facilities or those that exist are ill-equipped, damaged or destroyed; trained staff and medicines are also often unavailable or in short supply. Victims have to overcome security constraints and other barriers to obtain treatment. The ICRC must also take into account the desires and preferences of the victims, and security concerns affecting its own staff members.

Nevertheless, bearing in mind that victims are entitled to the best possible care without discrimination, the ICRC – in contexts where it engages in such activities – seeks to provide impartial, comprehensive and effective care. It supports the provision of clinical care and psychological and psychosocial support, either directly or through qualified partners. As necessary, it trains local health staff and/or community members to provide these services and carries out information sessions to raise awareness of their availability. It provides material, technical and other types of support to primary-health-care facilities, hospitals and transport systems, while encouraging the authorities concerned to ensure the sustainability and safety of such services. In particular, the ICRC focuses on the provision of these services as part of a broader emergency-health-care approach benefitting the general population, so as to avoid the labelling and stigmatization of victims.

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

**PROVIDING AND FACILITATING ACCESS TO OTHER ESSENTIAL SERVICES**

The ICRC also works to ensure that victims of sexual violence have access to other essential services – to cover their basic needs, for example – and that their protection-related concerns are addressed.

The ICRC carries out activities to enhance the protection of individuals and groups at risk of sexual violence. In settings where there is an increased risk of sexual violence linked to armed conflict (for example, in remote or isolated areas, villages near the scene of clashes, prisons and IDP camps), the presence of the ICRC may dissuade weapon bearers, authorities or other civilians from committing abuses. The ICRC also assists in relocating people to safer areas, under certain circumstances – for example, when threats are levelled against victims, those who have testified or sought assistance, or other people at risk, or when victims are unable to receive medical attention or other services they require. The ICRC also considers and facilitates referrals to other organizations – including those offering legal support, shelter or other types of assistance – when it cannot directly provide these services, in order to ensure that victims receive support that is tailored to their specific needs, as much as possible.

The ICRC also engages in confidential dialogue with authorities, weapon bearers and other actors of influence. It pursues discussions on observed or alleged instances of violence and the patterns in which they take place, the humanitarian consequences for victims and their communities, and/or the legal actions and other measures that can be taken in response, with a view to preventing further violations.

In terms of economic support, the ICRC ensures that the specific vulnerabilities and capacities of victims of sexual violence are fully taken into consideration alongside their economic needs. However, the ICRC rarely sets apart victims of sexual violence from other conflict-affected members of communities when designing economic activities. Rather, it ensures that all initiatives aimed at helping victims of sexual violence to become more economically independent are implemented in a holistic and discreet manner, so as to prevent stigmatization and/or re-victimization. These initiatives include cash transfers to groups of women identified through local structures supported by the ICRC, so that they can cover their basic needs and/or improve their livelihoods. Victims of sexual violence may also be included in women-run agricultural cooperatives, enabling them to generate income and facilitating their integration within their community.
RISK REDUCTION AND PREVENTION

The ICRC strives to help foster a safer environment for individuals and communities as a whole. It does so based on information collected from all available sources, including the victims themselves and local institutions and service providers helping them or their communities.

Certain groups are known to be at higher risk of exposure to sexual violence: children, including unaccompanied minors; people with disabilities; internally displaced people; and migrants, including asylum seekers and refugees. They require protection-focused approaches that take into account the specific circumstances that may exacerbate or reduce their vulnerability. For example, reuniting minors with their families, when it is found to be in their best interests, may reduce their exposure to sexual violence.

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

- raise awareness of the problem and ways they can avoid risks;
- reinforce measures to protect themselves;
- provide assistance aimed at reducing people's exposure to risks, for example by reducing the need for them to travel far from their homes in search of food and water;
- offer options for mitigating harmful coping strategies;
- help communities to establish or develop means of engaging in a protection-focused dialogue with authorities and/or weapon bearers, for example by helping them organize events, facilitating platforms for discussions or offering mediation services; and
- support self-cooperation processes within communities.

For example, the ICRC – working alongside National Societies, where appropriate – promotes knowledge of the law applicable to cases of families of missing persons, making sure that they are aware of their rights, which may help mitigate their exposure to abuses, including sexual exploitation.

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

The ICRC's activities to facilitate the economic security of conflict- and violence-affected people may also help reduce their exposure to further abuses, including forms of sexual exploitation – such as transaction sex or early marriage – that are usually exacerbated during armed conflicts or other situations of violence. These activities include the distribution of food and essential household items, usually to displaced people or those who have just returned to their places of origin, and the provision of cash or vouchers that people can use to cover basic household expenses.

Furthermore, the ICRC strives to broaden understanding of and support for relevant provisions of IHL, other applicable legal rules, and internationally recognized standards. It reminds all parties to armed conflicts – both State armed and security forces and non-State armed groups – that rape and other forms of sexual violence are prohibited by IHL, and urges them to fulfil their obligations to protect civilians from such violence and to ensure their unimpeded access to health care and other essential services. It promotes and supports the integration of IHL provisions and internationally recognized standards relating to the prohibition of sexual violence, as appropriate, into domestic legal and regulatory frameworks, doctrine, training and guidance for weapon bearers, and policies for law enforcement operations. It also organizes briefings and training sessions adapted to local circumstances, and reviews military and police operational documentation and procedures to assess whether and how the prevention of sexual violence is addressed. It uses online tools and other materials to provide information and guidance to the pertinent parties in tackling sensitive issues related to sexual violence, and provides governments with assistance to enact and implement the pertinent laws.

Through workshops, research and public campaigns, the ICRC shapes debates and facilitates in-depth discussions about sexual violence at national, regional and global level with key stakeholders. It contributes to building knowledge about the issue through publications and other means.
RESPONSE TO SEXUAL VIOLENCE IN DETENTION

The ICRC’s standard procedures for visiting detainees are designed to help mitigate the risk of sexual violence: delegates examine facilities and procedures to identify potential risks related to infrastructure and material conditions; hold private confidential interviews with detainees to identify their concerns; and aim to repeat visits, so as to help decrease the risk of retribution against detainees.

The ICRC pays attention to the multi-tiered vulnerabilities and needs of detainees: stigma, for instance, hinders detainees from accessing the appropriate services should they be victimized. People at interrogation centres may be particularly vulnerable to sexual violence, which could amount to torture. People arrested or detained also face risks elsewhere, such as during or after arrest, while they are being transferred, during body searches, or when using water, sanitation and hygiene facilities.

The ICRC works to address these risks through interventions with the pertinent authorities regarding the treatment of detainees and other structural concerns, such as the management of detention facilities; overcrowding; detainees’ privacy, safety and access to food and essential services and facilities; and the needs of particularly vulnerable groups.

Furthermore, as appropriate, the ICRC urges the authorities to ensure that, inter alia:

- all forms of violence against people deprived of their freedom are strictly prohibited by local policies, including those pertaining to arrest and interrogation;
- adequate gender-sensitive safeguards and procedures are in place at all stages of detention – for example, having female officers attend to female detainees whenever possible and ensuring that there are separate, distinct living and hygiene facilities for women, men, and minors;
- 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 along with the associated risks and consequences.

When necessary, the ICRC provides the authorities with different types of support to make these improvements.

RESPONSE TO SEXUAL VIOLENCE IN 2018: HEADQUARTERS

The Department of Operations – in coordination with other departments, units and services at headquarters – will continue to provide institution-wide support for the ICRC’s response, mainly through a team dedicated to the issue. The ICRC’s efforts will focus on the following areas: strengthening its institutional ability to respond to sexual violence in a holistic and multidisciplinary manner and at all stages of the problem, from prevention and risk reduction to addressing the various needs of victims; mobilizing Movement partners; and strengthening its policy and humanitarian diplomacy efforts towards creating an environment conducive to the elimination of sexual violence, at all times focusing on victims and their respective needs.

OBJECTIVES AND PLANS OF ACTION

To ensure that the ICRC effectively addresses sexual violence in a multidisciplinary way and at multiple stages:

Improving coordination at headquarters and supporting field delegations

- through periodic meetings and other means, enhance coordination between units and services at headquarters responsible for the ICRC’s action in the domains of operation, prevention, public communication and humanitarian diplomacy
- enhance the frequency and quality of support provided to regional desks and delegation management, especially during the annual planning-for-results process
- support delegations in carrying out assessments to better understand trends and patterns related to the problem, and in developing appropriate multidisciplinary responses that take into account the specific needs, vulnerabilities, capacities and coping mechanisms of victims and their communities; for example:
  - guiding delegations in developing and implementing activities that factor in and address the protection concerns, health needs, economic statuses and living conditions of victims of sexual violence, including those among people deprived of their freedom
  - encouraging delegations to integrate considerations related to sexual violence into activities aimed at strengthening people’s resilience; urge them in particular to employ community-based approaches
  - in line with the Health Strategy 2014–2018, supporting delegations to ensure that they deliver integrated and comprehensive health services, including mental-health care and psychosocial support
  - promoting the development of assistance activities aimed at improving the living conditions of people affected by sexual violence and/or mitigating people’s exposure to risks

Building ICRC staff capacity to address sexual violence

- further develop the capacity of ICRC staff members, at headquarters and in the field, by:
  - producing new internal guidance tools, including a guidance document on the ICRC’s methodology for addressing sexual violence
  - continuing to ensure the inclusion of sessions on sexual violence in all relevant specialized internal ICRC training and integration courses

11. For more information about the ICRC’s annual planning process, see The ICRC’s operational approach to result-based management – improving humanitarian action.
- making training opportunities available to all staff and ensuring that they are adapted to and in line with the needs, objectives, and scope of activities identified in the field
- sending up to ten ICRC staff members to participate in each session – two in Geneva, Switzerland, and one in Kampala, Uganda – of the seminar on sexual violence in conflict settings and emergencies, developed in partnership with the Geneva Centre for Education and Research in Humanitarian Action (CERAH)

**Improving tracking and monitoring of ICRC activities addressing sexual violence**

- develop protocols and guidelines aimed at encouraging and improving information-sharing across the institution
- strengthen existing monitoring and evaluation mechanisms, to better track the implementation, outcomes and impact of ICRC activities addressing sexual violence

**Strengthening the ICRC’s research-based understanding of sexual violence**

- conduct research on, among other key issues: sexual violence against men and boys; mandatory reporting of incidents of sexual violence and its impact on victims
- identify best practices and develop guidelines and tools for enhancing the ICRC’s work with armed forces by broadening the scope of a review – carried out by the ICRC and the Norwegian Red Cross – of military doctrine and manuals, which seeks to ascertain the degree to which these documents prohibit sexual violence

**To contribute to a coordinated and effective Movement response:**

- continue regular dialogue, through meetings and periodic exchanges and sharing of information, with the International Federation and other components of the Movement and seek to develop joint initiatives, when deemed necessary
- follow up on the outcomes of the 32nd International Conference, including Resolution 3, “Sexual and gender-based violence: joint action on prevention and response”, and related specific pledges
- work with Movement partners to assess National Societies’ capacities and main challenges in addressing issues related to sexual violence; provide technical support in order to help reinforce their capacities

**To foster an environment conducive to the prevention of sexual violence:**

- at the international and regional levels, reinforce efforts to shape debates, policies and discussions related to sexual violence, especially by promoting, attending or organizing events, providing input based on ICRC field experience, and addressing the issue during dialogue and other forms of interaction with States and intergovernmental bodies
- ensure that the issue of sexual violence is included in all of the ICRC’s prevention activities and its efforts to strengthen its relations with authorities and weapon bearers
- help delegations improve their understanding of legal frameworks relevant to sexual violence, so as to reinforce the support they provide to authorities for incorporating applicable provisions and norms in domestic legal and regulatory frameworks, and for ensuring respect for these rules and norms; organize dissemination sessions and other events for the relevant authorities and weapon bearers, and develop and promote resource materials dedicated to the issue
- provide legal support and expertise to people within and outside the ICRC by: producing or promoting legal documents and improving their availability; providing advice on external documents and initiatives when requested; and endorsing the use of ICRC workshop kits and other resources for academics
- continue updating the customary IHL database and the national implementation database with domestic and international rules and practices related to the prohibition and criminalization of sexual violence, as well as the Commentaries on the Geneva Conventions and their Additional Protocols

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12. Available at [https://ihl-databases.icrc.org/](https://ihl-databases.icrc.org/)
In the field, as at headquarters, the ICRC will work to consolidate and sustain momentum towards addressing sexual violence during armed conflict and other situations of violence and in detention. This section features activities that will be carried out by nine ICRC delegations in 2018, providing concrete, field-based examples of the work described in previous sections (see A multidisciplinary response).

These activities are at different stages of the project cycle, reflecting the varying degrees to which delegations have formed their understanding of the problem and the action plans they have established in response. Some of these activities have been specifically developed in response to the needs of victims of sexual violence. Others are broader activities which: integrate components addressing the needs and vulnerabilities of victims of sexual violence; tackle the issue alongside other humanitarian needs related to armed conflict, other situations of violence, or detention; and may have indirect benefit on victims of sexual violence. The activities below are illustrative of the scope and range of the ICRC’s response to sexual violence, but they do not represent all of the organization’s initiatives in this regard.
PROVISION OF HEALTH-CARE SERVICES

The table below presents examples of activities aimed at addressing the health-related needs of victims of sexual violence.

<table>
<thead>
<tr>
<th>ICRC DELEGATION</th>
<th>PLANS OF ACTION AND INDICATORS</th>
</tr>
</thead>
</table>
| CENTRAL AFRICAN REPUBLIC | **CIVILIANS**

The ICRC will support health facilities in violence-prone areas, to help ensure the availability and quality of primary-health-care services for violence-affected people there. These services include ante- and post-natal care for women, and vaccinations for children. The ICRC will also help improve the medical treatment and psychosocial support available to people suffering from trauma caused by violence, including sexual violence.

**Assistance**

**Health**

- support up to six health facilities with financial assistance, donations of medical supplies and medicines, and medical personnel to augment their staff; provide help of other kinds as well, when necessary
- train health workers to provide specialized care, including mental-health care and psychosocial support
- where necessary, refer patients in need of urgent care to ICRC-supported facilities, and pay for or arrange their transportation

**WOUNDED AND SICK**

To help ensure that secondary-level medical care is available to people affected by violence, the ICRC will continue to provide regular support to a hospital in Kaga Bandoro and a referral hospital in Bangui. It will help hospital staff learn how to protect themselves and their patients more effectively by adding to their knowledge and understanding of the issues covered by the Health Care in Danger initiative.

**Assistance**

**Medical care**

- back two hospitals and a National Society-run health post with supplies and equipment, training and salary incentives for staff, and specialized medical personnel; at the two hospitals, assign an ICRC health or surgical team
- cover treatment costs for destitute patients and people needing urgent care
- facilitate referrals for and/or transport patients to ICRC-supported hospitals
- organize workshops and training for hospital staff on the Health Care in Danger initiative

| COLOMBIA | **CIVILIANS**

To help ensure the safe delivery of health-care services to those in need, the ICRC will promote the goals of the Health Care in Danger initiative. It will urge the authorities to continue providing adequate health-care services in violence-affected regions, especially rural areas. It will help health workers and key community actors to become more capable of providing timely and appropriate care – including mental-health and psychosocial support – to particularly vulnerable groups, such as victims of sexual violence and the families of missing persons.

**Assistance**

**Health**

- urge the pertinent authorities to: adequately staff health centres in violence-affected areas; make mental-health and psychosocial support available to those who need it; and extend health services to rural areas, for instance, by means of mobile clinics
- organize training for health workers in providing mental-health and psychosocial support, and for community actors in psychological first aid; where necessary, raise awareness among health workers and/or community members of the plight of, among others, victims of sexual violence

**WOUNDED AND SICK**

The ICRC will help ensure that sick and wounded people in violence-affected areas receive timely and appropriate emergency medical attention, with a view to increasing their chances of survival. It will do so by helping local health personnel reinforce their ability to provide first aid and carry out medical evacuations, and by encouraging the authorities to facilitate access to health care. The ICRC will also be ready to support medical facilities, especially during mass-casualty incidents and other emergencies.

**Assistance**

**Medical care**

- inform wounded and sick people of the State services available to them; urge the authorities to facilitate the referral of patients, or do so directly; cover treatment costs for some 600 patients
- organize workshops – for up to 480 community members, weapon bearers and National Society volunteers – on first aid and/or coping with the psychological impact of violence with partner universities, organize training for surgeons, nurses and medical students in weapon-wound management
- during emergencies, provide up to 18 medical facilities with surgical supplies for treating up to 900 wounded people
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<tr>
<th>ICRC DELEGATION</th>
<th>PLANS OF ACTION AND INDICATORS</th>
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<tbody>
<tr>
<td><strong>CONGO, DEMOCRATIC REPUBLIC OF THE</strong></td>
<td><strong>CIVILIANS</strong> In areas heavily affected by fighting – especially North Kivu, South Kivu and Tanganyika – the ICRC will maintain its support for primary-health-care and counselling centres, so that people can obtain the services they need. ** Assistance Health** ▶️ provide training, funds, medical supplies and/or equipment on a regular basis to some 20 primary-health-care centres and other health facilities, including counselling centres <strong>WOUNDED AND SICK</strong> <strong>Assistance Medical care</strong> ▶️ in the event of an emergency, be ready to assist up to three more hospitals for a maximum of three months; give material support to up to 45 other hospitals on an ad hoc basis</td>
</tr>
<tr>
<td><strong>IRAQ</strong></td>
<td><strong>CIVILIANS</strong> Support for health-care services will help ensure the availability of curative and preventive care, particularly for children, pregnant women, people coping with trauma, and victims of sexual violence. ** Assistance Health** ▶️ provide up to 22 primary-health-care centres with technical and material support, including training for staff, infrastructural repairs and medicines ▶️ in an emergency, make ad hoc donations of medical supplies and equipment to 15 other primary-health-care centres</td>
</tr>
<tr>
<td><strong>NIGERIA</strong></td>
<td><strong>CIVILIANS</strong> In areas where health-care services are lacking, the ICRC will work with the authorities to support existing health-care centres or help set up mobile clinics so that people can obtain services that meet national and international standards; these services include paediatric care, reproductive health services, vaccinations, and specialized treatment for malnourished children under the age of five and for victims of sexual violence. The ICRC will also involve community members and National Society volunteers in disseminating health-related information and in helping violence-affected people – first responders, victims of sexual violence, and wounded people – cope with their psychological distress. ** Assistance Health** With the National Society: ▶️ work with the health ministry to support or set up 20 fixed or mobile clinics; more specifically: • renovate existing health-care centres’ infrastructure or help erect tents and other temporary structures for mobile clinics • provide equipment and supplies, and financial incentives, training and technical support, for staff • donate food for home-based treatment to people caring for the moderately malnourished, and help run inpatient therapeutic feeding programmes for severe cases • refer patients to higher levels of care when needed • help establish, and advise, local health committees ▶️ train National Society and community volunteers in providing psychosocial support <strong>WOUNDED AND SICK</strong> More and more wounded people are being referred to the State Specialist Hospital in Maiduguri (SSH-M), the main referral facility in north-eastern Nigeria. The ICRC will thus focus on providing comprehensive support for the SSH-M, so that it can continue to provide free, high-quality surgical care and other services round the clock. ** Assistance Medical care** ▶️ maintain two ICRC teams at the SSH-M, which will operate on patients, train hospital staff and conduct outreach visits ▶️ provide the SSH-M with medical equipment and supplies ▶️ urge the authorities to assign more staff to newly reopened health facilities; help to cover their salaries and finance the renovation of infrastructure</td>
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<tr>
<td>ICRC DELEGATION</td>
<td>PLANS OF ACTION AND INDICATORS</td>
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<tr>
<td>SOUTH SUDAN</td>
<td>CIVILIANS</td>
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<td></td>
<td>The ICRC will support primary-health-care centres in places heavily affected by fighting, to help ensure access to preventive and curative services, including vaccinations for children, therapeutic feeding for the malnourished, and mental-health and psychosocial support for victims of violence, including sexual violence. Given the reports of attacks on medical staff and facilities, the ICRC will incorporate messages on the protection due to them in its training sessions for health workers. These messages will also be included in dissemination sessions for weapon bearers and in dialogue with government officials and other key parties.</td>
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<td><strong>Assistance</strong></td>
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<td><strong>Health</strong></td>
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<td>▶ provide up to 15 clinics with comprehensive support in the form of staff training, supplies and equipment</td>
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<td>▶ donate medical supplies to up to five more clinics during emergencies</td>
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<td>▶ carry out information campaigns on sexual violence and the services available to victims; where necessary, refer victims of sexual violence to appropriate facilities</td>
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<td></td>
<td><strong>WOUNDED AND SICK</strong></td>
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<td><strong>Assistance</strong></td>
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<td><strong>Water and habitat</strong></td>
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<td>▶ repair water, sanitation and electrical infrastructure in up to three hospitals (200 beds); train and equip staff in the maintenance of these facilities</td>
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<tr>
<td>SYRIAN ARAB REPUBLIC</td>
<td>CIVILIANS</td>
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<td></td>
<td>The ICRC will provide comprehensive support for health facilities, so that people – primarily IDPs and returnees – can obtain basic health services. These services include treatment for communicable and non-communicable diseases, ante/post-natal care, psychosocial support and referrals to specialized treatment. In the event of an emergency, the ICRC will be ready to cover the urgent needs of health facilities.</td>
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<td><strong>Assistance</strong></td>
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<td><strong>Health</strong></td>
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<td></td>
<td>▶ provide medical supplies and equipment, staff training and financial assistance for up to 23 National Society fixed and mobile health units; distribute ad hoc material assistance to up to 12 other clinics</td>
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<td></td>
<td><strong>WOUNDED AND SICK</strong></td>
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<td><strong>The ICRC will continue to urge parties concerned of the need to facilitate safe and impartial provision of medical services and aid to all wounded or sick people, regardless of their affiliation. It will also urge them to ease restrictions on the delivery of medical supplies, especially to areas controlled by armed groups. The ICRC will expand its support for the national society to enable it to provide first-aid and pre-hospital services in more areas that are underserved.</strong></td>
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<td><strong>Assistance</strong></td>
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<td><strong>Medical care</strong></td>
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<td></td>
<td>▶ engage all parties concerned in dialogue on protecting the wounded and the sick, and their relatives, and medical personnel and facilities</td>
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<td></td>
<td>▶ provide material, technical and financial support for National Society emergency responders, including staff working at National Society first-aid centres; train National Society psychologists in offering mental-health and psychosocial care</td>
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<td></td>
<td>▶ repair or upgrade, and equip, four hospitals and the physical rehabilitation centre in Aleppo</td>
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<tr>
<td>MEXICO CITY (REGIONAL)</td>
<td>CIVILIANS</td>
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<td>The ICRC will continue to help violence-affected people in El Salvador, Guatemala, Honduras and Mexico meet some of their basic needs and build their resilience to the effects of the fighting. It will prioritize referring these people to existing services; where such services are unavailable, it will provide assistance directly or through its partners. It will strive to ensure unhindered access for members of violence-affected communities to specialized health care, such as psychological support for victims of sexual violence.</td>
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<tr>
<td></td>
<td><strong>Assistance</strong></td>
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<td><strong>Health</strong></td>
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<td></td>
<td>▶ in Guatemala and Mexico, organize dissemination sessions for young people on sexual and reproductive health; provide specialized care for victims of sexual violence</td>
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<tr>
<td></td>
<td>▶ train staff of up to 11 health facilities, and teachers, emergency responders and members of civil society organizations, including associations of missing persons’ families, to provide psychological and psychosocial support</td>
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</tbody>
</table>
With the Papua New Guinean Red Cross Society, the ICRC will conduct training sessions in first aid, with a view to ensuring the availability of urgent care for those who need it; some of these sessions will be led by National Society personnel trained by the ICRC in 2017. It will continue to support some health-care facilities – for instance, by training their staff to provide specialized care for victims of sexual violence and treatment for weapon-wounded people.

**Assistance**

**Health**

- support up to two health centres, and up to two family-support units, by upgrading infrastructure, providing supplies, training staff, and covering the costs of referring patients to suitable medical facilities for further care
- with the National Society, conduct first-aid training for violence-affected communities

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**PROVIDING AND FACILITATING ACCESS TO OTHER ESSENTIAL SERVICES**

The table below gives examples of activities that aim to help victims of sexual violence meet other essential needs, in terms of economic security, protection services and other necessary assistance that can help them recover and reintegrate into their communities.

<table>
<thead>
<tr>
<th>ICRC DELEGATION</th>
<th>PLANS OF ACTION AND INDICATORS</th>
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<tbody>
<tr>
<td>CENTRAL AFRICAN REPUBLIC</td>
<td>CIVILIANS</td>
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<tr>
<td>Protection</td>
<td>Protection of the civilian population</td>
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<tr>
<td>Assistance</td>
<td>Economic security</td>
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<td>Assistance</td>
<td>Economic security</td>
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</table>
### ICRC Delegation

#### Plans of Action and Indicators

<table>
<thead>
<tr>
<th>Country</th>
<th>Protection of the Civilian Population</th>
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</thead>
</table>
| Congo, Democratic Republic of the | ▶ through oral and/or written representations, remind the authorities and weapon bearers of their responsibility under IHL and other applicable law to:  
  • respect people not or no longer participating in hostilities  
  • prevent and address abuses against civilians and their property  
  • ensure unimpeded access for people to essential goods and services, including health care |
| Iraq                        | ▶ in cooperation with the British Red Cross, extend financial assistance to 480 victims of sexual violence and 20 beneficiaries of physical rehabilitation services, for starting income-generating activities |

### Congo, Democratic Republic of the

To help ensure that people benefit from the protection afforded them by IHL and international human rights law, especially in relation to the conduct of hostilities and law enforcement operations, the ICRC will pursue dialogue with authorities at all levels and weapon bearers, such as military and police personnel, international troops and members of armed groups. It will call on them to put an end to abuses against civilians, including sexual violence, and to take measures to prevent their recurrence.

The ICRC will provide some victims with support aimed at facilitating their social and/or economic reintegration.

### Protection

#### Protection of the Civilian Population

- through oral and/or written representations, remind the authorities and weapon bearers of their responsibility under IHL and other applicable law to:
  - respect people not or no longer participating in hostilities
  - prevent and address abuses against civilians and their property
  - ensure unimpeded access for people to essential goods and services, including health care

### Assistance

#### Economic Security

- in cooperation with the British Red Cross, extend financial assistance to 480 victims of sexual violence and 20 beneficiaries of physical rehabilitation services, for starting income-generating activities

### Iraq

The ICRC will bolster its dialogue with authorities at all levels and other stakeholders – it will pursue contact with armed groups – and remind them of the protection granted to civilians under IHL and other applicable law. The ICRC will also foster support for its mandate and activities, with a view to maintaining or securing safe access to conflict-affected people.

### Protection

#### Protection of the Civilian Population

- monitor the specific concerns of IDPs and returnees make oral/written representations to the parties concerned; organize training and workshops for these parties
The ICRC will monitor and document the protection concerns of people affected by conflict or other violence, focusing on areas where the most issues have been reported and/or where people are most at risk. This information will be the basis of dialogue with the authorities and weapon bearers on their obligations under IHL, international law enforcement standards, and other applicable laws or norms. These obligations include the need to: protect civilians, especially women and children; facilitate access to basic services, including food, water and education.

The ICRC will also support people’s efforts to develop risk-mitigation strategies and self-protection mechanisms, and will take their concerns into account while designing its assistance activities. Based on the findings of an assessment that it conducted in 2016, the ICRC will include victims of sexual violence in its cash distribution and health programmes (see also Provision of health-care services table above).

In areas where markets are functioning, livelihood support and emergency relief will be provided, to the greatest extent possible, through cash or vouchers instead of in-kind distributions, in order to give beneficiaries flexibility of choice and to stimulate commerce. Food distributions for IDPs and others will continue to be gradually handed over to other organizations, but the ICRC will continue to provide assistance in areas where malnutrition is prevalent. People with particularly urgent needs, such as the newly displaced and people in areas that others cannot reach, will receive extra support.

**Protection**

*Protection of the civilian population*

- make written and oral representations, about documented allegations of abuse, to the parties concerned
- develop dialogue with government officials and weapon bearers on IHL, particularly the provisions concerning the conduct of hostilities, and on ICRC operations
- organize workshops for vulnerable communities on self-protection strategies, such as avoiding certain routes

**Assistance**

*Economic security*

- carry out in-kind or cash/voucher distributions to provide:
  - up to six months’ worth of food to 330,000 people (55,000 households), including the 150,000 beneficiaries of one-off distributions
  - essential household items – blankets, tarpaulins, kitchen sets, mats, buckets, mosquito nets and hygiene products – to 60,000 people (5,000 households)
  - distribute cash grants for starting small businesses to around 10,000 returnee households (60,000 people) and 2,000 particularly vulnerable households (12,000 people); provide financial and technical assistance for 400 young entrepreneurs (supporting 2,400 people in all)
  - train personnel of the National Emergency Management Authority personnel in delivering agricultural-support services

*Water and habitat*

- construct latrines and conduct hygiene-promotion and cleaning campaigns, especially during the cholera season, for 75,000 people
SPECIAL APPEAL 2018: THE ICRC’S RESPONSE TO SEXUAL VIOLENCE

**ICRC DELEGATION**

**PLANS OF ACTION AND INDICATORS**

**SOUTH SUDAN**

- **CIVILIANS**
  - The ICRC will encourage the authorities and weapon bearers on all sides to meet their obligations under IHL and other applicable law, particularly to: facilitate civilians’ access to essential services and humanitarian aid; protect people not or no longer participating in the fighting, including those seeking and providing health care; and prevent sexual violence and other abuses against civilians. It will promote knowledge of these laws among weapon bearers, such as military and police personnel. Where feasible, it will make specialized services available to victims, particularly demobilized minors and victims of sexual violence, or refer them to others who can provide appropriate assistance.
  - In cooperation with community members and with other humanitarian agencies, the ICRC will refer victims of sexual violence and other unlawful conduct to suitable facilities. As necessary, it will directly provide them with assistance so that they can address some of their needs and work towards developing their resilience to the effects of violence.
  - It will respond to address water-related needs during emergencies, and carry out repairs on health centres (see also the Provision of health-care services table above).

**Protection**

*Protection of the civilian population*

- through oral and/or written representations, remind the authorities and weapon bearers of the protection afforded by IHL and other applicable law to people not or no longer participating in hostilities and to medical services
- with the authorities and the National Society, develop measures for making patients, medical workers and health facilities safer
- in cooperation with community members and with other humanitarian agencies, refer victims of sexual violence and other unlawful conduct to suitable facilities or provide them with assistance (see below)

**Assistance**

*Economic security*

- monitor and donate materials for the implementation of community-developed livelihood support projects of some 1,500 households (9,000 people)

*Water and habitat*

- with the National Society, in the event of an emergency, install water or sanitation facilities, donate water-treatment chemicals and promote proper sanitation practices, for the benefit of some 35,000 people

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**MEXICO CITY**

**CIVILIANS**

- **Protection**
  - In El Salvador, Guatemala, Honduras and Mexico, the ICRC will reinforce its dialogue with the authorities on the humanitarian concerns of violence-affected people – particularly migrants and the displaced – and the families of persons who went missing during migration, past armed conflict or ongoing violence. It will remind them of the necessity of ensuring protection for migrants during detention, deportation and repatriation, especially in connection with the principle of non-refoulement, and providing safe access for vulnerable people to health care, education and other basic services. The ICRC will also seek to urge the authorities to take steps to improve the situation of these vulnerable people and to prevent the recurrence of offences against them.

*Protection of the civilian population*

- through dialogue, impress upon the authorities, the armed forces and the police the necessity of respecting humanitarian principles and international norms applicable to their duties; where possible, notify them of documented allegations of abuse

*With the National Society concerned:*

- provide migrants, young people, teachers, parents, psychologists and other community members with training in self-protection and/or first aid and vocational skills
- hold information sessions or briefings for these people, and for displaced households, on the services available to them and to victims of sexual violence
In Papua New Guinea, the ICRC will continue to urge parties to communal violence to abide by basic principles of humanity – for example, by sparing people not or no longer taking part in the hostilities from sexual violence and other abuse, and by respecting public and private property, including health-care facilities. The ICRC will document all allegations of abuse and relay them to the parties concerned; it will urge the parties to take steps to prevent the recurrence of such unlawful conduct.

The ICRC will provide emergency aid for vulnerable households, to enable them to meet their immediate needs. It will also help uninterrupted schooling for children and the availability of health care by renovating or building the necessary facilities in violence-affected areas.

**Protection**

*Protection of the civilian population*

- in Papua New Guinea, particularly in Enga, Hela and the Southern Highlands:
  - document the consequences of the fighting for the communities affected, through field visits and meetings with the parties involved
  - develop regular dialogue with people involved in communal violence and urge leaders, fighters and other community members concerned to abide by basic principles of humanity
  - discuss with local leaders, the protection of children during violence, including safeguarding their access to education
  - encourage government forces to take measures to ensure respect for communities and civilian property during their operations
  - assess the general situation of migrants, including asylum seekers and refugees in Nauru and Papua New Guinea, and continue to discuss their needs with the relevant authorities

**Assistance**

*Economic security*

- distribute household items, hygiene kits and shelter materials to up to 16,200 people (2,700 households)

*Water and habitat*

- repair or construct up to three educational or health facilities
- renovate or build water points serving up to 4,500 people, and sanitation facilities to the benefit of up to 2,000 people
PREVENTION AND RISK-REDUCTION

The table below presents examples of activities aimed at fostering a safer environment for individuals at risks and for communities as a whole. The examples also include efforts to promote IHL and the integration of pertinent provisions in domestic legal and regulatory frameworks, doctrine, training and guidance for weapon bearers, and policies for law enforcement operations.

<table>
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<tr>
<td>CENTRAL AFRICAN REPUBLIC</td>
<td><strong>CIVILIANS</strong></td>
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<td></td>
<td>The ICRC will work with violence-affected communities to broaden awareness among them of ways to mitigate their exposure to risks, including to abuses such as sexual violence. For instance, it will hold workshops to help them identify or reinforce community-based risk-reduction strategies.</td>
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<td>Breadwinners participating in ICRC cash-for-work initiatives will earn additional income for their households while undertaking work that helps their communities, such as the renovation of damaged markets or the cultivation of cassava cuttings for planting. The ICRC will also distribute food – or cash coupons for buying food in areas where markets are functioning – to particularly vulnerable residents and returnees.</td>
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<td>Working alongside local water authorities, the ICRC will improve infrastructure to help ensure that people in violence-affected communities, including IDPs staying in camps, have access to clean water.</td>
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<td><strong>Protection</strong></td>
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<td>Protection of the civilian population</td>
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<td></td>
<td>• hold workshops for violence-affected communities on various issues</td>
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<td><strong>Assistance</strong></td>
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<td>Economic security</td>
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<td>• distribute food or cash coupons to up to 12,500 people (2,500 households) and to children being treated for malnourishment in Kaga Bandoro</td>
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<td>• enable some 5,900 heads of household (supporting up to 29,625 people) to participate in cash-for-work activities</td>
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<td><strong>Water and habitat</strong></td>
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<td>• renovate or construct infrastructure providing water for up to 100,000 people living in rural and semi-urban areas, and up to 400,000 people living in urban areas; donate equipment and lend technical expertise to water authorities</td>
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<td><strong>ACTORS OF INFLUENCE</strong></td>
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<td>The ICRC will continue to engage the authorities in dialogue on advancing the implementation of IHL and IHL-related treaties. To that end, it will organize seminars for parliamentarians. It will maintain its engagement with weapon bearers, and seek to broaden public awareness of IHL and foster support for the Movement’s work among those who are capable of facilitating it.</td>
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<td><strong>Prevention</strong></td>
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<td>• brief armed forces – including multinational forces – and security forces on IHL and international law enforcement standards</td>
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<td>• organize seminars and training sessions for military and police personnel, peacekeepers and national authorities, and enable senior military officers to attend courses abroad; participate in the revision of official documents</td>
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<td>• disseminate messages on IHL and the Movement’s humanitarian action through awareness-raising sessions, social media, and other means</td>
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<td></td>
<td>• organize seminars on IHL implementation for parliamentarians</td>
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<td>• sponsor field trips for journalists and arrange seminars for them</td>
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<td></td>
<td><strong>RED CROSS AND RED CRESCENT MOVEMENT</strong></td>
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<td>The ICRC will work to improve coordination among Movement components, for example, by holding regular meetings.</td>
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<tr>
<td>COLOMBIA</td>
<td><strong>ACTORS OF INFLUENCE</strong></td>
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<td>The ICRC will help the authorities to strengthen their grasp of IHL, with a view to advancing the domestic implementation of its provisions for protecting and assisting victims of violence. In particular, it will promote understanding of and compliance with legal frameworks that attend to the needs of victims of violence, including sexual violence.</td>
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<td></td>
<td><strong>Prevention</strong></td>
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<td>• offer technical guidance to members of the national IHL committee and pertinent authorities; organize workshops for them, and sponsor their participation in courses held locally or abroad</td>
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<td>• provide the military and police forces with technical advice on matters related to compliance with the relevant norms – for instance, during their self-evaluation exercises and training sessions – and sponsor officials’ attendance at national/international courses</td>
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</tbody>
</table>
### ACTORS OF INFLUENCE

**Congo, Democratic Republic of the**

The ICRC will provide weapon bearers with advice and other support for incorporating IHL and international human rights law—especially provisions governing the conduct of hostilities and law enforcement operations—and/or other applicable norms in their training, decision-making and operations. Similar support will be extended to the national authorities and lawmakers. It will also continue to raise support for its neutral, impartial and independent humanitarian action, and for the Movement, with a view to gaining safe and unrestricted access to vulnerable people.

**Prevention**

- provide technical guidance to the military, police and other weapon bearers for incorporating IHL and other applicable norms, including those governing the use of force, in their training and operations; facilitate senior officers’ participation in advanced IHL workshops and seminars, including some abroad; furnish military academies with reference materials and help train IHL instructors
- organize meetings and workshops, in the DRC and elsewhere, to help the national authorities acquire a better grasp of their role in implementing IHL domestically; advise them on implementing treaties already ratified and on enacting legislation for suppressing IHL violations and, with the National Society, for protecting the red cross emblem
- organize field trips for members of the local and foreign media who are reporting on humanitarian issues
- provide material and technical support, and training, for the National Society to strengthen its communications capacities

**Iraq**

The ICRC’s focus will be on providing support to people in camps and host communities in violence-prone or underserved areas, including those receiving large influxes of people displaced by the recent hostilities in northern and western Iraq. It will work closely with local actors, including the Iraqi Red Crescent Society, where possible. Emergency relief will be distributed to newly displaced people and to returnees and residents, to help them cope with their situations.

Where security conditions are more stable, the ICRC will help resident or returnee households build their resilience to the effects of the conflict. In particular, it will help households headed by women or disabled people to maintain a source of income or to obtain social assistance.

The ICRC will maintain its support for public services so that people continue to benefit from health care, clean water and sanitation systems, and children can go to school.

**Assistance**

**Economic security**

- distribute kitchen sets, blankets, hygiene kits and other essential household items for 150,000 people (25,000 households), and solar lamps for 5,000 of these households
- give 1,000 female breadwinners (supporting 6,000 people) up to two rounds of cash assistance to help them register in the State welfare system
- provide 1,200 households (7,200 people) with cash grants and business training, notably, for female or disabled breadwinners to start small businesses, and for business owners to employ more destitute young people

**Water and habitat**

- in an emergency, build or repair water, sanitation and health facilities serving about 210,000 newly displaced people—including women, children, the elderly and disabled people—not in camps

**Iraq**

The ICRC will continue to urge armed or security forces personnel, including senior and mid-level military police commanders, popular mobilization units, and weapon bearers to consider IHL and other pertinent norms in their decision-making. It will also continue to support the authorities, including judicial and penitentiary authorities, in implementing the provisions of IHL-related treaties and other international legal instruments, and incorporating them in domestic legislation and practice.

**Prevention**

- organize briefings and train-the-trainer sessions for weapon bearers and help them develop training manuals
- form a technical working group comprising judicial, penitentiary and medico-legal officials to undertake studies on domestic laws and regulatory measures on IHL-related issues in detention
- provide technical guidance and training in IHL for the authorities and members of the national IHL committee organize events for religious scholars and academics; sponsor some of them to attend conferences and regional moot court competitions

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</table>
## ICRC Delegation: Plans of Action and Indicators

### Nigeria

**Civilians**
The ICRC will also support people’s efforts to develop risk-mitigation strategies and self-protection mechanisms. Moreover, together with Movement components in the Lake Chad region (Cameroon, Chad, Niger and Nigeria), especially the Nigerian Red Cross, the ICRC will help people restore or maintain contact with their relatives, focusing on unaccompanied minors and separated children. The ICRC will also continue to support the activities of the national committee for creating and managing a database of missing persons. It will also work with the committee to raise awareness of the plight of the families of missing persons. It will urge the government to strengthen its efforts to help these families clarify their relatives’ fate and to obtain legal, psychosocial and other assistance.

**Protection**

- **Protection of the civilian population**
  - organize workshops for vulnerable communities on self-protection strategies, such as avoiding certain routes
  - assess the needs of the families of the missing, and communicate findings and recommendations to stakeholders
  - help to establish an association of missing persons’ families, and facilitate dialogue between these families and the authorities

### South Sudan

**Actors of Influence**

**Prevention**

To promote knowledge of provisions of IHL and other applicable laws, including those on the prohibition and prevention of sexual violence, the ICRC will:

- organize workshops for military and police personnel on the rules and standards applicable to their duties; sponsor their participation in related training courses abroad
- conduct information sessions for local authorities, community leaders and beneficiaries
- with the National Society, organize round-tables on IHL and on the goals of the Health Care in Danger initiative for authorities, journalists and university students and lecturers

### Syrian Arab Republic

**Civilians**

To help households in urban and rural areas recover their material losses and restore or gain some degree of self-sufficiency, the ICRC will expand its livelihood-support activities, with a focus on female and disabled breadwinners.

**Assistance**

- **Economic security**
  - provide up to 1,000 breadwinners – returnees, women or the disabled – who are supporting 5,000 people in all, with grants to start small businesses, to help them cover some 50% of their essential monthly expenses

**Actors of Influence**

To promote acceptance for IHL, as well as for neutral, impartial and independent humanitarian activities, the ICRC will maintain its support for the national IHL committee, with a view also to fostering an environment conducive to discussion of humanitarian issues of common concern. It will also seek to increase awareness of those matters with a broader audience.

- lend expertise to the national IHL committee; with the committee, organize IHL workshops for government officials, judges and parliamentarians and conduct studies on the compatibility of IHL with domestic legislation (on missing persons and on protection for health-care services, for instance)
- where possible, hold training sessions on IHL and international human rights law for military and police personnel and trainers
- organize debates, competitions and other IHL-related academic events for university professors and students; pilot a master’s programme in IHL at one university
- train Syrian Arab Red Crescent staff in broadening awareness of the Movement’s activities among beneficiaries and the general public, and in promoting respect for IHL among the authorities; provide them with financial support
- conduct workshops for local journalists on both sides of front lines; inform the diplomatic community, the international media and the public about the ICRC’s activities in Syria through online platforms, particularly social media, and communication materials that can be distributed at various events and functions
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<th>ICRC DELEGATION</th>
<th>PLANS OF ACTION AND INDICATORS</th>
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<td><strong>MEXICO CITY (REGIONAL)</strong></td>
<td><strong>ACTORS OF INFLUENCE</strong></td>
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<td></td>
<td>The ICRC will offer guidance to armed forces and police in the region to help them ensure that their doctrine, training and operations comply with international human rights law, internationally recognized standards for law enforcement and IHL.</td>
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<td></td>
<td><strong>Prevention</strong></td>
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<td></td>
<td>▶ provide technical support for officials and instructors from the armed forces and the police; sponsor senior officers to attend IHL courses abroad</td>
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<tr>
<td><strong>SUVA (REGIONAL)</strong></td>
<td><strong>ACTORS OF INFLUENCE</strong></td>
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<td>The ICRC will strive to further understanding of and support for its mandate, IHL and the Movement’s neutral, impartial and independent humanitarian action, and to draw attention to humanitarian issues of regional and global concern, such as the needs of the families of missing persons, the necessity of preventing sexual violence, and the issues covered by the Health Care in Danger initiative. To that end, it will develop its dialogue with government officials, regional bodies, the media, academics, think-tanks and NGOs; it will also urge them to raise awareness of all these matters. It will maintain its activities in the region to promote IHL and international policing standards among the military and the police.</td>
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<td><strong>Prevention</strong></td>
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<td></td>
<td>▶ organize training and workshops for military and police officers, particularly in Fiji, Papua New Guinea and Nauru, on IHL and/or international law enforcement standards; work to foster respect in the region for international policing standards</td>
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<tr>
<td></td>
<td>▶ enable senior military officers and legal advisers, and senior police officers, to attend regional workshops and courses abroad on IHL, its applicability at sea, and on other related matters</td>
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<tr>
<td></td>
<td>▶ engage influential actors throughout the region regularly in dialogue on IHL, humanitarian issues, the Movement and the ICRC’s work, and organize briefings and other events for them</td>
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**ACTIVITIES FOR PEOPLE DEPRIVED OF THEIR FREEDOM**

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<tr>
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<tbody>
<tr>
<td><strong>CENTRAL AFRICAN REPUBLIC</strong></td>
<td><strong>PEOPLE DEPRIVED OF THEIR FREEDOM</strong></td>
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<tr>
<td></td>
<td>The ICRC will visit, according to its standard procedures, places of detention run by the authorities and by armed groups; it will pay particular attention to the needs of vulnerable detainees such as minors, women and those held in relation to the conflict. It will communicate its findings and recommendations, on the treatment and living conditions of detainees, confidentially to the detaining authorities, and encourage them to take steps to ensure respect for judicial guarantees and the principle of non-refoulement. The ICRC will work with the authorities to improve detainees’ access to good-quality health care.</td>
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<td></td>
<td><strong>Protection</strong></td>
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<td></td>
<td>Protection of people deprived of their freedom</td>
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<tr>
<td></td>
<td>▶ visit detainees; register and individually monitor vulnerable detainees</td>
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<td></td>
<td>▶ engage detaining authorities in dialogue on the treatment and living conditions of detainees, and give them advice when necessary</td>
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<td></td>
<td><strong>Assistance</strong></td>
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<tr>
<td></td>
<td>Health</td>
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<td></td>
<td>▶ at up to four prisons, regularly provide health staff with medical supplies and equipment, training and technical support</td>
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<td>▶ facilitate the referral of detainees needing higher levels of care to suitable facilities, and cover treatment costs for those treated at ICRC-supported hospitals</td>
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<tr>
<td></td>
<td>▶ in coordination with prison health staff, work to implement national health protocols; conduct emergency-preparedness training and donate supplies in the event of an emergency</td>
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</tbody>
</table>
CONGO, DEMOCRATIC REPUBLIC OF THE

PEOPLE DEPRIVED OF THEIR FREEDOM
The ICRC will continue to help penitentiary authorities ensure that detainees – including those held for security reasons or those with specific needs, such as women and minors – are afforded treatment and living conditions that meet internationally recognized standards.

The ICRC will give the authorities support for minimizing detainees’ exposure to health risk and ensure the availability of suitable care.

Protection
Protection of people deprived of their freedom
- visit, in accordance with its standard procedures, people held in prisons and places of temporary detention – and, when granted access, those held by armed groups – to monitor their treatment and living conditions; after such visits, share findings and recommendations confidentially with the authorities concerned

Assistance
Health
- in ten prisons:
  - train health staff to treat ailing, wounded and/or malnourished detainees
  - provide material and infrastructural support for prison clinics and dispensaries, as well as for hospitals taking care of sick detainees
  - monitor detainees’ nutrition, and provide therapeutic feeding for the severely malnourished – around 1,500 detainees; if malnutrition rates reach acute levels, provide emergency assistance to some 400 detainees

IRAQ

PEOPLE DEPRIVED OF THEIR FREEDOM
The ICRC will continue to visit detainees – including people held in relation to the conflict and those with specific needs, such as women, minors and foreigners – in accordance with its standard procedures.
After these visits to places of detention, the ICRC will communicate its findings confidentially to the central or Iraqi Kurdistan Regional penitentiary authorities

Protection
Protection of people deprived of their freedom
- visit detainees, afterwards, communicate findings confidentially to the authorities concerned
- organize up to four workshops for judges, prosecutors and defence lawyers on strengthening respect for judicial guarantees
- engage judicial, detaining and medico-legal authorities in discussions on prison management; sponsor two prison managers’ participation in a prison studies course

NIGERIA

PEOPLE DEPRIVED OF THEIR FREEDOM
The ICRC will visit, in accordance with its procedures, people held by the Nigerian Prisons Service, the army and the police, paying special attention to the concerns of particularly vulnerable people – mainly those held in connection with the conflict. It will also continue to seek access to all detainees.

The ICRC will support the authorities’ efforts to improve detainees’ living conditions, particularly with regard to access to health care for TB, HIV and other illnesses and diseases, and prison infrastructure. It will also provide them with additional assistance during emergencies.

Protection
Protection of people deprived of their freedom
- continue discussions with the authorities concerned, regarding access to detainees
- visit detainees and individually follow up particularly vulnerable people
- confidentially share findings and recommendations with the authorities

Assistance
Health
- provide prison health staff with equipment, supplies and technical support for treating diseases and acute malnutrition
- organize training for officials in matters related to the provision of health care in prisons; sponsoring their participation in courses abroad
- arrange meetings to facilitate coordination between the Nigerian Prisons Service and the health ministry on the provision of health care in line with national standards
- give the authorities advice for drafting emergency-preparedness plans
**ICRC DELEGATION**  
**PLAN OF ACTION AND INDICATORS**

**SOUTH SUDAN**  
**PEOPLE DEPRIVED OF THEIR FREEDOM**  
The ICRC will help detaining authorities improve the living conditions of detainees. In particular, it will carry out repairs to kitchens, dormitories, and water and sanitation systems at various prisons.

**Assistance**  
**Water and habitat**  
▸ repair prison facilities for some 3,500 detainees; provide training and material support to prison staff for maintaining these facilities

**SYRIAN ARAB REPUBLIC**  
**PEOPLE DEPRIVED OF THEIR FREEDOM**  
Where it has obtained access and when security conditions permit, the ICRC will conduct visits – in line with its standard procedures – to detainees held by the authorities and by armed groups. The needs of the most vulnerable detainees, including foreigners, will receive particular attention.

The authorities and the ICRC will launch, at one central prison, a pilot project for developing a model for health-care services. The ICRC will provide comprehensive support for the prison’s health facility to help ensure that the most vulnerable populations, including women, have access to prompt and good-quality health services, such as medical screening for newly arrived detainees, gynaecological and paediatric care and referrals for childbirth. Support will also be provided to other central prisons.

**Protection**  
**Protection of people deprived of their freedom**  
▸ engage the Syrian government and certain armed groups in dialogue on the ICRC’s working methods and on gaining access to all detainees within the organization’s purview; follow up allegations of arrest
▸ visit detainees to monitor their treatment and living conditions, paying particular attention to the situation of detainees with specific needs; communicate findings confidentially to the authorities concerned
▸ engage the pertinent authorities in dialogue, and organize workshops for them, on best practices in prison management

**Assistance**  
**Health**  
▸ at up to eight central prisons, including the pilot site:
  ⊳ monitor detainees’ access to good-quality health services, including psychiatric and rehabilitative care, inside or outside their places of detention
  ⊳ conduct vector-control and hygiene-promotion campaigns
▸ organize workshops for detaining authorities and health officials – including those from the prisons mentioned above – on health care in places of detention and medical ethics; sponsor some of them to attend similar seminars abroad

**MEXICO CITY**  
**PEOPLE DEPRIVED OF THEIR FREEDOM**  
The ICRC will visit, in line with its standard procedures, detainees in Guatemala, Honduras, Mexico and Panama, and detained minors in El Salvador. Particular attention will be given to the needs of women and minors, and of migrants in administrative detention in Mexico and Panama. The ICRC will encourage the authorities concerned to ensure that detainees’ treatment and living conditions meet internationally recognized standards.

**Protection**  
**Protection of people deprived of their freedom**  
▸ visit detainees in El Salvador, Guatemala, Honduras, Mexico and Panama to monitor their treatment and living conditions; communicate findings confidentially to the authorities
▸ organize regional workshops for the pertinent authorities and others concerned on prison management and on judicial guarantees, and provide them with technical and material support

**Assistance**  
**Health**  
▸ at up to eight central prisons, including the pilot site:
  ⊳ monitor detainees’ access to good-quality health services, including psychiatric and rehabilitative care, inside or outside their places of detention
  ⊳ conduct vector-control and hygiene-promotion campaigns

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<td>In Fiji, Nauru, the Solomon Islands and Vanuatu, the ICRC will visit detainees – and migrants held in processing centres – in accordance with its standard procedures, to monitor their treatment and living conditions. It will seek to strengthen dialogue with the authorities on such matters as taking steps to protect detainees against abuse. The ICRC will cooperate more closely with penitentiary authorities in Fiji, to improve access to good-quality health services for people held at their facilities. It will advocate for the implementation of, for example, standard screening procedures for new detainees on their arrival.</td>
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<td><em>visit detainees at police lock-ups and/or prisons in Fiji, Nauru, the Solomon Islands and Vanuatu, and – with the support of Australian Red Cross staff – migrants, including asylum seekers, in processing centres and other facilities; assess their treatment and living conditions, including, where applicable, during arrest and interrogation at police stations; communicate findings and recommendations confidentially to the authorities concerned; follow up and discuss specific issues with them, and urge them to address the needs of particularly vulnerable people</em></td>
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<td><em>to enhance dialogue with the authorities, hold workshops and other events for them</em></td>
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<td><em>in Fiji, develop dialogue with the pertinent authorities on improving the availability of health-care services for detainees in police lock-ups and prisons, and for people in processing centres; work with them to enhance health-care systems in these facilities by, for instance, implementing standard medical screening procedures and training health staff, and drawing on lessons learnt from previous health-care system improvement projects; sponsor the attendance of representatives to pertinent regional seminars</em></td>
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<td><em>where necessary, encourage or facilitate the referral of sick detainees to public hospitals</em></td>
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## SPECIAL APPEAL 2018: BUDGET

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<tr>
<th>PROGRAMME</th>
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<td><strong>BUDGET IN SOME OPERATIONS</strong></td>
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<td>CENTRAL AFRICAN REPUBLIC</td>
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<td>COLOMBIA</td>
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<td>CONGO, DEMOCRATIC REPUBLIC OF THE</td>
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<td>NIGERIA</td>
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<td>SOUTH SUDAN</td>
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<td>SYRIAN ARAB REPUBLIC</td>
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<td>MEXICO CITY (REGIONAL)</td>
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<td><strong>TOTAL ICRC SPECIAL APPEAL – BUDGET 2018</strong></td>
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These budgets are included in the funding requirements outlined in the ICRC Appeals 2018: Headquarters*16 and ICRC Appeals 2018: Operations*17, both launched in November 2017.

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14. The financial figures in this table have been rounded off and may vary slightly from the amounts presented in other documents. Sum totals may be marginally different from the totals presented.

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

16. See the Appeals 2018: Headquarters on the ICRC Extranet for Donors.

17. See the Appeals 2018: Operations on the ICRC Extranet for Donors.
COMMENTS

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

The budget presented covers:

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

Contributions for 2018 can be made towards this Special Appeal, and contributions without further earmarking are encouraged.

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

Narrative reporting will be accessible through the following:

- regular information published on the ICRC website and the Extranet for Donors;
- ICRC Midterm Reports: the status of ICRC operations at mid-year;
- ICRC Annual Report: comprehensive report on ICRC headquarters and field operations, covering the entire year;
- ICRC Special Report on the Special Appeal (published once a year, following the Annual Report).

Financial reporting will be available in the following:

- 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).

For further information, please contact:
International Committee of the Red Cross
Resource Mobilization Division
19 Avenue de la Paix
1202 Geneva, Switzerland
T: +41 22 734 60 01
F: +41 22 733 20 57
E-mail: gva_rem_chf@icrc.org

18. See ICRC Extranet for Donors
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.