

**SPECIAL APPEAL 2019**

# **THE ICRC'S RESPONSE TO SEXUAL VIOLENCE**



**ICRC**



**ICRC**

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Democratic Republic of the Congo, South-Kivu. An ICRC staff is talking with village residents at a counselling centre.



## OVERVIEW

The **Special Appeal 2019** is in line with the ICRC's commitment to consolidate and enhance its efforts to prevent sexual violence in armed conflict, other situations of violence, and detention, and respond to the consequences of such abuse. This document begins by describing the problem, the applicable legal frameworks, and the consequences to victims/survivors of sexual violence and their communities. This is followed by:

- the ICRC's approach and key areas of its response and prevention efforts;
- the activities that will be carried out at headquarters for 2019;
- activities planned by 14 field delegations for 2019, which provide concrete examples of the ICRC's response and prevention efforts; and
- information on the corresponding budgets.

The narrative, financial and statistical information provided in this document is based on, and also covered by, the [ICRC Appeals 2019](#).

**With this Special Appeal 2019, the ICRC seeks:**

**CHF 28.94 MILLION**

These funding requirements cover the activities the ICRC will carry out at headquarters and by its delegations in Bangladesh, Burundi, Caracas (regional), the Central African Republic, Colombia, the Democratic Republic of the Congo, Ethiopia, Jakarta (regional), Mali, Mexico City (regional), Nigeria, South Sudan, Suva (regional), and Syrian Arab Republic.

Democratic Republic of the Congo, South-Kivu. This woman, a victim of sexual violence, received financial support from the ICRC, meant to help her revive her business and provide for her family.



P. Yazdji/ICRC

## SEXUAL VIOLENCE DURING ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

Despite clear legal prohibitions, sexual violence remains widespread and prevalent during armed conflicts and other situations of violence, as well as in detention. It occurs in various contexts and for various purposes, and has grave humanitarian consequences. 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. It can also be an accepted practice or it may occur based on opportunistic motivations at the individual level. Sexual violence is rarely an isolated issue 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 existing 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.

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 forced to engage in, against another person, owing 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 within 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<sup>1</sup> 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 highlighted in Rule 93 of the ICRC study on customary IHL.<sup>2</sup> Furthermore, rape and other forms of sexual violence in armed conflict can amount to serious violations of IHL and thereby constitute war crimes.<sup>3</sup> Sexual violence can also constitute a crime against humanity or an act of torture or genocide.<sup>4</sup> At all times, acts of sexual violence fall within the scope of application of provisions of international human rights law and of many bodies of religious or traditional law. Though there are considerable variations and nuances to domestic legislation, rape and other forms of sexual violence are criminalised in most States.

Sexual violence is a gendered phenomenon: it is often linked to or stems from harmful social 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 may also encounter major difficulties in disclosing their experience of violence and thus in accessing care, 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/survivors of sexual violence, as well as activities to mitigate risk, are tailored in a way that makes them accessible and applicable to all victims/survivors, taking into account their specific needs and capacities vis-à-vis the interplay 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/survivors feel that they cannot go through with pregnancy, they must also contend with the risk of a potentially unsafe abortion.

Victims/survivors may continue to suffer consequences that are detrimental to their mental health and well-being long after the incident of violence. Further psychological and psychosocial consequences include distress, self-blame, confusion, indignity, anger, guilt or shame over the impact of the abuse on themselves and their families, suicidal ideation, other forms of self-harm, and other trauma and stress-related difficulties. Social consequences include stigmatization, discrimination, rejection or abandonment by family or community, 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.<sup>5</sup> In the face of such adverse consequences, victims/survivors often face dilemmas in deciding whether to seek assistance.

1. 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.
2. The ICRC study on customary IHL published in 2005 identified 161 key rules of customary IHL and presented the State practice on which they are based, as well as related international practice. Rule 93 refers to "Rape and Other Forms of Sexual Violence" – available at: [http://www.icrc.org/customary-ihl/eng/docs/v1\\_nul\\_rule93](http://www.icrc.org/customary-ihl/eng/docs/v1_nul_rule93). Since its publication, the collection of State and international practice underlying the study (Volume II) has been regularly updated and is freely accessible in an online database (see Practice at: <http://www.icrc.org/customary-ihl/eng/docs/Home>; for the practice collected about Rule 93, see [http://www.icrc.org/customary-ihl/eng/docs/v2\\_nul\\_rule93](http://www.icrc.org/customary-ihl/eng/docs/v2_nul_rule93) (all web addresses were accessed in February 2019)
3. The Rome Statute of the ICC explicitly includes sexual violence in the list of war crimes. Article 8 (2) (b) (xxii) and 8 (2) (e) (vi), ICC Statute regarding rape and other serious forms of sexual violence as war crimes in international and non-international armed conflicts; available at: <http://www.icc-cpi.int/NR/rdonlyres/ADD16852-AEE9-4757-ABE7-9CDC7CF02886/283503/RomeStatutEngl.pdf>.
4. Article 6 b) c) d) of the ICC Statute, op. cit.; and ad hoc International Criminal Tribunal for Rwanda, Akayesu case, Judgement, September 1998; available at <http://unictr.unmict.org/sites/unictr.org/files/case-documents/ict-96-4/trial-judgements/en/980902.pdf>.
5. Carpenter, R. Charli. "War's Impact on Children Born of Rape and Sexual Exploitation: Physical, Economic and Psychosocial Dimensions". Chapter 1 in: R. C. Carpenter: "Born of War: Protecting Children of Sexual Violence Survivors in Conflict Zones". Hartford: Kumarian Press, 2007. See Abstract; available at: <http://people.umass.edu/charli/childrenbornofwar/Carpenter-WP.pdf>

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 within 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, sexual and gender minorities, and people deprived of their freedom.<sup>6</sup> As stated above, the interplay of aspects of social identities affect individuals' levels of vulnerability to sexual violence.

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/survivors or witnesses from coming forward. As a result, the full extent of the problem is often concealed, with official figures failing to reflect reality. Such factors can include the stigma, guilt and shame associated with sexual violence, fear of retribution from the perpetrators, family or the community, or mandatory reporting requirements. 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/survivors face additional obstacles to disclosing incidents, owing to, among other reasons, the breakdown of infrastructure, road blocks or arbitrary check points, and targeting of health facilities. These factors, or a combination thereof, also impede victims/survivors' access to medical services, psychosocial support, protection and other assistance that would respond to their needs, 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/survivors or the complete absence of appropriate assistance.

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6. For more information about sexual violence in detention, see "Sexual Violence in Detention" published by the ICRC in 2017: <https://www.icrc.org/en/publication/4293-sexual-violence-detention>

## THE ICRC'S APPROACH

In line with its humanitarian mandate, the ICRC responds to the needs of victims/survivors of violence – including sexual violence – and pursues efforts to prevent sexual violence, particularly in the context of armed conflicts and other situations of violence and in detention.

The ICRC operates under the assumption that sexual violence occurs in a given context, and therefore acts proactively in order to address it. 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 legal 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 their respective fields of expertise. ICRC delegations are encouraged to: (1) at the minimum, integrate a response to the issue into existing activities; or (2) consider developing activities addressing specific concerns related to sexual violence, according to the engagement criteria set out in the ICRC's 2018–2022 strategy for addressing sexual violence (see below). In either case, they are encouraged to ensure that referral systems are in place to enable victims/survivors to avail themselves of services that the ICRC cannot provide itself.

The ICRC 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.

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/survivors and communities at risk, gaps in the assistance received by victims/survivors, and the ICRC's added value. Access and 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.

In line with its overall working procedures, the ICRC favors a **holistic and multidisciplinary approach**, acknowledging the need to address the multiple needs of victims/survivors of sexual violence, to work on prevention as well as response, 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 International Red Cross and Red Crescent Movement (hereafter 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/survivors – 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/survivors and communities throughout all stages of its response, in line with its efforts to increase its accountability to the people it supports.

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/survivors to additional trauma and to prevent stigmatization and labelling.

## SCOPE OF THE ICRC'S WORK

Recognizing the complexity of determining the specific added value of the ICRC in a given context, the ICRC has developed a set of considerations to support delegations in this regard and to guide them in setting objectives, designing strategies and implementing activities. 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 below, the ICRC aims to integrate the issue of sexual violence into its activities aimed at preventing violations of IHL.

These considerations are as follows:

- The **strength of the connection 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.

## A MULTIDISCIPLINARY RESPONSE

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/survivors 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/survivors; and activities to mitigate risks to victims/survivors and communities and prevent sexual violence from occurring.

### PROVIDING AND FACILITATING ACCESS TO APPROPRIATE HEALTH-CARE SERVICES

The ICRC works to provide victims/survivors 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.<sup>7</sup> Where it cannot directly provide these services or support those who can, the ICRC facilitates the referral of victims/survivors to other providers. It is also important that victims/survivors 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/survivors have to overcome security constraints and other barriers to obtain treatment. The ICRC must also take into account the needs of victims/survivors, and security concerns affecting its own staff members.

Nevertheless, bearing in mind that victims/survivors 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

Burundi, Bujumbura.  
The ICRC supports  
victims of physical and  
sexual violence.



7. For example, the WHO guidelines for the clinical management of rape, available at: <http://www.who.int/reproductivehealth/publications/emergencies/924159263X/en/>

and trusted partners. Where necessary, the ICRC 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 of service provision and the safety of the premises in which the services are provided. 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/survivors.

The ICRC runs several programmes that assist victims/survivors 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/survivors 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/survivors 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. The ICRC assists in relocating people to safer areas, under certain circumstances, for example, when threats are levelled against victims/survivors, those who have testified or sought assistance, or other people at risk, or when victims/survivors 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/survivors receive support that is tailored to their specific needs, as much as possible.

In terms of economic support, the ICRC ensures that the specific vulnerabilities and capacities of victims/survivors of sexual violence are fully taken into consideration alongside their economic needs. However, the ICRC rarely sets apart victims/survivors of sexual violence from other conflict-affected members of communities when designing economic activities. Rather, it ensures that all initiatives aimed at helping victims/survivors 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 vulnerable groups identified through local structures supported by the ICRC, so that they can cover their basic needs and/or improve their livelihoods. Victims/survivors of sexual violence may also be included for example, in women-run agricultural cooperatives, enabling them to generate income and facilitating their integration within their community.

## RISK REDUCTION AND PREVENTION

The ICRC 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/survivors and their communities, and/or the legal actions and other measures that can be taken in response. The dialogue may be aimed at follow-up actions at the individual level and/or with view to preventing further violations. 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 scenes of clashes, prisons and camps for displaced people), the presence of the ICRC may dissuade weapon bearers, authorities or other civilians from committing abuses.

The ICRC also 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/survivors 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;
- offer options for mitigating harmful coping strategies;

Mali, Kidal. With the help of community relays, the ICRC organizes an information session on sexual violence and its consequences.



- 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 discussion or offering to mediate between the parties concerned; and
- support cooperation among community members in launching self-protection initiatives.

For example, the ICRC – working alongside National Red Cross and Red Crescent Societies, where appropriate – promotes knowledge of the laws applicable to cases of families of missing persons, making sure that they are aware of their rights; this aims to help mitigate their exposure to abuses, including sexual exploitation.

The ICRC also reinforces the 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 violence-affected people may also help reduce their exposure to further abuses, including forms of sexual exploitation – such as transactional 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<sup>8</sup> 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
- detainees have access to appropriate basic health care 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.

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8. For more information on the ICRC's work in detention in general, see: <https://www.icrc.org/en/document/how-does-icrc-work-detention>

# RESPONSE TO SEXUAL VIOLENCE IN 2019: HEADQUARTERS

The Department of Operations – through the Countering Sexual Violence Team and in coordination with other departments, units and services at headquarters – will continue to provide institution-wide support for the ICRC's response to sexual violence. This support will be focused on ensuring that the ICRC is able to effectively address sexual violence in a multidisciplinary manner, working in a coherent and complementary way with its Movement partners and engaging with weapon bearers and other actors of influence, on preventing sexual violence and responding to the needs of victims/survivors.

## OBJECTIVES AND PLANS OF ACTION

- **Enhancing the ICRC's capacity to prevent sexual violence and assist the people affected**

Efforts to improve the quality and frequency of support provided to ICRC field teams will continue. Specialists at headquarters and at regional sites will be available to lend technical advice and guidance through briefings, meetings and referrals to internal and external resource materials. This will include briefings on the ICRC's strategy for responding to sexual violence and the tools and references that staff members can use for implementing it. In relation to this, a guidance toolkit on the ICRC's methodology for addressing the issue will be finalized and shared with staff members. The toolkit and its accompanying reference documents will cover, among other topics, guidelines on applying the criteria for undertaking activities (see *Scope of the ICRC's work* on page 12), conducting assessments, engaging with victims/survivors of sexual violence, sharing information and establishing referral mechanisms.

The ICRC will also add six positions in the field that will ensure and oversee the implementation of a multidisciplinary approach to addressing sexual violence and help strengthen the coordination of activities within delegations. These staff members will be directly supported by the institutional lead on sexual violence, based at headquarters, to ensure coherence and facilitate coordination, knowledge-sharing and reporting across the organization.

The pertinent units at headquarters will continue to ensure the inclusion of sessions on sexual violence, and the reference materials mentioned above, in internal ICRC training and integration courses. Training sessions specifically about sexual violence will also be organized. The ICRC will continue to send at least ten staff members to a seminar, conducted three times a year, on sexual violence in conflict settings and emergencies; this seminar was developed by the ICRC and the Geneva Centre for Education and Research in Humanitarian Action.

The ICRC will also continue to improve its capacity to analyse the problem of sexual violence, and to monitor and report on its responses to it. This will entail, among others, closer coordination between headquarters and field teams, as well as assessments of the response carried out at delegation level. Research on specific concerns related to sexual violence will continue, specifically on: mandatory reporting of incidents of sexual violence and the impact on victims/survivors; and best practices for responding to sexual violence against men and boys. The ICRC will share the findings of this research, as well as expert recommendations, with States and with the broader humanitarian community.

With a view to leveraging the expertise, knowledge and best practices developed at headquarters and by field teams, the ICRC will also strive to make information sharing across the institution more efficient. For example, reference documents and training and communication materials will be disseminated digitally, so that staff members can access them more easily. A digital community of practice will also be established to facilitate the exchange of best practices, expertise, relevant research and other information.

- **Fostering an environment conducive to preventing sexual violence and addressing its consequences**

The ICRC will discuss the issue of sexual violence in armed conflict, and the challenges to addressing it, during international and regional conferences, debates and other events. It will pursue dialogue with the United Nations (UN) and other intergovernmental organizations, and provide legal advice to States and international organizations, to give them input based on its operational experience and to ensure that policies and legal frameworks are in line with international standards.

To support its humanitarian diplomacy efforts, the ICRC will develop resource materials and tools, including digital training tools, for engaging with weapon bearers and other actors of influence. It will include the topic in its dialogue and other interactions with weapon bearers. It will also increase its public communication around the issue.

- **Sustaining and developing partnerships with Movement partners and others**

The ICRC will contribute to a coordinated and effective Movement response by sustaining regular dialogue – through meetings, regional forums, conferences and the periodic exchange of information – with the International Federation of Red Cross and Red Crescent Societies and other components of the Movement. It will also take into account the needs and expertise of its Movement partners when developing its training sessions, research and other initiatives. The ICRC will continue to follow up on the implementation of Resolution 3, “Sexual and gender-based violence; joint action on prevention and response”, of the 32nd International Conference, especially in the lead up to the Movement’s statutory meetings in 2019.

ICRC delegations will receive support for sustaining existing partnerships or improving coordination with Movement partners in the field.

The ICRC will also continue and further strengthen its engagement with other organizations working on the issue of sexual and gender-based violence.

Democratic Republic of the Congo, South-Kivu. The ICRC provided financial support to a victim of sexual violence to help her rebuild her livelihood.



## RESPONSE TO SEXUAL VIOLENCE IN 2019: OPERATIONAL EXAMPLES

This section features activities that will be carried out by 14 ICRC delegations in 2019, providing concrete, field-based examples of the work described in previous sections (see *A multidisciplinary response* on page 13). A description of the situation and humanitarian concerns in each context is also provided, to give an overview of the environment in which the ICRC is implementing its activities.

Following up on the findings and recommendations of an evaluation carried out in 2017 and the feedback received from selected ICRC delegations, six field positions are planned for 2019 to help ensure a more systematic response to sexual violence, including prevention efforts. Five operations managers will directly support ICRC delegations in Bangladesh, the Central African Republic, the Democratic Republic of the Congo, Ethiopia, South Sudan and the Syrian Arab Republic, while one will cover the Asia and the Pacific region. Specifically, these advisers will oversee the coordination of activities related to sexual violence, provide technical expertise, facilitate training, and pursue dialogue with other actors in the field.

The activities presented are at different stages of the project cycle, reflecting the varying degrees to which delegations have formed their understanding of the problem and the action plans they have established in response. Some of these activities have been specifically developed in response to the needs of victims/survivors of sexual violence. Most of them, however, are broader initiatives with components addressing the needs and vulnerabilities of victims/survivors of sexual violence, or initiatives that integrate responses to sexual violence in existing programmes, and some of the activities described may indirectly benefit victims/survivors of sexual violence. Thus, some of the target figures presented in the succeeding sections cover violence-affected people in general, and may include people who suffered from or at risk of sexual violence.

These activities 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.

# BANGLADESH

## CONTEXT

- Between August 2017 and October 2018, over 720,000 people fled violence – which included reported killing of civilians, sexual violence and burning of villages – in the Rakhine State of Myanmar, and sought refuge in Bangladesh. They joined the approximately 200,000 people who had gone there before the current crisis. Despite agreements reached by the governments of Bangladesh and Myanmar to facilitate the return of these people, most of them remain in Cox's Bazar district. Many are at a large camp in Ukhiya or in smaller makeshift camps in Teknaf, with some in shelters near or within host communities. Around 4,000 people are stranded at the Bangladesh–Myanmar border. The authorities have postponed plans to relocate some 100,000 displaced people to newly built shelters on an island in Bangladesh.
- Most people who have fled Myanmar are destitute and many have lost touch with their relatives. Those stranded at a border area have limited access to food, clean water, electricity, sanitation and health care. In Cox's Bazar, camps and host communities are overpopulated, and basic goods and services in short supply. This affects both displaced people and residents in Cox's Bazaar. The conditions in camps make women and children particularly vulnerable to abuses, such as sexual violence. Residents in host communities struggle to regain economic stability; the scarcity of resources fuels tensions between them and displaced people. Heavy monsoon rain and the resulting floods worsen already challenging living conditions and increase the threat of infectious disease. Health facilities in Cox's Bazar are not equipped to cope with the number of people seeking medical attention there.
- Throughout Bangladesh, local authorities carry out security operations against certain groups allegedly committing violence. Political protests – many were linked to the elections which were held at the end of 2018 – take place periodically, and students are involved in some of them. Communal tensions persist in the Chittagong Hill Tracts.
- Protests and outbreaks of violence cause damage to property and livelihoods and people injured during such incidents are not always able to obtain treatment promptly. Violence-affected people in the Chittagong Hill Tracts struggle to preserve their sources of income, and are without access to clean water and sanitation facilities. Some suffer from psychological trauma linked to the tensions there.

## ICRC ACTION

In line with the ICRC's 2018–2022 strategy on addressing sexual violence, an operations manager will be designated to oversee the delegation's efforts to prevent and respond to sexual violence, either through specific activities and/or as part of broader programmes, and ensure that these are implemented in a multidisciplinary manner. As part of this role, the operations manager will undertake a comprehensive mapping and networking exercise aimed at having a clear understanding of the different organizations and other stakeholders that are implementing projects to address the needs of victims/survivors of sexual violence or have shown interest in such initiatives.

## CIVILIANS

### Promoting the protection of civilians

The ICRC will initiate dialogue with the authorities and others on the protection afforded to civilians and civilian infrastructure by international law. It will draw particular attention to the humanitarian concerns of displaced people, and of their host communities in Bangladesh. Security forces and other weapon bearers, including those assigned to camps in Cox's Bazar, and at the Bangladesh–Myanmar border, will be reminded of international policing standards and pertinent norms.

Parties concerned will also be reminded of the necessity of ensuring unhindered access to health care and other basic services. With a view to maintaining access to violence-affected people, the ICRC, together with the Bangladesh Red Crescent Society, will seek to strengthen acceptance for its mission and activities, and for the emblems protected under IHL, by all concerned authorities and the broader public. It will engage affected communities in dialogue on their needs, collect their observations on its activities, and adapt its response accordingly; it will help them devise ways to reduce their exposure to various risks and provide particularly vulnerable people among them with assistance.

Based on its engagement with communities and other sources of information, as well its own observations, the ICRC will also develop specific key messages on the specific vulnerabilities and needs of victims/survivors of sexual violence, which it will seek to integrate into its dialogue with all pertinent authorities. In case patterns or trends of violations, or systemic issues of concern are identified, the ICRC will address these issues with the stakeholders concerned.

### **Enhancing medical care for displaced people and residents in Cox's Bazar and a border area**

The ICRC will make primary health care, and referrals for further care, more accessible to displaced people and their host communities. It will do so by enhancing the quality of primary health care already provided and by continuing to provide material and technical support to health facilities in need. In 2017 and 2018, the ICRC helped to address health needs in Cox's Bazar by deploying a National Society-run mobile medical service. To stabilize health-care provision in 2019, it will continue to support this clinic in a border area and begin to support a government health centre there. It will set up two health posts in Teknaf, in Cox's Bazar for people who used to be served by the mobile service. The ICRC will enable patients at these facilities and other people in those areas suffering from mental-health issues, such as the psychosocial consequences of sexual violence, obtain suitable care.

#### **Plan of action and indicators<sup>9</sup>**

##### **Protection**

###### *Protection of civilians and respect for the law*

- monitor and document the protection concerns of violence-affected people, including those from Myanmar; make representations confidentially to the authorities, security forces and others concerned
- conduct risk-awareness sessions for vulnerable people and help them develop measures for self-protection; refer victims/survivors of sexual violence to agencies offering specialized care, provide them with aid and, where necessary and possible, bring attention to their plight among the authorities or other stakeholders concerned

##### **Assistance**

###### *Health*

- support two ICRC-run health posts in Teknaf, a government health centre and a National Society-run mobile clinic in a border area; more specifically:
  - train or supervise health staff in treating patients, including victims/survivors of sexual and other violence, in line with national guidelines; help staff develop the necessary protocols and implement them
- train community-based workers to refer people for psychosocial care at ICRC-supported facilities

###### *Economic security*

- with the National Society, enable up to 2,300 vulnerable breadwinners (supporting 11,500 people) – including victims/survivors of sexual violence – to supplement their income through cash grants to boost their micro-economic initiatives, engage them in vocational training, or facilitate their access to microcredit
- provide some 500 farming households (supporting 2,500 people) with agricultural tools or livestock, or cash to purchase them; assist local institutions with financial means to enhance their capabilities to support farmers in increasing their food production

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Helping authorities to improve the treatment of detainees**

The ICRC will visit, in line with its standard procedures, detainees at prisons run by the home affairs ministry. Particular attention will be given to people with specific needs, such as foreigners, women and the children, young people and people with medical needs. Findings from these visits will be communicated confidentially to the authorities to help them improve detainees' treatment and living conditions.

The ICRC will work to persuade the authorities concerned to coordinate their efforts to address issues affecting the entire penitentiary system. It will draw on existing pilot projects, which it will maintain and expand, for ideas to help the authorities improve the penitentiary system. Prison officials will be supported in expanding and deepening their knowledge of internationally recognized detention standards. With a view to mitigating the effects of overcrowding, the ICRC will discuss reinforcing respect for judicial guarantees with judicial officials. It will also encourage the penitentiary authorities to allow eligible prisoners to pursue opportunities for employment. It will continue to aid the authorities' efforts concerning the rehabilitation and social reintegration of inmates and access to education for young detainees.

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9. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

### **Plan of action and indicators<sup>10</sup>**

#### **Protection**

*Protection of people deprived of their freedom*

- visit detainees and monitor their treatment and living conditions; communicate findings confidentially to the authorities
- arrange training sessions in prison management for staff, and round-tables for penitentiary and other authorities
- organize briefings for security forces personnel

### **ACTORS OF INFLUENCE**

#### **Broadening awareness of humanitarian issues among civil society**

The ICRC and the Bangladesh Red Crescent Society will seek to raise public awareness of IHL-related and humanitarian issues, such as the necessity of preventing, prohibiting and responding to sexual violence, the dangers faced by health workers and the proper use of the red cross and red crescent emblems.

#### **Backing the authorities in implementing IHL**

Together with the national IHL committee and the National Society, the ICRC will encourage the authorities to implement IHL-related treaties and guide them in doing so. To this end, it will help staff and volunteers at the National Society develop a fuller understanding of IHL. It will lend its expertise to lawmakers and the national IHL committee, on strengthening legislation and policies preventing sexual violence, as well as those protecting cultural property, health-care services and the emblems protected under IHL.

### **Plan of action and indicators**

#### **Prevention**

- hold workshops and meetings, and arrange other events, for government officials (including members of the national IHL committee) and key members of civil society
- arrange briefings on IHL for members of government forces; conduct advanced training sessions for instructors and senior officers
- with the national IHL committee, organize a regional conference on best practices in implementing IHL
- with the National Society, organize events and IHL-training sessions for journalists, religious leaders and scholars; produce public-communication materials, launch campaigns and run radio spots

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**10.** Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

# BURUNDI

## CONTEXT

- The situation in Burundi is relatively calm despite persisting political tensions and socio-economic frustrations. The protests that take place occasionally are peaceful.
- Some violent incidents – such as grenade attacks – occur periodically in the capital, Bujumbura.
- Because of continuing cuts to the national budget and delays in disbursing funds, people – including internally displaced people (IDPs), returnees, residents of host communities, and detainees – find it harder than ever to obtain essential goods and services. Health services are overstretched everywhere in the country. Few facilities offer specialized treatment such as psychosocial support.
- Delays in processing cases exacerbate overcrowding in detention facilities, and accelerate the deterioration of detainees' living conditions. Detainees are often held far from their places of origin. This makes it difficult for them to receive visits from their relatives, whom they rely on for food and other needs that the State does not have the resources to meet. New cases of missing persons continue to be reported.

## ICRC ACTION

### CIVILIANS

#### Promoting protection for civilians from abuses

The ICRC will continue to monitor the situation in the country and cultivate support for its mandate and activities, with a view to maintaining or securing safe access to people in need. It will pursue its efforts to engage authorities and military and police personnel at all levels in dialogue, and urge them to protect people from abuses, including sexual violence.

#### Facilitating vulnerable people's access to essential services and other aid

The ICRC is working in coordination with the health ministry and the Burundi Red Cross to help ensure that health facilities in several parts of Burundi have the resources and capacities necessary to meet people's preventive and curative health needs, including care for victims/survivors of sexual violence. In particular, it will continue to provide various forms of assistance to six primary-health-care centres, four of them are in Bujumbura (three public health centres and one National Society centre) while the other two are in different provinces. A seventh health centre will be supported in 2019. People suffering from trauma, including victims/survivors of sexual violence, will be able to get psychosocial support at five counselling centres receiving ICRC support for the first time in 2019 and at the seven primary-health-care centres mentioned above.

The ICRC will extend financial aid to heads of vulnerable households for beginning or resuming income-generating activities or for sustaining their agricultural activities.

#### Plan of action and indicators<sup>11</sup>

##### Protection

*Protection of civilians and respect for the law*

- engage the authorities and weapon bearers in dialogue; make oral and/or written representations to remind them of their responsibility under international human rights law and other applicable norms to protect civilians, and address and prevent abuses against them

##### Assistance

*Health*

- ensure access to good-quality preventive and curative care and psychosocial support, by:
  - providing seven primary-health-care and five counselling centres with funds, medical supplies and equipment and infrastructural support; providing health workers and psychologists at these centres with training and supervision
  - covering accommodation, transportation and/or treatment costs for some patients; and when necessary, referring them for specialized treatment

11. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or at are risk of sexual violence.

- supporting a temporary shelter centre for victims of violence
- helping organize information sessions, on the impact of sexual violence and the services available to the victims/survivors, for communities

#### *Water and habitat*

- upgrade facilities at one primary-health-care and two counselling centres

#### *Economic security*

With the National Society:

- help 5,000 breadwinners of vulnerable households (around 30,000 people) earn an income; in particular:
  - set up cash-for-work programmes – for renovating infrastructure – to enable 2,000 breadwinners to provide for their dependents (12,000 people) while also helping their communities
  - give 1,000 breadwinners (supporting 6,000 people) cash for starting or resuming small businesses
  - give 2,000 households (12,000 people) cash to sustain their agricultural activities, including during the lean season
- in the event of an emergency, be prepared to:
  - distribute food, at least one month's supply, to some 12,000 people (2,000 households)
  - distribute household essentials to around 12,000 people (2,000 households)

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Monitoring the treatment and living conditions of detainees**

People are held in detention facilities – including places of temporary detention and re-education centres for minors – run by various actors: the justice and security ministries, and the intelligence services. The ICRC will work to ensure that these actors understand and support its work for detainees, with a view to gaining access to all detainees within its purview. It will urge detaining authorities to take steps to improve the treatment of detainees, especially during the initial stages of detention; it will also give them support for ensuring that people are held in conditions that meet internationally recognized standards.

### **Plan of action and indicators<sup>12</sup>**

#### **Assistance**

##### *Water and habitat*

- help detaining authorities improve living conditions at 11 prisons (collectively holding some 11,000 people)
- repair and/or construct infrastructure – including water-supply systems, sanitation facilities, kitchens and clinics – at some of the 11 detention facilities mentioned above and/or at two re-education centres for minors
- be prepared to provide assistance in case hygiene conditions deteriorate in places of detention

## **ACTORS OF INFLUENCE**

### **Helping military and security forces to better understand the norms applicable to their duties**

The ICRC will continue to engage Burundi's military and security forces in dialogue. It will give them technical support for incorporating IHL and international human rights law – especially provisions concerning the conduct of hostilities and law enforcement operations – and/or other applicable norms, in their training, decision-making and operations.

### **Fostering awareness of and acceptance for the ICRC and the Movement**

Together with the Burundi Red Cross, the ICRC will seek to broaden public awareness of humanitarian principles and the Movement's activities. It will focus on key members of civil society – for example, journalists and academics – who can influence authorities and weapon bearers and mobilize their support for the ICRC's activities.

### **Plan of action and indicators**

#### **Prevention**

- provide technical guidance for the military, police and other weapon bearers to incorporate IHL, international human rights law and/or other norms applicable to their duties in their training and operations; enable senior officers, and instructors from military and police academies, to attend workshops and seminars, including some held abroad

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12. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

- to build interest in humanitarian principles and IHL, and foster understanding of and acceptance for the Movement:
- conduct dissemination sessions and first-aid training in communities
- distribute informational materials in the local languages and produce radio spots
- arrange field trips and workshops for members of the media who are covering humanitarian issues
- encourage selected universities to include IHL in their curriculum; facilitate students' participation in moot court competitions, in Burundi and elsewhere
- give the National Society material and technical support, and training, to reinforce its capacities in public communication, and to improve its radio programme

## **RED CROSS AND RED CRESCENT MOVEMENT**

The Burundi Red Cross, with its network of some 600,000 volunteers, is well placed to respond quickly to humanitarian needs arising from outbreaks of violence, natural disasters and other emergencies anywhere in the country. As the ICRC's main partner in Burundi, the National Society will receive various forms of support for developing its ability to carry out its activities.

### **Plan of action and indicators**

#### **Cooperation**

- provide financial, material and technical support, and training, for the National Society to expand its operational and organizational capacities

# CARACAS (REGIONAL)

## CONTEXT

- The Bolivarian Republic of Venezuela (hereafter Venezuela) continues to endure the effects of a deteriorating economy – in particular, shortages of essential goods, lack of basic services and hyperinflation. Small demonstrations, mainly in relation to socio-economic issues, are a frequent occurrence. These sometimes lead to casualties and arrests. High levels of organized armed violence and criminality persist in urban places and border areas. Police forces are usually aided by the military during law enforcement operations.
- The situation in Venezuela has led people to search for better living conditions and income-generating opportunities elsewhere, in border areas or overseas. People leave the country by land to neighbouring countries such as Brazil, Colombia and Ecuador; others travel by sea to nearby islands in the Caribbean.
- Some armed groups involved in the conflict in Colombia are active in areas along the Venezuela-Colombia border; skirmishes and other violence have occurred in these areas.
- In violence-prone areas in Venezuela, such as parts of Caracas and those along the country's border with Colombia, young people are particularly exposed to criminal behaviour, owing to poverty and scarcity of job opportunities; their education is often disrupted by violence. There are reports on the use of excessive force during security operations in these areas. Communities living in areas along the Venezuela-Colombia border, and the people that they host, lack access to adequate health, water and sanitation facilities. They continue to be affected by the armed conflicts in Colombia.
- Wounded and sick people in Venezuela have difficulty obtaining appropriate care. Many health and medical facilities have insufficient supplies of medicines and equipment.
- People on their way out of Venezuela have limited access to basic services, and risk falling out of touch with their families; those who cross dangerous border areas are especially vulnerable to exploitation and abuse. Migrants who arrive in Caribbean islands and other destinations face similar challenges.

## ICRC ACTION

### Enabling communities in violence-prone areas in Venezuela to cope with their situation

The ICRC will continue to work closely with local actors – including the Venezuelan Red Cross, local authorities and civil society organizations – and to give them support to carry out projects for violence-affected communities in parts of Caracas and in areas bordering Colombia. In Caracas, for instance, it will help ensure the referral of vulnerable people to the medical attention they require.

The ICRC will seek to develop a protection-centred dialogue with the authorities, armed and security forces and other pertinent actors in the region, to urge them to comply with internationally recognized standards for the use of force and other applicable norms, and to address the concerns of violence-affected people, people on the move and other vulnerable people. The ICRC will also work to advance understanding of and strengthen acceptance for its humanitarian activities among these actors.

### Plan of action and indicators<sup>13</sup>

Venezuela

#### Protection

*Protection of civilians and respect for the law*

- organize workshops on internationally recognized standards for the use of force for members of the security forces
- with the National Society and/or other local partners:
  - help young people affected by armed violence get vocational training
  - conduct workshops on safe practices and emergency preparedness for teachers and/or students in violence-affected areas

13. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

- hold training sessions on life-saving and preventive health care for students, teachers and other community members
- provide ad hoc support to unaccompanied children and other vulnerable people in violence-prone areas
- where possible, pursue dialogue with the armed and security forces, and with community organizations, on protection for violence-affected people and people on the move, and other issues of concern

*Restoring family links*

- register unaccompanied children and other vulnerable people in Venezuela; where appropriate, facilitate their reunion with their families

**Assistance**

- refer people on the move that are in need of medical attention to pertinent services; provide them with ad hoc support such as transportation and/or financial help
- provide material support – medical supplies, ambulances, etc. – guidance and training for the National Society's basic health services and information sessions

# CENTRAL AFRICAN REPUBLIC

## CONTEXT

- Armed violence – notably, clashes between armed groups and communal violence arising from socio-political tensions – is widespread, particularly in the northern and central sections of the Central African Republic (hereafter CAR).
- The UN Multidimensional Integrated Stabilization Mission in the CAR remains operational throughout the country.
- Security conditions in the CAR remain extremely volatile. Acts of criminality – such as armed burglaries and violent confrontations – are reportedly prevalent, including in Bangui.
- People in the CAR continue to endure the severe consequences of the ongoing violence and the presence of armed elements throughout the country. There are reports of sexual violence and other abuses against civilians, and attacks on medical personnel and humanitarian workers. The volatile security situation, among other constraints, limits the activities of humanitarian actors and the delivery of assistance, particularly medical services.
- Many health facilities, damaged or looted during the fighting, are closed or operate at limited capacity. People have difficulty obtaining medical attention: first aid, primary health care or specialized treatment; the availability of physiotherapy and assistive devices for disabled people is also inadequate.

## ICRC ACTION

In 2019, the ICRC will continue to develop its response to sexual violence and its consequences within the full range of its activities. In particular, it will increase the number of centres it is supporting to provide psychosocial support – from three to five – and launch an income generating project to support victims/survivors. In line with the ICRC's 2018–2022 strategy on addressing sexual violence, an operations manager will also be designated to oversee the delegation's efforts to prevent and respond to sexual violence, either through specific activities and/or as part of broader programmes, and ensure that these are implemented in a multidisciplinary manner.

## CIVILIANS

### Promoting protection for civilians

The ICRC will strive to foster respect for IHL provisions protecting civilians and medical personnel. It will document allegations of abuse, including sexual violence, and will urge authorities and weapon bearers to develop measures to prevent such misconduct.

The ICRC will help violence-affected communities mitigate risks to their safety: it will organize workshops to help them identify and bolster community-based risk-reduction strategies. It will draw attention to the plight of victims/survivors of violence, including sexual violence, and encourage the referral of victims/survivors for appropriate care.

### Assisting victims of violence-related trauma

To improve the medical treatment and psychosocial support available to people suffering from violence-related trauma, including sexual violence, the ICRC will train health staff and counsellors at ICRC-supported facilities in the provision of suitable care. It will also work to make sure that mental-health care and psychosocial support services are available for children at schools in certain IDP camps. The ICRC will set up a project in Kaga Bando to provide coupons or productive assets – and thus additional income – for victims/survivors of sexual violence.

### Plan of action and indicators<sup>14</sup>

#### Protection

*Protection of civilians and respect for the law*

- engage authorities and weapon bearers in dialogue, and make oral or written representations to them, on the protection of civilians
- conduct workshops for violence-affected communities on community-based protection strategies

14. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

## Assistance

### Health

- give up to five health facilities training and various forms of material assistance – including financial aid and donations of medical supplies – and assign medical personnel to augment their staff
- train health workers to provide specialized care, including mental–health care and psychosocial support; work to ensure adequate access to these services for children at up to three IDP camps
- where necessary, refer patients needing urgent care to ICRC–supported facilities and/or arrange their transportation
- raise awareness among communities of the plight of victims/survivors of violence, including sexual violence

### Economic security

- enable breadwinners of resident and returnee households to add to their household income; specifically:
  - give up to 100 heads of households (supporting some 500 people in all) coupons or their equivalent in supplies and equipment, under a project to assist victims/survivors of sexual violence
- distribute food for up to 22,500 IDPs (4,500 households)

### Water and habitat

- help improve access to water and promote good hygiene practices for some 75,000 people living in rural areas and for up to 79,000 IDPs; more specifically:
  - with the authorities, renovate or construct water infrastructure in rural areas
  - build water–supply systems, latrines and waste–management facilities at IDP camps
  - carry out, with the National Society, hygiene–promotion activities for all these groups

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Monitoring detainees' treatment and living conditions

The ICRC will visit, in accordance with 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 people 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 urge them – including the pertinent officials with multinational forces – to take steps to ensure respect for judicial guarantees and the principle of *non-refoulement*.

To help ensure that detainees have adequate access to water, and to improve their living conditions, the ICRC will repair or construct water–supply systems, sanitation facilities and cooking areas in places of detention.

### Plan of action and indicators<sup>15</sup>

#### Protection

##### *Protection of people deprived of their freedom*

- visit detainees; register and individually monitor vulnerable detainees
- engage detaining authorities in dialogue on the treatment and living conditions of detainees, and give them advice when necessary

#### Assistance

##### *Water and habitat*

- repair or construct water and sanitation infrastructure, and renovate cooking facilities, to benefit up to 950 detainees

15. Some of the activities described – and the target figures presented – cover violence–affected people in general, which may include people who suffered from or are at risk of sexual violence.

## **ACTORS OF INFLUENCE**

The ICRC will maintain its engagement with weapon bearers. Military forces – including multinational forces – and security forces will be urged to incorporate IHL and other applicable law in their doctrine, training and operations. To this end, the ICRC will arrange seminars for them and enable senior military officers to attend courses abroad. It will brief these personnel on IHL and international law enforcement standards applicable to their duties. During all these activities, it will emphasize the necessity of preventing sexual violence.

Local and international media help to keep the general public informed of the humanitarian situation in the CAR. To bolster their capacity to report on humanitarian issues, the ICRC will arrange seminars for journalists and sponsor field trips for them. It will also keep international media outlets, the diplomatic community, and other influential actors updated on Movement activities in the CAR.

### **Plan of action and indicators**

#### **Prevention**

- brief military and security forces – including multinational forces – on IHL and international law enforcement standards
- organize seminars and training sessions for military and police personnel, peacekeepers and national authorities, and enable senior military officers to attend courses abroad
- disseminate messages on IHL and the Movement's humanitarian action through social media and other means; engage local leaders, law professors and others in dialogue on these subjects
- participate in the review of different laws, to ensure that norms applicable to conflict-related sexual violence are better taken into account

# COLOMBIA

## CONTEXT

- Some aspects of the 2016 peace agreement between the Colombian government and the Fuerzas Alternativas del Común (FARC) are being implemented. For instance, the FARC has set up an office that facilitates the identification and burial of people killed in the past conflict, while State authorities are working to establish a national body for clarifying the fate of missing people.
- In August 2018, the Colombian government suspended peace talks with the National Liberation Army (ELN).
- Violent confrontations between government forces and armed groups – and clashes among armed groups – persist. Fighting occurs regularly in urban areas. Armed groups are also active in rural areas.
- Injuries and deaths among civilians and abuses against them, including sexual violence and threats to their safety, have been reported in urban and rural areas affected by armed conflict or other violence. These, and other consequences of the violence – such as the presence of mines and explosive remnants of war (ERW) – restrict people's movement, impede access to health care, education and other basic services, and prevent the pursuit of livelihoods.
- Many victims of past conflict and people affected by the ongoing violence, including victims/survivors of sexual violence, are unable to avail themselves of the benefits or compensation they are entitled to. This is partly owing to the budgetary constraints and other administrative challenges faced by the State's victim assistance unit. Communities in violence-affected urban areas, and in rural areas affected by mines/ERW or not within the reach of State services, are vulnerable to food and economic insecurity.
- Migrants on their way to the north, and people fleeing the Bolivarian Republic of Venezuela, use Colombia as a transit or destination country. Migrants, particularly in northern Colombia and Bogotá, do not have sufficient access to basic services. They are also at risk of destitution or exploitation, including labor abuse and sexual violence. Some of them also lose contact with their families.

## ICRC ACTION

### CIVILIANS

The ICRC will urge all parties to the conflicts to respect IHL and other applicable law, especially the provisions protecting civilians and civilian objects.

#### **Assisting violence-affected communities**

The ICRC will seek to persuade the authorities to provide assistance, in accordance with existing laws and mechanisms, to vulnerable people in Colombia, particularly victims of violence, including victims/survivors of sexual violence. To that end, it will mobilize community volunteers and organizations to form a support network for informing these vulnerable people of their rights and referring them to the appropriate services, including the State's victim assistance unit. In partnership with the Colombian Red Cross Society, the ICRC will also seek to: broaden awareness among vulnerable people of risks to their safety; and strengthen their resilience to the effects of violence.

Assistance will be given directly to vulnerable members of violence-affected communities – particularly those not yet receiving, or ineligible for, State benefits – to enable them to cover their basic needs or start an income-generating activity. Local associations will receive ICRC support to develop their ability to help people in need.

The ICRC will continue to promote protection for people seeking or providing health care and other services. The authorities will be urged to scale up health-care services in areas affected by violence. People experiencing psychological distress – including victims/survivors of sexual violence – will be referred to suitable facilities for psychosocial support, or enabled to receive such assistance at counselling centres. The ICRC will train health workers to become more capable of providing such support while maintaining their own psychological well-being.

## Plan of action and indicators<sup>16</sup>

### Protection

#### *Protection of civilians and respect for the law*

- through dialogue, promote respect for IHL principles among all weapon bearers; organize round-tables with the military and police forces on IHL and other rules applicable to the protection of civilians during the conduct of hostilities and law enforcement operations
- urge the pertinent State institutions to implement policies protecting and assisting victims/survivors of sexual violence; conduct briefings for violence-affected people about safety risks and ways to mitigate them, and provide them with information on services available to them

### Assistance

#### *Economic security*

- distribute food, or cash for buying food, to up to 5,760 people (1,440 households), including victims/survivors of sexual violence (up to 200 people/50 households)
- provide up to 950 households (3,800 people), including those with members who have suffered sexual violence (up to 520 people/130 households), with livelihood assistance: vocational training, cash for buying supplies for their businesses, salary support, or agricultural or livestock supplies
- distribute hygiene kits, or cash for buying them, to up to 3,260 people (815 households), including victims/survivors of sexual violence (up to 200 people/50 households); give the most vulnerable among them additional cash so that they could travel and seek help from health centres or State agencies

#### *Health*

##### With the National Society:

- train health workers to provide mental-health and psychosocial support for victims/survivors of violence, including sexual violence
- train mental-health workers in psychological self-care and stress management

#### *Water and habitat*

- repair counselling centres to help ensure that some 480 victims of sexual violence can attend counselling sessions in adequate facilities

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16. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

# CONGO, DEMOCRATIC REPUBLIC OF THE

## CONTEXT

- The armed forces of the Democratic Republic of the Congo (hereafter DRC), backed by the UN Stabilization Mission in the DRC (MONUSCO), continue their military operations against various armed groups in the country, particularly in the eastern provinces of North Kivu and South Kivu.
- The fragmentation of armed groups, and fighting among them, persists; an estimated 90 armed groups – of varying size and level of organization – are reportedly in the country. This situation is exacerbated by enduring ethnic and/or communal tensions, especially in Ituri, Kasai and surrounding provinces, and Tanganyika.
- Abuses against civilians, by weapon bearers on several sides, remain widespread. Civilians are injured or killed, displaced and subjected to sexual violence. Forced recruitment and destruction of property have also been reported. Many people are traumatized by the fighting.
- Basic necessities – including food and clean water – and the meagre public services remain largely inaccessible or unavailable. This scarcity of resources and the poor security conditions prevent people, especially in remote areas, from getting the health care, including mental health and psychosocial support, they require. Services at health facilities are also considerably weakened by the lack of funds, supplies and equipment, and trained staff. Moreover, indiscriminate attacks affect the delivery of health services and humanitarian aid.

## ICRC ACTION

In the DRC, the ICRC focuses mainly on sexual violence perpetrated by weapon bearers, in line with its mandate. However, as many cases are not directly linked to weapon bearers, all victims/survivors of sexual violence are potentially of concern to the ICRC. The ICRC responds to the issue in a multidisciplinary manner – starting from providing those affected with psychosocial care and other services at “maisons d’écoute”, or counselling centres, to helping support their entire recovery process. Through this approach, the ICRC seeks to ensure that victims/survivors have access to the appropriate health services they need, while also improving its own understanding of the patterns of violence. Based on this, it pursues dialogue with the alleged perpetrators, helps people at risk to identify means to protect themselves, and assesses ways to improve its own awareness-raising and prevention efforts.

In line with the ICRC’s 2018–2022 strategy on addressing sexual violence, an operations manager will be designated to oversee efforts by the DRC delegation to prevent and respond to sexual violence in the DRC, either through specific activities and/or as part of broader programmes, and ensure that these are implemented in a multidisciplinary manner.

## CIVILIANS

### Promoting compliance with IHL and other applicable law

The ICRC will 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. It will do so by engaging in dialogue with authorities at all levels and weapon bearers such as military and police personnel, international troops and members of armed groups. It will urge them to put an end to abuses against civilians, including sexual violence, and to take measures to prevent their recurrence. It will also remind all weapon bearers to facilitate unhindered access to health care and other basic services.

### Offering specialized assistance for victims of IHL violations

The ICRC will maintain its efforts to raise communities’ awareness of the consequences of sexual violence and other abuses, and help them minimize their exposure to such risks. It will provide victims/survivors with support for their social and/or economic reintegration.

In areas heavily affected by fighting – especially the Kivu provinces and Tanganyika – the ICRC will maintain its support for primary-health-care and counselling centres, so that people can obtain the services they need. Together with local water authorities, it will also ensure that people – especially in Ituri, the Kivu provinces and Tanganyika – have access to clean water. It will help the water authorities and maintenance/repair teams to ensure the long-term functioning of infrastructure, especially that which the ICRC had repaired or built in the past.

## Plan of action and indicators<sup>17</sup>

### Protection

#### *Protection of civilians and respect for the law*

- through oral and/or written representations, remind the authorities and weapon bearers of their responsibility under IHL and other applicable law to:
  - respect people who are not or are no longer participating in hostilities
  - prevent and address abuses against civilians and their property
- organize dissemination sessions on IHL and other applicable norms for weapon bearers, sometimes alongside first-aid training; broaden acceptance among them of the ICRC and the Movement, and remind them to respect the emblems protected under IHL
- discuss with vulnerable communities threats to their safety, and help them find ways to mitigate these threats; assist victims of abuse in obtaining medical care and/or psychosocial support

### Assistance

#### *Health*

- provide training, funds, medical supplies and/or equipment regularly to 12 primary-health-care centres and to counselling centres; donate additional medical supplies if the centres are looted or damaged during fighting; provide three other primary-health-care centres with material assistance for their paediatric services
- in case of emergency, stand ready to: deliver supplies – three months' worth – to up to 12 other primary-health-care centres; send ICRC psychologists to assist staff at up to four health facilities, including counselling centres

#### *Economic security*

- extend financial assistance to 180 victims of violence, including sexual violence, and 100 beneficiaries of physical rehabilitation services, for starting income-generating activities

#### *Water and habitat*

- upgrade infrastructure at up to four primary-health-care centres, two counselling centres and two transitional centres in rural areas
- provide training and material assistance for local technicians and water authorities, to ensure access to water for some 400,000 people in urban areas
- repair and/or install water-supply systems for some 200,000 people in rural areas; train and equip repair/maintenance teams

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Monitoring detainees' treatment and living conditions

The ICRC will seek to ensure that the pertinent authorities understand and support its work for detainees, with a view to gaining access to all detainees within its purview. It will continue to help penitentiary authorities ensure that detainees are held in conditions that meet internationally recognized standards. People held for security reasons or those with specific needs – such as foreigners, women and minors – will be given particular attention.

The ICRC will also give the authorities support for minimizing detainees' vulnerability to malnutrition and other health risks, and ensure the availability of suitable care.

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<sup>17</sup> Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

**Plan of action and indicators<sup>18</sup>****Protection***Protection of people deprived of their freedom*

- visit, in accordance with standard ICRC 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

**WOUNDED AND SICK****Improving the quality and accessibility of medical services for the wounded and the sick**

Obtaining suitable good-quality medical treatment in areas affected by fighting can be difficult for wounded people. The ICRC will help local medical personnel – especially those in the Kivu provinces and Tanganyika – strengthen their capacities to provide good-quality services through various means, including support for infrastructure renovations.

**Plan of action and indicators<sup>18</sup>****Assistance***Water and habitat*

- upgrade the sterilization room at one hospital and the sanitation facilities at one physical rehabilitation centre (200 beds)

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**18.** Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

# ETHIOPIA

## CONTEXT

- In July 2018, the governments of Ethiopia and Eritrea signed a joint declaration with a view to normalizing relations that had been strained by prolonged tensions over their shared border; they also announced their intention to implement the ruling of a 2002 border commission.
- Communal and political tensions persist in certain regions – such as Oromia, Gambella and Amhara – and remain the source of violent clashes between ethnic groups and among armed groups at the border between Oromia and the Somali Regional State. Federal and regional police forces, and sometimes the Ethiopian National Defence Force (ENDF), respond to incidents of violence.
- Ethnic and communal violence continue to cause death, injury and the displacement of tens of thousands of people, adding to the hundreds of thousands already displaced by past violence; in June 2018, ethnic clashes forced around 800,000 people to flee Oromia for the Southern Nations, Nationalities and Peoples' Regional State (SNNPRS). People living in or near violence-affected areas are often vulnerable to unlawful conduct, including sexual violence.

## ICRC ACTION

In line with the ICRC's 2018–2022 strategy on addressing sexual violence, the operations manager based in the DRC (see *Congo, Democratic Republic of*) will also oversee the delegation's efforts in Ethiopia to prevent and respond to sexual violence, either through specific activities and/or as part of broader programmes, and ensure that these are implemented in a multidisciplinary manner.

## CIVILIANS

### Taking steps to ensure the protection of the population

The ICRC will continue to urge authorities and weapon bearers to safeguard people and facilitate their access to medical care during violent incidents, and will draw their attention especially to the needs of IDPs. It will also explain to them its neutral, impartial and independent approach to humanitarian work, with a view to broadening its access to violence-affected communities.

In areas particularly affected by violence, the ICRC will help communities to develop strategies to mitigate the risks to their safety. It will also monitor the situation of particularly vulnerable people, including victims/survivors of sexual violence. The ICRC will respond to their needs by providing them with cash-based assistance and working with other organizations to ensure that they are referred to and can receive the different types of support that they require.

Moreover, to ensure that violence-affected people, especially returnees from the SNNPRS, have access to health care, the ICRC will support existing facilities, be prepared for emergencies and enable referrals to appropriate services.

### Plan of action and indicators<sup>19</sup>

#### Protection

*Protection of civilians and respect for the law*

- continue dialogue with federal and regional authorities, and weapon bearers, on getting access to communities affected, and on ensuring protection and accessibility of health care for people
- monitor the situation of the most vulnerable violence-affected people, paying particular attention to their access to health care, and documenting allegations of abuse; discuss findings and recommendations confidentially with the authorities
- carry out activities to develop or reinforce community-based measures to reduce risks to people's safety; conduct awareness-raising sessions on sexual violence in communities and for the authorities
- provide ad hoc cash assistance for vulnerable people, including victims/survivors of sexual violence; refer them to suitable facilities, according to their needs

19. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

**Assistance***Health*

With the National Society:

- donate medical supplies, such as kits for treating common injuries, to up to five medical facilities in violence-affected areas, and provide ad hoc support to up to five primary-health-care facilities in these areas

**ACTORS OF INFLUENCE**

The ICRC will seek to cultivate respect for IHL among ENDF troops, and for international human rights law among police officers. To that end, it will continue to brief them on these norms and on internationally recognized standards applicable to their duties. It will also remind them of their obligations under these norms and standards, including to prevent sexual violence, and help them to incorporate these more fully in their operations and training.

**Plan of action and indicators****Prevention**

- conduct briefings for ENDF troops on IHL and internationally recognized standards for the use of force; facilitate train-the-trainer sessions on IHL for military instructors and provide the trainers with reference materials
- brief police officers, including special forces personnel, on humanitarian principles applicable to law enforcement; hold train-the-trainer sessions for police instructors and support the police's efforts to incorporate humanitarian principles and international human rights standards for law enforcement in their training

# JAKARTA (REGIONAL)

## CONTEXT

Indonesia was elected to a two-year term on the UN Security Council, beginning on 1 January 2019. It continues to contribute to multilateral forums, notably the Organization of Islamic Cooperation, and is a member of the Association of Southeast Asian Nations (ASEAN). ASEAN, which is based in Jakarta, continues to take steps to coordinate the humanitarian response to emergencies in the region.

Indonesia passed an anti-terrorism law in 2018; arrests have been made under the new law. Socio-economic and communal or religious tensions, in some parts of the country, occasionally lead to violence, including sexual violence. Specialized medical services, such as cataract surgery, are usually inaccessible to people in isolated and violence-prone areas.

## ICRC ACTION<sup>20</sup>

### Helping local actors to support victims/survivors of sexual violence

In Papua, Indonesia, the ICRC will support two health facilities providing care for victims/survivors of sexual violence. It will continue to advocate – among the actors involved – a coordinated humanitarian response to sexual violence. It will work with community-based organizations and the Indonesian Red Cross Society to raise public awareness of the needs of victims/survivors of sexual violence and of the specialized services available to them.

### Drawing attention to humanitarian issues and the Movement's work

The ICRC will maintain efforts to broaden understanding of and respect for humanitarian principles, and for IHL and other relevant norms – and to build support for the Movement's work – among the authorities and other actors of influence in Indonesia and Timor-Leste and within the Association of Southeast Asian Nations (ASEAN). To this end, it will discuss issues of humanitarian concern – such as the needs of vulnerable migrants and the protection of medical personnel and facilities – with the authorities, ASEAN officials and key members of civil society.

### Advancing understanding of IHL

The ICRC will advise the Indonesian and Timorese armed forces on incorporating IHL and other applicable norms and standards in their rules of engagement. Key officials will be sponsored to attend regional and/or international conferences or courses on IHL. ICRC briefings and lectures will enable police officers and coast-guard personnel, especially those working in violence-prone areas or dealing with irregular migrants, to refresh their knowledge of laws applicable to their work.

In cooperation with local experts, the ICRC will assist the pertinent authorities in advancing the ratification of IHL treaties and their domestic implementation. The ICRC will continue to provide the Indonesian authorities with expert advice and training for bringing detainees' treatment and living conditions in line with internationally recognized standards.

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20. Some of the activities described cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence, as well as prevention efforts that may cover the topic of sexual violence.

# MALI

## CONTEXT

- The conflict in Mali persists as violent confrontations between armed groups and Malian and international forces – including the G5 Sahel force, the UN Multidimensional Integrated Stabilization Mission in Mali, and the French armed forces – continue to take place. The fighting occurs mainly in northern and central Mali, including areas near the borders with Burkina Faso and Niger, but attacks have also taken place elsewhere.
- The government and some armed groups are seeking to implement a 2015 peace accord, but have made little progress to date. Communal violence and increased criminality add to the volatility in northern and central Mali.
- Ongoing hostilities and increased criminality have forced people to flee to calmer or safer areas or to neighbouring countries. Thousands of them are still unable to return to their places of origin, and many have lost contact with their families. Abuses by weapon bearers, including sexual violence and attacks on health-care services, have been reported.
- Chronic insecurity hinders access to basic services and makes it difficult for communities to meet essential needs and sustain livelihoods. Health facilities are understaffed, as the precarious security conditions prevent workers from staying or returning. Many facilities are ill-equipped to handle influxes of patients. People in need of care, especially specialized services, cannot always afford treatment.
- Migrants from throughout the region, including refugees and asylum seekers, travel through Mali to reach Europe.
- Humanitarian organizations are helping to meet the needs of violence-affected people, but are limited by security and access constraints. Despite a number of security incidents forcing it to temporarily suspend or scale down its activities, the ICRC remains the main international humanitarian organization active in northern Mali.

## ICRC ACTION

### CIVILIANS

#### **Fostering respect for IHL in the conduct of hostilities**

Given the volatile security conditions and the large number of actors involved, the ICRC will work even harder to engage all parties to conflict and broaden awareness of IHL. It will emphasize the necessity of protecting civilians and preventing abuses against them, including sexual violence. Pertinent parties will be alerted, through bilateral dialogue, to the humanitarian consequences of the hostilities, including the various kinds of abuse that are alleged to have taken place.

These discussions will be reinforced by dissemination sessions for members of armed groups, international contingents and Malian troops. As religious and community leaders exert influence over some of those involved in the violence, the ICRC will continue to engage with them to secure their support for IHL in the context of the Malian conflict and to ensure the safety of ICRC teams in certain areas. Timely public communication will support these efforts, enabling key messages to reach a broader audience.

The ICRC will seek proximity to community members, to involve them in identifying their needs and appropriate measures to make them safer. It will do the same with migrants leaving or passing through the country, to enable them to understand more fully the dangers they might encounter along the way. Migrants' protection concerns will be raised during the discussions mentioned above.

#### **Backing the provision of good-quality health care**

The ICRC will maintain its support for primary-health-care centres to enable them to provide preventive, curative and maternal health services – including specialized care for victims of violence – that meet national or international standards. Capacity-building support for health staff will aim to improve the quality of care and clinical, pharmaceutical, administrative and human-resource management systems. More health centres in central Mali will begin receiving comprehensive support in 2019, owing to the surge in communal violence in that area.

The ICRC will strive to ensure the availability of mental-health and psychosocial support for people suffering from violence-related trauma, including victims/survivors of sexual violence. Staff at most ICRC-supported centres will be trained to provide such services and to refer patients for further care. Community workers elsewhere will also be trained specifically for this purpose.

## Plan of action and indicators<sup>21</sup>

### Protection

#### *Protection of civilians and respect for the law*

- document allegations of violations of IHL or other applicable norms in the conduct of hostilities; through confidential dialogue and written representations, raise these allegations with the parties concerned, reminding them of their obligations and providing recommendations for corrective and preventive action
- work with members of violence-affected communities to identify the specific risks they face, and ways to mitigate these risks; with the Mali Red Cross, do the same with migrants leaving or passing through Mali
- provide particularly vulnerable people with ad hoc assistance: for instance, include migrants in relief distributions and refer victims/survivors of sexual violence to ICRC-supported providers of psychosocial support

### Assistance

#### *Health*

- back the provision of preventive, curative and maternal-health services, including psychosocial support for victims of violence, such as sexual violence, at up to 16 primary-health-care centres; to this end:
  - donate equipment and supplies (such as medicines and post-rape kits) and upgrade facilities at some centres
  - train and supervise health-centre personnel, including traditional birth attendants
  - refer patients for higher-level or specialized care; cover transport costs for those needing life-saving treatment
  - conduct information sessions for the centres' staff on their rights and duties as health-care providers, and on sexual violence and its consequences
- provide financial and other support for vaccination campaigns conducted by local health authorities
- in the event of an emergency, extend ad hoc support to up to seven other health centres
- train people providing psychosocial care at some of the centres mentioned above or at some National Society-run facilities

## WOUNDED AND SICK

### Reinforcing medical services

Psychosocial support for victims of armed conflict or other violence will be made available at ICRC-supported health facilities (see below).

First-aid training for community-based first responders will aim to ensure that casualties are stabilized and transferred to higher-level care; it will also give the ICRC opportunities to reinforce awareness of basic IHL, humanitarian principles, its own mandate, and the need to respect patients, their caregivers and health staff in accordance with applicable law.

The ICRC has been providing two hospitals in northern Mali with comprehensive support: the one in Kidal is the only provider of hospital care in the region and continues to receive a large number of referrals. Because of the intensified violence in central Mali, the ICRC will begin to support a third hospital there. ICRC support will enable these facilities to overcome shortages of supplies and equipment and inadequate staffing, improve service delivery and management, and meet the demand for services; all this will enable people to receive medical care that meets international standards.

The ICRC will provide similar support for physical rehabilitation centres, to raise the quality of services and make them more accessible to physically disabled people, including those with conflict-related disabilities, and to facilitate their social inclusion. The ICRC will continue to work with the ministry of solidarity to establish a new physical rehabilitation centre in Mopti; as there are currently no such centres in the region, people have to travel all the way to Bamako for physiotherapy or mobility devices. The new centre is still being built, and will be run under the ICRC's Programme for Humanitarian Impact Investment, which is carried out in partnership with the private sector.

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21. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

## Plan of action and indicators<sup>22</sup>

### Assistance

#### Medical care

- provide community members, members of armed groups, and National Society volunteers and trainers with first-aid training and equipment; relay key messages of the Health Care in Danger initiative
- support hospitals in Gao, Kidal and Mopti in providing good-quality hospital services, through:
  - donations of medicines, supplies and equipment
  - staff reinforcement, training and supervision in areas such as infection control, hospital management and weapon-wound surgery, including from ICRC surgical teams
  - financial assistance for covering staff salaries, running costs, and patients' expenses for food and transport
- during emergencies, give additional support for up to seven hospitals (including the three mentioned above) in the form of kits for treating up to 200 wounded people, or the temporary deployment of an ICRC surgical team

## ACTORS OF INFLUENCE

The ICRC will carry out public-communication initiatives and seek greater engagement with the media, in order to broaden awareness of the humanitarian needs created by the conflict, and to familiarize communities and all parties to conflict with its mandate and activities. The ultimate objective is to secure acceptance for the work of the ICRC – and of other Movement partners – and facilitate humanitarian access to people in need.

### Plan of action and indicators

#### Prevention

- organize workshops and field visits for journalists; produce radio spots and other public-communication material on IHL, humanitarian issues and ICRC activities; issue joint press releases with Movement partners
- use traditional and social media to reinforce key messages on the basic provisions of IHL and protection for violence-affected people; use these platforms to engage with local communities, in order to learn more about their needs and inform them of the potentially life-saving services available to them

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22. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

# MEXICO CITY (REGIONAL)

## CONTEXT

- Organized armed violence persists throughout the region. According to reports, El Salvador, Guatemala, Honduras and Mexico continue to experience the highest murder rates in the world, and are ranked among the most violent countries. In some States, the armed forces support, and at times actively participate in, local law enforcement operations in dealing with violence.
- The scarcity of economic prospects, and chronic armed violence, drive more people to leave their homes in search of safety and better opportunities elsewhere – within their countries or abroad. Mexico, the United States of America (hereafter US) and other countries of transit or destination have tightened their migration policies. An increase has been reported in the number of irregular migrants detained in Mexico and the US, and of people deported from Mexico.
- Throughout the region, charges linked to organized armed violence and drug-related offences are among the main reasons for people being detained. In Nicaragua, the number of arrests has risen following political and social protests in April 2018.
- People living in violence-affected communities – including women, and health and school personnel – are at risk of: getting killed; becoming victims/survivors of extortion, abduction, sexual violence and other abuses; or being displaced. The fighting contributes to the fragmentation of communities and families.
- Many violence-affected people struggle to access basic services. The wounded, the sick and the physically disabled, and people traumatized by the fighting, find it difficult to obtain timely and appropriate care.
- Along the routes they take and during or after deportation and repatriation, migrants – especially women and children – face many of the same risks as people living in violence-affected areas.

## ICRC ACTION

### CIVILIANS

#### Promoting respect for humanitarian principles

Primarily in El Salvador, Guatemala, Honduras and Mexico, the ICRC will maintain its dialogue with the authorities on humanitarian issues related to migration, ongoing violence and past armed conflict. 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 the importance of providing safe access for vulnerable people to health care and other basic services.

The ICRC will also urge the authorities to take concrete measures to address these issues of humanitarian concern. It will work with them – and with the pertinent National Societies, other local partners and humanitarian organizations – to ease the plight of migrants, the displaced, missing people's families and other violence-affected people. The ICRC will focus its efforts on the four countries mentioned above, at the community and the national level.

The ICRC will continue to help migrants and deportees – particularly women and unaccompanied minors – during their difficult journey through Guatemala, Honduras and Mexico; it will prioritize ensuring that the injured and the ailing receive adequate health care. The ICRC will also strive to make sure that these people know of and have access to family-contact points and temporary shelters.

#### Helping vulnerable people to cope with the effects of violence

The ICRC will aim to ensure that victims of violence, including victims/survivors of sexual violence, are able to process and cope with their traumatic experiences with the help of psychological, psychosocial and other forms of specialized care. Where necessary, it will enable members of violence-affected communities to have unhindered access to pre-hospital services.

**Plan of action and indicators<sup>23</sup>****Protection**

*Protection of civilians and respect for the law*

- 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:

- through briefings and communication materials, inform migrants, displaced households and the people mentioned above of the services available to them and to victims/survivors of sexual violence

**Assistance**

*Health*

- during emergencies, cover consultation or treatment costs for some displaced people in El Salvador and Guatemala and for 150 migrants; in Guatemala, provide specialized care and other assistance – mental and psychosocial support and referrals to health and other services – to victims/survivors of violence, including sexual violence

With the National Society concerned and other local partners:

- provide equipment and supplies, and staff training and/or financial support, to up to ten National Society health facilities and mobile clinics – eight in Mexico and one each in Guatemala and Honduras – that serve migrants and deportees
- train health staff, teachers, emergency responders and members of civil-society organizations, including associations of missing people's families, in providing psychological and psychosocial support and, if necessary, first aid; refer patients needing economic, social or other assistance to the appropriate services

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23. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

# NIGERIA

## CONTEXT

- The armed conflict in the Lake Chad region persists, as fighting between State forces, including members of the Multinational Joint Task Force, and the armed groups known as “the Islamic State’s West Africa Province” and Jama’atu Ahlus-Sunnah Lidda’Awati Wal Jihad continues. In Nigeria, the conflict is concentrated in the north-eastern states. The government has retaken some areas formerly controlled by the group and has begun organizing the return of displaced civilians. However, the situation remains highly volatile, with frequent attacks attributed to armed groups.
- Communal violence, due mainly to disputes over natural resources, continues in and around the North Central (Middle Belt) region. The conflict and desertification in the north have increasingly pushed herders towards these areas and further south, spurring tensions.
- The prolonged hostilities have caused extensive damage and casualties. Civilians and civilian property are subjected to direct and/or indiscriminate attacks, including bombings in populated areas; health workers and facilities are not spared. Mass arrests, movement restrictions, sexual violence, forced recruitment (including of children), and abductions have been reported. The ICRC has itself faced serious security incidents: two ICRC health workers were abducted and killed in 2018.
- Throughout Nigeria, people have lost contact with relatives because of violence, displacement and/or migration, detention or other circumstances; many have been reported missing, including those feared dead or detained.
- In places of detention, services are overstretched, and overcrowding remains a problem. The authorities’ efforts to ease detainees’ living conditions are hindered by administrative constraints.

## ICRC ACTION

### CIVILIANS

#### Urging respect for IHL

The ICRC will work to build a steady dialogue with all actors involved in the conflict and other situations of violence, to enhance protection for the people affected and to stop or prevent the recurrence of abuses. It will document allegations of abuse and the protection concerns of violence-affected people, focusing on areas where most issues have been reported and/or where people are most at risk, and bring these to the attention of authorities and weapon bearers in a confidential manner.

The ICRC will also work with vulnerable communities to develop ways to protect themselves from identified risks. These projects will be implemented in violence-prone areas in Port Harcourt and camps in the north-east and the Middle Belt.

More broadly, the ICRC will engage beneficiary communities to broaden awareness of the services available to them, and to secure their input or feedback on their needs and the kind of support they require.

#### Enabling people to contact their relatives or learn of their fate

Together with Movement components in the Lake Chad region, especially the Nigerian Red Cross Society, the ICRC will help people restore or maintain contact with their relatives, focusing on unaccompanied minors and separated children. It will also help them obtain information on missing relatives.

#### Helping people to strengthen their resilience to violence

The ICRC will focus on assisting vulnerable households in resuming their livelihoods, to support their recovery efforts and help them become self-sufficient. Besides directly assisting farmers, fishermen and herders to produce more food, it will also support local cooperatives and associations, which enable communities to be actively involved in ensuring their food security. In urban areas, the ICRC will help people start small businesses and earn an income. The beneficiaries of livelihood- and income-support activities will include the families of victims/survivors of sexual violence.

## Providing support for basic services

In areas in the north-east, the Middle Belt and the south where health-care services are inadequate, 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: specialized treatment and other support for victims/survivors of sexual violence; paediatric care; reproductive-health services; and vaccinations. In the north-east, people will also be given support for coping with the conflict's effects on their mental and psychosocial well-being; this will entail a community-based approach involving trained volunteers from IDP camps and host communities.

### Plan of action and indicators<sup>24</sup>

#### Protection

##### *Protection of civilians and respect for the law*

- pursue dialogue with authorities and weapon bearers on their obligations under IHL, particularly with regard to the conduct of hostilities, and on international human rights standards governing the use of force in law enforcement operations, as applicable; emphasize the protection of women, children, IDPs, and medical personnel and facilities
- document allegations of abuse and make written and oral representations to the parties concerned
- help vulnerable groups develop projects to mitigate risks to their safety

##### *Restoring family links*

With the National Society:

- offer family-links services, including phone calls, RCMs and tracing services; use radio spots to facilitate the search for people being sought by their relatives
- where appropriate, reunite people with their families and provide material assistance to ease their reintegration
- broaden awareness of these services among potential beneficiaries through dissemination sessions; discuss, with the authorities and other pertinent actors, measures to prevent family separation during evacuation or resettlement
- launch a pilot project to address the different needs of missing persons' families; this will entail:
  - setting up referral pathways with the appropriate service providers
  - training National Society volunteers, family members and other community-based partners ("accompaniers") to facilitate group-support sessions (see *Health* below) and to act as points of reference for further services, as needed
  - conducting information sessions to explain the project to the families

#### Assistance

##### *Economic security*

With the National Society:

- give up to 7,000 households (42,000 people), including those with members who had suffered sexual violence, cash grants for resuming or kick-starting income-generating activities or for undertaking vocational training to boost their earning prospects

##### *Health*

- with the health ministry, support up to 15 primary-health-care facilities; specifically:
  - provide training and technical support for staff, including in psychological first aid for victims/survivors of violence and clinical treatment for victims/survivors of sexual violence
  - where necessary, refer patients for higher-level or specialized care, including at other ICRC-supported facilities (see *Wounded and sick*); arrange their transportation and cover the associated expenses
  - donate supplies and equipment
  - help set up and provide expert guidance for community-based committees to promote services at ICRC-supported health facilities and survey beneficiaries' views and suggestions

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24. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

- make mental-health and psychosocial support available to vulnerable people in the north-east, including victims/survivors of sexual violence; to this end:
  - train community volunteers to provide mental-health and psychosocial support for victims of violence; offer them similar support to ensure their ability to help those in need
  - broaden awareness of such services through community-wide dissemination sessions

## PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC will visit, in accordance with its standard procedures, people held by the Nigerian Prisons Service (NPS), the army and the police, paying special attention to the concerns of particularly vulnerable people. Findings from these visits will be communicated confidentially to the authorities concerned. These discussions will focus on such matters as: ensuring protection for women and minors, and treatment during arrest and transfer.

The ICRC will support the authorities' efforts to improve detainees' living conditions, particularly with regard to malnutrition, access to treatment for tuberculosis, human immunodeficiency virus (HIV) infection and other diseases, and sanitation and prison infrastructure. It will also give the authorities additional assistance during emergencies.

### Plan of action and indicators<sup>25</sup>

#### Protection

##### *Protection of people deprived of their freedom*

- visit detainees and check on their treatment and living conditions; follow up vulnerable detainees individually
- communicate findings and recommendations from prison visits confidentially to the authorities concerned

#### Assistance

##### *Health*

- provide medical supplies and equipment, and technical support, to up to eight detention facilities for: medical screening of newly arrived detainees; proper diagnosis and treatment of diseases; and management of acute malnutrition
- arrange meetings to facilitate coordination between the NPS and the health ministry on the provision of health care in line with national standards
- be ready to provide material or other assistance for the authorities to respond to disease outbreaks or acute nutrition-related crises

## WOUNDED AND SICK

### Supporting medical services

The State Specialist Hospital in Maiduguri (SSH-M) is the main referral facility for violence-related trauma care in north-eastern Nigeria. It will continue to receive comprehensive support so it can provide free, high-quality surgical care and other services round the clock. Elsewhere, the ICRC will help the government restore hospitals to working order and provide ad hoc assistance to facilities receiving mass influxes of casualties. It will help medical personnel from hospitals in various parts of the country to strengthen their capacities to treat people wounded during outbreaks of violence.

### Improving access to physical rehabilitation

The physical rehabilitation centre at the National Orthopaedic Hospital (NOH) in Kano will continue to receive support for providing physiotherapy and other rehabilitative services, and producing assistive devices that meet ICRC standards.

To broaden access to good-quality physical rehabilitation services for disabled people in the north-east, the ICRC will work with the authorities and the University of Maiduguri Teaching Hospital (UMTH) to establish a new physical rehabilitation centre over the next few years. This project will be carried out within the framework of the ICRC's Programme for Humanitarian Impact Investment, with support from the private sector.

A system for referrals between all ICRC-supported health facilities (see *Civilians*) will be put in place to help ensure that patients can receive the services they need. Mental-health and psychosocial support will be made available to patients, including children, and their caregivers to help them through their ordeal and complement their physical recovery.

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25. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

## Plan of action and indicators<sup>26</sup>

### Assistance

#### *Medical care*

- maintain comprehensive support for the SSH-M; more specifically:
  - provide it with medical equipment and supplies, and financial assistance
  - maintain a mobile surgical team that will perform operations and provide in-house training for hospital staff, and can be sent to other facilities during emergencies
  - train SSH-M staff to provide basic psychosocial care for patients, especially children, and their caregivers, and to refer people for specialized care

With the National Society:

- donate supplies to up to 14 other hospitals during mass-casualty influxes

#### *Physical rehabilitation*

- provide the NOH with equipment and raw materials for making assistive devices, and in-house training for staff
- cover transport, food and accommodation costs for up to 250 patients and their caregivers; provide access to income-earning opportunities for up to 50 patients
- provide scholarships for diploma courses for two staff members at the NOH, and for staff who will eventually be assigned to the new physical rehabilitation centre at the UMTH, after it becomes operational

#### *Water and habitat*

- upgrade or partially renovate infrastructure at the SSH-M and up to five other hospitals (1,923 beds)
- construct a new physical rehabilitation centre at the UMTH

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26. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

# SOUTH SUDAN

## CONTEXT

- Tensions related to the political and security situation persist despite the South Sudanese government and the opposition signing a peace agreement in September 2018; this agreement was part of efforts to revitalize the 2015 agreement between the parties to the non-international conflict that began in late 2013. Sporadic armed confrontations occur between government troops and opposition forces in various parts of the country.
- Competition over scarce resources, and ethnic and communal tensions, often lead to clashes among weapon bearers throughout the country.
- Weapon bearers on all sides are often unaware of IHL and other applicable law. Indiscriminate attacks, destruction of civilian infrastructure, sexual violence and other abuses by weapon bearers have been reported.
- Protracted armed conflict and other violence has reportedly displaced nearly 4.5 million people; of these, around 2.5 million are taking refuge in neighbouring countries. Among those displaced within the country, around 200,000 are staying in camps and at the “protection-of-civilians” sites run by the UN Mission in South Sudan (UNMISS). Many IDPs and residents live in remote areas that humanitarian organizations struggle to reach because of safety concerns and logistical constraints. The combined effects of food insecurity, poor infrastructure – many roads are impassable during the rainy season – and unavailability of essential services, including health care, put people at risk of malnutrition and disease.
- People in need of medical attention – including victims/survivors of sexual violence who require specialized services – are seldom able to get treatment because poor security conditions and attacks by weapon bearers have forced medical facilities to close and health-care personnel to flee. Provision of services at the few health facilities that are functioning is hampered by damaged or inadequate infrastructure and lack of supplies, equipment and trained staff.
- Detainees often have little or no access to health care. Detaining authorities lack the means to fully address these and other systemic issues.

## ICRC ACTION

In line with the ICRC's 2019–2022 strategy on addressing sexual violence, an operations manager will be designated to oversee the delegation's efforts to prevent and respond to sexual violence, either through specific activities and/or as part of broader programmes, and ensure that these are implemented in a multidisciplinary manner.

## CIVILIANS

### Promoting compliance with IHL and spreading awareness of ICRC activities

The ICRC will remind the authorities, and weapon bearers on all sides, to meet their obligations under IHL and other applicable law, including their obligation to prevent sexual violence and other abuses against civilians. It will promote knowledge of these laws among weapon bearers such as military and police personnel.

The ICRC will develop dialogue with communities affected by armed conflict or other situations of violence, and broaden people's awareness of its humanitarian services, such as restoring family-links and supporting livelihoods. Where feasible, it will make specialized services available to victims, particularly victims/survivors of sexual violence and demobilized children, or refer them to others who can provide appropriate assistance.

### Backing the provision of essential services

The ICRC will step up its efforts to support primary-health-care centres in places heavily affected by fighting; it will help ensure access to preventive and curative services, including vaccinations for children, therapeutic feeding for malnourished people, and mental-health and psychosocial support for victims of violence, including sexual violence. It will also support hospitals and physical rehabilitation centres that provide similar services.

The ICRC will broaden people's access to water – by repairing or installing water points in rural areas or water-treatment plants in urban areas – and improve sanitation, with a view to curbing the spread of cholera and other diseases caused by unhygienic conditions. Some of these activities are also aimed at reducing safety risks faced by women.

## Plan of action and indicators<sup>27</sup>

### Protection

#### *Protection of civilians and respect for the law*

- through oral and/or written representations, remind authorities and weapon bearers of the protection afforded by IHL and other applicable law to people who are not or are no longer participating in hostilities
- in cooperation with authorities, community members and their leaders, and health-care providers:
  - refer victims/survivors of sexual violence and other abuse to suitable facilities or provide them with assistance (see below)

### Assistance

#### *Health*

- provide up to 29 clinics with comprehensive support, including staff training, supplies and/or equipment
- donate medical supplies to up to five more clinics during emergencies
- train health staff and community volunteers to provide mental-health and psychosocial support and to conduct information campaigns on the services available to victims/survivors of violence, including sexual violence; where necessary, refer victims of violence to appropriate facilities

#### *Economic security*

- to help them boost their food production, provide up to 2,000 households (12,000 people) with tools and other items for community-developed livelihood-support projects

#### *Water and habitat*

- repair or build water-supply systems serving some 130,000 residents and IDPs in urban areas, and around 100,000 people in rural areas; provide training and material assistance to technicians and local authorities
- during emergencies, provide basic water and/or sanitation services and conduct hygiene-promotion sessions for up to 45,000 people
- repair or construct community infrastructure, or support the authorities in doing so
- upgrade water, sanitation and electrical facilities at some ICRC-supported clinics (see *Health* above)

## PEOPLE DEPRIVED OF THEIR FREEDOM

People arrested by government forces are detained at facilities run by the interior ministry, the military or the national security ministry. Some people are held by armed groups. People who are alleged to have endangered the safety of IDPs at “protection-of-civilians” sites are in the custody of UNMISS, which hands over some of them to the South Sudanese authorities.

### Visiting vulnerable detainees

The ICRC will seek to ensure that detaining authorities understand and support its work for detainees, with a view to gaining access to all detainees within its purview. Where access is granted, the ICRC will visit – in accordance with its standard procedures – people held in facilities run by government authorities, armed groups and UNMISS. It will pay particular attention to detainees held in relation to the armed conflict or for security reasons, and to particularly vulnerable inmates, such as those who are mentally ill. Following its visits, the ICRC will communicate its findings and recommendations confidentially to the pertinent authorities, so that they can act to ensure that detainees are treated in accordance with internationally recognized standards and/or IHL, as applicable.

## Plan of action and indicators<sup>27</sup>

### Protection

#### *Protection of people deprived of their freedom*

- visit detainees and communicate findings and recommendations confidentially to detaining authorities
- support detaining authorities in addressing the specific needs of vulnerable detainees
- provide ad hoc material support for mentally ill and other vulnerable detainees

27. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

## Assistance

### *Water and habitat*

- provide training and material support to prison staff for maintaining prison facilities

## WOUNDED AND SICK

### **Making good-quality medical care services more accessible**

Because health personnel and facilities are under constant threat of attack, the ICRC will seek to broaden awareness of the unlawfulness of attacking patients and medical services among a broad range of parties concerned. It will help make timely care more widely available: to that end, it will train emergency responders and weapon bearers in first aid, and facilitate medical evacuations through dialogue with the pertinent parties for the referral and transfer of casualties to medical facilities. When needed, the ICRC will use its aircraft for medical evacuations.

The ICRC will strengthen the skills of health workers – through training and other means – and provide support for health facilities, to help ensure that wounded and sick people can obtain good-quality services, including mental-health and psychosocial support. The ICRC will discontinue its support for the hospital in Wau, and reallocate its resources to other areas needing more assistance; for example, in areas where people have limited access to specialized treatment, it will begin to help facilities – such as county hospitals – provide secondary-level care. The ICRC will continue to support the surgical capacities of hospitals in Ganyiel and Juba; an additional ICRC surgical team will be deployed in the field, when necessary. In the event of epidemics, mass-casualty incidents and other emergencies, the ICRC will be ready to scale up its assistance.

### **Plan of action and indicators<sup>28</sup>**

## Assistance

### *Medical care*

- engage authorities, weapon bearers, medical workers and community members in dialogue on the protection granted by IHL to patients, health workers and medical facilities, and on upholding medical ethics, particularly concerning the impartial provision of health care to wounded and sick people, regardless of their affiliation
- provide military personnel and members of armed groups with first-aid training and wound-dressing kits
- facilitate the prompt referral and transfer of wounded people to ICRC-supported hospitals or emergency surgical facilities
- provide materials, training, and technical support for up to two facilities offering secondary-level care
- help two hospitals offer good-quality surgical and other medical services, by:
  - assigning a surgical team to each hospital to provide training and on-site assistance
  - donating medical supplies and equipment, and funds to cover running costs
  - organizing staff training in infection control, maintenance, and management of human resources
- during emergencies, assign a mobile surgical team to one temporary surgical facility in an area needing support
- provide patients at ICRC-supported facilities with mental-health and psychosocial care

## ACTORS OF INFLUENCE

### **Fostering respect for IHL**

Members of fighting forces – soldiers, members of armed groups, minors and people allegedly recruited against their will – lack awareness of IHL and other applicable law. Owing to the conflict, no progress has been made in incorporating provisions of IHL in domestic law and military doctrine.

During dialogue with authorities and weapon bearers, the ICRC will seek to cultivate acceptance and support for IHL and for its humanitarian activities. It will encourage the authorities to incorporate provisions of IHL and related treaties in domestic legislation. Whenever appropriate, the ICRC will address, during its interaction with the authorities and weapon bearers, the necessity of preventing sexual violence.

As academics have links to political decision-makers, the ICRC will seek to stimulate interest in IHL and humanitarian issues among university students and lecturers.

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<sup>28.</sup> Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who had suffered from or at risk of sexual violence.

**Promoting support for humanitarian action**

Support for neutral, impartial and independent humanitarian action from local communities is essential for facilitating aid to those in need. Community and religious leaders, and the media, can influence public opinion and broaden awareness of humanitarian issues, including sexual violence.

In all its meetings and communication, including with local authorities, the ICRC will therefore emphasize the importance of supporting impartial humanitarian assistance for conflict-affected people. Through traditional and online media, it will keep the general public informed about humanitarian issues in South Sudan and seek to strengthen their support for the ICRC and its activities.

The ICRC will support the efforts of the South Sudan Red Cross to promote the Movement's humanitarian activities and advocate respect for the emblems protected under IHL.

**Plan of action and indicators****Prevention**

- enable military and police personnel to attend advanced IHL courses
- arrange round-tables and workshops on implementing IHL and related treaties for government officials
- organize information sessions and other events on IHL for university students and lecturers
- produce news releases, online content and other public-communication materials featuring the ICRC and its activities
- give the National Society material and technical support for its public-communication efforts

# SUVA (REGIONAL)

## CONTEXT

- In the Enga, Hela and Southern Highlands provinces of Papua New Guinea, communal tensions lead to violence. The fighting often leads to displacement and the destruction of property. Police forces sometimes conduct operations in areas of unrest.
- Hundreds of migrants, including refugees, on Manus Island, Papua New Guinea, and in Nauru await resettlement or the resolution of their cases. Many are staying in migrant accommodation centres in Lorengau, on Manus Island. The governments of Australia and the US agreed, in 2017, to resettle migrants from Manus and Nauru in the US. At the time of writing, around 400 refugees have reportedly been resettled.
- In Papua New Guinea, the use of excessive force during law enforcement operations continues to be reported. The situation is particularly serious in the Highlands region, where communal violence causes injuries and death: women, children and the elderly are among the victims. Sexual violence is widespread, and said to also take place during clashes. Host communities and IDPs often have to share limited resources. Damage to infrastructure disrupts communities' livelihoods, and their access to vital services such as health care. Because of persistent communal tensions, the provision of health care is not always impartial. These circumstances make it difficult for wounded or sick people, and victims/survivors of sexual violence, to receive appropriate treatment and support.
- The US is in the process of screening some migrants for resettlement, in line with its agreement with Australia, but many asylum seekers and other migrants – including women and children – remain uncertain about their future. They reportedly endure poor living conditions, and struggle to obtain adequate health-care services, including mental-health care.

## ICRC ACTION

### CIVILIANS

#### Fostering respect for IHL and other international norms and standards

In Papua New Guinea, the ICRC will continue to urge parties to communal violence to abide by basic principles of humanity, for example, by ensuring the protection of people who are not or are no longer taking part in the hostilities – including from sexual violence and other abuses. It will also promote respect for public and private property, including health-care facilities. The ICRC will document all allegations of abuses, including sexual violence, and relay them to the parties concerned, who will be urged to take steps to prevent their recurrence.

The ICRC will continue to discuss, with the pertinent authorities, the situation of vulnerable migrants – including migrants in Papua New Guinea and Nauru – and their particular concerns and needs. It will urge the authorities to ensure that the principle of *non-refoulement* is upheld. It will inform them of issues of persistent concern to migrants – such as those pertaining to mental health, protection needs arising from specific vulnerabilities, and separation from family; it will also emphasize the need to find longer-term solutions for them, such as resettlement.

#### Assisting Papua New Guinean communities in strengthening their resilience to the effects of violence

The ICRC will sustain its activities in Papua New Guinea, particularly in the Enga, Hela and Southern Highlands provinces, to restore the access of violence-affected households to basic services, especially health care. It will step up its support to health-care services by, among other means, training health staff, community members and others to provide emergency care and psychosocial support for victims/survivors of sexual violence and/or other types of specialized care, so that they can begin rebuilding their physical and mental health. Together with the Papua New Guinea Red Cross Society, it will also conduct training sessions in first aid, notably for young people in violence-prone areas, to ensure that emergency medical care is available to people who are seriously wounded or injured.

#### Plan of action and indicators<sup>29</sup>

##### Protection

*Protection of civilians and respect for the law*

- in the Enga, Hela and the Southern and Western Highlands provinces of Papua New Guinea:
  - document the consequences of the fighting, through field visits and meetings with the communities involved

29. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who had suffered from or at risk of sexual violence.

- develop dialogue with people involved in communal violence and urge leaders, fighters and other community members concerned to abide by basic principles of humanity
- urge government forces to take measures to ensure that during their operations, communities and civilian property are respected in accordance with applicable law; give them the training necessary
- continue to discuss the needs of migrants, including asylum seekers and refugees, in Nauru and Papua New Guinea, with the pertinent authorities

## **Assistance**

### *Health*

- support up to four health facilities, for instance by covering the expenses involved in referring patients – including victims/survivors of sexual violence – to suitable medical facilities for further care; be prepared to provide medical and other supplies during emergencies
- provide training in emergency care and mental health, psychosocial support and other related field to health personnel, including family-support unit staff, and community volunteers
- with the National Society, conduct first-aid training for violence-affected communities

## **ACTORS OF INFLUENCE**

### **Advancing understanding the work of the Movement**

The ICRC will strive to further understanding of and support for its mandate, IHL and the Movement's neutral, impartial and independent humanitarian action. It will also endeavour to draw attention to humanitarian issues of regional and global concern, such as the necessity of preventing sexual violence. To that end, it will develop dialogue with government officials, regional bodies, the media, academics, think-tanks and non-governmental organizations, and take steps to broaden awareness of all these matters.

### **Plan of action and indicators**

#### **Prevention**

- engage influential actors throughout the region regularly in dialogue on IHL, humanitarian issues, the Movement and the ICRC's work; organize briefings and other events for them
- promote awareness and understanding of issues and developments of humanitarian concern, and of the ICRC's activities, among parties concerned and the general public; do so through regular media releases, contact with journalists, public-communication campaigns, and other means

# SYRIAN ARAB REPUBLIC

## CONTEXT

- In the Syrian Arab Republic (hereafter Syria), armed conflict between government forces and numerous armed groups has become more localized – particularly after military operations and agreements with armed groups enabled the government to regain control over more opposition-held territory. Fighting among armed groups continues. Third-party States carry out and/or support operations against these groups. Internationally backed peace talks have made little progress in effecting a political solution to the crisis.
- Parties to the conflict breach IHL and other norms applicable to the conduct of hostilities. Hundreds of thousands of civilian casualties, and the repeated and protracted displacement of millions within Syria, have been reported since the start of the conflict. Many people have also sought refuge in neighbouring countries or elsewhere.
- The Syrian government continues to arrest people in connection with the conflict. Armed groups are holding people in connection with the hostilities.
- Protracted violence and international sanctions remain a strain on the economy, infrastructure and basic services.
- The sick, wounded and physically disabled people struggle to obtain suitable care, as medical personnel, facilities and vehicles continue to be attacked or obstructed by parties to the conflict.
- Security and logistical constraints continue to limit the delivery of aid.

## ICRC ACTION

In line with the ICRC's 2018–2022 strategy on addressing sexual violence, an operations manager will be designated to oversee the delegation's efforts to prevent and respond to sexual violence, either through specific activities and/or as part of broader programmes, and ensure that these are implemented in a multidisciplinary manner.

## CIVILIANS

### Urging weapon bearers to protect and assist civilians

The ICRC will continue to further engage its contacts at various levels in meaningful dialogue on the necessity of respecting IHL, other applicable norms, and humanitarian principles. The ICRC will also urge the authorities to end violations of IHL, including sexual violence, and take steps to address them.

The ICRC will maintain comprehensive support for health facilities run by the Syrian Arab Red Crescent, and extend support to more facilities run by the health ministry; this will enable people – primarily IDPs and returnees – to obtain basic health services. These services include treatment for communicable and non-communicable diseases, ante/post-natal care and referrals to specialized treatment. The ICRC will also work to develop a more robust response to the mental-health and other needs of conflict-affected people, including National Society staff and volunteers.

Specifically, in at least one governorate, the ICRC will seek initiatives aimed at responding to, preventing and mitigating the risk and occurrence of sexual violence.

### Plan of action and indicators<sup>30</sup>

- conduct a study on the needs of victims/survivors of sexual violence and the services available to them; develop an action plan based on the study's findings

### Protection

#### *Protection of civilians and respect for the law*

- engage all parties to the conflict and other stakeholders in dialogue on the necessity of protecting civilians and essential infrastructure, including health facilities and personnel, and people no longer participating in the hostilities

#### *Forensics*

- conduct information sessions for forensic professionals on best practices in forensic medicine, including those concerning victims/survivors of sexual violence; sponsor some of them to attend workshops on these subjects, in Syria

30. Some of the activities described – and the target figures presented – cover violence-affected people in general, which may include people who suffered from or are at risk of sexual violence.

## Assistance

### Health

- provide supplies, equipment, staff training and financial assistance for National Society-run fixed and mobile health units and health ministry facilities, including those treating communicable and non-communicable diseases
- assist people, especially women and children unable to reach the facilities mentioned above, through outreach activities or referrals to other facilities
- organize training for National Society personnel in providing psychological and psychosocial support for victims of armed conflict; make mental-health services available at an ICRC-run physical rehabilitation centre
- during emergencies, be ready to provide material, financial and logistical assistance for health ministry and National Society health facilities in hard-to-reach areas, and for mobile clinics

## ACTORS OF INFLUENCE

### Fostering acceptance and respect for IHL among the authorities

The national IHL committee seeks to advance the incorporation of IHL in domestic legislation, but progress has remained slow. The ICRC will maintain its support for the committee in this regard. It will also intensify dialogue with the committee, and the ministries comprising it, on IHL and on humanitarian issues of common concern, such as the necessity of facilitating the delivery of humanitarian aid to conflict-affected areas.

The ICRC will provide support for the military to incorporate IHL and international human rights principles in their doctrine, training and operations. Where possible, it will extend such support to armed groups as well.

### Broadening awareness of the Movement

In addition to its protection-related dialogue and dissemination sessions (see *Civilians*), the ICRC will also clarify the added value of its strictly neutral, impartial and independent humanitarian activities to a broad range of key actors, including members of the diplomatic community.

### Plan of action and indicators

#### Prevention

- make ICRC expertise available to the national IHL committee and conduct studies with it on the compatibility of IHL with domestic legislation; together with the committee and the National Society, organize IHL workshops for government officials, judges and parliamentarians
- organize training sessions and provide expert advice on IHL and international human rights law for military personnel and trainers; where possible, give armed groups such support as well
- provide information about the ICRC's activities in Syria for the diplomatic community, the international media and the public through online platforms, particularly social media, and communication materials that can be distributed at events and functions
- train National Society staff in broadening awareness of the Movement's activities among beneficiaries and the general public, and in promoting respect for IHL among the authorities; give them financial support

## RED CROSS AND RED CRESCENT MOVEMENT

The ICRC will maintain coordination with the various Movement components present in Syria. Such coordination will help the Movement to take a coherent position on issues of humanitarian concern, and to mount an effective and harmonized response to the needs of conflict-affected people.

### Plan of action and indicators

#### Coordination

- organize meetings with Movement components in Syria

# FINANCE

## SPECIAL APPEAL 2019: BUDGET

	<b>BUDGET IN KCHF<sup>31</sup></b>
<b>HEADQUARTERS BUDGET</b>	
Headquarters	800
<b>BUDGET IN SOME OPERATIONS<sup>32</sup></b>	
Bangladesh	3,846
Burundi	1,787
Caracas (regional)	364
Central African Republic	1,593
Colombia	1,554
Congo, Democratic Republic of the	4,653
Ethiopia	332
Jakarta (regional)	133
Mali	1,192
Mexico City (regional)	292
Nigeria	4,177
South Sudan	4,966
Suva (regional)	391
Syria	1,155
<b>TOTAL ICRC SPECIAL APPEAL – BUDGET 2019</b>	<b>28,943</b>

These budgets are also included in the funding requirements outlined in the [ICRC Appeals 2019](#) launched in December 2018.

31. The figures in this document are rounded off and may vary slightly from the amounts presented in other documents.

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

## 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 specifically or as part of broader programmes, 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 2019 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:
  - the ICRC Midterm Report: the status of ICRC operations in key contexts at mid-year;
  - the ICRC Annual Report: a comprehensive report on ICRC headquarters and field operations, covering the entire year;
  - the ICRC Special Report, which outlines the implementation and outcomes of plans presented in this Special Appeal (published once a year, following the Annual Report); and
  - other reports published on the ICRC Extranet for Donors<sup>33</sup> and articles on the ICRC website.
- Financial reporting will be available in the following:
  - the ICRC Annual Report: financial reporting, including the yearly consolidated financial statement, the independent auditor's report and financial and statistical tables; and
  - the Special Auditor's Report on the Special Appeal (once a year).

For further information, please contact:

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