

ICRC SPECIAL REPORT 2020

ADDRESSING SEXUAL VIOLENCE



ICRC



ICRC

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OVERVIEW

In 2020, operational activities, humanitarian diplomacy, capacity-building and coordination with other members of the International Red Cross and Red Crescent Movement (hereafter the Movement) continued as the ICRC implemented its [Strategy on Sexual Violence 2018–2022](#), which has the following objectives:

- ensure that victims/survivors of sexual violence have access to the services they require;
- protect groups and people at risk, and enable communities and individuals to strengthen their resilience to the effects of such violence; and
- engage actors of influence, including armed actors, in dialogue and other efforts around the prevention and response to sexual violence.

The strategy also reiterates the ICRC's commitment to developing and scaling up protection and assistance activities that focus on, among other things, addressing needs arising from sexual and gender-based violence, those related to gaps in mother-and-child care, and those linked to the disruption of livelihoods. This commitment has been steadfast even in the face of the COVID-19 pandemic.

The onset and rapid spread of the COVID-19 pandemic in 2020 posed challenges to the ICRC's overall operations, including its efforts to address sexual violence. Some planned activities were cancelled because of movement restrictions, while others were adapted as the ICRC reoriented its operations to respond to the effects of the pandemic. As part of this response, the ICRC developed guidance for states and the humanitarian community on ensuring that victims/survivors of sexual and gender-based violence were included in activities addressing the consequences of pandemic, and on ensuring adequate prevention, risk-mitigation and response activities addressing sexual and gender-based violence in COVID-19 quarantine centres. Several ICRC delegations monitored the impact of the COVID-19 pandemic on patterns of sexual and gender-based violence and, in view of the heightened risk of such abuse due to the pandemic, monitored and communicated concerns about the increased barriers that victims/survivors face when accessing services. The ICRC also developed and implemented ways to ensure continued community and communication with victims/survivors of sexual violence and people at risk of it – radio shows, additional community contact centres and adapted referral patterns, for example. Some delegations also developed specific activities to support people's livelihoods, within which victims/survivors of sexual violence were direct participants. Furthermore, in its diplomatic engagements and public communication, the ICRC prioritized raising awareness of how the pandemic exacerbated risks of sexual violence.

Throughout the year, ICRC delegations benefited both from the availability of robust technical guidance and support, including briefings on designing and implementing survivor-centred activities, and the increase in human resources (sexual violence operations managers, advisers and focal point networks) directly supporting them. This enabled delegations to initiate or sustain holistic activities that addressed the multiple needs of victims/survivors and to integrate the prevention of sexual violence in their interactions with influential groups and with communities.

While activities and commitments to addressing sexual violence are organization-wide, the activities in several priority contexts – namely Bangladesh, the Bolivarian Republic of Venezuela (covered by the Caracas regional delegation), Burundi, the Central African Republic, Colombia, the Democratic Republic of the Congo, Ethiopia, Mali, Papua New Guinea (covered by the Suva regional delegation), the Philippines, Nigeria, South Sudan, the Syrian Arab Republic (hereafter Syria), and the countries covered by the Mexico City regional delegation – exemplify the ICRC's commitment to addressing the consequences of sexual violence and helping prevent its occurrence, and are highlighted in this document.

THE SPECIAL REPORT 2020

This report follows up on the objectives and plans of action outlined in the *Special Appeal 2020: The ICRC's response to sexual violence*. Its main sections feature:

- activities at the ICRC headquarters that are directly related to sexual violence response and prevention (page 16);
- activities carried out by the 14 delegations featured in the *Special Appeal 2020*; these are concrete examples of how the ICRC worked to respond to the needs of victims/survivors of sexual violence, mitigate risks faced by communities and individuals and prevent the occurrence of incidents through dialogue and other means of interaction with the authorities, weapon bearers and influential groups (page 21); and
- financial reporting on the corresponding expenditure and on donors' contributions to the *Special Appeal 2020* (page 31).

The narrative and financial information in this Special Report are based on, and also included in, the ICRC Annual Report 2020, published in June 2021.

Democratic Republic of the Congo. The ICRC launched a radiospot campaign on preventing sexual violence amid the COVID-19 pandemic. Four radio spots were broadcast per day.



J. Busasi Nsalimbi/ICRC

SEXUAL VIOLENCE DURING ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

Despite clear legal prohibitions, sexual violence is widespread and prevalent during armed conflicts and other situations of violence, and in detention. It has grave humanitarian consequences for the victims/survivors and their communities.

The ICRC defines sexual violence as any act of a sexual nature committed against any person by force, threat of force or coercion¹. It includes rape, sexual slavery, enforced prostitution, forced pregnancy and enforced sterilization, as well as a variety of other acts of a sexual nature. 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. 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. 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, and be associated with, an armed conflict.

Acts of sexual violence are prohibited, both explicitly and implicitly, under IHL² 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

1. For more information, see the [ICRC's Strategy on Sexual violence 2018–2022](#) (all web addresses were accessed in June 2021)
2. 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.

IHL.³ Furthermore, rape and other forms of sexual violence in armed conflict can amount to serious violations of IHL and thereby constitute war crimes.⁴ Sexual violence can also constitute a crime against humanity or an act of torture or genocide.⁵

Sexual violence is a gendered phenomenon: it stems from harmful social practices and norms attached to gender roles and the power dynamics surrounding them, and from abuse of power. Gender roles in society influence both the risk of sexual violence and ability to access medical care and other services after an incident of violence. Women and girls continue to be the most targeted by sexual violence and face barriers to disclosure, but gender norms in most cultures, and discriminatory practices, also mean that men, boys and lesbian, gay, intersex and transgender (LGBTQI+) people may encounter such violence and distinct barriers in disclosing their experience of it and thus in accessing care.

However, gender is not the only factor that determines and interacts with power dynamics in society and shapes risks of facing, and needs arising from experiences of, sexual violence. Rather, it is a cross-cutting factor among a range of complex and intersecting identities (including race, ethnicity, religion, nationality, being internally displaced or a migrant, disability, class, health, caste, sexual orientation, gender identity and expression) that combine to influence a person's position within society and their diverse needs and capacities.

While distinctions can be made between some forms of sexual and gender-based violence during armed conflict and other situations of violence, many forms tend to be interconnected and share root causes and detrimental consequences for victims/survivors, regardless of the categorization of the humanitarian situation or the applicable legal framework.

The consequences of sexual violence

The consequences of sexual violence are multiple and long lasting. They can affect all dimensions of a person's physical, psychological and social well-being, sometimes enduring across different stages of life, and can also affect families and communities.

The physical consequences of sexual violence include death, physical injuries, pain resulting from physical violence, sexually transmitted infections, pregnancy, infertility, a proven higher incidence of disease burden and subsequent health problems. Longer-term consequences continue to have an impact on a person's dignity and can include incontinency, urinary issues, and persistent bleeding, affecting all aspects of life including the capacity to work and to provide care for their family (including for male victims/survivors). Pregnancy resulting from rape may result in high-risk delivery (for example, for adolescent and young girls, women with disabilities, and females with co-morbidities) and, in certain contexts, victims/survivors may contend with the risk of a potentially unsafe abortion.

Victims/survivors may also experience an acute mental-health impact. The ICRC, for example, has found that 23% of all patients receiving mental-health and psychosocial support through its activities and who reported distress noted rape as an experience and key factor in their distress or anxiety. Sexual violence has also been associated with suicidal ideation and suicide, and the detrimental mental health consequences can be lifelong, especially when it compounds existing trauma or where little to no access to support is available.⁶ Further psychological and psychosocial consequences include distress, self-blame, confusion, indignity, anger, low self-esteem, guilt, shame and self-harm. Addressing the mental-health and psychosocial needs of victims of violence, including sexual violence, requires quick intervention and multiple individual sessions. Proximity, or being in the right place at the right time, is crucial to this.

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3. The ICRC study on customary IHL published in 2005 identified 161 key rules of customary IHL and presented the state practice on which they are based, as well as related international practice. [Rule 93](#) refers to "Rape and Other Forms of Sexual Violence". Since its publication, the collection of state and international practices underlying the study (Volume II) has been regularly updated and is freely accessible through an [online database](#).
 4. The [Rome Statute of the International Criminal Court](#) (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.
 5. 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>.
 6. Andersen, I. Hubloue, I. Rossi, R. Yabutu, M.N.M. [Integrating Mental Health and Psychosocial Support Into Health Facilities in Conflict Settings: A Retrospective Review From Six African Countries](#).

Sexual violence can also compound trauma and result in economic and social stigma. Social consequences may include: a risk of discrimination stemming from harmful social norms; re-victimization; increased risk of violence from intimate partners; rejection or abandonment by family or community; rejection of children born of rape; forced marriage; loss of employment, land, accumulated livelihood assets or other means of subsistence.⁷

In the face of adverse social consequences, the barriers to reporting or disclosing sexual violence are immense, and victims/survivors often face difficulty in deciding whether to, and to whom to, disclose the abuse they suffered and whether to seek assistance.

Sexual violence can also deeply affect the immediate family and other close relatives of the victim/survivor, particularly their spouse or partner, children, parents, and/or others who witnessed the act(s).

Despite its global prevalence and grave consequences, sexual and gender-based violence remains under-reported everywhere and, therefore, reliance on measures pertaining to overall official statistics can be misleading about the extent of such violence. In cases where sexual violence is combined with killing (or the death of the person), sexual violence can be overlooked or not properly documented and/or reported in fatality statistics or medico-legal documentation; often, medico-legal systems and forensic services are weak or weakened in humanitarian contexts.

Moreover, during armed conflict or other situations of violence, victims/survivors face additional obstacles to disclosing sexual violence. These hindrances may include: the breakdown of infrastructure; road blocks or arbitrary check points; targeting of health facilities; deterioration or interruptions of survivor-centred services; disruption of community-based protection mechanisms; and existing inequalities and drivers of sexual and gender-based violence that are heightened by conflict. Each of these factors, or a combination thereof, may also impede victims/survivors' access to medical treatment, legal and forensic services, psychosocial support, protection services and other assistance.

Furthermore, research conducted by the ICRC and the British Red Cross in 2019–2020 on the issue of mandatory reporting of sexual violence by health to legal or other authorities also shows the significant impact of the policy and legal environment on under-reporting. Mandatory reporting, for example, makes some people too afraid to even access care; for those that do, there is a fear to fully disclose what has occurred, which means it is not captured in the health data. Mandatory reporting also creates a potential obstruction to timely access to support and to the safety of patients and medical workers, owing to fear of reprisal. It also affects the mental health of victims/survivors, enhancing the dimension of disempowerment and lack of choice that the violence already produced.

Importantly, cultural barriers to speaking out about incidents of sexual violence are often significant and vary according to the context. Compounding this are attitudes and values in communities and in professional circles that create a culture of normalcy around a lack of understanding of the problem – for example, there may be a failure to recognize the harmful and widespread nature of sexual and gender-based violence and acknowledge the root causes and ways to prevent it. Misconceptions surrounding sexual violence remain pervasive – even among professionals such as health-care workers, law enforcement officials and other service providers – and these cannot be addressed without capacity-building and relevant communication on referral pathways.

7. 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.

Democratic Republic of the Congo. With the ICRC's support, a victim/survivor of sexual violence has established and maintains several income sources: working in a hospital and managing a restaurant and a mini-market.



THE ICRC'S APPROACH

Where there is a humanitarian need and it can have a specific added value, the ICRC may address various forms of sexual and gender-based violence through its protection, assistance, prevention and cooperation programmes.

The ICRC employs a survivor-centred approach to addressing sexual violence and is committed to responding to it across all of its programmes, in order to meet the multiple needs of victims/survivors in a holistic manner. This is aligned with the people-centred approach prescribed by the ICRC's [Institutional Strategy 2019–2022](#), which recognizes that “communities affected are experts on their own situation, first responders and agents of change”. The ICRC also approaches the prevention and mitigation of the risk of sexual violence using these principles.

Given the proven global prevalence of sexual and gender-based violence, the ICRC assumes that sexual violence occurs in all the contexts in which it operates and assumes that sexual violence and gender-based violence is exacerbated by conflict and other crises. It therefore acts proactively to respond to it, without waiting for new analysis to emerge and even if no new incident data is available or being collected, especially as official data collection avenues are limited or non-existent during crises. This is referred to internally as the “reversed burden of proof”.⁸ Nevertheless, ICRC staff members aim to actively analyse trends and data, where these are available, to inform their interventions in line with the ICRC's evidence-based approach.

ICRC delegations are encouraged, and given technical support to:

1. at a minimum, identify a referral pathway for any victim/survivor of sexual violence to survivor-centred services (health, mental-health and psychosocial support, livelihood support, protection and legal aid) whether offered by the ICRC or others, and to train staff members on ensuring a sensitive response to disclosures of sexual violence;
2. integrate a response to sexual violence into their existing activities; or
3. 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), or other forms of sexual and gender-based violence.

Recognizing the complexity of preventing sexual violence and the multiple needs of victims/survivors and communities at risk, the ICRC works simultaneously on prevention, risk-mitigation and response. It engages weapons bearers in dialogue on sexual violence to prevent its occurrence. Through its mental-health, economic-support and protection activities, the ICRC provides assistance to victims/survivors and helps promote their safety. It works with people at risk of sexual violence to ensure that its activities do not put them in further danger, for example, by seeing to it that they are able to safely reach locations where they can obtain ICRC aid or ICRC-supported services.

Moreover, the ICRC strives to be part of reliable networks of non-discriminatory services that can coordinate and cooperate to meet the many diverse needs of a victim/survivor. It participates in and establishes referral pathways for victims/survivors and then promotes these referral pathways through its community-engagement activities. This entails strong coordination and information-sharing among the different teams involved to ensure internal referrals and, where needed, referrals with and between partners within and outside the Movement, following careful analysis of their complementary roles or capacities and in consultation with them.

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, considering the varying needs and capacities of groups at risk, individual victims/survivors and their wider communities. These needs and capacities are shaped by the interplay of gender norms and power dynamics, involving factors such as age, sexual orientation, ethnicity, religion, disability and race. These aspects intersect and overlap to influence a person's position, power and vulnerabilities within society. Therefore, the ICRC's action on sexual violence takes into account its inclusive programming commitments, and includes improving the institution's understanding of the nature and extent of sexual and gender-based violence in different contexts and continuously improving its prevention and response approaches. Among other measures, the ICRC is developing its methodology, reference materials and capacities in social power analysis and the collection of data disaggregated by sex, age and disability as well as other relevant factors. Regarding data collection, in particular, the ICRC also works to ensure the protection of the personal data of the people who avail of its services, especially services addressing sexual violence and other cases where there is a risk of stigmatization or further harm, as described above. Owing to this and other data management constraints, the ICRC may not always have the complete picture of the total number of victims/survivors assisted through its programmes or in a position to share such data in public reports.

8. This “reversed burden of proof” 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”.

THE ICRC'S ENGAGEMENT CRITERIA

The ICRC has set four operational considerations for engagement in addressing sexual violence, as explained in its 2018–2022 strategy:

- 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. The strength of this connection is assessed 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).
- 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**, in terms of its expertise, access, 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.

Furthermore, the ICRC recognizes that sexual violence, according to its definition above, and different forms of gender-based violence tend to be interconnected with similar root causes and consequences. It therefore adapts its approach and the scope of its action according to the environment or as new threats emerge, as in the case of the COVID-19 pandemic. While it may focus on addressing sexual violence related to conflict, the ICRC may also implement activities responding to needs of people who have experienced gender-based violence given its overall global prevalence, or may offer services to all victims/survivors of sexual violence. It may also seek to protect and address the needs of a specific group.

Response to sexual violence in detention

The ICRC's engagement criteria 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.

The ICRC's standard procedures⁹ for visiting detainees are designed to help mitigate the risk of sexual violence and other violations of international human rights law: delegates examine facilities and procedures to identify potential risks related to infrastructure, material conditions and staffing (male/female); 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 vulnerabilities and needs of detainees. 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. Migrants held in detention represent another highly at-risk category. The ICRC works to address these risks through interventions with the authorities regarding the treatment of detainees and through support for addressing structural concerns, such as: the management of detention facilities; overcrowding; detainees' privacy, safety and access to food, essential items (such as for personal hygiene), services and facilities; and the needs of particularly vulnerable groups.

The ICRC urges all authorities to ensure that:

- 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 living and hygiene facilities are separated based on gender and age;
- 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 medical examination on arrival, confidential health care, and 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.

9. For more information on the ICRC's work in detention, see: <https://www.icrc.org/en/publication/4293-sexual-violence-detention-and-https://www.icrc.org/en/document/how-does-icrc-work-detention>



South Sudan. Free medical and psychological support is available at ICRC-backed health facilities. The ICRC trains nurses, midwives and clinical officers, to raise awareness of the consequences of rape.

A MULTIDISCIPLINARY RESPONSE

The ICRC works to prevent sexual violence and respond to its consequences through a combination of programmes, modes of action¹⁰ and activities. Its prevention, mitigation and response efforts include:

- providing direct support to promote the protection of people and their physical and mental health, or to enhance communities' capacities and reinforce their coping mechanisms;
- reinforcing local services so that they can continue delivering supportive care to victims/survivors in times of conflict;
- persuading authorities to improve legal frameworks and providing them with relevant support;
- engaging with individuals, communities and weapon bearers, with the aim of changing patterns of behaviour; and
- implementing activities to mitigate people's exposure to risks of sexual violence.

In developing its prevention response, the ICRC applies a logical framework¹¹ that covers and demonstrates the multiple and interlinked means towards creating a conducive environment. This framework has been adapted to addressing sexual violence; in 2020, the ICRC participated in the Advisory Committee and field testing of tools for a project to develop the inter-agency Gender-based Violence Prevention Evaluation Framework for conflict settings.¹²

Furthermore, the ICRC ensures that its own activities do not inadvertently create a risk or an opportunity for sexual violence to occur. Therefore, it carries out risk assessments and analyses and implements mitigation measures against sexual exploitation and abuse. It seeks to prevent, detect and address sexual misconduct in line with the "do no harm" principle and the ICRC's Code of Conduct¹³.

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10. The ICRC uses five modes of action: persuasion, mobilization, support, substitution and denunciation. For more information on each mode of action, see the [ICRC management framework and description of programmes](#), available on the ICRC Extranet for Donors.
 11. The logical framework serves a practical guide to help ICRC staff members carry out their analysis and develop their prevention response. "Prevention" here pertains to the ICRC prevention programme, which covers the development, implementation and dissemination of IHL and other applicable norms to foster an environment conducive to respect for the law and prevention of violations. It also covers efforts to raise awareness of and build acceptance for the ICRC and its activities. For more information on the ICRC's four programmes (protection, assistance, prevention and cooperation), see the [ICRC Management framework and description of programmes](#) and its [Prevention policy](#).
 12. This project was launched in June 2021. For more information, see <https://protection.interaction.org/workshop-report-gbv-pef-advisory-committee/>, and <https://www.interaction.org/blog/gender-based-violence-prevention/>
 13. Available at: <https://www.icrc.org/en/document/code-conduct-employees-icrc>

PROVIDING AND FACILITATING ACCESS TO APPROPRIATE HEALTH-CARE SERVICES

Victims/survivors of sexual violence require direct access to safe, timely and confidential clinical care and life-saving medical procedures such as post-exposure prophylaxis for human immunodeficiency virus (HIV), prevention of unintended pregnancy in line with domestic legislation, management of injuries and sexually transmitted infections, immunization and wound care. It is also important that they receive support – in a private, safe and confidential space – for overcoming the trauma and other psychological consequences associated with sexual violence. However, accessing medical care in armed conflicts or other situations of violence is often a significant challenge. There are often not enough medical facilities, or those that exist are ill-equipped, damaged or completely destroyed. Trained staff and medicines are also often unavailable or in short supply. Affected communities, including victims/survivors, have to overcome security constraints and other barriers to obtain treatment. The ICRC must consider the safety and needs of victims/survivors, as well as security concerns affecting its own staff members.

In line with international and national guidelines and sectoral standards,¹⁴ the ICRC provides clinical care and mental-health and psychosocial support, either directly or through qualified and trusted partners. As much as possible, it strives to provide such services within the first 72 hours after the abuse was committed.¹⁵ Where necessary, the ICRC trains local health staff, National Society volunteers and/or community members and raises awareness about these services among communities. It provides material, technical and other types of support to primary-health-care facilities, hospitals and transport systems, while encouraging the authorities concerned to sustain the availability of services and the safety of the premises in which these are provided. The ICRC provides these services as part of a broader emergency health-care approach, so as to avoid the labelling and stigmatization of victims/survivors.

The ICRC runs several programmes that seek to provide violence-affected people, including victims/survivors of sexual violence, with mental-health and psychosocial support, 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.

Where the ICRC cannot directly provide these services or support those who can, the ICRC may facilitate the referral of victims/survivors to other providers. The ICRC may also provide victims/survivors who approached it through a specific entry point – to seek health care, for example – with other forms of assistance, such as livelihood support. Whether making referrals internally or to external services, the ICRC takes care to preserve confidentiality and data protection.

PROVIDING AND FACILITATING ACCESS TO OTHER ESSENTIAL SERVICES

The ICRC works to ensure that victims/survivors of sexual violence have access to other essential services within a referral network – to cover their basic needs, for example – and address their protection-related concerns.

The ICRC carries out activities to enhance the protection of individuals and groups at risk. It helps in relocating people to safer areas, under certain circumstances, for example: when threats are levelled against victims/survivors or those who have testified or sought assistance; when certain people are at risk in relation to an ongoing conflict dynamic; or when victims/survivors are unable to receive medical attention or other services they require. In such cases, it may provide them with financial assistance to cover their transport and other expenses. The ICRC also considers and facilitates referrals to other organizations – including those offering legal support, specialized medical care, shelter or other types of assistance – when it cannot directly provide these services, to ensure that victims/survivors receive support that is tailored, as much as possible, to their specific needs.

In terms of economic support, the ICRC ensures that the specific factors rendering people vulnerable to risks of violence, including sexual violence, are taken into consideration and can be addressed effectively in its activities. The ICRC strives to reach victims/survivors in sensitive ways and does not set them apart from other conflict-affected members of communities when designing economic activities, to ensure safety, dignity, non-discrimination and confidentiality. It ensures that its efforts to help victims/survivors to achieve or maintain economic independence are holistic and discreet, preventing risks of stigmatization and/or re-victimization. Victims/survivors of sexual violence may also be included in, for example, women-run agricultural cooperatives, enabling them to generate income and facilitating their integration within their community. Other initiatives include cash transfers to affected groups and/or vulnerable individuals identified through local structures supported by the ICRC, so that they can cover their basic needs and/or improve their livelihoods.

Cash and voucher assistance is also being used increasingly, beyond livelihood-support activities; new guidance on its use for prevention and response activities was made available to staff members in 2020. The ICRC may employ this mode of support to help people protect themselves from abuse, avail themselves of health care and other services, prevent recourse to negative coping strategies and reduce their exposure to risks (see also *Prevention and risk reduction* below). Moreover, providing cash or vouchers gives victims/survivors of sexual violence more agency and options, and is therefore fully aligned with the survivor-centred approach.

14. In particular, the ICRC seeks to provide services that are aligned with the pertinent World Health Organization guidelines: [Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings](#).

15. For more information on the importance of providing victims/survivors with timely care, see [First 72 hours: Critical support for victims/survivors of sexual violence](#)

PREVENTION AND RISK REDUCTION

The ICRC discusses the prevention of sexual violence with communities, authorities, local experts, representatives of communities and weapon bearers as part of its efforts to raise awareness of and support for relevant provisions of IHL, international human rights law, and other applicable norms and standards. It addresses the issue in a comprehensive manner, seeking to address its root causes and harmful consequences while promoting respect for the applicable international law provisions and standards. The ICRC also works to ensure that these are incorporated in domestic legal and regulatory frameworks, doctrine, training and guidance for weapon bearers, and policies for law enforcement operations. It has published, for example, a checklist on the domestic implementation of IHL provisions prohibiting sexual violence,¹⁶ meant for states and Movement components.

In its interactions with parties to armed conflict, the ICRC reminds them – whether state military and security forces or non-state armed groups – that rape and other forms of sexual violence are prohibited under IHL and urges them to fulfil their pertinent obligations. It also strives to discuss with them instances and patterns of violence, the humanitarian consequences for the people affected, and/or the legal actions and disciplinary and other measures that should be taken in response.

The ICRC organizes briefings and training sessions adapted to local circumstances, and reviews military and police operational documentation and procedures to assess the adequacy of measures to prevent sexual violence or how these could be improved. It undertakes studies and, on the basis of its findings, makes tools available for the use of its own staff and others. Guidelines¹⁷ on engaging in dialogue with state armed forces, based on the findings of the ICRC report on the Roots of Restraint in War¹⁸ and on evidence for continued engagement on IHL with all groups, are also available.

Such dialogue is complemented and informed by efforts to understand the intersection between social and cultural norms and sexual violence, also in line with findings of the Roots of Restraint in War report. In settings where there is an increased risk of sexual violence linked to armed conflict or other situations of violence, the presence of the ICRC may dissuade weapon bearers, authorities or other civilians from committing abuses.

More broadly, the ICRC helps foster a safer environment for individuals and communities, guided by information shared by or collected from multiple sources, including the victims/survivors themselves and local institutions and service providers that help them or their communities. For example, it has shared recommendations with states, donors and health and humanitarian workers on ways to ensure safe and unimpeded access to care for victims/survivors of sexual violence. These recommendations were based on a study on mandatory reporting of sexual violence and of sexual violence and its implications on assistance-seeking behaviours, the safety of victims/survivors and health-care workers, and the provision of quality care.¹⁹

Evidence shows that women and girls are disproportionately at risk of sexual violence owing to gender norms and social inequality. The risks are exacerbated by intersecting factors such as: age (e.g. unaccompanied or separated children, children in detention, child migrants or children associated with the armed forces or armed groups); psychological, intellectual, sensory and physical impairments; situations of internal displacement and migration; and detention. They require protection-focused approaches that address needs, promote capacities and support victims/survivors' roles in identifying solutions and risk-mitigation measures. For example, reuniting children with their families, when it is found to be in their best interest, may reduce their exposure to sexual violence by returning them to the protection of a family environment. This is done as part of the ICRC's efforts to restore family links.

Moreover, recognizing the importance of forensic sciences to sexual violence prevention and response, the ICRC also works to strengthen the medico-legal system responsible for providing forensic services to victims of violence.

The ICRC's activities to improve the economic security of violence-affected people may also help reduce their exposure to abuses, including forms of sexual exploitation – such as transactional or survival sex and child marriage – that are usually exacerbated during armed conflicts or other situations of violence. These activities include distributions of food and essential household items and the provision of cash, vouchers or supplies for income-generating activities that people can use to cover basic household expenses or to invest in means of livelihood.

More broadly, the ICRC shapes debates and facilitates in-depth discussions about sexual violence with key stakeholders at the national, regional and global levels. It contributes to building knowledge about the issue through publications and other means.

16. See [Checklist: Domestic Implementation of International Humanitarian Law Prohibiting Sexual Violence](#).

17. See [Engaging with State Armed Forces to Prevent Sexual Violence: A Toolkit for ICRC Staff on How to Engage State Armed Forces in Dialogue on Preventing Sexual Violence in Armed Conflict](#).

18. See [Roots of Restraint in War](#).

19. See [Forced to report: The humanitarian impact of mandatory reporting on access to health care for victims/survivors of sexual violence in armed conflict and other emergencies](#).

ADDRESSING SEXUAL VIOLENCE IN 2020: HEADQUARTERS

Teams and specialists at headquarters provided guidance to ICRC delegations and undertook their own initiatives to ensure that the ICRC addressed sexual violence in an effective and holistic manner. The Addressing Sexual Violence team, which is under the Department of Operations, spearheaded and/or coordinated these activities with the help of and in partnership with members of a working group of specialists from different units, departments and regional management teams. The team's structure was reinforced over the course of 2020 with staff members responsible for humanitarian diplomacy, internal training and internal communications.

The Addressing Sexual Violence team paid close attention to the repercussions of the COVID-19 pandemic, and of the lockdowns and other measures taken by states to curb its spread, on the incidence of sexual and gender-based violence and on people's access to services and information. The team was reinforced for several months by sexual violence operations managers and advisers who were unable to deploy to delegations because of pandemic-related restrictions. With other ICRC units, it produced guidance documents on inclusive programming as part of the response to COVID-19 and on preventing and addressing sexual and gender-based violence in quarantine centres. These were made available to ICRC staff members and shared with other members of the humanitarian community. These topics were also tackled in blogs published by the ICRC as part of its public communication efforts.

Ensuring that people benefit from a holistic and effective response

Staff members at headquarters and in delegations received guidance on implementing the strategy for addressing sexual violence through various means, including webinars on specific aspects of addressing sexual violence and advice and other forms of support from the Addressing Sexual Violence team and members of the working group. Several delegations also had on-site support from sexual violence operations managers and advisers (see *Addressing sexual violence in 2020: Operations* on page 21). The operations managers and regional advisers were coached and supported by the Addressing Sexual Violence team.

The planning for results guidance document on sexual violence – known internally as the Minimum Accountability Requirements – that was first developed in 2019 was updated with additional guidelines and indicators; moreover, the guidance documents for broader ICRC programmes were reviewed from the perspective of integrating the response to sexual violence. Through webinars and bilateral meetings, delegation managers and technical specialists had access to these documents ahead of their 2021 annual planning exercises, giving them concrete examples of how sexual violence objectives may be integrated into their existing planning, monitoring and data collection systems. In parallel, an internal monitoring dashboard was created to visually present data on sexual violence activities from 2018 onwards, with a view to increasing accountability for quarterly reporting against planned activities.

In 2020, a total of 43 delegations listed activities addressing sexual violence in their plans and budgets. Several improvements in planning were noted, as a result of the combined efforts at institutional, regional and delegation levels to increase accountability for plans, budgets and outcome indicators. For example, while the overall total number of activities identified through a series of tags for addressing sexual violence decreased from 2019 to 2020, owing to data management and compliance thresholds for what could be “tagged”, the actual number of total reportable indicators on addressing sexual violence increased from 116 indicators in 2019, to 183 in 2020, and to 264 in 2021. Analysis of delegations' 2021 planning documents also showed an improvement in the quality of sexual violence-related objectives and indicators set by ICRC delegations – in the Central African Republic, Colombia and the Democratic Republic of the Congo, for example.

Fostering better coordination and information-sharing

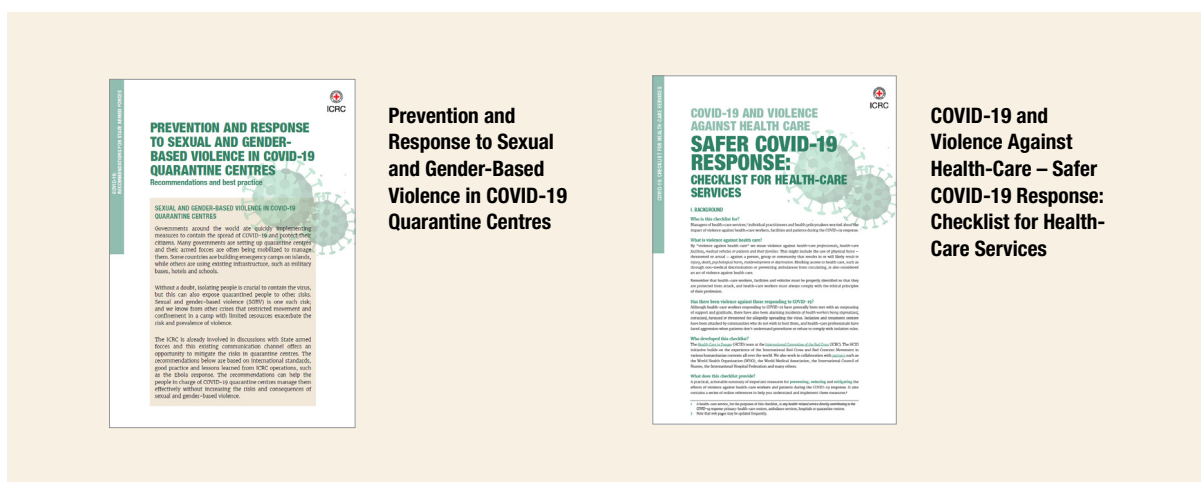
Staff members involved in activities to address sexual violence continued to use the online community, established in 2019, to exchange ideas, resources, experiences and best practices. The community also served as a one-stop repository of guidance documents and other information about sexual violence, helping facilitate information-sharing and coordination at a time of reduced face-to-face meetings because of the pandemic. The Addressing Sexual Violence team and working group periodically met virtually to share updates from their respective domains and other developments towards their shared objective of mainstreaming action on sexual violence in ICRC operations. These efforts helped ensure that the different departments and disciplines in the ICRC were aware of and accounted for sexual violence in their work.

Building staff capacity to address sexual violence

The Addressing Sexual Violence team developed a training programme aimed at increasing the capacity of delegations to address sexual violence in conflict, detention and other situations of violence in a multidisciplinary and coherent manner. The programme is designed to be adapted to the needs of specific delegations and tailored to their working environment, so as to make it as practical and relevant as possible. It was piloted at the ICRC office in Cox's Bazar in Bangladesh in 2020, with 26 participants from the office's management and its teams working on protection, prevention, communication, assistance and cooperation activities. The participants reported being highly satisfied with the training they received. As a result of the training programme, they were able to map out the laws pertaining to sexual violence in the country and the relevant sociocultural norms and produce a multidisciplinary action plan. Following up on the results of the programme, the sexual violence operations manager in Bangladesh observed improved ownership of sexual violence response and prevention activities and increased technical knowledge among staff members. Based on this test run and the feedback from participants, the programme was improved and scheduled for roll-out in more delegations in 2021.

Sexual violence continued to be covered in internal training sessions for staff members engaged in various disciplines. A module on sexual violence was included in the integration courses for staff members, which were delivered virtually in 2020. Seventeen ICRC staff members, meanwhile, participated in a seminar on sexual violence in conflict settings and emergencies; this seminar was jointly developed in 2014 by the ICRC and the Geneva Centre of Humanitarian Studies (formerly the Centre for Education and Research in Humanitarian Action, or CERAH).

Guidance documents were made available to staff members. These documents covered areas such as: developing referral systems for victims/survivors, using cash and voucher assistance to prevent and respond to sexual violence, and responding to disclosures of incidents of sexual violence in a survivor-responsive manner. The document on reacting to disclosure was translated into Arabic, French and Spanish. The documents were launched during organization-wide webinars, which reached a cumulative number of 283 participants. Animated videos²⁰ were also produced, in different languages, about the key elements of the strategy on sexual violence, the survivor-centred approach, the establishment of referral systems and the importance of providing medical services to victims/survivors within 72 hours. These were shared with staff members to further facilitate their understanding and use of the references available to them.



Strengthening the ICRC's understanding of sexual violence through research

The ICRC pursued research projects on issues related to sexual violence. With the British Red Cross, it published a report on the humanitarian impact of mandatory reporting – by health workers to the authorities and others – on access to health care for victims/survivors of sexual violence in armed conflicts and other emergencies. The report proposed recommendations – for states with mandatory reporting regimes, donors, health-care providers and Movement components – on how to respond to the dilemmas arising from mandatory reporting and better protect the health, safety and well-being of victims/survivors of sexual and gender-based violence. The ICRC also consolidated the findings of an internal study of sexual and gender-based violence against male and LGBTQI+ victims/survivors of sexual violence and initiated new research in South Sudan and the Central African Republic exploring men's views on sexual violence and how to prevent it. An offshoot of the Roots of Restraint in War study, this research aims to better understand the norms and beliefs surrounding sexual violence and inform the ICRC's prevention work, particularly with weapon bearers.

20. See, for example, *The ICRC's Strategy on Sexual Violence*, *ICRC guidance document: COVID 19: Inclusive programming* and *Establishing a referral pathway for victims/survivors of sexual violence*.

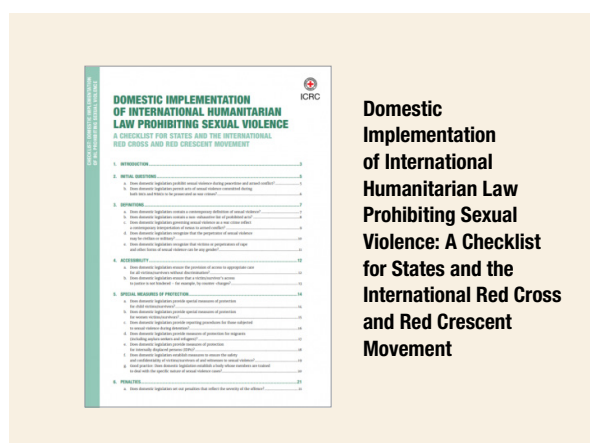
In the last quarter of 2020, the Primary Health Care team of the ICRC's Health Unit asked delegations to conduct a mapping exercise in countries where the ICRC has major health operations, to assess people's access to, and the quality of, sexual and reproductive health services provided by health ministries, the ICRC and other humanitarian agencies. The minimum initial service package is the starting point to addressing the sexual and reproductive health-related needs of people affected by armed conflict and other situations of violence and should be sustained and built upon until comprehensive sexual and reproductive health services are achieved or restored. The exercise examined the current implementation of each of the components of the minimum initial service package in 26 countries and territories, including information from government-controlled and non-government-controlled areas. It found gaps in the implementation of the package and highlighted the leading gaps as: a lack of coordination among humanitarian agencies; a lack of access to health facilities owing to security concerns or the destruction of facilities; and an absence of qualified human resources or the necessary drugs and equipment. As a follow-up, the ICRC created a working group to put efforts and expertise together and elaborate global recommendations for the integration of the minimum initial service package in its health programmes. The working group has ten participants (90% from delegations and 10% from headquarters), two co-facilitators and external speakers. It is tasked to develop a strategy for progressively implementing sexual and reproductive health-related activities in the ICRC health programmes; preventing sexual violence and responding to the needs of victims/survivors will become an integral part of these activities.

FOSTERING AN ENVIRONMENT CONDUCTIVE TO PREVENTING SEXUAL VIOLENCE AND ADDRESSING ITS CONSEQUENCES

The ICRC contributed to discussions on the issue of sexual violence at selected international and regional events hosted or attended by states, international organizations and other influential groups. It aimed to influence the legal language used in relevant resolutions and frameworks, to help ensure that they facilitated or strengthened the protection of people and the prohibition of sexual violence in armed conflicts. This work was carried out in the context of engaging with governments and intergovernmental bodies on ways to improve IHL acceptance and national compliance, and to provide them with legal and technical support through its network of legal advisers.

Influencing dialogue, policies and action at global and regional level

The ICRC co-hosted a side-event on sexual violence at the United Nations (UN) General Assembly Week, which was held online in September. It participated in and/or provided legal support during meetings, training sessions and various other events on gender-based and sexual violence and the applicable IHL provisions. These included, for example, virtual events organized by the centres for women, peace and security of the London School of Economics and Georgetown University; the Second International Conference on Action with Women and Peace, organized by the foreign ministry of the Republic of Korea; and a live-streamed World Bank webinar on key international legal issues in the context of COVID-19. At these events, the ICRC highlighted the international legal framework governing sexual violence and its relevance to the impact of COVID-19 on victims/survivors. The ICRC presented at an IHL workshop by the Geneva Academy of International Humanitarian Law and Human Rights and members of the Committee on the Elimination of Discrimination against Women, and had a session on sexual violence during its online IHL course for senior humanitarian practitioners and policy-makers. It provided IHL legal advice for the ICRC's consultations with the Centre for Reproductive Rights, and for the development of the Principles on the Prevention of Conflict-Related Sexual Violence in Detention Settings led by the All Survivors Project; it participated in the principles' launch in October. The ICRC also joined or organized events marking the 20th anniversary of the UN Security Council resolution on women, peace and security, which addresses the situation of women in conflict. It discussed addressing sexual violence during policy forums with members of its Donor Support Group, and during a visit of these donors to the ICRC delegation in South Sudan.



Following consultations with other experts within the Movement, the ICRC published and began rolling out a checklist to guide the domestic implementation of IHL rules prohibiting sexual violence. The checklist²¹, which is available in English and French, is designed to support the implementation of international obligations related to sexual violence at the domestic level by highlighting the national provisions necessary for effective prevention and punishment of sexual violence in armed conflict. It is meant for legal experts within and outside the Movement, who can use the tool during discussions with government authorities, and for states themselves when reviewing their own law and policies. In addition to applicable IHL rules, the checklist covers relevant provisions of international human rights

21. See [Checklist: Domestic Implementation of International Humanitarian Law Prohibiting Sexual Violence](#).

law and international criminal law and a selection of other sources of law and policy that may, depending on the context, help inform domestic frameworks governing sexual violence. Three delegations began to use the checklist for their efforts to support legislative amendments to address sexual violence during armed conflict and better protect people from such abuse.

The ICRC continued to update the database on customary IHL²² with national and international practice related to, *inter alia*, the prohibition and criminalization of sexual violence. Moreover, it marked the third milestone in its project to update the Commentaries to the Geneva Conventions, with the publication of the updated Commentary on the Third Geneva Convention on the protection of prisoners of war. In several articles, the new Commentary addresses a gender-sensitive application of IHL rules and the protection of prisoners of war from sexual violence. This approach was welcomed by external legal commentators. A post²³ on the ICRC's Humanitarian Law and Policy blog accompanied the publication and underlined the importance of the gender-sensitive application of IHL rules to meet women's needs; it also highlighted the importance of the prohibitions of sexual violence in the Third Geneva Convention.

The ICRC actively promoted the domestic law checklist, the recommendations of the study on mandatory reporting, and the various tools it developed in past years. In all its interactions with states and other key players, it also sought to highlight trends and patterns of conflict-related sexual violence and to amplify the voices and plight of victims/survivors.

Engaging with authorities and weapon bearers on preventing sexual violence

In line with Resolution 3 adopted at the 32nd International Conference of the Red Cross and Red Crescent (hereafter International Conference), ICRC delegations – with support from headquarters – organized, promoted or attended events that were either specifically about sexual violence during armed conflict, or addressed the issue in terms of compliance with or the implementation of IHL and other applicable norms. Many planned events, however, were cancelled in view of restrictions necessitated by the COVID-19 pandemic and because states focused their attention and resources on addressing the said crisis. Nevertheless, the issue of sexual violence was included in IHL training sessions organized virtually by delegations for authorities and weapon bearers. The ICRC, for example, included a session about sexual violence in its pre-deployment IHL briefing for troops from Viet Nam who were bound for South Sudan. The ICRC also discussed sexual violence during a virtual conference in Mexico in October, which was attended by government representatives.

Delegations continued to work on refining their activities aimed at influencing the behaviour of weapon bearers and promoting and supporting the domestic implementation of IHL and its provisions on sexual violence. They drew guidance from available tools and reference materials, including those mentioned above. The use of a toolkit for engaging armed forces in dialogue on sexual violence continued to be encouraged.

Broadening awareness of conflict-related sexual violence and the plight of victims/survivors

The ICRC reinforced its public-communication efforts to raise awareness of the consequences of sexual violence and of the different aspects of its prevention, mitigation and response activities. The plight of victims/survivors of sexual violence, their diverse background and their varying capacities to cope were highlighted in campaigns on social media and other platforms. As part of the 16 Days of Activism against Gender-based Violence (25 November to 10 December), for example, the ICRC published blog posts and videos about sexual violence, including one on the rise in cases of sexual violence reported during the COVID-19 pandemic, in its Humanitarian Law and Policy blog. Posts on the ICRC's official social media accounts, and on the accounts of various ICRC delegations, sought to build empathy for victims/survivors of sexual violence and demonstrate how sexual violence can affect women, men, boys, girls and all persons from all backgrounds. They emphasized the importance of a survivor-centred approach to helping those affected by sexual violence, including communities and individuals at risk.

Delegations were also helped to address sexual violence in their operational and public communication initiatives. The Department of Communication and Information Management, for example, provided guidance and led campaigns on the prevention of sexual and gender-based violence.

22. [Rule 93](#) refers to "Rape and Other Forms of Sexual Violence". The full database is available and freely accessible online.

23. [GCIII Commentary: I'm a woman and a POW in a pandemic. What does the Third Geneva Convention mean for me?](#)

SUSTAINING AND DEVELOPING PARTNERSHIPS WITH MOVEMENT PARTNERS AND OTHERS

Coordination with the International Federation of Red Cross and Red Crescent Societies (hereafter International Federation) at the global level continued through meetings and the exchange of information and technical expertise. The ICRC participated in the Sexual and Gender-Based Violence Movement working group, which brings together the different components of the Movement and is chaired by the International Federation and the Australian Red Cross. Through this platform, it helped increase Movement-wide cooperation on developing COVID-related technical guidance and on the complementary roles of the different components in view of the Call to Action initiative and the Oslo Conference. The ICRC also participated, as an observer, in the review of the International Federation's strategic framework on diversity and inclusion and gave feedback on a project to review the existing approaches of the International Federation and of National Red Cross and Red Crescent Societies (hereafter National Societies) to address sexual and gender-based violence.

Existing partnerships with specific National Societies were strengthened. The ICRC and the British Red Cross, for example, worked closely on the study on mandatory reporting and resulting recommendations, and delivered a joint private briefing for members of the parliament of the United Kingdom of Great Britain and Northern Ireland (hereafter UK). The British Red Cross and the UK government co-signed a pledge on addressing sexual violence, in the context of the International Conference. ICRC delegations, especially those supported by sexual violence operations managers and regional advisers, pursued partnerships with other Movement components also present in their countries of operation. The delegation in South Sudan, for example, signed a partnership agreement on addressing sexual and gender-based violence with the South Sudan Red Cross.

Following up on the Oslo Conference in 2019, the ICRC continued to engage with its co-host – during the side-event at the UN General Assembly (see above), for example – and contributed to the collective progress report²⁴ of the conference.

After joining, in 2018, the global coordination mechanism on gender-based violence – the Gender-Based Violence Area of Responsibility (GBV AOR) led by the UN Population Fund²⁵, the ICRC regularly attended global meetings and its delegations linked closely with local focal points of the GBV AOR, helping the ICRC to solidify its networks and coordination with other actors at the global and local level. In the Central African Republic, for instance, the ICRC worked with the national GBV cluster in developing joint messages to increase awareness of sexual violence-related risks and needs during the COVID-19 pandemic. In October, the ICRC presented about the prevention of sexual violence at a UN Global Protection Cluster meeting.

^{24.} Available at: https://www.humanitarianoutcomes.org/Oslo_SGBV_Commitments_2020_Report

^{25.} For more information, see: <https://gbvaor.net/>



Papua New Guinea. The ICRC engages in discussions with village birth attendants, who are key partners in providing mental-health and psychosocial support to victims of violence, including sexual violence.

ADDRESSING SEXUAL VIOLENCE IN 2020: OPERATIONS

This section features the activities carried out by 14 ICRC delegations in 2020. It provides concrete, field-based examples of the work described in the previous sections of this report (see *A multidisciplinary response* on page 13). It also gives an overview of the activities of sexual violence operations managers tasked to directly support key delegations, namely those in Bangladesh, the Central African Republic, Colombia, the Democratic Republic of the Congo, Nigeria and South Sudan. An adviser within the protection team supported the multidisciplinary response to sexual violence in Colombia. There were also advisers based at the ICRC's regional delegations in Bangkok (Thailand) and Dakar (Senegal) who supported delegations across Asia and Africa, respectively.

ICRC activities to address sexual violence at the delegation level were largely affected by the COVID-19 pandemic and the various challenges it presented. The rapid evolution of the pandemic and the measures taken by states to curb its spread resulted in interruptions to the ICRC's overall operations. Activities requiring gatherings of people, for example, were cancelled, delayed or adapted, while those involving face-to-face interactions had to be adapted and carried out in line with infection-prevention guidelines. The ICRC also reviewed its entire operations, to allow delegations to shift priorities and resources towards addressing the immediate and longer-term effects of the pandemic. All this affected the scale of the ICRC's sexual violence response and prevention initiatives.

Delegations, nevertheless, continued to include activities addressing sexual violence in their analysis and responses, finding ways to adapt their work. For example, dialogue with weapon bearers and training sessions for them were carried out, in some cases, through online and remote sessions. With support from the teams at headquarters, several delegations paid close attention to how the pandemic and measures taken to control its spread, especially strict lockdowns, affected patterns of sexual and gender-based violence, the availability of services and the ability of victims/survivors to access them. In western Africa, for example, ICRC delegations worked with National Societies to raise public awareness of these topics through messages broadcast on local radio programmes.

BANGLADESH

The ICRC's activities to address sexual violence in Bangladesh were overseen by an operations manager who lent support to staff members involved in the delegation's various activities. This included helping organize training sessions on implementing the ICRC's strategy and strengthening staff members' capacity. Specifically, the operations manager facilitated the pilot run of an institutional training programme (see *Building staff capacity to address sexual violence* on p. 17).

The ICRC coordinated its work with other organizations involved in addressing sexual and gender-based violence. With the International Federation and the Bangladesh Red Cross, it organized a webinar on addressing sexual and gender-based violence during the COVID-19 pandemic.

Helping mitigate people's exposure to risk

The ICRC monitored the incidence of sexual and gender-based violence in Bangladesh and the availability of services to victims/survivors. In line with its operational priorities for its broader work in the country, it focused on the situation of displaced people from Rakhine State in Myanmar who were staying in Cox's Bazar and of people in the Chittagong Hill Tracts.

Having observed, through media reports and other external sources, an increase in the incidence of sexual and gender-based violence during the COVID-19 pandemic, especially at times of strict lockdowns, the ICRC supported the Bangladesh Red Crescent Society in raising awareness about services available to victims/survivors and about prevention among communities in Cox's Bazar and the Chittagong Hill Tracts. It updated its referral pathways, to ensure that it can direct victims/survivors to appropriate service providers and inform them of the services available to them and how to access these. Several referrals were made to other actors addressing sexual and gender-based violence through this updated mechanism. The ICRC also helped organize training sessions on preventing sexual abuse and exploitation and the protection of individuals with specific needs, among other topics, for health staff assigned at the COVID-19 isolation centre of a hospital in Cox's Bazar.

Based on its monitoring and observations, which were also informed by discussions with community members themselves, the ICRC engaged authorities and armed/security forces personnel in dialogue on international norms for protecting vulnerable people and facilitating their access to humanitarian aid and to health care and other basic services. Sometimes, because of pandemic-related constraints, the ICRC had to track these concerns remotely. The pandemic also forced the cancellation of ICRC workshops on international law enforcement standards for border guards and police and army personnel. The ICRC, nevertheless, used the checklist for guiding the domestic implementation of IHL rules prohibiting sexual violence (see *Influencing dialogue, policies and action at global and regional level* on p. 18) and developed a brief on national legal frameworks on sexual and gender-based violence.

With a view to reaching a broader audience, the ICRC launched an awareness campaign and provided key messages about its work, and about conflict-related sexual violence, to members of the media. In December, it organized a workshop for journalists on ethical reporting about sexual violence.

Providing and facilitating access to health services

The ICRC continued to support the provision of mental health and psychosocial support at selected health facilities in Cox's Bazar, by providing them with technical guidance and organizing training sessions, including sessions that were aimed at addressing the needs of the health workers themselves. In view of the COVID-19 pandemic, these activities were conducted mostly to help people deal with distress caused by the health crisis and the necessary measures imposed to curb its spread. As part of the ICRC's own precautions, face-to-face training sessions and other activities that required a gathering of people were put on hold starting in March 2020.

Meanwhile, staff at ICRC-supported health facilities, including physical rehabilitation centres, benefited from information sessions, organized by the ICRC, on responding to sexual and gender-based violence.

BURUNDI

Providing and facilitating access to health services

Victims/survivors of sexual violence received treatment and other services at health and counselling centres that the ICRC provided with material and financial assistance, including for covering staff salaries. The ICRC renovated some of the facilities, which helped improve conditions – for instance, for confidential consultations and sessions – for both health personnel and patients. Health-care providers and psychologists at these centres were supervised by ICRC staff members, who provided them with technical advice and training in such areas as handling cases of sexual violence. Volunteers of the Burundi Red Cross, after being briefed by the ICRC, conducted information sessions in communities. These aimed to prevent the stigmatization of victims/survivors of sexual violence and raise awareness of the services available to them.

Over the course of the year, 274 victims/survivors of sexual violence sought medical attention at ICRC-supported primary-health-care centres, of whom 203 were given post-exposure prophylactic treatment within the crucial 72-hour period. Moreover, a total of 376 victims of sexual violence (including 212 women) received mental-health and psychosocial support at ICRC-supported counselling centres, which included two centres that began to receive support in 2020. Among this total, 208 people were supported within the crucial 72 hours, while 178 were referred to medical services.

As the ICRC was part of a referral system, the centres it supported received and attended to victims/survivors referred by other structures and the ICRC itself made referrals for more advanced care. Victims/survivors were also referred to other structures or providers for needs that the ICRC is unable to cover, namely: emergency or temporary accommodation, legal services, and additional care (e.g. ultrasound and x-ray examinations) related to the physical consequences of the violence they had suffered.

CARACAS (REGIONAL)

COVERING: Bolivarian Republic of Venezuela, Trinidad and Tobago, Aruba, Bonaire and Curaçao

The ICRC adapted its overall operations in the Bolivarian Republic of Venezuela, in view of the COVID-19 pandemic. Notably, it cancelled training for health workers and community members in providing psychosocial support for victims of violence, including sexual violence. Implementation of the ICRC's protection-focused activities, and its plans to integrate a people-centred response to the needs of victims/survivors and mitigate risks for those vulnerable, were also affected by the pandemic.

Nevertheless, the ICRC leveraged opportunities to provide support in relation to addressing sexual violence. For example, it helped health workers, first responders, forensic professionals and others develop their capacities in the forensic analysis of injuries of victims/survivors of sexual violence. It gave them material support and training in the use of the donated supplies and equipment; the training sessions were held online, where necessary.

CENTRAL AFRICAN REPUBLIC

The ICRC worked to address the consequences of sexual violence and help prevent its occurrence through activities embedded in its overall response to the needs of people affected by conflict and other violence in the Central African Republic. An operations manager oversaw these efforts to ensure that they were implemented in a multidisciplinary and coherent manner, in line with a delegation-wide strategy adopted in 2019. The operations manager also led initiatives to strengthen the ICRC's level of understanding and analysis of sexual violence patterns, including the specific impact of COVID-19, and to build the capacities of staff members to address the issue and improve coordination with partners within and outside the Movement.

Overall, however, the ICRC reached fewer people than planned and the implementation of several activities was affected, because of the adjustments it made in order to respond to emergencies arising from an escalation of violence in the country and in connection with the COVID-19 pandemic.

Providing and facilitating access to health and other essential services

The ICRC helped make timely and appropriate medical treatment and psychosocial support available to victims/survivors of sexual violence. It advised and trained staff and counsellors at two health centres and a hospital, which it also provided with material and other forms of support. A total of 662 victims/survivors of sexual violence consulted medical personnel at these facilities; 529 of them also received timely treatment within 72 hours. Meanwhile, a total of 217 people, including 177 women, received mental-health and psychosocial support, with the majority of them (203 in all) receiving such support within the crucial 72-hour period. More than 170 people among those who received mental-health and psychosocial support were referred by the ICRC to medical services, including those available at its supported health facilities. Several of the victims/survivors were also given food aid and referred to other providers of assistance, including cash grants and training for setting up small businesses and other income-generating activities.

In cooperation with the Central African Red Cross Society, the ICRC also made psychosocial support available to children at three sites hosting internally displaced people (IDPs).

Where ICRC services were not available, victims/survivors were referred to other services, which had been mapped out by ICRC field teams, and were given support for accessing them.

Helping mitigate risks and promoting compliance with IHL

The ICRC engaged the authorities, weapon bearers, local leaders and community members in dialogue on the plight of victims/survivors of sexual violence, the importance of making the appropriate services available to them, and the necessity of preventing the occurrence of incidents in the first place. It documented allegations of sexual violence and, where possible, made written or oral representations to the pertinent parties, for their action.

Plans to organize workshops to help community members identify and improve strategies for reducing their exposure to risks, including that of sexual violence, were cancelled because of the COVID-19 pandemic.

COLOMBIA

Efforts to prevent sexual violence and respond to its consequences were included in the ICRC's initiatives to contribute to the protection of people affected by conflict and other violence and in its various assistance projects. The ICRC continued to work and coordinate with the Colombian Red Cross, state agencies and other local organizations and partners, to make sure that its response is holistic and coherent or complementary with those of other actors. These efforts were supported by a sexual violence operations manager. With the COVID-19 pandemic necessitating such precautionary measures as lockdowns and movement restrictions to curb its spread, the ICRC delegation in Colombia had to adjust some of its plans and its ways of working – for example, it replaced face-to-face sessions with online meetings and virtual modes of engagement.

Providing and facilitating access to health services

The ICRC trained a total of 359 people in psychological self-care and basic counselling and helped them explore alternative ways of providing psychological and psychosocial support amid restrictions and other pandemic-related circumstances that made face-to-face sessions challenging, if not impossible, to organize. In all, 219 victims/survivors of sexual violence (including 154 women) received such support via mobile messaging applications.

Some victims/survivors of sexual violence were given cash to cover the cost of traveling to health centres or government offices. The ICRC was unable to support any health centres in 2020; it reallocated the funds for this activity to its COVID-19 response. A shelter for victims/survivors of sexual violence benefited from minor repairs and a donation of furniture from the ICRC, enabling it to continue its services.

Providing and facilitating access to other essential services

The ICRC provided livelihood support for victims/survivors of sexual violence, in the form of training and/or assistance for putting up or strengthening their small business or finding employment. Some of the people helped in 2020 were recipients of ICRC assistance in 2019 and who had been put in serious financial difficulties by the pandemic. They were given emergency cash assistance, which enabled them to: cover periods of unpaid leave, pay for internet or other resources to access training or search for jobs, or adapt their businesses to new restrictions (e.g. switching to home delivery service). Several victims/survivors of sexual violence were also among those who benefited from ICRC support – raw materials, financial support, etc. – for producing face masks. Most of the face masks were bought and donated by the ICRC to institutions and communities in need.

Victims/survivors of sexual violence were also among those informed by the ICRC of the state services that they were entitled to under domestic law. Some of them were given cash – for example, to cover transport costs – to help them obtain these services. When necessary, the ICRC, often with the Colombian Red Cross, directly intervened to supplement strained state services. In this context, victims/survivors of sexual violence, among other groups with specific needs or vulnerabilities, were given food parcels, cooked meals and/or material assistance for restoring or improving their living conditions. Cash transfers were made when distributions in kind were not possible.

Promoting compliance with IHL

The ICRC engaged the authorities and armed groups in dialogue on their obligations under IHL – more specifically, on such issues as the protection of civilians, allegations of sexual violence, and the safe delivery of health care. ICRC briefings and workshops enabled military and police personnel to learn more about IHL provisions and international policing standards regulating the use of force, including those applicable to the prevention of sexual violence and sanctioning of perpetrators.

DEMOCRATIC REPUBLIC OF THE CONGO

COVERING: Congo-Brazzaville and the Democratic Republic of the Congo

The ICRC addressed sexual violence in the Democratic Republic of the Congo (hereafter DRC) in a multidisciplinary manner. It helped ensure that victims/survivors had access to the assistance they required, sought to prevent abuses from occurring in the first place, and helped communities minimize their exposure to risks. An operations manager oversaw the implementation of these activities and contributed to strengthening the ICRC's operational work on sexual violence in the DRC, especially in view of the COVID-19 pandemic. The operations manager also helped delegation staff members improve their capacities in the different aspects of addressing sexual violence.

Strengthening cooperation with the Red Cross Society of the Democratic Republic of the Congo was another priority. The two organizations worked together, where pertinent, to address the issue in a complementary manner. Moreover, a module on the psychological consequences of sexual violence was included in training sessions about restoring family links, which the ICRC organized for National Society volunteers. Among others, this module aimed to encourage volunteers to urge and help people in need to seek help.

The ICRC delegation in the DRC had to adjust its overall operations, including its efforts to address sexual violence, to the effects of the COVID-19 pandemic. Several water and habitat projects, including planned repairs to health facilities, were delayed or cancelled, for example. Nevertheless, the ICRC was still able to realize most of its plans, thanks in part to its efforts to cultivate respect for humanitarian principles and broaden acceptance for the Movement among authorities, weapon bearers and communities.

Providing and facilitating access to health services

The ICRC continued to support health facilities in North and South Kivu, Ituri, and Tanganyika, enabling them to offer specialized care and mental-health and psychosocial support to victims/survivors of sexual violence. It provided financial, material and technical assistance regularly to 27 primary-health-care centres, including counselling centres. A total of 1,189 victims/survivors of sexual violence sought assistance from these facilities and at ICRC-supported hospitals, with 982 among them receiving care within the crucial 72-hour period.

Meanwhile, 2,809 victims/survivors of sexual violence obtained psychosocial care with ICRC support. They included people who benefited from services made available at ICRC-supported counselling centres, and people who were assisted by community volunteers and staff trained by the ICRC in 2020 and in previous years. A total of 388 victims/survivors received such care within 72 hours of having experienced abuse; 1,167 of those who approached ICRC-backed facilities for mental-health and psychosocial care were referred to medical services.

To encourage people to seek help and/or refer others who need assistance, the ICRC informed communities of the services available to victims/survivors of sexual violence and the importance of seeking assistance promptly, especially post-exposure prophylactic treatment and psychosocial support.

Providing and facilitating access to other essential services

The ICRC sought to help reinforce the economic security of victims/survivors of sexual violence by helping them engage in income-generating activities. It provided 645 victims/survivors of sexual violence with cash and training, so that they could start small businesses and similar projects; donated mobile phones enabled them to receive the cash through electronic transfers. Many of the victims/survivors who were assisted in this manner were referred by ICRC-supported health centres and had already received other forms of assistance from or through the ICRC. They were supported as part of broader efforts to improve the economic security of vulnerable households, in order to counter risks of re-victimization or stigmatization and in line with the ICRC's commitment to upholding the "do no harm" principle.

Helping mitigate people's exposure to risk

In coordination with the Red Cross Society of the Democratic Republic of the Congo, the ICRC strengthened its initiatives to engage with communities and help them mitigate their exposure to risks of sexual violence and other abuses. Radio spots were broadcast in local languages to relay key messages on sexual violence, including how movement restrictions due to COVID-19 – though necessary – could indirectly increase people's exposure to abuse and affect the availability of mental-health support; these spots also gave information on COVID-19 preventive measures. The ICRC also conducted workshops in communities, to learn about people's concerns about their safety and to work with them to identify and develop mitigation strategies (e.g. threat alert systems, training of community intermediaries). Information gathered from these workshops was taken into account when the ICRC designed livelihood-support programmes and water projects; for instance, safer locations for assistance activities were identified. Some victims of sexual violence were also referred for economic assistance, as described above.

Promoting compliance with IHL

The ICRC documented reports of sexual violence and other unlawful conduct and made representations to the authorities and weapon bearers concerned. It reminded the authorities and weapon bearers of their obligations under IHL, international human rights law and other applicable norms, particularly the necessity of protecting civilians and ensuring access to basic services. Bilateral dialogue with weapon bearers was supplemented by workshops on IHL and other norms, and by other activities to build acceptance for humanitarian action. Thousands of weapon bearers attended information sessions on humanitarian principles and on IHL, human rights law and other applicable norms; these sessions included information on IHL provisions and norms related to sexual violence. In North Kivu, the ICRC launched a radio campaign targeting up to 15,000 weapon bearers to promote protection of civilians and acceptance for humanitarian work. It strove to make contact with senior military and police officers, and a military academy, and urge them to integrate IHL and/or other applicable norms into their doctrine, training and operations. With ICRC help, an armed group organized information sessions, for its members, on its internal code of conduct.

ETHIOPIA

The ICRC documented people's protection-related concerns and raised them with the pertinent parties, whom it also reminded of their obligations under applicable law. Moreover, it reiterated the necessity of preventing sexual violence and protecting health services during the training sessions, in international human rights law and IHL, that it organized for police officers and military personnel, respectively.

Aside from bringing people's concerns to the attention of the relevant parties, the ICRC also helped the most vulnerable among them to meet their immediate needs. Victims/survivors of sexual violence obtained health care and other services through ICRC referrals or with the ICRC's financial support. ICRC community-based projects helped make people safer: for example, by repairing water points, the ICRC reduced the need for IDPs to undertake risky journeys to fetch water.

Because of pandemic-related restrictions, some ICRC projects could not be fully implemented or had to be cancelled, including training for health workers in specialized care for victims/survivors of sexual violence. The ICRC also reduced its activities requiring face-to-face interactions or the gathering of groups of people, such as information sessions for community members.

MALI

The ICRC maintained its support for various health facilities, especially those in northern and central Mali, enabling people to avail themselves of appropriate care. It gave these health facilities funds, equipment and supplies. It trained and supervised their staff, and carried out infrastructural repairs. ICRC-trained counsellors provided psychosocial support to violence-affected people, including victims/survivors of sexual violence (51 people in all, including 25 women). A total of 30 victims/survivors of sexual violence consulted medical personnel at ICRC-supported primary-health-care centres, with 23 of them receiving post-exposure prophylactic treatment and other services within 72 hours of having experienced abuse.

Whenever possible, the ICRC reminded parties to armed conflict or other situations of violence to uphold IHL and other pertinent norms. It urged them to prevent sexual violence, among other forms of unlawful conduct.

Throughout the year, security incidents, the threat of improvised explosive devices and COVID-19 compelled the ICRC to adapt or postpone some activities, including those in relation to addressing sexual violence.

MEXICO CITY (REGIONAL)

COVERING: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua

The ICRC's regional delegation based in Mexico City prioritized health- and protection-related activities in its efforts to help address sexual violence in El Salvador, Guatemala, Honduras and Mexico. It worked with the National Societies of these countries to ensure that victims/survivors of sexual violence had access to the services they need to process and cope with their traumatic experiences.

Providing and facilitating access to health and other services

The ICRC helped six health facilities in selected Guatemalan and Mexican communities provide victims/survivors of sexual violence and others with mental-health and psychosocial support. It trained their staff and gave them technical advice and other forms of support, to reinforce their capacities. A total of 241 victims/survivors of sexual violence, including 84 women, received mental-health and psychosocial support at these health facilities. In Guatemala, victims/survivors of sexual violence were also given referrals to facilities providing more specialized care; several were awarded scholarships to attend school.

Promoting IHL compliance

The prevention of sexual violence was brought up during the ICRC's bilateral dialogue with the authorities, and with military and police forces, in the context of highlighting the necessity of respecting pertinent international laws and humanitarian principles.

Plans to bolster the ICRC's response to sexual violence along migration routes were put on hold in view of the COVID-19 pandemic.

NIGERIA

The ICRC continued to build its analysis of and response to sexual violence in Nigeria, with an operations manager spearheading these efforts starting in October 2020. Meetings and field visits between the operations manager and the delegation's different teams laid the groundwork for the development of a delegation-level strategy to addressing sexual violence, which focuses on examining and understanding trends, their humanitarian consequences and the arising needs (for example with regard to access to health care), internal and external capacity-building, prevention and risk reduction, and partnership with the Movement. Some planned activities were delayed or cancelled, however, because of COVID-19 and the movement restrictions and other necessary measures imposed by the government – or taken by the ICRC itself – to curb the spread of the disease.

Providing and facilitating access to health services

The ICRC supported health facilities in areas receiving influxes of IDPs and refugees, to ensure that health care was available to displaced people and host communities. A total of 23 primary-health-care facilities were regularly given supplies, equipment, staff training and incentives, and infrastructural upgrades. Victims/survivors of sexual violence who approached these centres were referred to other organizations – such as Médecins Sans Frontières – or local service providers for appropriate support; this was made possible through the referral systems established by the ICRC at the facilities it supported.

Victims/survivors of sexual violence received mental-health and psychosocial support from the ICRC or from ICRC-trained volunteers; counselling was conducted by phone in areas where pandemic-related lockdowns were in place. Through ICRC information sessions, around 7,500 community members learnt about the services available to help them address the consequences of sexual violence, conflict and other distressing events, so that they could seek help or refer others. Moreover, ICRC health teams engaged closely with traditional birth attendants and conducted workshops on sexual and reproductive health with male members of communities in different parts of the country; the workshops touched upon the issue of sexual violence in a culturally appropriate manner, while also covering such topics as restriction of movement and access to services in relation to sexual and gender-based violence.

Providing and facilitating access to other essential services

During focus-group discussions in areas where such activities could be conducted with the appropriate precautionary measures against COVID-19, the ICRC listened to the needs of victims/survivors of sexual violence and sought to direct them to the best assistance possible. Thousands were referred to other organizations providing emergency food aid and similar services, while several hundreds were included in the ICRC's own economic-security support initiatives (e.g. provision of cash grants and other assistance so they can start micro-economic initiatives). Furthermore, ICRC infrastructure projects enabled people to mitigate risks of sexual violence in various IDP camps across the country. In all instances, the ICRC documented the allegations of sexual violence.

Promoting compliance with IHL

The ICRC raised the protection-related concerns it had documented with the pertinent parties, whom it urged to stop or prevent unlawful conduct. It also supported the integration of the prevention of sexual violence into the doctrine of various parties. It reminded the authorities of the rights of IDPs and other vulnerable people, and weapon bearers of their obligations under applicable law regarding, among other matters, the prevention of sexual violence. It also addressed the issue of sexual violence during IHL training sessions for all weapon bearers it engaged with, and in guidance documents given to them.

With a view to reaching a broader audience, the ICRC launched information campaigns on social media and other platforms, especially in connection with the 16 Days of Activism against Gender-based Violence in November and December, which reached more than 170,000 people.

PHILIPPINES

Helping minimize people's exposure to risk and promoting compliance with IHL

The ICRC reminded authorities, military and police personnel, and armed groups of their obligations under IHL to protect civilians and civilian property, and to facilitate safe access to essential services, including health care. It raised conflict-affected people's protection-related concerns with the relevant authorities and weapon bearers. Specifically, it gave them recommendations for addressing IHL-related concerns during pandemics and for preventing sexual violence in quarantine centres.

The ICRC made use of the recommendations of an assessment it conducted in 2019, on issues related to sexual violence, to help communities in Marawi and Pagayawan to address their most urgent concerns about safety and sexual violence. Three safety audits were conducted with the communities, during which their specific concerns and challenges in terms of addressing risks and providing access to services, as well as their coping mechanisms, were identified. Plans of action were discussed and developed with the communities, for finalization and implementation in 2021.

Dissemination sessions were organized for violence-affected communities with the specific purpose of reducing their exposure to risks and developing measures for self-protection; however, because of the pandemic, only a few sessions took place.

Providing and facilitating access to health services

Violence-affected people obtained psychosocial support through individual counselling or group-therapy sessions under an ICRC programme in Mindanao; however, pandemic-related constraints prevented the full implementation of the programme. ICRC training enabled health workers to look after their mental health and to provide basic mental-health and psychosocial support to others, including their colleagues and COVID-19 patients. Leading community members, religious leaders and social workers learnt about various mental-health issues, and psychosocial support, through ICRC information sessions.

The ICRC provided material support – such as personal protective equipment and disinfectants – for seven women and child protection units in Mindanao. Post-rape kits could not be delivered to these facilities because of logistical constraints. Capacity-building support for health staff involved in treating victims/survivors of sexual violence had to be put on hold because of pandemic-related constraints. Nevertheless, the ICRC initiated efforts to better map existing service providers and develop a solid referral pathway. These included training sessions, delivered by the regional sexual violence adviser, for ICRC staff members, who learnt more about the recently adopted guidance on establishing referral pathways, among other topics.

SOUTH SUDAN

The ICRC delegation in South Sudan implemented a multidisciplinary approach to addressing the issue of conflict-related sexual violence. Its activities were overseen by a sexual violence operations manager and focal points in the different ICRC sites across the country. Some planned activities were delayed or reduced in scale because of the COVID-19 pandemic and the resulting necessity to adapt ways of working to prevent or curb the spread of the disease. Nevertheless, the ICRC managed to leverage opportunities and implement activities that addressed the effects of the pandemic on the occurrence of sexual violence and people's ability to seek assistance.

The ICRC coordinated its work with other components of the Movement and with local and international organizations that were also involved in addressing sexual and gender-based violence. In particular, it signed a partnership agreement with the South Sudanese Red Cross on addressing sexual violence and gender-based violence. This joint effort aims to address stigmatization within the community, improve the assistance-seeking behaviour of victims/survivors and strengthen referral mechanisms. Among other activities, it includes raising awareness within communities of the availability of life-saving health services for victims/survivors of sexual violence, including the locations of services nearest their communities.

Providing and facilitating access to health and other essential services

Among the ICRC's priorities for addressing sexual violence in South Sudan was making suitable treatment and mental-health and psychosocial support available to victims/survivors. This was carried out as part of the organization's comprehensive support to primary-health-care centres and hospitals in the country. A total of 23 health centres and three hospitals were provided with medical supplies and equipment, and their staff were given financial incentives and comprehensive training. All facilities were also supplied with post-rape kit medicines (both adult and paediatric doses); in all, 95 victims/survivors received post-exposure prophylactic treatment from ICRC-trained staff, among the total 120 victims/survivors who sought assistance at ICRC-supported facilities. At two health centres, consultation rooms built by the ICRC provided private spaces for counselling sessions for victims/survivors of sexual violence.

The ICRC trained local counsellors, including National Society volunteers, in the provision of mental-health and psychosocial care; 60 victims/survivors of sexual violence, including 36 women, were supported. Information sessions, conducted at ICRC-supported health centres and during ICRC visits to remote communities, reached approximately 56,000 people with important messages about mental health and about sexual violence and the services available to victims.

Victims/survivors of sexual violence were among the 1,147 people that received income-support from the ICRC, such as: cash grants for small businesses; cash-for-work schemes to repair/construct communal facilities; and communal vegetable gardening. Because of the pandemic, fewer projects than planned were implemented.

Helping mitigate people's exposure to risk

Through field visits and conversations with violence-affected people, community leaders and local authorities, the ICRC monitored the humanitarian situation in South Sudan and documented the concerns of those affected. In particular, the ICRC monitored the impact of lockdowns and other restrictive measures on the incidence of sexual violence. It updated referral pathways for victims/survivors and raised awareness of the services that were available to victims/survivors of sexual violence even during the pandemic (see above).

In line with its community-based approach to protection, the ICRC worked to help people and communities mitigate risks to their safety and find community-based means to strengthen their resilience to the effects of violence. It also provided victims of violence, including sexual violence, with suitable assistance and, when necessary, referred them to government agencies, non-governmental organizations or aid organizations for further support. Information sessions, radio spots, street theatre, and other activities carried out by the South Sudan Red Cross and the ICRC helped communities learn about their role in eliminating gender bias and preventing sexual violence and the services available to victims of violence.

Promoting compliance with IHL

With a view to preventing the occurrence and/or recurrence of abuses, the ICRC urged authorities and weapon bearers on all sides – through dialogue and written representations – to meet their obligations under IHL, human rights law and other applicable norms, including their duty to prevent sexual violence and other abuses against civilians. This dialogue was complemented with training that helped weapon bearers learn about IHL and other pertinent norms, and promote respect for them. It conducted briefings, workshops and training sessions – fewer than planned because of the pandemic – for military and police personnel, including at cantonment sites. A total of 275 military and police personnel attended sessions specifically on the prevention of sexual violence during armed conflict and their obligation to facilitate suitable medical and legal assistance for the victims/survivors.

SUVA (REGIONAL)

COVERING: Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and the territories of the Pacific

Helping mitigate people's exposure to risk

The ICRC sustained its multidisciplinary response to the humanitarian needs of violence-affected people in Papua New Guinea, especially those in the Enga, Hela and Southern Highland provinces, where it continuously monitored the situation. It strove to promote respect for the basic principles of humanity among the pertinent parties, including local leaders and fighters. To this end, it maintained its dialogue with them, emphasizing the necessity of protecting civilians from sexual violence and other unlawful conduct and of facilitating safe and impartial access to health care and education. It also discussed these matters during workshops and dissemination sessions for those involved in fighting and for community members themselves. Plays about these issues were staged by the ICRC to reach a wide audience. The workshops for community members also included sessions on identifying safety risks and ways to mitigate exposure to them. All ICRC events and activities were carried out in line with infection prevention and control measures, and often included efforts to disseminate messages on how people can protect themselves from COVID-19.

Providing and facilitating access to health services

People in Enga, Hela and the Southern Highlands obtained free health-care services at six community centres for which the ICRC provided material support and staff training. The ICRC also gave ad hoc financial incentives for staff at one of the centres. Among other services, these centres provided specialized treatment for victims/survivors of sexual violence, including post-exposure prophylactic treatment. Some of them were referred to family-support centres for further treatment, with the ICRC covering their travel expenses. Staff members at these family-support centres received assistance, through virtual means, from the ICRC's mental-health and psychosocial support teams, enabling them to continue providing services to victims/survivors of sexual violence.

Mental-health and psychosocial support was made more widely available for victims/survivors of sexual violence and other people experiencing distress. In all, 522 victims/survivors of sexual violence, including 447 women, received mental-health and psychosocial support through counselling and peer-support groups that were facilitated by ICRC-trained staff at health centres, other local health workers and traditional birth attendants. Majority of them received such support within 72 hours of having experienced abuse; 356 were referred to medical services. Traditional birth attendants in the areas surrounding ICRC-supported health facilities were trained by the ICRC to disseminate information on sexual and reproductive health.

Around 9,700 people – including young people affected by communal violence, and military officers – attended ICRC information sessions, or watched informational videos produced by the ICRC, on mental-health and psychosocial issues, such as pandemic-related stress and the psychological consequences of violence, including sexual violence. These information sessions and videos also made people aware of the services available to them, especially services for victims/survivors of sexual violence, and how they may access these services.

SYRIAN ARAB REPUBLIC

The ICRC continued to implement a comprehensive response to the extensive health needs in Syria and sought to integrate mental-health and psychosocial support in the services offered by some of the health centres that it supported. In particular, it trained staff at two facilities in the provision of psychosocial support. In terms of providing mental-health and psychosocial support specifically for victims/survivors of sexual violence, the ICRC took steps to build the capacity of its own staff members, and those of its partners, to provide such care.

There were plans to support a forensic medical centre – which, in addition to managing and identifying human remains, provides clinical forensic services for victims/survivors of sexual violence – through renovation works, information sessions on applicable international standards and other means. However, their implementation was delayed and postponed to 2021.

FINANCIAL OVERVIEW 2020 (IN KCHF)

	BUDGET	EXPENDITURE	CONTRIBUTIONS
HEADQUARTERS			
Headquarters	499	631	10
Funded out of contributions to the 2020 headquarters budget			621
FEATURED DELEGATIONS			
Bangladesh	852	319	588
Burundi	1,175	708	1,081
Caracas (regional)	784	471	471
Central African Republic	672	544	544
Colombia	1,920	909	909
Congo, Democratic Republic of the	3,111	1,971	1,971
Ethiopia	386	237	237
Mali	411	352	352
Mexico (regional)	830	532	532
Nigeria	4,211	3,236	4,260
Philippines	206	140	140
South Sudan	4,935	4,300	5,920
Suva (regional)	41	30	30
Syrian Arab Republic	882	496	495
Funded out of contributions to the Appeal 2020: Operations			-
TOTAL	20,915	14,877	18,163

As the figures in this document have been rounded off, adding them up may give a slightly different result from the total presented. The figures may also vary slightly from the amounts indicated in other documents.

LIST OF CONTRIBUTIONS PLEDGED AND RECEIVED (IN CHF)

GOVERNMENTS	
Belgium	2,161,600
Canada	3,092,850
France	267,975
Germany	3,223,000
Iceland	160,420
Italy	1,175,050
Norway	5,289,906
Slovenia	32,058
Spain	323,460
United States of America	1,815,400
Sub-total: governments	17,541,719
PRIVATE SOURCES	
Other foundations and funds	-
Spontaneous donation from private individuals	-
Sub-total: private sources	-
Sub-total: contributions to the Special Appeal 2020: Addressing sexual violence	17,541,719
Funded out of contributions to the <i>Appeals 2020: Headquarters</i>	620,812
Funded out of contributions to the <i>Appeals 2020: Operations</i>	-
Total receipts for 2020 as at 31 December 2020	620,812
No balance brought forward	-
GRAND TOTAL	18,162,531

As the figures in this document have been rounded off, adding them up may give a slightly different result from the total presented. The figures may also vary slightly from the amounts indicated in other documents.

COMMENTS

This Special Report 2020: Addressing sexual violence covers the ICRC's activities related to this initiative at headquarters and, in some cases, at field level. The information provided here is based on the ICRC Annual Report, launched in June 2021. This covers:

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

Funds are subject to standard ICRC reporting, auditing and financial control procedures. There is a yearly Special Report, and there is a separate auditor's report directly related to the year's Special Appeal, as well as narrative and financial information related to the topic, which are included in other standard reports (e.g. the ICRC Annual Report).

Narrative reporting is accessible through:

- ICRC Midterm Reports: the state or progress of ICRC operations in selected contexts as at mid-year
- ICRC Annual Reports: yearly achievements in ICRC operations (by context) as well as work at headquarters
- ICRC Special Report on the Special Appeal (once a year)
- information published on the ICRC website

Financial reporting is available in the:

- ICRC Annual Report: financial reporting, including the yearly consolidated financial statement, the independent auditor's report and financial tables
- Special Auditor's Report on the Special Appeal (once a year)

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