



Sexual and Gender-Based Violence in Humanitarian Crises

**IFRC - Red Cross Red Crescent National Societies:
Appeal 2019 - 2022**

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EXECUTIVE SUMMARY

This appeal to support the work on ‘Sexual and Gender-Based Violence (SGBV) in Humanitarian Crises’ is in line with the International Federation of Red Cross and Red Crescent Societies (IFRC) and Red Cross Red Crescent National Societies’ commitment to prevent and respond to SGBV in disasters and other emergencies as outlined in the 32nd International Red Cross and Red Crescent Movement Resolution (32IC/15/R3) on “Sexual and gender-based violence: Joint action on prevention and response” adopted in 2015. The appeal seeks USD 17 million over a period of 4 years (2019 - 2022) to cover the activities that the IFRC and National Societies will carry out at global, regional and country level in Bangladesh, Burundi, Democratic Republic of the Congo, Myanmar, Somalia, Syria, Yemen, and for the Venezuela crisis to continue implementing the commitments made in the aforementioned Resolution.

The IFRC is the world's largest humanitarian network, with 190-member National Societies and around 12 million volunteers. Through its National Societies, the IFRC benefits from community-based expertise and has unique reach and access to work on SGBV prevention and response,



including in humanitarian crises. The IFRC supports National Societies longer-term in building their capacities to prevent and respond to SGBV. This enables them to leverage their expertise to be important local actors in tackling SGBV, including more ‘hidden’ types of SGBV, such as domestic violence and child marriage, which are exacerbated by complex emergencies, and working to prevent and respond to Sexual Exploitation and Abuse (SEA). To

effectively support National Societies’ work on SGBV and SEA prevention and response in humanitarian crises, the IFRC also appeals for funding for regional coordinator and officer positions. In addition, the appeal covers the establishment and strengthening of a register of highly skilled professionals (both at National Society and IFRC level) ready to be deployed at short notice, nationally, regionally or globally to ensure that protection, gender and inclusion, including SGBV and SEA prevention and response measures, are mainstreamed from the onset of humanitarian crises.

1. SGBV IN CRISIS SITUATIONS

Sexual and gender-based violence (SGBV)¹ is an issue faced by communities in all contexts, as it is based on structural gender inequalities and power dynamics. It is not limited to conflicts but happens in all types of humanitarian crises. SGBV is often life threatening and impacts a survivor's daily life, dignity, rights, livelihoods, and health. Global commitments to combat SGBV have continued to gain momentum. Despite this, humanitarian operations still tend not to adequately consider the needs of women and girls who have been exposed to SGBV, but often also completely overlook men, boys and sexual minority groups as survivors of SGBV in their needs assessments, discussions with communities, during data collection, and humanitarian response programming.



Although it is increasingly recognised that SGBV is a prevalent feature of many conflicts, its occurrence during disasters is not as well understood. Few studies focus on disaster-prone low-income, developing countries and go beyond researching the gendered effects of SGBV on women and girls. IFRC research² in such contexts indicates that child marriage, sexual abuse of girls and boys, trafficking, and domestic violence tend to increase after disasters. Disasters also cause impoverishment, which can lead to some people adopting negative coping strategies, including transactional sex. Furthermore, reporting and law enforcement mechanisms, as well as services for survivors of SGBV are often disrupted by disasters, and data collection on SGBV is also hampered.

¹ SGBV includes but is not limited to sexual violence, intimate partner violence, trafficking, forced/early marriage, sexual harassment, forced prostitution, femicide, female genital mutilation, sexual exploitation and abuse, and denial of resources, opportunities and services. Marginalised groups such as persons with disabilities, LGBTIQ, children, youth, old people, migrants, and ethnic minorities face increased risk of SGBV.

² "Unseen, unheard: Gender-based violence in disasters – Asia-Pacific studies", 2016:

<https://www.ifrc.org/Global/Publications/Gender%20and%20Diversity/GBV%20in%20disasters%20AP%20report%20LR.pdf>

IFRC studies³ have further shown significant gaps in the area of law and policy for gender equality and SGBV prevention and response in disasters. Regulation on SGBV and regulation on disaster risk management tend to be completely separate. There is also little connection between law and practice, and between SGBV protection institutions and disaster risk management systems. Moreover, existing frameworks are often under-resourced, even in non-disaster times.

While the research conducted by the IFRC focuses specifically on SGBV in disasters, many of the above-mentioned issues also apply to other types of crisis situations. The stigma and shame related to SGBV, as well as fear of retribution often prevent survivors from coming forward. Therefore, SGBV often remains invisible, not least because injuries resulting from incidents, whether physical or psychological, may be less noticeable than those caused by other forms of violence. As the IFRC and Red Cross Red Crescent National Societies recognise the often 'hidden/invisible' nature of SGBV, we strive to follow the reverse burden of proof approach. This means that staff and volunteers in all contexts assume that SGBV takes place unless proven otherwise and are committed to preventing and responding to SGBV wherever it occurs.

2. THE IFRC



For one hundred years, the International Federation of Red Cross and Red Crescent Societies (IFRC) has been there, uniting 190 National Societies and around 12 million volunteers in the world's largest humanitarian network and delivering emergency relief, disaster preparedness and response, and humanitarian services to more than 160 million people per year. Whether the needs stem from disaster

³ "Global study – Effective law and policy on gender equality and protection from sexual and gender-based violence in disasters", 2017:
<https://media.ifrc.org/ifrc/document/effective-law-policy-gender-equality-protection-sexual-gender-based-violence-disasters-global-case-study/>

(man-made or natural), disease or climate change, the IFRC is there to assist and to support National Societies in planning, preparing for and delivering services.

The IFRC is a recognised leader in international humanitarian response. Our unique combination of community-level capacity, national know-how and a global network of solidarity, expertise and resources means that we can go faster, we can go further, and reach people and communities that others are unable to. We bring hope and relief to the last mile and do our part to ensure that no one is left behind.

In everything we do, our goal is to build resilience. Disasters and emergencies can wipe out decades of hard-fought poverty reduction and development gains. But not every shock or stress needs to become a disaster — increasing resilience means that individuals, communities and countries are supported and enabled to better prepare for, respond to and recover from shocks when they do arise.

We build resilience by supporting the work of our National Societies and contributing to building strong National Societies. Effective local responders are key components to resilient communities. Our goal is always to do more, do better and reach further. We believe that everyone deserves to live a safe, healthy and dignified life.

3. THE APPROACH TO PREVENT AND RESPOND TO SGBV

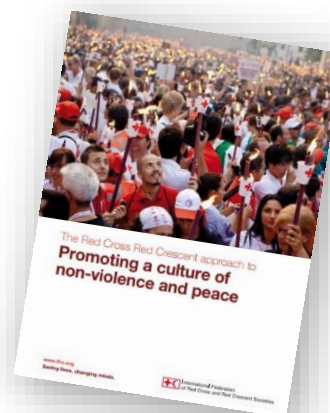
The IFRC and Red Cross Red Crescent National Societies prevent and respond to SGBV through:

a) Localisation: Volunteerism

National Red Cross and Red Crescent Society volunteers are in every community, reaching around 160 million people annually through long-term services and development programmes, as well as 110 million people through disaster response and early recovery programmes. Among the volunteers, half are youth and approximately 50% are women. National Societies are therefore well placed to prevent and respond to SGBV before, during and after humanitarian crisis situations, in areas and communities where no official services, other civil society organisations or international actors are present.

b) Knowledge/Implementation of Standards

In line with international standards for SGBV prevention and response, the IFRC and National Societies strive to ensure that their work is based on the survivor-centred approach which encompasses safety, confidentiality, respect and non-discrimination, and a holistic understanding of the individual's multisectoral needs. National Societies work across the broad spectrum of prevention, mitigation and response to SGBV in crises. With IFRC and peer-to-peer support, training of National Society staff and volunteers will continue to integrate the guiding principles of the survivor-centred approach to ensure, as a minimum, safe and confidential referrals to service providers, as well as mainstreaming of the IFRC's Minimum Standards for Protection, Gender and Inclusion (PGI) in Emergencies across all sectors of intervention. Training on professional standards for providers of clinical health care and psychosocial support, legal assistance, protection services, or social inclusion will also continue being supported.



c) Gender and Diversity Sensitive Structures

Working on prevention and response to SGBV is sensitive, and often challenging. For National Societies to be sufficiently robust to carry out the work in a sustainable and responsible way, the organisations need to have a solid basis in place. The IFRC supports National Societies at the organisational level to ensure their policies, human resources routines and project cycle systems are gender and diversity mainstreamed. Transparent, non-discriminatory and proactive recruitment and retention of staff and volunteers with the right competencies, especially women, is essential to working on SGBV prevention and response in crisis settings. In addition, strong emphasis is placed on conducting participatory community assessments and analyses to understand the different and intersectional needs, vulnerabilities and capacities of affected persons, which serve to inform all stages of the project cycle management.

d) Prevention and Response to Sexual Exploitation and Abuse

The IFRC and National Societies are committed to the 'do no harm'-principle and will continue to improve internal policies and mechanisms to protect the communities they serve. The IFRC will also support National Societies in developing Codes of Conduct and zero tolerance policies on the Prevention and Response to Sexual Exploitation and Abuse (referred to as PSEA) of community members by RCRC staff, volunteers and contractors. Support will be provided to put in place structures and mechanisms to implement the PSEA policy and Code of Conduct, such as ensuring that offenders are barred from being rehired by other Movement members, training human resources staff to provide briefings on these documents in recruitment and induction routines, disseminating information about these mechanisms, and ensuring the capacity to apply a survivor-centred response to sexual exploitation and abuse when establishing feedback and complaint channels together with communities, as well as effective investigation procedures and expertise.

4. THE APPEAL: SGBV PREVENTION AND RESPONSE PLANS

a) IFRC Global and Regional Support

1) SGBV Expertise Included in Emergency Deployments

A register of highly skilled professionals (from the IFRC and National Societies) on PGI, ready to be deployed at short notice, nationally, regionally or globally, has been established through the development of a solid training programme and thorough selection processes. This system has recently been used in the emergency responses in Cox's Bazar and Mozambique. These delegates are the focal points for PGI, and function as advisors to Heads of Operations, trainers for National Society staff and volunteers, and coordinate with the wider humanitarian sector. As there is growing awareness of the need for PGI expertise in emergency deployments, more people are interested in becoming part of the PGI delegates register and in being deployed to humanitarian crises settings. The IFRC would like to develop a more comprehensive capacity building system for the delegates and diversify the PGI delegates register by including staff from different National Societies to ensure global coherence in implementing PGI activities, including SGBV.

2) **National Society Capacity Building**

Expertise will be established through three regional IFRC Coordinator positions and two PSEA Officer positions to support National Societies in the Asia-Pacific, Africa and MENA regions, as well as in the Americas region (focused on the Venezuela crisis). Comprehensive tools and materials already exist to build the capacity and knowledge of National Society staff and volunteers, which will enable responsible SGBV work in the respective countries and communities. However, coordination from the IFRC at the regional level is required to support the roll-out of the trainings and the development and use of tools. The IFRC will support National Societies on the following:

- Strengthening gender and diversity aspects in National Societies' organisational structures, notably policies and strategies, organisational culture, resources, project cycle, and community engagement mechanisms;
- Facilitating PGI trainings, in addition to specialised trainings on SGBV in crisis situations at regional and country levels for National Society staff and volunteers;
- Scaling-up the ongoing work to develop policies, establish structures and carrying out trainings on PSEA, including looking at response and investigative mechanisms and support for survivors;
- Organising regional SGBV fora where National Societies will share lessons learned and good practices, as well as foster mutual learning, peer-to-peer support and coordination. Four such fora have already successfully taken place in the past years. These fora will continue on an annual basis to sustain regional networks and collaboration; and
- Continuing and expanding support to National Societies to strengthen gender sensitivity and provisions related to SGBV prevention and response in national disaster laws based on the IFRC's "The Responsibility to Prevent and Respond to Sexual and Gender-Based Violence in Disasters and Crises" research.

b) **National Societies' Country Plans**

1) **Bangladesh**

Bangladesh's geographical and socio-economic conditions make its largely rural population particularly vulnerable, especially in the face of climate change. Furthermore, the influx of more than one million people fleeing Rakhine State in Myanmar has prompted a significant humanitarian crisis. The Bangladesh Red Crescent Society (BDRCS) has been providing essential services to help the vulnerable face disasters and crises since 1971, working as

auxiliary to the government. The BDRCS is highly committed to improving the conditions of vulnerable people and aims to increase gender and diversity knowledge and skills within the BDRCS at all levels to ensure that gender and diversity are mainstreamed into all projects and services. In Cox's Bazar, referral pathways are mapped out and safe spaces for people in the camp, called 'dignity houses', provide psychosocial support and protection to survivors of SGBV. The survivors are also offered livelihood activities. In addition to the support and help offered to displaced people from Rakhine, the BDRCS also has a prevention programme on SGBV, in which health personnel in maternal clinics are being trained. Through resilience programmes, the BDRCS furthermore offers awareness sessions on SGBV at community level, focusing in particular on domestic violence.



IFRC and National Society Action Will Include:

- Assessment of organisational capacities related to SGBV work;
- Organisational capacity building (including development of PSEA policy and safe reporting mechanisms, advocacy capacities in relation to authorities and disaster law);
- Comprehensive mapping of available SGBV services, in coordination and cooperation with the ICRC and other actors;
- Support to ensure inclusive and protective disaster response operations based on a gender and diversity analysis. Mainstreaming of standards which include establishing and strengthening SGBV referral pathways and ensuring access to multisectoral response services will be included in trainings to ensure integration in emergencies;
- SGBV prevention activities (awareness raising activities in communities, strengthening community-based protection mechanisms), in coordination and cooperation with the ICRC and other actors;
- Support to the implementation of recommendations from the IFRC's "The Responsibility to Prevent and Respond to Sexual and Gender-Based Violence in Disasters and Crises" research to continue strengthening gender and SGBV in national disaster laws;
- Assistance and technical support to survivors provided in accordance with guiding principles and standards, in coordination and cooperation with the ICRC and other actors;

- Greater emphasis on stand-alone protection areas including anti-trafficking assessments, piloting projects to protect adolescent girls on the move from SGBV and upholding of sexual and reproductive health rights and services during emergencies; and
- Increasing local capacities to implement community-based protection assessments to identify context-specific protection concerns, risks and needs of girls, boys, women and men and analyse their intersection with other diversity conditions.

2) **Burundi**

Burundi is one of the world's poorest countries. Food shortages, poverty and a lack of clean water contribute to a 60% chronic malnutrition rate among children, and mortality and morbidity levels are high. A lack of reproductive health services has prevented a significant reduction in



Burundi's maternal mortality and fertility rates, which are both among the world's highest. About 90% of the population relies on subsistence agriculture and access to land is critical, with deforestation for firewood collection having caused landslides and flash floods. The socio-political situation in Burundi remains extremely tense and continues to spur on migration and humanitarian needs. Almost 400,000 Burundians are currently refugees in neighbouring countries. In the last decade, more than half a million

Burundian refugees returned home from neighbouring countries. Reintegrating the returnees has been problematic due to their prolonged time in exile, land scarcity, poor infrastructure, poverty, and unemployment. In addition to refugee out-migration, Burundi hosts thousands of refugees from neighbouring countries, mostly from the Democratic Republic of the Congo and Rwanda.

The Burundi Red Cross (BRC) was founded in 1963 and is an auxiliary to the Burundian government. The BRC takes a community-based approach to all its activities. With a network of around 650,000 volunteers and a widespread long-term presence, it is considered the most important humanitarian actor in Burundi at the community level. It has 2,920 local units countrywide, and these are the entry point for all BRC activities.

IFRC and National Society Action Will Include:

- Assessment of organisational capacities related to SGBV work;

- Organisational capacity building (including development of PSEA policy and safe reporting mechanisms, advocacy capacities in relation to authorities and disaster law);
- Comprehensive mapping of available SGBV services, in coordination and cooperation with the ICRC and other actors;
- Capacity building on SGBV prevention and response (development and testing of referral pathways and related procedures, support in coordinating with other actors, ensuring Minimum Standards for PGI in Emergencies are mainstreamed in all sectors), in coordination and cooperation with the ICRC and other actors;
- SGBV prevention activities (awareness raising activities in communities, strengthening community-based protection mechanisms), in coordination and cooperation with the ICRC and other actors; and
- Assistance and technical support to survivors provided in accordance with guiding principles and standards, in coordination and cooperation with the ICRC and other actors.

3) **Democratic Republic of the Congo**

The Democratic Republic of the Congo (DRC) has a population of approximately 94 million people in an area of 2.3 million km². The DRC is the 4th most-populated country in Africa and the 17th most populated country in the world. 18 of the DRC's 26 provinces face humanitarian emergencies, often in remote locations that are difficult to access. The Congolese people continue to be vulnerable to disease epidemics, such as Ebola. The DRC is currently combatting the 10th Ebola outbreak on its territory. In addition, the most serious outbreak of cholera in the past 15 years is affecting the country, partly due to insufficient resources for a rapid response, high levels of population movement, constraints to humanitarian access, and poor access to drinking water, as well as to water, sanitation and hygiene services. SGBV is a major concern in the DRC, especially in conflict areas.



The DRC Red Cross National Society was established in 1888. It has a pool of approximately 120,000 registered volunteers, of which 60,000 are active. It has one branch located in each of the country's 26 provinces. The DRC Red Cross has a wealth of experience in responding to epidemics of Ebola, cholera, natural disasters – including floods, volcanic eruptions and landslides – and population movements.

IFRC and National Society Action Will Include:

- Assessment of organisational capacities related to SGBV work;
- Organisational capacity building (including development of PSEA policy and safe reporting mechanisms, advocacy capacities in relation to authorities and disaster law);
- Comprehensive mapping of available SGBV services, in coordination and cooperation with the ICRC and other actors;
- Capacity building on SGBV prevention and response (development and testing of referral pathways and related procedures, support in coordinating with other actors, ensuring Minimum Standards for PGI in Emergencies are mainstreamed in all sectors), in coordination and cooperation with the ICRC and other actors;
- Ensuring referral pathways are in place and understood by Gender and Diversity Focal Points in all provinces where the DRC Red Cross has active programmes;
- SGBV prevention activities (awareness raising activities in communities, strengthening community-based protection mechanisms), in coordination and cooperation with the ICRC and other actors;
- Assistance and technical support to survivors provided in accordance with guiding principles and standards, in coordination and cooperation with the ICRC and other actors;
- Developing National Society psychosocial support capacity by training volunteers in immediate psychological support response (Psychological First Aid) to SGBV, in coordination and cooperation with the ICRC and other actors; and
- Strengthening gender and SGBV in national disaster laws through research (based on previous research conducted on disaster law in other contexts) and implementation of recommendations from the research.

4) Myanmar

In recent history, Myanmar has undergone significant transition. From 2011, after years of conflict and isolation, a transition from a military regime to a more democratic government has been taking place. Additionally, there has also been a transition to a more market-oriented economy. Likewise, a social transition is underway as Myanmar emerges from decades of relative isolation from the global community. However, significant humanitarian and development needs remain which stem, among others, from a complex combination of high vulnerability to



natural disasters, lack of health care, food insecurity, violence, inter-communal tensions, displacement, and migration. The situation is worsened by chronic poverty and lack of access to basic services which results in increasing vulnerabilities, fragile communities and protracted needs of affected people in many parts of the country.

The Myanmar Red Cross Society (MRCS) is consistently first in responding to disasters, has a wide network in communities across the country and is mandated as auxiliary to the Government of the Republic of the Union of Myanmar.

IFRC and National Society Action Will Include:

- Assessment of organisational capacities related to SGBV work;
- Organisational capacity building (including development of PSEA policy and safe reporting mechanisms, advocacy capacities in relation to authorities and disaster law). Specifically, the MRCS Gender and Diversity Focal Point will be supported to develop and roll out a Gender and Diversity Policy implementation plan;
- Comprehensive mapping of available SGBV services, in coordination and cooperation with the ICRC and other actors. The IFRC will continue to promote the importance of regular collaboration and coordination with other national and international agencies and key coordination mechanisms, most importantly with the national and state level SGBV sub-clusters led by the United Nations Population Fund (UNFPA). Collaboration and coordination with the sub-cluster will be particularly emphasised when SGBV trainings are conducted;
- Greater emphasis on stand-alone protection areas including anti-trafficking assessments, piloting projects to protect adolescent girls on the move from SGBV and upholding of sexual and reproductive health rights and services during emergencies;
- Increasing local capacities to implement community-based protection assessments to identify context-specific protection concerns, risks and needs of girls, boys, women and men and analyse their intersection with other diversity conditions;
- Capacity building on SGBV prevention and response (development and testing of referral pathways and related procedures, support in coordinating with other actors, ensuring Minimum Standards for PGI in Emergencies are mainstreamed in all sectors), in coordination and cooperation with the ICRC and other actors;

- Support to ensure inclusive and protective disaster response operations based on a gender and diversity analysis;
- SGBV prevention activities (awareness raising activities in communities, strengthening community-based protection mechanisms), in coordination and cooperation with the ICRC and other actors; and
- Assistance and technical support to survivors provided in accordance with guiding principles and standards, in coordination and cooperation with the ICRC and other actors.

5) Somalia

The humanitarian crisis in Somalia is among the most complex and longstanding emergencies. For over three decades, poverty, marginalisation, armed violence, insecurity, political instability, natural hazards, and lack of development have affected vulnerable communities in Somalia. By the end of 2017, over 6.2 million people needed humanitarian assistance across the country. The frequency and severity of droughts, floods, conflict, and displacement have intensified during the last decade with devastating consequences on the livelihoods of most of the Somali population, and particularly the marginalised pastoral and agro-pastoral communities, women, children, elderly and persons with disabilities. Exclusion and discrimination of socially marginalised groups are contributing to high levels of acute humanitarian need and lack of protection.



The Somali Red Crescent Society (SRCS) is committed to preventing and alleviating human suffering by working with communities, local authorities and other partners to provide basic and quality services to vulnerable people. The National Society envisions strong communities empowered and qualified to deal with the causes of suffering and to respond to the needs of vulnerable people. It is one of the largest providers of basic health services in the country and actively engages in disaster management, first aid and restoring family links.

IFRC and National Society Action Will Include:

- Assessment of organisational capacities related to SGBV work;

- Organisational capacity building (including development of PSEA policy and safe reporting mechanisms, advocacy capacities in relation to authorities and disaster law);
- Comprehensive mapping of available SGBV services, in coordination and cooperation with the ICRC and other actors;
- Capacity building on SGBV prevention and response (development and testing of referral pathways and related procedures, support in coordinating with other actors, ensuring Minimum Standards for PGI in Emergencies are mainstreamed in all sectors), in coordination and cooperation with the ICRC and other actors;
- SGBV prevention activities (awareness raising activities in communities, strengthening community-based protection mechanisms), in coordination and cooperation with the ICRC and other actors; and
- Assistance and technical support to survivors provided in accordance with guiding principles and standards, in coordination and cooperation with the ICRC and other actors.

6) Syria

The humanitarian impact of the Syria crisis remains deep and far-reaching. After nearly nine years of conflict, people's needs are as vast as they are critical. In 2018, 13.1 million people remained in need of humanitarian assistance. The preliminary, updated data from OCHA indicates that still 11.7 million people remain in need of assistance in 2019 as a result of converging gaps across sectors. Some 9.7 million are in acute and major severity of need owing to a convergence in vulnerabilities. A total of 6.2 million persons are internally displaced, and millions are displaced abroad, with Turkey hosting the largest number of registered refugees, currently some 3.3. million. Last year saw an increase in returnees reaching some 1.4 million. While returns took place, 1.6 million people were displaced at the same time, some of whom have experienced repeated displacement.



The coping capacities of millions are stretched to their limits, with an increasing number of Syrians resorting to harmful coping mechanisms. People's ability to provide for themselves and their families are stretched to the limits resulting in people living in extreme hardship and exposing themselves to health hazards.

The Syrian Arab Red Crescent (SARC) was founded in 1942 and has its headquarters in Damascus, with a branch in each of the fourteen governorates of Syria, as well as 75 sub branches. SARC is well recognised in all parts of Syria as an independent and neutral humanitarian organisation providing support in both government-held territories and cross-line support in non-government held territories.

IFRC and National Society Action Will Include:

- Assessment of organisational capacities related to SGBV work;
- Organisational capacity building (including development of PSEA policy and safe reporting mechanisms, advocacy capacities in relation to authorities and disaster law);
- Comprehensive mapping of available SGBV services, in coordination and cooperation with the ICRC and other actors;
- Capacity building on SGBV prevention and response (development and testing of referral pathways and related procedures, support in coordinating with other actors, ensuring Minimum Standards for PGI in Emergencies are mainstreamed in all sectors), in coordination and cooperation with the ICRC and other actors;
- SGBV prevention activities (awareness raising activities in communities, strengthening community-based protection mechanisms), in coordination with and complementary to the ICRC and other actors; and
- Assistance and technical support to survivors provided in accordance with guiding principles and standards, in coordination with and complementary to the ICRC and other actors.

7) Yemen

Yemen is the world's largest humanitarian crisis. Yemen has been in armed conflict since March 2015, with devastating impact on the population. The ongoing conflict has caused insecurity, severe economic decline and chronic underdevelopment that continue to widen the humanitarian crisis in the country. Some 22.2 million people, i.e. 75% of the population, are in need of humanitarian assistance. 17.8 million people are food insecure and 8.4 million



people do not know how they will obtain their next meal. Conflict, protracted displacement, disease, and deprivation continue to inflict suffering upon the country's population.

Despite the challenges, the Yemen Red Crescent (YRCS) enjoys privileged access in most of the country and remains neutral and impartial to the conflict. The YRCS has 315 paid staff and 7,800 volunteers working in 39 units. Disaster Response and Health sectors comprise the bulk of the YRCS activities. IFRC supports YRCS in the country, and the two organisations have agreed on plans for IFRC to support the capacity building of YRCS, including on gender and SGBV.

IFRC and National Society Action Will Include:

- Assessment of organisational capacities related to SGBV work;
- Organisational capacity building (including development of PSEA policy and safe reporting mechanisms, advocacy capacities in relation to authorities and disaster law);
- Comprehensive mapping of available SGBV services, in coordination and cooperation with the ICRC and other actors;
- Capacity building on SGBV prevention and response (development and testing of referral pathways and related procedures, support in coordinating with other actors, ensuring Minimum Standards for PGI in Emergencies are mainstreamed in all sectors), in coordination and cooperation with the ICRC and other actors;
- SGBV prevention activities (awareness raising activities in communities, strengthening community-based protection mechanisms), in coordination and cooperation with the ICRC and other actors; and
- Assistance and technical support to survivors provided in accordance with guiding principles and standards, in coordination and cooperation with the ICRC and other actors.

8) Venezuela Crisis

The context in Venezuela has led to the mass movement of people throughout the region, mostly to Colombia, Ecuador and Peru. While the estimates of Venezuelans on the move are imprecise, according to the latest information from the International Organization for Migration (IOM), the total number of migrants from Venezuela is almost 2.3 million.

Low incomes, depletion of productive assets, inability to enter the labour market, and lack of savings make it difficult for migrants to access food, health services and safe accommodation.



The conditions of insecurity, mainly in urban centres, the lack of community ties in host countries combined with fear of repercussions for being irregular migrants and the lack of official government protection are adversely affecting the migrant population's mental health. Furthermore, children and adolescents, particularly girls, women and unaccompanied youth, are at risk of sexual abuse and exploitation, unsafe child labour, loss of educational opportunities, not meeting their age-specific nutritional needs, and psychological challenges due to the migrant experience. Children arriving in the Caribbean are at risk of isolation due to language barriers and the inability to access the educational system, further damaging their mental health. Finally, labour exploitation for service industries and other informal economic work also occurs for women and children.

As auxiliaries to the public authorities in the humanitarian field, the National Societies in the region are supporting the migration response operation that is being led by their respective governments. The National Societies at the country level are part of the various governmental and non-governmental coordination bodies.

IFRC and National Society Action Will Include:

- Assessment of organisational capacities related to SGBV work of countries in the region;
- Organisational capacity building (including development of PSEA policy and safe reporting mechanisms, advocacy capacities in relation to authorities and disaster law);
- Comprehensive mapping of available SGBV services, in coordination and cooperation with the ICRC and other actors;
- Capacity building on SGBV prevention and response (development and testing of referral pathways and related procedures, support in coordinating with other actors, ensuring Minimum Standards for PGI in Emergencies are mainstreamed in all sectors), in coordination and cooperation with the ICRC and other actors;

- SGBV prevention activities (awareness raising activities in communities, strengthening community-based protection mechanisms), in coordination and cooperation with the ICRC and other actors; and
- Assistance and technical support to survivors provided in accordance with guiding principles and standards, in coordination and cooperation with the ICRC and other actors.

5. FINANCIAL ASK

All sums are in US Dollars.

	2019	2020	2021	2022
IFRC Global	200 000	200 000	200 000	100 000
IFRC regional	1 140 000	1 140 000	1 140 000	400 000
Bangladesh	400 000	400 000	400 000	140 000
Burundi	350 000	350 000	350 000	150 000
DRC	430 000	430 000	430 000	200 000
Myanmar	300 000	300 000	300 000	150 000
Somalia	300 000	300 000	300 000	150 000
Syria	440 000	440 000	440 000	200 000
Yemen	440 000	440 000	440 000	200 000
Venezuela crisis	1 000 000	1 000 000	1 000 000	310 000
Total per year	5 000 000	5 000 000	5 000 000	2 000 000
Total	USD 17 000 000			

6. PLEDGING AND REPORTING MECHANISM

The IFRC encourages States to provide funding to the overall appeal. If specific contributions to National Society country plans or regional activities are preferred, this can be accommodated. However, as all country-level activities involve an IFRC regional or global coordination and support component, a percentage of the earmarked funds will automatically be allocated to this.

As per the IFRC's usual pledging mechanism, States can make their pledges to the IFRC through the National Societies in their countries. In case of earmarking funds for specific country plans or regional activities, this should be clearly indicated by the State. The IFRC then signs project agreements with the National Societies who are implementing the activities in their country, and the funding is subsequently transferred to them. As the IFRC works on National Society development and support, it operates in countries solely through the respective National Societies.

The IFRC will provide quarterly activity reports and an annual financial report.

7. CONTACTS

For further information please contact:

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