



## **A Call for Global Leadership by the United Kingdom to Secure the Inalienable Rights of Girls and Women Raped & Impregnated in Armed Conflict to Non-discriminatory Medical Care including Abortion**

We urge the United Kingdom (UK) to take global leadership to end the deadly and illegal practice of denying girls and women impregnated by rape in armed conflict access to safe abortion services.

The UK has the singular power to shape the global humanitarian system on this issue. The UK is an important and powerful member of the European Union and the United Nations, and the second largest bilateral donor of humanitarian assistance in the world. The UK, both directly and through the European Commission, is a major donor to two of the providers of humanitarian aid: the International Committee of the Red Cross (ICRC) and United Nations (UN) entities.

The first step is for the UK to enforce its own laws and policies on this issue and take aggressive steps to ensure that all humanitarian aid programs of the UK

Department for International Development (DFID) for situations of conflict comply with the legal mandates requiring non-discriminatory medical care for the “wounded and sick” under UK domestic law, international humanitarian law (IHL), including the Geneva Conventions and its Additional Protocols, and the Convention against Torture (CAT).

This handout suggests steps the UK can take to ensure that girls and women impregnated by war rape are ensured access to safe abortion services in UK funded humanitarian medical settings. Currently, nearly all UK funded humanitarian aid grantees are compromised by a ban on abortion speech and services imposed by the United States (US) on funding to these same organizations (see chart Appendix 1).

### **THE PROBLEM**

Girls and women who survive the brutal crimes of rape and forced pregnancy in armed conflicts are victimized twice. First, they suffer severe physical and mental injuries from the war crimes of rape, forced pregnancy, and torture. Second, they are subjected to further victimization and inhumane treatment by being denied access to safe abortions in humanitarian medical settings.

In contrast, boys and men who “are wounded and sick “ in armed conflict, whether as victims of war rape or another weapon, are theoretically provided rehabilitative medical care in humanitarian medical settings designed to restore them to the highest level of physical and mental health. Girls and women raped and impregnated in armed conflict must, too, receive the same rehabilitative care as the “wounded and sick” with the same goal of restoring them to the highest level of physical and mental health. This is a right currently denied to these war rape victims who are forced to bear the child of their rapist, even in life-threatening circumstances.

*I am convinced that this is a cause that Britain must champion. Ours is one of the few countries in the world with the global reach, resources and diplomatic network to be able to set a lead and so it is our responsibility to do so. I believe that the time has come for a concerted international effort to challenge the use of rape as a weapon of war and to shatter the culture of impunity.*

- Foreign Minister William Hague  
Hague Oct. 15, 2012

## The Law

### International Humanitarian Law & International Laws Prohibiting Torture, and Cruel, Inhumane and Degrading Treatment

Girls and women raped in situations of armed conflict are considered the “wounded and sick” with inalienable rights to non-discriminatory medical care under the Geneva Conventions and its Additional Protocols.<sup>1</sup> To further protect these inalienable rights, IHL requires that doctors treating war victims and following the rules of medical ethics are immune from prosecution under any national penal code,<sup>2</sup> include laws prohibiting abortion.

*Medical responsibility is primarily a matter between patient and practitioner.*

*The obligation to give resources - even when operating in dangerous situations - is above all the obligation to provide care and to ensure its quality. In cases of sexual violence, it could be a matter of giving ...performing an abortion.*

- Médecins Sans Frontières, *Seeing through the obstacles to the victims: MSF's medical responsibility to victims of sexual violence*

In addition to the rights due to rape victims in conflict as the “wounded and sick”, they are also protected by the laws on torture. The laws on torture apply to this situation in two ways. First, rape in war has been deemed to violate the IHL prohibitions on torture by international criminal tribunals, including those for Rwanda and the former Yugoslavia. Accordingly, girls and women raped in armed conflict, as victims of torture, are entitled to full rehabilitative medical care which is guided solely by medical ethics.<sup>3</sup> Second, international bodies, including the Committee against Torture, which monitors the CAT and the Human Rights Committee, which monitors the International Covenant on Civil and Political Rights (ICCPR), have held that state laws denying abortions for victims of rape or whose lives are at stake violate prohibitions on torture or cruel, inhumane or degrading treatment.<sup>4</sup>

Under common Article 1 of the Geneva Conventions, all states have positive obligations to “respect” and “ensure respect” for the Conventions in all circumstances.<sup>5</sup> Although providing medical care to the “wounded and sick” is the primary obligation of the state(s) in conflict, under common Article 1 all states must ensure that when they provide humanitarian aid for war victims it complies with victims’ rights under Common

Article 3 and the Additional Protocols to non-discriminatory medical care and freedom from torture. The International Court of Justice has deemed this duty to be absolute and to constitute customary international law (CIL)<sup>6</sup> and is accordingly binding on the UK in its provision of humanitarian assistance to situations of armed conflict.

### UK Law & Policy on Abortions for Girls & Women Raped in Armed Conflict

Laudably, the UK has the laws and policies in place which, if enforced, can ensure that UK humanitarian aid providing medical care for war victims does not discriminate against girls and women raped and impregnated in armed conflict.<sup>7</sup> Unfortunately, in practice, the way UK funded humanitarian aid is used does not comport with the UK’s laws and policies on treatment of war victims.

## UK Domestic Laws

As a leader in promoting respect for international law, the UK has thoroughly implemented domestically its obligations under IHL through the Geneva Conventions Act and the Joint Service Manual of the Law of Armed Conflict.<sup>8</sup>

The Geneva Conventions Act affirms that complete medical treatment and protection of the “wounded and sick” is required by IHL and that no discrimination or distinction may be made other than for medical needs. The exclusion and denial of abortion for girls and women raped in armed conflict undermines the obligations put forth in this act.

These provisions are reinforced by the UK Manual of the Law of Armed Conflict, which makes clear that: (1) all persons “wounded and sick” in armed conflict must be provided with “humane treatment and, to the fullest extent practicable and with the least possible delay, the medical care and attention required by their condition;”<sup>9</sup> and that (2) “persons engaged in medical activities shall neither be compelled to perform acts or to carry out work contrary to, nor be compelled to refrain from acts required by the rules of medical ethics, other rules designed for the benefit of the wounded and sick, or the Protocol.”<sup>10</sup> The Manual also makes clear that “women must be treated with special respect and no less favorably than men.”<sup>11</sup>

These clear legal directives implementing the UK’s obligations under IHL provide the required framework to ensure that UK policies and practice do in fact ensure the rights of girls and women raped in armed conflict.

## UK Policies & Practice – A Fixable Problem

As a starting point, the UK is one of the few countries whose policies on sexual violence recognize that rape and forced pregnancy are being used as tools of war, and specifically note its particular effect on women, including HIV infection from war rape and unwanted pregnancy.

DFID is clear that the UK response to women in crisis situations, both conflict and natural disasters, includes supporting access to safe abortions.<sup>12</sup>

Furthermore, the UK Government’s Humanitarian Policy states that UK will “implement the appropriate political, security, humanitarian, and development actions necessary to uphold respect for international law, protect civilians, and to secure humanitarian access”<sup>13</sup> and, under the UK Strategy on the Protection of Civilians in Armed Conflict, commits the UK to “lobby strongly for humanitarian access and hold countries to their commitments and obligations under IHL.”<sup>14</sup>

However, despite this strong legal framework for the implementation of the UK’s obligations under IHL, some of the obligations are not fully incorporated in practice.

First, the UK policy which defines access for abortion for girls and women raped in armed conflict fails to recognize the non-derogable rights of war victims, including those to non-discriminatory medical care, by deferring to national abortion laws.<sup>15</sup> During times of armed conflict, these rights cannot be undermined by national law - the laws of war are explicitly designed to apply uniformly and universally. A basic principle of IHL, and of British law, is that in times of armed conflict, the Geneva Conventions and norms of customary international humanitarian law take precedence over

***Women should not face death or disability when they decide to have an abortion.”***

- *DFID, Safe and Unsafe Abortion Practice Paper*

national laws. Under the international standards set forth in the Geneva Conventions, women in the DRC (where abortion is illegal for rape victims) cannot be given different medical care than one in Sudan (where abortion is legal) – there can be no geo-political litmus test for war victims.

Second, even in those cases where UK funds can be used to provide abortion services to the extent of the law, these services are compromised by the United States' abortion ban on foreign aid. In fact, it is likely that nearly all UK humanitarian aid funding for the medical care of women war victims, with the exception of funding to Médecins Sans Frontières (which does not accept US funds) or the World Health Organization (WHO) (which successfully segregates its US funds for the Human Reproduction Program), is directly or indirectly compromised by the “no abortion” prohibition put on all US humanitarian aid. This prohibits all humanitarian entities funded by the US from **speaking about abortion or providing abortion services, even a life-saving abortion for a girl raped in conflict.**

UK funding is infected by the US abortion ban in two ways. First, UK and US humanitarian aid is given largely to the same major organizations operating globally (see Annex 1) and since they do not segregate out US funds, the abortion ban is applied to the entire operation. Second, in conflict areas there are a limited number of local health or social services organizations and they tend to be sub-grantees of entities funded by both the UK and US.

This impact can also be directly observed by considering the United Nations Population Fund (UNFPA). The US Congress treats the UNFPA differently than any other recipient of US foreign aid by imposing upon it not one, but two, abortion-related restrictions. Congress not only requires UNFPA to agree to the “no abortion” ban on US funds, but UNFPA cannot perform a single abortion, even with funds from other donors, such as DFID, or it will be defunded by the US entirely.<sup>16</sup> Yet despite this evisceration of UNFPA's ability to comply with the rights to medical care for female survivors of war rape, UNFPA is the lead agency implementing a “multi-sectoral response” for survivors of sexual violence in the DRC.<sup>17</sup> The UK gave the UNFPA £96.75 million in 2011,<sup>18</sup> which is most certainly impacted by US restrictions.

### **Recommendations:**

Foreign Minister William Hague has stated that the UK will be a global leader in addressing the issues posed by sexual violence in conflict. Accordingly, we urge that the UK take the following actions.

- 1. Issue a clear policy statement on abortion and war victims to supplement existing policy statements. This policy should specifically recognize that the right to abortion for girls and women raped in armed conflict is protected under IHL and is not subject to national laws on abortions.<sup>19</sup> UK Action on the US abortion ban on humanitarian aid**
- 2. Make a clear bilateral request that the US government protect the rights of girls and women raped in war under Common Article 3 of the Geneva Conventions by lifting the abortion ban attached to US humanitarian aid for girls and women raped in armed conflict.**
- 3. Take steps to ensure that UK grantees are in fact taking affirmative measures to ensure that US abortion restrictions do not impact support provided by the UK, including requiring the ICRC and all other UK humanitarian aid grantees that provide services for women raped in armed conflict to segregate out its US funds from UK funds.**

4. Commission an independent review of UK humanitarian aid policy for victims of armed conflict, to supplement the 2011 *Humanitarian Emergency Response Review* which was limited to only considering the UK humanitarian response to “spikes in armed conflict.”<sup>20</sup> This report should examine whether any DFID funding has supported abortions for victims of war rape and the impact of the US abortion ban on the humanitarian entities funded by the UK.
5. Adopt national guidelines in line with the European Union Guidelines on Compliance with International Humanitarian Law, in particular to operationalize the requirement that all EU bodies make an initial determination if their actions will involve situations governed by international humanitarian law. This would help to fulfill the positive obligations of the UK Government and its agencies, including DFID and FCO, to ensure all UK funded humanitarian assistance complies with the mandates of IHL.
6. Require all current and future DFID grantees for humanitarian aid for conflict situations to state in their grant applications how the grantee intends to ensure that the medical mandates of IHL are followed for all rape victims, men and women, pregnant or not.
7. Require reporting by DFID funded programs involving care for women raped in armed conflict to provide data on the number of women treated, the medical services offered those women, the services provided, including the number of abortions, childbirth services or post-abortion care.
8. Require that DFID funded medical programs in humanitarian settings inform girls and women raped and impregnated in armed conflict of their rights under IHL including their right to abortion as a component of non-discriminatory medical care.
9. Incorporate into the FCO *Strategy for the Prevention of Torture* that the denial of an abortion for a victim of war rape constitutes torture and that they must follow the guidelines if they suspect this is happening overseas and report the situation to the government as per the FCO’s *Torture and Mistreatment Reporting Guidance*.
10. Engage in bilateral discussions with countries in armed conflict about the rights of women war victims to abortions, the inapplicability of national abortion laws to persons entitled to absolute non-discriminatory medical care under IHL, and urge conflict states to make clear that IHL, not national law, determines the scope of medical care for women raped in war.
11. Incorporate into the UK’s National Action Plan on Security Council Resolution 1325 a clear declaration that the equal application of IHL for women victims of war rape includes a right to non-discriminatory medical care including safe abortion services.
12. Take leadership in the European Union by calling for the European Commission to take steps to affirmatively ensure and incorporate the rights of war rape victims to non-discriminatory medical under IHL with EU humanitarian funding into EU standards and guidelines.

*I want publicly to renew the British Government’s commitment to tackling sexual violence in armed conflict. We want to work to find practical ways to ensure that survivors feel confident to speak out, and are able to regain the dignity and rights that are due to them.*

- Foreign Minister William Hague, May 29, 2012

<sup>1</sup> Global Justice Center, *The Right to an Abortion for Girls and Women Raped in Armed Conflict: States' positive obligations to provide non-discriminatory medical care under the Geneva Conventions* (Jan. 2011), available at: <http://globaljusticecenter.net/publications/Reports/GJCbrief-final.pdf>.

<sup>2</sup> Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Armed Conflicts, art.16(1), Jun. 8, 1977, 1125 U.N.T.S. 302 and Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts, art.10(1), Jun. 8, 1977, 1125 U.N.T.S. 609.

<sup>3</sup> Article 14 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment sets forth that victims of torture are to be given the “means for as full rehabilitation as possible.” UN General Assembly, *Convention Against Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment*, art. 14, 1456 U.N.T.S. 85 (10 Dec. 1984). See also UN Office of the High Commissioner for Human Rights, *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (“Istanbul Protocol”)*, UN Doc. HR/P/PT/8/Rev.1 (2004) (The Istanbul Protocol, which sets out guidelines for doctors, amongst others, provides that doctors treating torture victims have a “duty to provide compassionate care” which includes “the duty to only act in the patient’s interest and says that doctors owe their patients complete loyalty...doctors must insist on being free to act in patients’ interests, regardless of other considerations...[This] requires doctors to ensure that they have ‘professional independence to represent and defend the health needs of patients against all who would deny or restrict needed care for those who are sick or injured.’” (internal cites omitted)).

<sup>4</sup> In considering laws that ban abortion without exceptions in Nicaragua and Peru, the Committee Against Torture has found that these laws violate states’ obligations under the Convention. UN Committee Against Torture, *Concluding Observations of the Committee against Torture: Nicaragua*, para. 16, U.N. Doc. CAT/C/NIC/CO/1 (10 Jun. 2009) and *Concluding Observations of the Committee against Torture: Peru*, para. 23, U.N. Doc. CAT/C/PER/CO/4 (25 Jul. 2006). See also, Human Rights Committee, *KL. v. Peru*, ¶ 6.6, U.N. Doc. CCPR/C/85/1153/2003 (22 Nov. 2005) and Human Rights Committee, General Comment 28: *Equality of Rights between women and men*, ¶ 1 (29 Mar. 2000) (which asks State parties to include information on if a state gives “access to safe abortion to women who have become pregnant as a result of rape” in order to assess compliance with article 7 of the Covenant (the prohibition of torture)).

<sup>5</sup> 1949 Geneva Conventions, common Article 1.

<sup>6</sup> Legal Consequences of the Construction of a Wall in the Occupied Palestinian Territory, Advisory Opinion, ¶ 158, 2004 I.C.J. 136 (Jul. 9) and Military and Paramilitary Activities (Nicar. v. U.S.), 1986 I.C.J. 14 (June 27) (Merits Judgment), ¶ 220.

<sup>7</sup> See Global Justice Center, *The Obligation of the United Kingdom to Protect the Inalienable Rights of Girls and Women Raped in Armed Conflict to Non-Discriminatory Medical Care Including Access to Abortion: Excerpts of Relevant Laws, Policies & Practices* (Oct. 2012), available at: <http://www.globaljusticecenter.net/news-events/news/2012/UKCompendium.pdf>.

<sup>8</sup> Geneva Conventions Act, 1957, 5 & 6 Eliz 2, c. 52, (Eng.), available at: <http://www.legislation.gov.uk/ukpga/Eliz2/5-6/52> and *The Manual of the Law of Armed Conflict*, Ministry of Defence, 1 July 2004 [hereinafter Manual on LOAC]. The excerpts include any and all amendments subsequent to the 2004 edition, available at: <http://www.mod.uk/NR/rdonlyres/82702E75-9A14-4EF5-B414-49B0D7A27816/0/JSP3832004Edition.pdf>.

<sup>9</sup> Manual on LOAC, ¶ 7.3.2.

<sup>10</sup> Manual on LOAC, ¶ 15.46(a).

<sup>11</sup> Manual on LOAC, ¶ 7.3.

<sup>12</sup> UK Department for International Development, *Safe and unsafe abortion: Practice Paper, DFID Policy* (Jul. 2011) [hereinafter DFID Abortion Position Paper].

<sup>13</sup> UK Department for International Development, *Saving lives, preventing suffering and building resilience: The UK Government’s Humanitarian Policy* at 17(2011).

<sup>14</sup> Foreign and Commonwealth Office, Department for International Development and Ministry of Defense, *UK Government Strategy on the Protection of Civilians in Armed Conflict* at 13.

<sup>15</sup> See DFID Abortion Position Paper at 11. See also Letter from Andrew Mitchell, Secretary of State for International Development (5 Jul. 2012) (on file with authors).

<sup>16</sup> Consolidated Appropriations Act 2010, §7078(d)(2), P.L. 111-117 (Dec. 16, 2009).

<sup>17</sup> UN Action Against Sexual Violence in Conflict, Comprehensive Strategy on Combating Sexual Violence in DRC, Executive Summary can be found at: “Comprehensive Strategy on Combating Sexual Violence in DRC <http://stoprapenow.org/uploads/features/ComprehensiveStrategyExecSumm.pdf>.”

<sup>18</sup> How UK Aid is Spent: Project Search: UNFPA, DEPARTMENT FOR INTERNATIONAL DEVELOPMENT, <http://projects.dfid.gov.uk/>.

<sup>19</sup> Norway, in November 2011 adopted such a statement, which we provide here, in pertinent part, as a reference.

“Women who are raped and impregnated in situations of armed conflict have increased rates of maternal mortality and

---

risk of resorting to unsafe methods of abortion. States have an obligation to provide non-discriminatory medical care to the wounded and sick under Common Article 3 of the Geneva Conventions, Additional Protocols I and II, and customary international law. Abortion services and counseling constitute medically appropriate interventions for survivors of rape who have been impregnated. The denial of abortion to women who become pregnant as a result of being raped has been considered to constitute torture or cruel, inhuman or degrading treatment. Consequently, the denial of the full range of medically appropriate care to victims of rape in situations of armed conflict constitutes a violation of their rights under applicable international law.” Norad, *Sexual Violence in Conflict and the Role of the Health Sector* at 12, (Nov. 2011)

<sup>20</sup>Humanitarian Emergency Response Review (Mar. 28, 2011), available at: <http://www.dfid.gov.uk/Documents/publications1/HERR.pdf>

## APPENDIX I

### UK Funded Humanitarian Organizations and the US Abortion Ban

DFID Organisation Funded 2009/10 financial year <sup>1</sup>	Total	US Funded with abortion speech/service ban	US Funds segregated from UK funds
International Committee of the Red Cross	£66,198,401	yes <sup>2</sup>	No
Office for the Coordination of Humanitarian Affairs	£59,240,560	yes <sup>3</sup>	No
World Food Programme	£57,861,606	yes <sup>4</sup>	No
United Nations Development Programme	£42,129,614	yes <sup>5</sup>	No
United Nations Children's Fund	£36,670,533	yes <sup>6</sup>	No
UNDP / OCHA Pooled Fund for the Dem. Rep. of Congo	£30,000,000	no <sup>7</sup>	No
United Nations High Commissioner for Refugees	£28,732,916	yes <sup>8</sup>	No
<b>World Health Organization</b>	<b>£11,123,729</b>	<b>yes<sup>9</sup></b>	<b>Yes</b>
Save the Children	£8,101,508	yes <sup>10</sup>	No
DFID Direct Contribution <sup>11</sup>	£7,021,139	N/A	N/A
Action Contre la Faim (Action Against Hunger)	£6,541,609	yes <sup>12</sup>	No
International Organization for Migration	£5,508,722	yes <sup>13</sup>	No
OXFAM UK	£5,919,264	yes <sup>14</sup>	No
Crown Agents	£4,439,628	yes <sup>15</sup>	No
Food and Agriculture Organization	£4,242,160	yes <sup>16</sup>	No
International Federation of Red Cross and Red Crescent Societies	£3,900,000	yes <sup>17</sup>	No
Care International	£3,421,959	yes <sup>18</sup>	No
Agency for Technical Cooperation and Development	£3,220,218	yes <sup>19</sup>	No
Merlin	£2,945,649	yes <sup>20</sup>	No
United Nations Relief and Works Agency	£2,136,873	yes <sup>21</sup>	No
Zanzibar Government	£2,004,008	yes <sup>22</sup>	No
Air Charter Services <sup>23</sup>	£1,946,873	yes <sup>24</sup>	No
Tearfund	£1,894,078	yes <sup>25</sup>	No
<b>Médecins Sans Frontières (Doctors without Borders)</b>	<b>£3,813,438</b>	<b>no<sup>26</sup></b>	<b>N/A</b>
Mercy Corps	£1,715,218	yes <sup>27</sup>	No
United Nations Office for Project Services	£1,676,711	yes <sup>28</sup>	No
Other Agencies Combined	£25,817,634		
<b>Total</b>	<b>£428,224,048</b>		

<sup>1</sup> Department for International Development, DFID's Expenditure on Humanitarian Assistance 2009/10 (December 20, 2010).

<sup>2</sup> International Committee of the Red Cross, 2009 Annual Report, at 451 (2010).

<sup>3</sup> UN Office for the Coordination of Humanitarian Affairs (OCHA), Annual Report 2009, at 33 (May 1, 2010).

<sup>4</sup> World Food Programme, Division of Communications, Public Policy and Private Partnerships, 2010 Annual Report, At 47 (2010).

<sup>5</sup> UN Development Programme, UNDP in Action 2009/2010: Delivering on Commitments, at 41 (May 10, 2010).

<sup>6</sup> UN Children's FUND [UNICEF], UNICEF Annual Report 2001, at 40 (June 2010).

<sup>7</sup> Multi-Partner Trust Fund Office, Bureau of Management United Nations Development, Programme Report of the Administrative Agent of the DRC Pooled Fund for the period 1 January - 31 December 2011, at 9 (May 15, 2012).

<sup>8</sup> UN High Commissioner for Refugees, UNHCR Global Report 2009- Funding UNHCR's programmes, at 60 (June 20, 2010).

<sup>9</sup> World Health Organization, Voluntary contributions by fund and by donor for the financial period 2010–2011 (April 5, 2012). The WHO HPR Unit, the unit responsible for abortion related research, their largest government donor is DFID. They do not take US funding so as to avoid the effects of the US abortion ban.

- 
- <sup>10</sup>Save the Children, Fiscal Year 2010 Snapshot, available at [http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6229505/k.5C4E/Financial\\_Information.htm](http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6229505/k.5C4E/Financial_Information.htm).
- <sup>11</sup>The Conflict, Humanitarian and Security Department channels personnel and goods-in-kind towards natural disaster responses and is thus outside the purview of this report.
- <sup>12</sup>Action Contre la Faim International, Action Against Hunger Financial Report 2008, at 11 (September 1, 2009).
- <sup>13</sup>International Organization for Migration, Financial Report for the Year ended 31 December 2009, MC/2293 ,at 57-59 (April 21, 2010).
- <sup>14</sup>Oxfam UK, Oxfam Annual Report & Accounts 2009/10, at 68 (March 1, 2010).
- <sup>15</sup>Crown Agents, Where We Work, available at <http://www.crownagents.com/United-States.aspx>.
- <sup>16</sup>Food and Agriculture Organization, Funding for FAO programmes up 28 percent, available at <http://www.fao.org/news/story/en/item/161728/icode/> (October 5, 2012).
- <sup>17</sup>International Federation of the Red Cross, Development Programme Financial Report 2011- East Africa Region, at 1 (April 27, 2012).
- <sup>18</sup>CARE International, 2009 Facts and Figures Report, at 2 (2010).
- <sup>19</sup>USAID, Sahel- Food Insecurity and Complex Emergencies, at 2(August 31, 2012).
- <sup>20</sup>USAID, Merlin- Private Voluntary Organizations, available at <http://pvo.usaid.gov/usaaid/ipvo.asp?i=3434&INCVOLAG=YES&INCSUM=YES&VolagText=>.
- <sup>21</sup>The United States is the largest single-state donor to the U.N. Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). *See also* Jim Zanotti, Congressional Research Service, U.S. Foreign Aid to the Palestinians, RS22967, at Summary (June 15, 2012)
- <sup>22</sup>The Capacity Project, Improving Health Care in Zanzibar: Strengthening the Mnazi Mmoja Hospital, at [http://www.capacityproject.org/index.php?option=com\\_content&task=view&id=149&Itemid=108](http://www.capacityproject.org/index.php?option=com_content&task=view&id=149&Itemid=108).
- <sup>23</sup>Provides humanitarian aid relief charters for disasters around the globe.
- <sup>24</sup>Emma Graham-Harrison, Afghanistan suicide blast kills 12 in attack on Kabul airport contractors, The Guardian, September 18, 2012, at <http://www.guardian.co.uk/world/2012/sep/18/afghanistan-suicide-blast-kills-12>.
- <sup>25</sup>Tearfund, 2011/12 annual report, at 29 (Jul 12, 2012).
- <sup>26</sup>“Doctors Without Borders has not received or solicited funding from the US Government since 2002.” Médecins Sans Frontières, Donation Q&A, available at <http://www.doctorswithoutborders.org/donate/faq/>.
- <sup>27</sup>USAID, USAID Implementing Partner 2011, available at <http://www.usaid.gov/work-usaid/get-grant-or-contract/usaaid-implementing-partnerships> (August 03, 2012).
- <sup>28</sup>USAID, Afghanistan Implementing Partners, available at [http://afghanistan.usaid.gov/en/partnerships/implementing\\_partners](http://afghanistan.usaid.gov/en/partnerships/implementing_partners).

## **Appendix II**

### **United Kingdom Organizations Approved for USAID Funding<sup>1</sup>**

ActionAid International  
Britain-Nepal Medical Trust (BNMT)  
Catholic Agency for Overseas Development (CAFOD)  
Christian Aid  
Christian Outreach (CORD)  
Concern Universal  
Food and Agricultural Research Management Limited (FARM-Africa)  
The Hazardous Area Life-Support Organization Trust (The HALO Trust)  
Health Limited (d/b/a Health Poverty Action)  
HelpAge International (HAI)  
International Alert (ALERT)  
International Planned Parenthood Federation (IPPF)  
LifeLine Network International (LNI)  
Marie Stopes International (MSI)  
Medical Emergency Relief International (Merlin)  
Motivation Charitable Trust  
People In Aid  
POWER International (formerly Prosthetic and Orthotic Worldwide Education & Relief)  
Practical Action  
Questscope  
Save the Children Fund, United Kingdom (Save the Children UK)  
Tearfund  
War Child (WCUK)  
Windle Trust International (WTI)  
Womankind Worldwide  
Y Care International (YCI)

---

<sup>1</sup> USAID, International PVO Registry- United Kingdom, available at <http://pvo.usaid.gov/usaid/ipvo.asp>.