

# Annex 1: Key Humanitarian Standards for Post-Rape Care

For situations of both acute and protracted crises such as armed conflicts or natural disasters, when regular health services may be compromised or ineffective and assistance is required to ensure access to healthcare, humanitarian groups have developed minimum standards of care to seek to ensure an appropriate and quality humanitarian response. These are laid out in the *Sphere Handbook*, which is comprised of the Humanitarian Charter and Minimum Standards.<sup>328</sup> The July 2019 IASC Guidelines on Inclusion of People with Disabilities in Humanitarian Action are designed to ensure the inclusion of persons with disabilities in all sectors and in all phases of humanitarian action.<sup>329</sup>

## Sexual Violence and Clinical Management of Rape

Key guidelines include the sexual and reproductive health standard in the Sphere Handbook, the IASC Guidelines for Integrating Gender-Based Violence Interventions into Humanitarian Action, and the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings.<sup>330</sup>

Clinical management of rape should be integrated into a multi-sectoral response to gender-based violence, for example safe housing, access to fuel, water and sanitation, participation of women in leadership and management of humanitarian assistance, and education and community outreach.

The Sphere Standard 2.3.2 on sexual violence and clinical management of rape outlines four key actions to establish a comprehensive gender-based violence response:

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<sup>328</sup> Sphere, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, 2018, [https://handbook.spherestandards.org/en/sphere/#choo2\\_002](https://handbook.spherestandards.org/en/sphere/#choo2_002) (accessed October 5, 2021).

<sup>329</sup> IASC, *IASC Guidelines on the Inclusion of People with Disabilities in Humanitarian Action*, 2019, [https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20the%20Inclusion%20of%20Persons%20with%20Disabilities%20in%20Humanitarian%20Action%2C%202019\\_0.pdf](https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20the%20Inclusion%20of%20Persons%20with%20Disabilities%20in%20Humanitarian%20Action%2C%202019_0.pdf) (accessed November 8, 2021).

<sup>330</sup> IASC, *IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action 2015*, 2015, <https://interagencystandingcommittee.org/working-group/iasc-guidelines-integrating-gender-based-violence-interventions-humanitarian-action-2015> (accessed October 5, 2021); Inter-Agency Working Group on Reproductive Health in Crisis, *Inter-Agency Field Manual On Reproductive Health in Humanitarian Settings*, 2018, <https://iawgfieldmanual.com/manual> (accessed October 5, 2021). These are standards for humanitarian organizations to determine the extent and quality of any response, not as assessment of government obligations.

1. Identify a lead organization to coordinate a multi-sectoral approach to reduce the risk of sexual violence, ensure referrals and provide holistic support to survivors.
  - Coordinate with other sectors to strengthen prevention and response.
2. Inform the community of available services and the importance of seeking immediate medical care following sexual violence.
  - Provide post-exposure prophylaxis for HIV as soon as possible (within 72 hours of exposure).
  - Provide emergency contraception within 120 hours.
3. Establish safe spaces in healthcare facilities to receive survivors of sexual violence and to provide clinical care and referral.
  - Display and use clear protocols and a list of patients' rights.
  - Train healthcare workers in supportive communication, maintaining confidentiality and protecting survivor information and data.
4. Make clinical care and referral to other supportive services available for survivors of sexual violence.
  - Ensure referral mechanism for life-threatening, complicated, or severe conditions.
  - Establish referral mechanisms between health, legal, protection, security, psychosocial, and community services.

The Sphere Standards state that, “Clinical care, including mental healthcare and referral for survivors, must be in place in all primary healthcare facilities and mobile teams.”<sup>331</sup>

This includes skilled staff and supplies including for:

- emergency contraception;
- pregnancy testing, pregnancy options information and safe abortion referral to the full extent of the law;
- presumptive treatment of STIs;
- post-exposure prophylaxis to prevent HIV transmission;
- prevention of hepatitis B;
- care of wounds and prevention of tetanus; and

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<sup>331</sup> Sphere, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*.

- referral for further services, such as other health, psychological, legal and social services.<sup>332</sup>

The guidelines call for specialized protection, for example that child survivors of sexual violence should be cared for by health workers trained in post-rape management of children.

The standards note that, “where feasible and needed, provide training on the medico-legal system and forensic evidence collection.”<sup>333</sup>

The key indicators of whether the Sphere standard on sexual violence is being met are:

- All health facilities have trained staff, sufficient supplies and equipment for clinical management of rape survivor services based on national or international protocols;
- All survivors of sexual violence state they received healthcare in a safe and confidential manner;
- All eligible survivors of sexual violence receive:
  - Post-exposure prophylaxis within 72 hours of an incident or from exposure,
  - Emergency contraception within 120 hours of an incident or from exposure.<sup>334</sup>

## Mental Health and Psychosocial Support

Mental health and psychosocial support service interventions should also be embedded in a multi-sectoral response. Key humanitarian guidelines include the Sphere Mental Health Standard 2.5 and the 2007 IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS).<sup>335</sup> UNICEF’s A Rights Based Approach to Disability in the Context of Mental Health also offers important guidance for children and adults both, including on the recovery approach that ensures provision of mental health services from a person-centered and human rights-based perspective. This approach promotes people’s active engagement in their own personal recovery journey. Recovery is about supporting

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<sup>332</sup> Ibid.

<sup>333</sup> Ibid.

<sup>334</sup> Ibid.

<sup>335</sup> Ibid.; and *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*.

people to regain or stay in control of their lives, and to have meaning and purpose in life; it is not about “being cured” or “being normal again.”<sup>336</sup>

The IASC MHPSS Guidelines emphasize a “multi-layered” response, including

- 1) basic services and security, including food, shelter, water, and essential healthcare, in ways that improves people’s sense of dignity and safety;
- 2) community and family supports, including family tracing and reunification, appropriate mourning and healing rituals, and activation of social networks;
- 3) focused, non-specialized supports, for example primary healthcare workers and community workers who can provide psychological first aid and livelihood supports; and
- 4) specialized services, including specialized psychological or psychiatric care.<sup>337</sup>

The key indicators for whether the Sphere standard on mental healthcare is being met are:

- Percentage of secondary healthcare services with trained and supervised staff and systems for supporting people with mental health conditions;
- Percentage of primary healthcare services with trained and supervised staff and systems for supporting people with mental health conditions;
- Number of people participating in community self-help and social support activities;
- Percentage of health services users who receive care and support for mental health conditions;
- Percentage of people who have received care and support for mental health conditions who report improved functioning and reduced symptoms; and
- Number of days for which essential psychotropic medicines were not available in the past 30 days
  - Less than four days.<sup>338</sup>

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<sup>336</sup> UNICEF, “Discussion Paper: A Rights-Based Approach to Disability in the Context of Mental Health,” 2019, <https://www.unicef.org/media/95836/file/A%20Rights-Based%20Approach%20to%20Disability%20in%20the%20Context%20of%20Mental%20Health.pdf> (accessed November 8, 2021).

<sup>337</sup> IASC, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*.

<sup>338</sup> Sphere, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*.

The handbook discourages single-session psychological debriefings and encourages other interventions, such as training, supporting, and supervising non-specialized healthcare workers to deliver support for depression, anxiety, and post-traumatic stress. It also recommends adding specialized staff such as psychiatric nurses to general healthcare facilities.<sup>339</sup>

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<sup>339</sup> Sphere, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*.