ANNEXES to PARTNERSHIP MANAGEMENT GUIDELINES:

Organisational Response to Sexual Assault and Rape

Annex 1: What to do if Assaulted

There is no right or wrong way to respond to an assault. Each situation will be different. Whether to resist an attacker can only be your decision depending on the unique combination of factors in that situation.

Options:

- Submission – The victims are in fear of losing their lives. The objective here is to survive.
- Passive resistance – see below
- Active resistance – Taking specific and deliberate actions, verbal and physical, to resist

Passive resistance: If necessary, in order to not antagonize the aggressor (because of the aggressor's physical or other power over you, for example), blame your inability to respond (sexually) on neutral or external factors such as your religion, cultural differences, the punishment you can expect to result, the location/lack of privacy, a disease or condition, etc. Such reasoning (known as passive resistance) may or may not move the situation to a discussion rather than an assault, but might at least buy time, cause the attacker to re-think or to be repelled from proceeding.

Other Advice:

- Stay calm and think rationally and evaluate your resources and options
- Assess the situation (Are there any people within hearing range? Is the attacker armed? If it's someone you know, is there any hope of reasoning with him? Do you know your surroundings?)
- Change strategies (combination of the three options)
- Use 'bizarre behavior' (some victims have been able to disrupt the attack or distract the aggressor by behaving in bizarre ways such as throwing up, scratching, urinating)

Responsibility of Victims (to the extent possible)

- Do not bathe until after receiving medical care or otherwise alter the scene of the attack until it has been reported and investigated,
- Immediately seek the assistance of the staff care and safety focal point who can help you through the necessary actions immediately following an attack,
- Identify a friend or colleague whom you trust and with whom you can discuss, in detail, your experience and the after effects - the individual should be mature, a good listener and reliable for confidential and supportive handling of your discussions, and
- Report the attack – WV understands the decision to report an attack (or not) is a personal one, however your immediate report is critical, both to stop the specific perpetrator and to assist authorities to take steps necessary to prevent future attacks.

Advice for staff reacting to Sexual Assault and Rape in the Workplace

Advice for Men: Watch for signs of discomfort in female colleagues, family, or friends. Do not belittle or ignore these signs, try to provide accompaniment and support for women (driving, escorting to car/door, etc.) Be empathetic and offer to listen and/or assist to lessen the discomfort.

Try saying:

- *I believe you*
- *This is not your fault*
- *You are not alone*
- *I am sorry this happened to you*

Remember rape and other forms of sexual assault can happen to anyone, regardless of their culture, behavior, dress, circumstances, etc. Rape is not sex and sexual assault is not stimulating or fun for the victim.

Advice for Women: Demonstrate cultural sensitivity in clothing and behavior. Consider carrying a whistle or other emergency noise-making device. Consider taking a self-defense course.

Annex 2 Emergency Contraception Technical Brief - July 2011

The goal of this brief is to provide clarity and guidance about Emergency Contraception (EC) for World Vision Staff in Humanitarian Crisis, Rape, Gender Based Violence, occupational exposure, contraceptive failure or after unprotected sex. This document is intended to provide latest information on EC taking into account ethical, medical and development standards with utmost regard for personal sensitivities and religious concerns of those we serve.

World Vision holds the position that human life begins at conception. World Vision does not provide, recommend nor support abortion nor methods of family planning that are determined to be abortive (World Vision's Partnership Policy on Reproductive Health, April 2006).

This paper is consistent with the World Vision Management Policy on Reproductive Health, April 2006, that states:
World Vision offers modern contraceptive methods that act by preventing conception and opposes all methods that are proven to be abortive. No methods are offered that intentionally and normally prevents implantation of a fertilized egg. All contraceptive measures are reviewed with respect to ethical, medical and development standards.

What are Emergency Contraceptives?

Emergency Contraceptives are a class of primarily steroidal hormones that are typically taken orally, but sometimes are applied or inserted vaginally, to prevent pregnancy after sexual intercourse. They act to delay, inhibit or prevent ovulation, prevent fertilization of ova, or prevent the implantation of ova after unprotected sexual intercourse (Carr, 2005) (Berek, 2002) (Burkman, 1989).

Each EC has a different mechanism of action, dosage, and timeframe for use. EC methods that affect any of the events that precede fertilization and do not interfere with implantation of a fertilized egg or harm the healthy development of an existing pregnancy (i.e. fertilized ovum, zygote, blastocyst) are contraceptives that support the WV Reproductive Health Policy. The following table shows the mechanism of action of the most commonly used methods of EC.

Class of EC	Mechanism of Action (WHO, 2011)	Align with WV RH Policy?
Levonorgestrel (LGN)1.5mg	Primarily Prevents or postpones ovulation	Yes
Combination Estrogen-Progestin (CEP)	Primarily Prevents or postpones ovulation	Yes
Ulipristal Acetate (UPA) 30mg	Primarily Prevents or postpones ovulation	Yes
Copper T380A Intrauterine Device	Works primarily by causing a chemical change that damages sperm and egg before they can meet. It can prevent implantation if inserted as an emergency contraceptive measure.	No
Mifepristone (also known as RU486)	Abortifacient	No

- Levonorgestrel (LGN), Combination Estrogen-Progestin (CEP), and Ulipristal Acetate (UPA) are emergency contraceptives that align with World Vision Reproductive Health Policy. LGN, CEP and UPA do not interfere with implantation nor cause abortion, and hence are not considered abortifacient(WHO, 2011). The ability of LGN, CEP and UPA to prevent pregnancy decreases over time. Any EC should be taken as soon as possible after unprotected sex. LGN, UPA and CEP are highly effective at preventing pregnancy, and are valuable interventions for emergency contraception (WHO, 2011). There have been no reports of harm to the women or children of women who took LGN, UPA, or CEP when they were already pregnant (Glasier et al., 2010) (Cheng et al., 2004) (Dominguez et al., 2010). EC methods are safe for all women.

Summary

This briefing has been developed to clarify understanding and knowledge about emergency contraceptives. Sexual and gender-based violence is a common problem during humanitarian emergencies. World Vision has been working to put in place various mechanisms to prevent and respond to sexual and gender based violence in emergency situations. Emergency contraception can help a woman in a crisis situation prevent unintended pregnancy. The provision of appropriate types of emergency contraception (LGN, CEP, and UPA) to victims of sexual violence and rape in World Vision programs aligns with the Partnership Policy on Reproductive Health.

Emergency Contraceptives act before fertilization and they are therefore not abortifacient.

Annex 3 Post-Exposure Prophylaxis Kit Guide - October 2011

Section One - Overview of Post-Exposure Prophylaxis (**PEP**)

A. Why PEP?

This document is a guide for Custodians of Post-Exposure Prophylaxis (PEP) Kits to use when administering PEP.

As a precautionary measure, all World Vision Staff working in contexts with moderate to high HIV prevalence rates are provided with 24 hour access to Post-Exposure Prophylaxis (PEP). This precautionary measure is intended to prevent HIV transmission in an emergency. This initiative aligns with World Vision's commitment to the wellbeing and personal safety of all employees, and is consistent with industry best practices. Accordingly, World Vision aims to make PEP available to all employees, and their spouses and dependent children living with them in these high-risk contexts.

In recent years the number of incidents in which humanitarian personnel have been sexually assaulted has increased. Armed groups in conflict areas increasingly use rape as a means of terror. Rape is a type of high-risk exposure to HIV. In a 2010 study headed by Charlotte Watts from the London School of Hygiene and Tropical Medicine, Sexual Violence was found to increase HIV incidence by 10% in a population if rape was widespread (>40%) (Watts et. al, 2010). The same study found that genital injury (which often occurs during sexual assault) increases HIV transmission by threefold or more (Watts et. al, 2010). Watts and her team also found that at least 10% of perpetrators of sexual violence are HIV infected (Watts et. al, 2010). PEP is an ethical imperative for the care of survivors of sexual assault (WHO, 2007).

B. What is PEP?

Post-Exposure Prophylaxis is the term given to the set of medical responses a patient receives after a high-risk exposure to HIV to help prevent HIV infection (WHO, 2007). If appropriate a two-drug antiretroviral medication is administered within 72 hours, but ideally as soon as possible, after an HIV-negative person is exposed to HIV (WHO, 2007). The exposed person takes this medication for 28 days after the exposure, and will receive follow up care for 6 months afterwards at a minimum (WHO, 2007).

Other medical responses provided as part of PEP depend on the type of exposure and the characteristics of the exposed person (WHO, 2007). These medical responses may include, immediate action in an acute medical emergency, first aid, counseling to assess the risk of the exposure to HIV, HIV testing, pregnancy testing, emergency contraceptives[1], antibiotics to prevent infection from STI's, counseling, other medical follow up, trauma counseling, and spiritual care (WHO, 2007).

The WHO reports that the estimated risk of becoming infected with HIV from:

- *A single percutaneous jab (through the skin) exposure to blood known to be infected with HIV is **0.3%** (WHO, 2007).*
- A single episode of consensual receptive vaginal intercourse is **between 0.1% and 1.0%** (WHO, 2007).
- A single episode of consensual receptive anal sex is **between 1% and 5%** (WHO, 2007).

PEP is not guaranteed to prevent transmission of HIV, but it drastically reduces the risk of becoming HIV Positive after high-risk exposure to the HIV virus (WHO, 2007). Included with this guide is a kit that includes medications and tools to provide Post-Exposure Prophylaxis to an individual who has been exposed to HIV.

C. When to use PEP[2]

PEP should be administered following assessment of the risk of transmission of HIV. The purpose of the risk assessment is to determine whether the exposed person is at risk of getting infected with a virus as a result of the incident. The type of injury should be carefully assessed and evaluated as described in the table below.

[1] Please refer to World Vision's *Emergency Contraception Technical Brief 2011* for more information.
[2] (WHO, 2007; UN, 2011; Interhealth, 2010)

Level of Risk of HIV transmission by type of Exposure to HIV		
High	**Moderate**	**Low**
An injury to a person that penetrates the skin with a high-caliber, hollow-bore needle, visibly contaminated with blood.	A wound that bleeds that may have been contaminated by blood, cerebrospinal fluid, semen, vaginal secretions, synovial, pleural, peritoneal, pericardial, and amniotic fluid or breast milk.	A superficial wound(s) that does not bleed from an object that is contaminated by a bodily fluid.
An injury to a person from a needle that has been within an artery or vein of a patient.	Sexual assault that includes oral sex where ejaculation occurred.	Any contact from non-infectious body fluids (urine, vomit, feces, saliva, tears, sweat).
Sexual Assault that includes penetrative vaginal or anal sex without a condom where seminal fluid, blood or vaginal secretions are seen on the mucous membrane of the victim.	HIV-infected blood coming into contact with either broken or chapped skin (including eczema) or mucous membrane of an individual involved in an accident.	Contact of any body fluid solely onto intact skin.
An accident in which a penetrating injury involving potentially contaminated blood occurs.	Mouth to mouth resuscitation on an individual known to be HIV Positive.	
A blood transfusion from an unknown or untested source.		

Estimated Risk of HIV exposure based on characteristics of Source Person	
High Risk	Source person • Is known to be HIV positive • Is considered likely to be HIV positive • Is known to be a sex worker • Is known to be engaged in high risk sexual activity • Is known to use illegal drugs • Is a soldier • Has suggestive symptoms or signs of AIDS or HIV associated illness • High local prevalence rate of HIV • Is unknown
Low Risk	Source Person • Is known to be HIV negative • Is unlikely to be HIV positive • Low local prevalence rate of HIV • Is in a monogamous relationship, and does not use illegal drugs

Administration of PEP based on Magnitude of Exposure and HIV Status of Source Person		
Magnitude of Exposure	**Source Person: Probably High Risk**	**Source Person: Probably Low Risk**
High	PEP Recommended	PEP Recommended
Moderate	PEP Recommended	Consider PEP
Low	PEP not necessary	PEP not necessary

It will rarely be possible to obtain an immediate reliable assessment on the source person. If in doubt it is better to start PEP.

PEP should not be used if the person:

- Presents for treatment more than 72 hours after he/she became exposed to HIV.
- Is already HIV positive.
- Is in an intimate relationship with an HIV-positive person where he/she has regular and ongoing unprotected sex. Or if the person is at risk of another type chronic exposure to HIV.
- Is at no risk of transmission, as in the following cases:
    - Exposure of intact skin to potentially infectious body fluids
    - Sexual intercourse using a condom that remains intact

- Exposure is to feces, saliva, urine, nasal secretions, tears, and/or sweat of HIV positive individual.
- Exposure to bodily fluids of a person known to be HIV-negative who is at no risk of recent HIV infection.

D. What is in a PEP starter Kit[3]?

Because PEP must be started without delay (within 72 hours of exposure), PEP kits should be readily available at all times. Current recommendations are that PEP should be used for 28 days. PEP starter kit should be provided to field offices to facilitate prompt access to medication. The starter medication in the PEP kit allows time to organize referral or transportation to a trained service provider for a full assessment of the patients care needs. The trained service provider will ensure proper treatment; including ART medication for 28 days, HIV testing and follow up testing, trauma counseling, and any other care and support that is deemed appropriate. If Medical evacuation to more adequate facilities (following WV national or programme office protocol) is deemed appropriate, the PEP kit allows for treatment while the patient is in transit to the health care facility.

The PEP starter kits contain sufficient supplies to cover **five days** of antiretroviral medication, pregnancy test, emergency oral contraception, antibiotics and PEP kit guide (see table below).

Contents of PEP Starter Kit			
Item	Description	Unit Form	Prescription
300mg Zidovudine (AZT) + 150mg Lamivudine	Anti-HIV medication: two-drug antiretroviral combination tablet	10 tablets (5 day supply)	Take 1 tablet twice daily
Pregnancy Dip Slip	Pregnancy Test	One test	If the first pregnancy test is negative, a follow up test will be repeated after two weeks
Levonorgestrel[4] 0.75mg	Prevents Ovulation in order to prevent pregnancy.	2 tablets	Take 2 tablets within 72 hours of rape or unprotected sex.
Azithromycin and Cefixime	For presumptive treatment for gonorrhea, syphilis and chlamydial infections for a woman who is not pregnant	2 tablets of Azithromycin 500 mg 1 tablet of Cefixime 400 mg	Azithromycin 1gm orally, single dose (not recommended in pregnancy) Cefixime 400mg orally, single dose, Note: follow local treatment protocol for STI
PEP Kit Guide	Info on PEP for Custodian Patient Information Informed Consent form Incident report form		Give patient appropriate information on PEP and provide with contact information for follow up treatment.

Antiretroviral medication: The standard PEP regimen comprises two nucleoside-analogue reverse-transcriptase inhibitors (preferred regimen is zidovudine + lamivudine).

Pregnancy Test: The purpose of the pregnancy test included in the PEP kit is to determine if the victim was pregnant prior to the sexual assault, not as a result of the sexual assault

Emergency Contraception: Levonorgestrel is a progestin only contraceptive pill. If taken within 72 hours, it can prevent pregnancy by delaying ovulation. Levonorgestrel has no effect on a growing fetus or fertilized egg. Provision of Levonorgestrel as ECP is in alignment of WV Reproductive Health Policy.

STI prevention: Based on WHO-recommended STI treatment, Azithromycin and Cefixime are included for presumptive treatment for gonorrhea, syphilis and chlamydial infections for a woman who is not pregnant. Many countries have local STI treatment protocols based on local resistance patterns. It is recommended to follow local treatment protocol for sexually transmitted infections.

[3] (WHO, 2007; UN, 2011)
[4] RH Policy supports the use of Levonogestrel. For more information please refer to World Vision's 2011 *Emergency Contraception Technical Brief.*

E. Duties of PEP Kit Custodian:

1. Complete PEP training

2. Inform all co-workers of the availability of PEP
    a. Provide 24-hour phone number/contact information in the event that a PEP kit is needed.
    b. Educate co-workers about PEP.

3. Ensure 24 hour access to PEP kits
    a. Staff must be able to contact the PEP Kit Custodian at all times to access a kit.

4. Ensure that PEP kits are in date and are replaced after use
    a. Maintain adequate supplies of PEP kits, referral information etc.

5. Ensure safe and proper storage of PEP kits
    a. Store in a cool, dry place in a close container.
    b. Store below 30 degrees Celsius
    c. Protect from humidity.

6. Establish a referral plan for area:
    a. Locate an appropriate physician, hospital, or clinic where HIV testing and follow-up care can be carried out.
    b. Obtain and provide contact information of physicians and clinics to provide PEP patients with.
    c. Obtain and provide contact information for a trauma counselor.
    d. Obtain and provide travel information for getting to place of follow-up care for PEP patients.

7. Ensure confidentiality of all patient information, informed consent forms, and documentation of exposure

8. Establish an evacuation plan
    a. In the case the patient chooses to be evacuated to his/her home country.

Section Two

Administering PEP: A Step-By-Step Guide
(Developed from materials by WHO, UN, and Intrahealth) Step One: **Take Immediate Action**

A. If patient is in need of immediate medical attention due to acute injury, then assist he/she to the hospital or clinic for care. Initiate evacuation if necessary.
B. If patient is in need of first aid:
    a. In the case of a needle prick or exposure to non-intact skin, rinse the affected area with soap and water. Do not press or rub the wound.
    b. Rinse the mouth with water and no soap in the case that the mucous membrane of the mouth has been affected.

Step Two: **Assess Risk**

A. If available, give the patient a drink such as juice, milk, soda, sweetened coffee or tea.
B. Assure the patient that the information he/she shares is confidential and will not be disclosed to any party without permission.
C. Use the questionnaire found in the annex and the tables on page 5-6 to determine the level of risk of transmission associated with the HIV exposure.
D. Determine the appropriateness of PEP based on this information and the tables on page 5-6.

Step Three: **Discuss treatment options**

A. Calmly counsel the exposed person about the benefits and risks of using PEP, the risk of HIV transmission. (Information in Annex and in Part B of Section One).
B. If applicable, counsel the patient about Emergency Contraception.

Step Four: **Obtain Informed Consent**[5] (See Annex for answers to all informed consent statements)

A. Talk through the form (found on page 7) and continue to step five if the patient signs the informed consent form and wishes to proceed with PEP.

Step Five: **Complete pre-tests**

A. If applicable, ask the patient to perform pregnancy test.
    a. If pregnancy test is positive, there is no need to administer levonorgestrel to the patient, but it is even more important that the patient take PEP.
    b. If Pregnancy Test is negative, proceed to step six.

Step Six: **Administer Medication**

A. Counsel the patient that he/she must take PEP for 28 days and that the PEP starter kit contains 5 days of medication. In order to obtain more medicine he/she must see a doctor as soon as possible.
B. Counsel the patient about the side effects of PEP, which include diarrhea, nausea, abdominal pain, weakness, rash, fatigue and headache (WHO, 2007).
C. Administer the 5-day starter course of medication as it is provided in the kit. Advise patient to retake the medication if he/she vomits less than an hour after taking the medication.
D. If Pregnancy test is negative, and patient was sexually assaulted, and the patient wishes to take Emergency Contraception, administer two tablets of Levonorgestrel to prevent ovulation and reduce the risk of pregnancy from the assault.
E. If exposed person was sexually assaulted or there is a risk of infection from wounds, administer antibiotics to the patient to prevent infection or STIs.

Step Seven: **Refer the patient for Follow up Care**

A. Provide information on where to go for further care and follow up. It is vital that the patient seek follow-up care.
B. The patient must take the medication for 28 days for PEP to work, and the only way to obtain more medicine is to go to the doctor.
C. Patient must receive ongoing medical oversight for 6 months.
D. A doctor will provide vital follow up care that includes:
    a. HIV baseline testing to confirm HIV negative status.
    b. Pregnancy testing (to confirm that the emergency contraceptive worked to prevent pregnancy).
    c. Preventative antibiotics for ensure that he/she will not develop a bacterial STI.
    d. HIV testing at 3 and 6 months after exposure.
    e. Other case specific care such as a referral for trauma counseling or other medical procedures.

Step Eight: **Give final instructions**

A. Stress the importance of taking the full 28-day course of medication.

B. Assist the patient to make travel arrangements to the hospital or clinic where follow up care will take place.

C. Give patient the appropriate information sheets from the annex of this document to take with them.

D. In the case of sexual assault ensure the patient feels safe.
    a. If possible, and the patient consents, call the police to file a report of the assault.
    b. Escort the patient home or to a safe place to rest.
    c. Call friends and family of the patient to provide care and security.

[5] If you suspect the patient is concerned about confidentiality, allow patient to give verbal informed consent.

Informed Consent Form (adapted from WHO)
I understand that I have had an exposure incident that may be a risk for HIV transmission. _____ (Initial)

I have been given the following information relating to the use of post-exposure prophylaxis (PEP):

- The risk of HIV transmission with and without PEP
- The benefits and risks of taking PEP
- The use of PEP during pregnancy
- The risks of taking PEP if I already have been exposed to HIV and may be HIV Positive
- That PEP is not guaranteed to prevent transmission.
- The possible side effects of PEP.
- The benefits of HIV testing, now, at three months and at six months.
- That the usual course of PEP is four weeks and that I can stop at any time, although this will reduce the effectiveness.
- The importance of taking the correct dose of the medicine at the right time
- The importance of taking precautions to prevent HIV transmission (such as using condoms) for the next six months
- Not to donate blood, semen, or body tissues, or become pregnant for the next six months.
- What levonorgestrel is, how levonorgestrel works, the side effects of levonorgestrel.

I understand this information and have been given the opportunity to ask questions and have received satisfactory answers. _____ (Initial)

I voluntarily consent to post-exposure prophylaxis, including levonorgestrel. _____ (Initial)

I voluntarily consent to post-exposure prophylaxis, not including levonorgestrel. _____ (Initial)

I consent to take levonorgestrel for Emergency Contraceptive purposes. _____ (Initial)

I decline post-exposure prophylaxis. _____ (Initial)

I voluntarily consent to a confidential report of this incident being submitted for World Vision employee safety records. _____ (Initial)

I do not consent to a confidential report of this incident being submitted for World Vision employee safety records. _____ (Initial)

I have been provided information about PEP and consent to treatment.
Name: _____
Signature: _____
Date: _____

I confirm that I have provided the information about PEP as listed above and that the expose person gave verbal consent.

Name of PEP Custodian: _____

Signature of PEP Custodian: _____

Date: _____