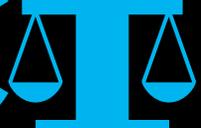


**REACT** 

**USER GUIDE**

## ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.7 million people were infected with HIV in 2018 and 770,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

## ACKNOWLEDGEMENTS

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REAct is available to any organisation wishing to set up and implement it. Contact the REAct team at: [REAct@frontlineaids.org](mailto:REAct@frontlineaids.org)

For more information on REAct and on HIV and human rights, visit:

<https://frontlineaids.org/were-on-the-frontline-of/human-rights/>

For more information on human rights-based programming and links between HIV and human rights, see International HIV/AIDS Alliance and ARASA (2013),

**Good Practice Guide: HIV and human rights.**

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## KEY REACT RESOURCES

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### **ACRONYMS**

CBO	Community-based organisation
DHIS2	District Health Information System 2
GDPR	General Data Protection Regulation
IMS	Information management system
LGBT	Lesbian, gay, bisexual and transgender
NGO	Non-governmental organisation
M&E	Monitoring and evaluation
MoU	Memorandum of understanding
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
TB	Tuberculosis
UIC	Unique identification code

# INTRODUCTION TO THE GUIDE

## DO WE NEED REACT?

Is there a need for a human rights monitoring and response system here? Why? What for? What are the main issues that need addressing? Is there a similar system already in place?

## DO WE HAVE THE NECESSARY REACH AND RELATIONSHIPS OF TRUST?

Do we have access to and rapport with the communities or populations most affected? Do we provide services to them directly? Do we, or could we, make referrals to other services that we do not provide?

## DO WE HAVE THE CAPACITY FOR REACT?

Do we have the necessary resources (time and people)? Is there funding available to support implementation? Can we practically set up and run the system? Do we have staff or volunteers who can be trained to implement REAct? Are we able to demonstrate data security and sound financial management?

## DO WE WANT REACT?

Do we want REAct? Are we interested in taking part, and in working with others to implement it successfully?

# Is REAct right for us?

Only after you are satisfied that you, your potential community partners and other key stakeholders are able to answer these questions **clearly and comprehensively**, should you then contact Frontline AIDS to begin discussions about setting up, adapting and implementing REAct.

## WHAT IS THE GUIDE, WHO IS IT FOR AND WHAT'S IN IT?

The guide is for all organisations interested in implementing a human rights documentation and monitoring system. While originally intended for small community-based organisations (CBOs), there has been growing interest from institutions responsible for designing large-scale, national-level AIDS programmes (for example, national AIDS coordinating agencies) and organisations responsible for designing and implementing HIV and HIV-related health programmes (for example, tuberculosis (TB), hepatitis C) across several locations (for example, regional grants).

The guide is essentially a REAct project management tool designed for three main users:

- 1. Programme managers:** To guide their decision-making as to the suitability of REAct for their context, and how to design a project with the involvement of the right stakeholders and the right resources.
- 2. REAct trainers:** Workshop materials and session instructions for individuals who will train the REActors (individuals directly responsible for implementing REAct by documenting, responding and analysing the data) with suggestions for how to deliver the training.
- 3. REActors:** Information and guidance for REActors to support them in implementing REAct.

The guide is divided into four sections, an overview of REAct, followed by three modules:

### OVERVIEW: INTRODUCTION TO REACT



This is an overview that provides an essential introduction to REAct. This should be read by all users. It helps you understand what REAct has to offer, what implementing it will involve, and to decide if you think REAct would be right for your needs.

### PROGRAMME MANAGERS' MODULE



This module aims to help you decide whether REAct is appropriate for your needs, and to understand the practical steps involved in setting it up. It also helps you to decide which model of implementation and support is most appropriate for your needs and local context.

- Unit P1 Planning REAct
- Unit P2 Implementation

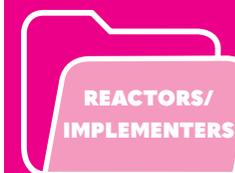
### TRAINERS' MODULE



This module provides guidance on running a REAct training workshop, where sessions build progressively on one another, and are adapted to your local needs, context and participants. It contains suggested session formats and checklists for training on all the main topics needed to set up and implement REAct.

- Unit T1 Introduction for trainers
- Unit T2 Welcome and introduction to REAct
- Unit T3 Understanding our context
- Unit T4 Human rights principles and responses
- Unit T5 Collecting evidence
- Unit T6 Managing information
- Unit T7 Next steps

### REACTORS'/IMPLEMENTERS' MODULE



This module guides you through the key issues: human rights, collecting evidence, and managing information. It provides materials for reference during the training, as well as afterwards during implementation.

- Unit R1 Human rights principles and responses
- Unit R2 Collecting evidence
- Unit R3: Managing information

ALL USERS

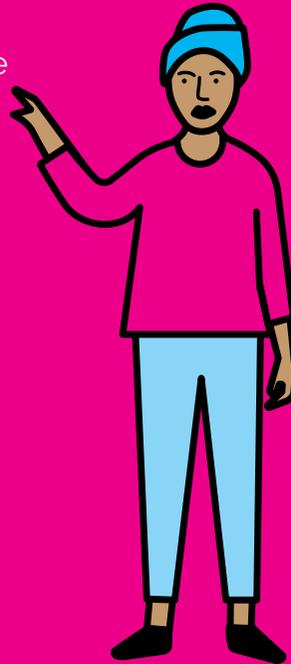
UNIT P  
PROGRAMME MANAGERS

UNIT T  
TRAINERS

UNIT R  
REACTORS/IMPLEMENTERS

## OVERVIEW: INTRODUCTION TO REACT

All users should **read this overview module first**. When you have finished, click on the navigation tabs at the top of each page to take you to the module appropriate for your role.



“ I, myself, am an activist who has faced persecution. I can show groups from across Africa that, through REAct, we have a system and it works. The more countries that use REAct, the more we can combine our evidence and the more we can combine our response.”

Research and Documentation Manager,  
Sexual Minorities Uganda (SMUG)

**WHAT IS REACT?**

Rights – Evidence – ACTION (REAct), developed by Frontline AIDS, is a community-based human rights monitoring and response programme. REAct documents and responds to human rights-related barriers that individuals experience in accessing HIV services at community level.

REAct enables organisations to record data about human rights violations experienced by individuals; provide and refer them to health, legal and other public services; and use this data to inform quality human rights-based HIV programming, policy and advocacy at national, regional and global levels.

**Is REAct only for HIV programmes?**

Although this guide focuses on REAct in the context of HIV, it can be adapted to document and respond to human rights-related barriers to accessing HIV-related health services. These include TB, hepatitis C, sexual and reproductive health (SRH) services, harm reduction interventions for people who use drugs, and others.

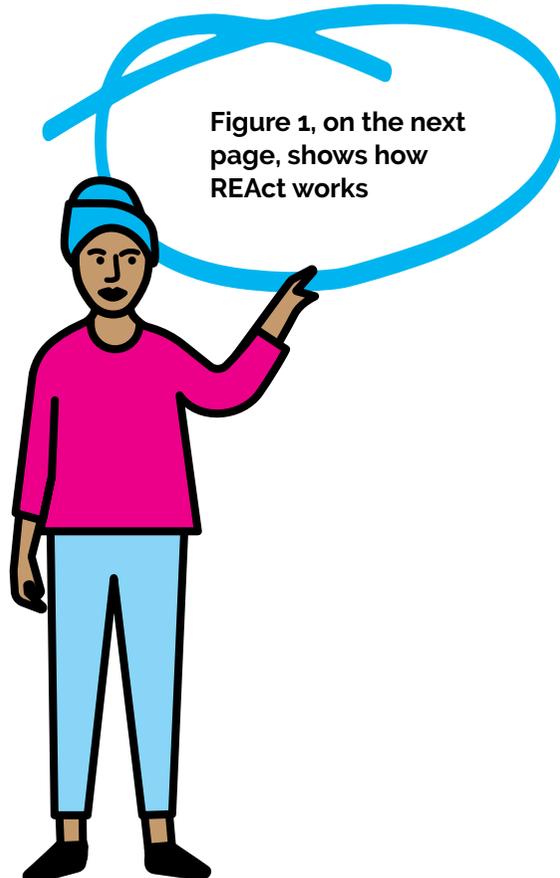
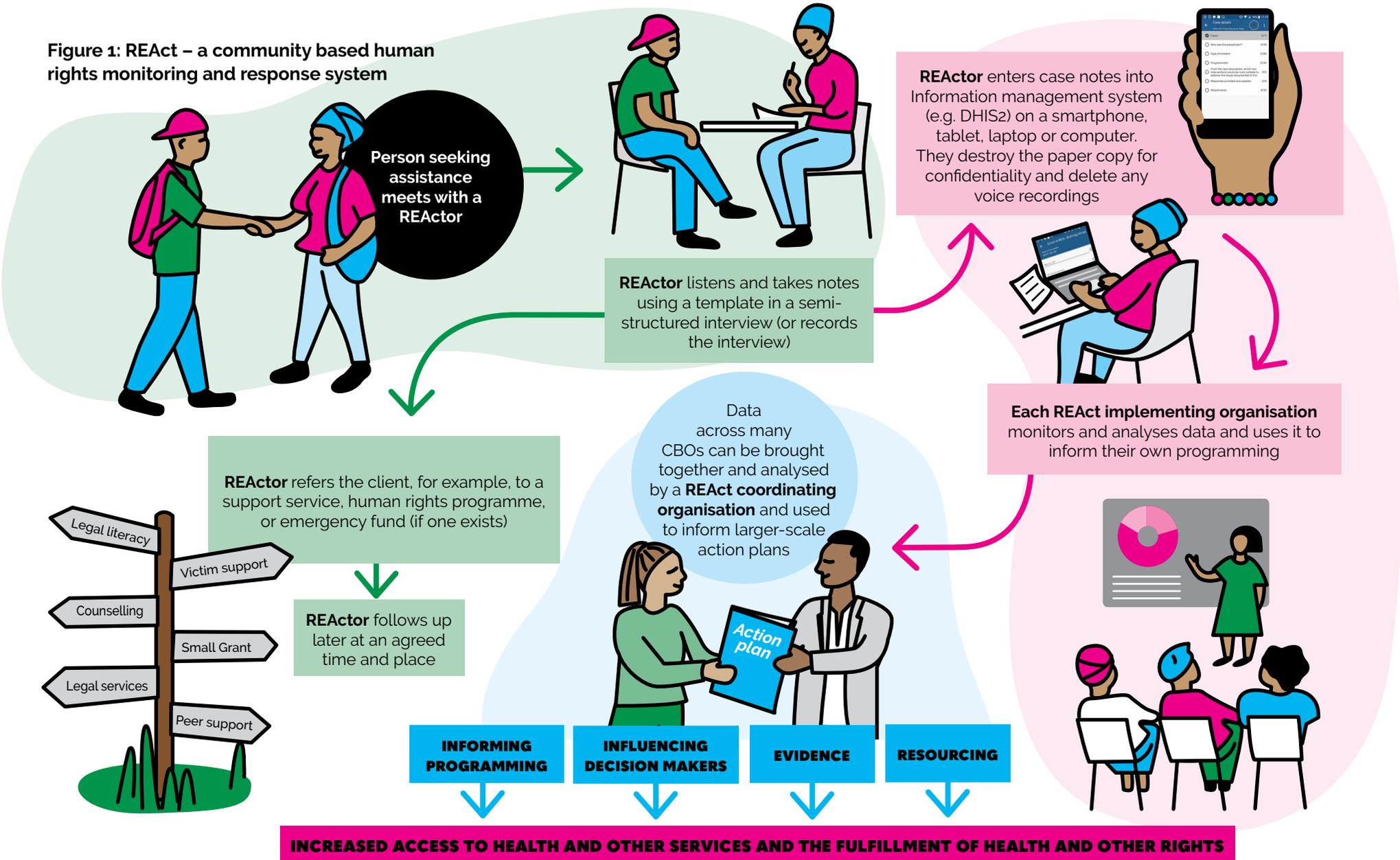
A stylized illustration of a person with dark skin, wearing a blue headwrap, a pink long-sleeved shirt, and light blue trousers. The person is standing and pointing their right hand towards a large, hand-drawn blue speech bubble. The speech bubble contains text.

Figure 1, on the next page, shows how REAct works

Figure 1: REAct – a community based human rights monitoring and response system



**WHICH INFORMATION MANAGEMENT SYSTEM DOES REACT USE?**

REAct relies on a suitable information management system (IMS). Frontline AIDS recommends DHIS2. DHIS2 is an IMS that enables organisations to track and document individuals' experiences of human rights abuses and violations.<sup>1</sup> DHIS2 is a web-based open source software platform that enables the collection, management and analysis of data. It is used by ministries of health in countries around the world, and also by organisations such as Marie Stopes International, the President's Emergency Plan for AIDS Relief, Population Services International and the International Planned Parenthood Federation.

Frontline AIDS' own customised version of DHIS2 is called 'Wanda', which enables CBOs, human rights workers, lawyers, journalists and others to protect sensitive information and shield the identities of victims or witnesses who provide testimony on human rights abuses. Wanda can be accessed using a normal computer or laptop, as well as through an app using an Android smartphone or tablet. It can be used both online and offline.

There are other human rights monitoring systems that document cases of human rights violations. Many of them record data regarding incidents that are reported by third parties. REAct is different as it is **person-centred** – it documents the direct experiences of *individuals*. Documenting an *individual's experience*, rather than an incident, allows for a number of different individual experiences to be documented in relation to a single incident. For example, when many people's rights are violated in a single incident such as a police raid, each entry within REAct is for each of the individuals affected. It also allows for many experiences to be documented over time that record various different incidents that one individual may experience.

**NOTE**

The use of Wanda is optional, as you may already have (or wish to design) an alternative monitoring and data management system. This will be explained in more detail in **Unit T6**. However, for simplicity, we refer to 'Wanda' as the IMS throughout this guide.



1. For further information: <https://www.dhis2.org/inaction>

**WHAT KIND OF DATA DOES REACT RECORD?**

The following is a summary of the information that is collected for each individual entry. More in-depth discussion can be found in the section on Wanda.

A template is used to collect information, and serves as a prompt in the semi-structured interviews. The REActor conducting the interview later enters the client's story into Wanda.



**TEMPLATE FOR INTERVIEWING**

The template consists of the following sections:

- Traceable information, including details around client consent
- Case details (multiple allowed)
  - Type of incident – documents the kind of human rights violation/s
  - Perpetrators – who the perpetrators are of the violation
  - Responsibility of the state – identifies what the state's duty is to the client in this case, and whether this duty has been adequately performed.
- Information about what responses the client has already engaged in to resolve the issue prior to them seeking help from the REActor, and what additional help REAct has provided
- Policy recommendations based on the seven human rights programming areas identified by UNAIDS
- Response provided, referrals made and follow up actions taken by the REActor to assess uptake of services.

**REACT: PAST, PRESENT AND FUTURE**

**Why was REAct needed, and how was it developed?**

REAct was developed with, and for, CBOs to provide them with an easy and systematic way to support individuals who were experiencing human rights violations that were impeding their access to health and other services. It also responded to a need for data that organisations could use to advocate for sustainable, rights-compliant health services. At the time when REAct was developed, CBOs were grappling with the ongoing reality that community members, particularly those from marginalised groups, were experiencing human rights violations as a result of stigma, discrimination, violence and criminalisation, which was making it difficult for them to access HIV-related and other health services.

REAct has been designed mainly, but not exclusively, for community-based and civil society organisations that focus on HIV programming and advocacy for marginalised people who are vulnerable to, or affected by, HIV and AIDS (see Box 1 for definition). The human rights issues and violations encountered by clients will differ between population groups and country contexts. They will also be affected by laws, policies and other issues such as social and gender norms and religious beliefs. As you read this guide, you will realise that REAct can be adapted to a variety of human rights issues affecting various populations.

**BOX 1**

**Marginalised people/populations** are defined by Frontline AIDS as groups that are affected by HIV and AIDS, and are particularly vulnerable to stigma and discrimination and other human rights violations. Marginalised populations vary according to the local context and sexual or social identities, but are usually criminalised or persecuted, for example because of their HIV status or their sexual orientation. They include people living with HIV, sex workers, men who have sex with men, transgender people and people who use drugs. This definition also includes women, adolescents and girls, and sexual minorities in contexts of acute gender inequality and violence, as well as other populations affected by HIV and AIDS that are at heightened risk of human rights violations.

REAct was developed by Frontline AIDS, and draws on the experiences of programmers and partner organisations globally. The system was field-tested in collaboration with lesbian, gay, bisexual and transgender (LGBT) organisations in Uganda in May 2014, and with organisations of people living with HIV, sex workers and LGBT people in Myanmar and Bangladesh in 2014. Since then, CBOs in over 22 countries<sup>2</sup> across the world have used REAct, with growing interest from many others.

2. Bangladesh, Botswana, Burundi, Egypt, India, Kenya, Lebanon, Lesotho, Malawi, Mozambique, Myanmar, Namibia, Nigeria, Senegal, South Africa, Sudan, Eswatini, Tunisia, Uganda, Yemen, Zambia, Zimbabwe.

**What changes have we made to REAct and why?**

Since its inception in 2013, REAct has grown in leaps and bounds. It has been used by individual CBOs, as well as within regional programmes such as KP REACH,<sup>3</sup> where it was rolled out across nine countries with CBOs and non-governmental organisations (NGOs) working across a wide spectrum of marginalised groups. In 2018, the information management system (IMS) on which REAct was originally based – Martus – was phased out. Frontline AIDS took this opportunity to take stock of lessons learnt from implementers to date, and to find ways to improve and strengthen REAct based on feedback from the ground. This resulted in five key changes:

**Frontline AIDS adopted a new, robust IMS for REAct:** Following in-depth exploration and feedback from implementers, Frontline AIDS decided on **DHIS2** – a system already used and trusted by both governmental agencies and many civil society groups to monitor other areas of programming. However, REAct does not rely on any particular IMS, and we work with organisations that use other documentation systems to implement REAct.

3. KP REACH was a three-year programme (2015-2018) that focused on strengthening key population networks to conduct more targeted advocacy; improve data collection; and have a collective voice within the media to shift stigma and discrimination. Positive Vibes in Namibia led the programme, working with the following networks: African Sex Workers Alliance, Coalition of African Lesbians, African Men for Sexual Health and Rights, and the Southern African Trans Forum.

**We explored ways to standardise the indicators used to monitor human rights violations, while also keeping options open for REAct implementers to tailor indicators:** Originally, REAct indicators were generated by each organisation. This made rolling up of data and comparability across areas impossible. Therefore, we standardised the indicators, which means organisations are encouraged to use the ones we have generated, as well as adding additional indicators that pertain specifically to their context. In this way, we are hoping to create greater consistency in what is being measured, while also enabling organisations to measure what they feel is specific to their needs.

**Our system not only facilitates referrals so that clients can access available services, but it also enables REAct implementers to follow up with clients:** With the consent of the client, REActors can not only refer clients for services, but also follow up with them to find out whether services were delivered, and how satisfied they are. In this way, REAct is able to document how services are helping clients, as well as their quality.

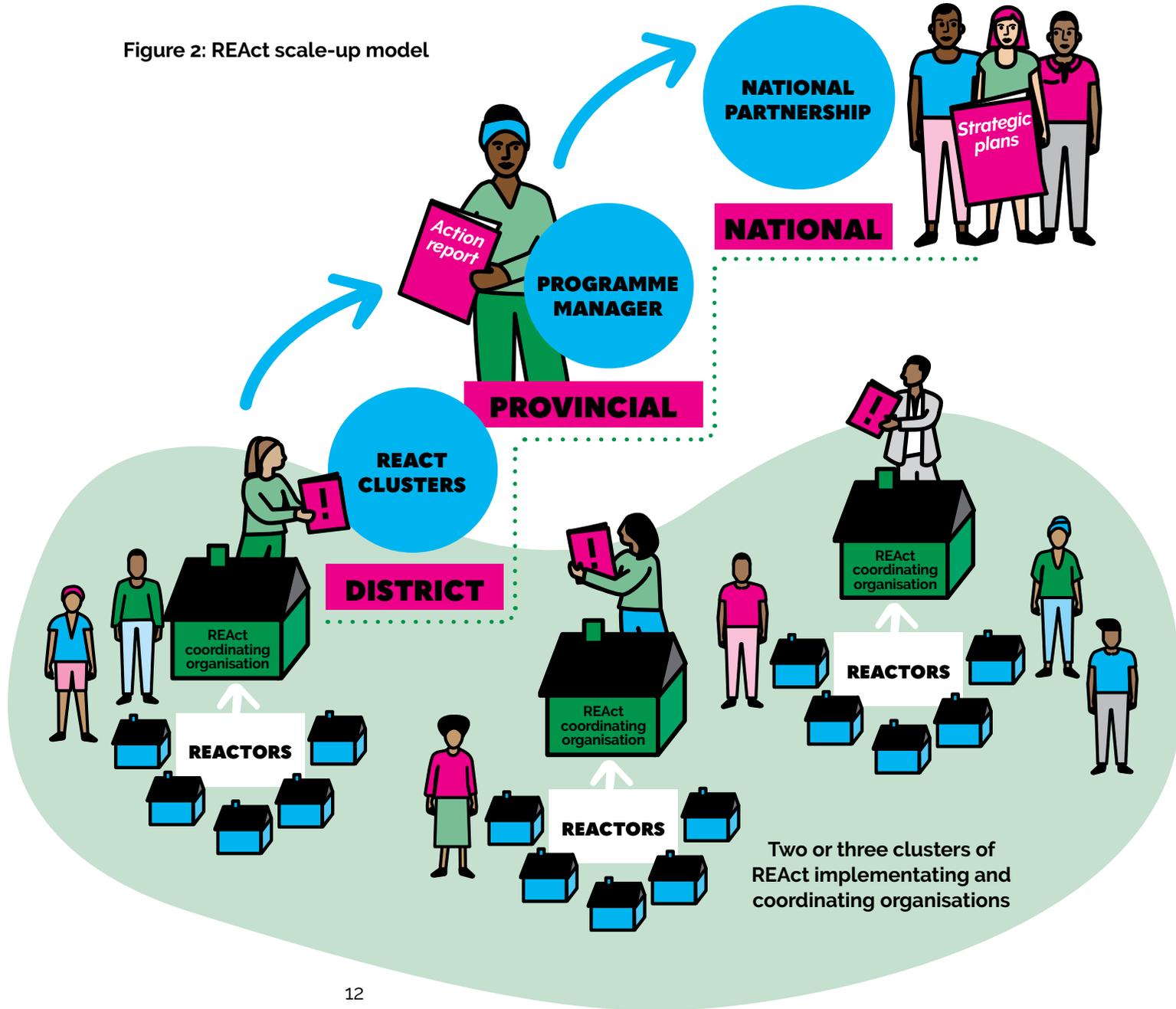
**Recommendations for human rights policy and programming can be made in each individual case:** The new REAct template has sections where REActors can make programme intervention-level recommendations arising from each case. For instance, the REActor might recommend that, based on a case, more work needs to be done to strengthen client legal literacy (where a client's complaint could have been mitigated by stronger awareness of their rights); or

greater stigma and discrimination training for healthcare workers (where a client's complaint relates to discrimination in a healthcare setting). This data then can be used as critical evidence to inform human rights programming (and resourcing) and policy-making with governments.

**Opportunity to transition REAct from small scale to large scale:**

Originally REAct was being used by small CBOs across many countries, but not at scale. The new REAct programme model seeks to strengthen programming partnerships between governments and civil society to better document and respond to human rights violations. At the time of publication, several national-level government institutions were showing an interest in implementing REAct at a large scale. Frontline AIDS is exploring the programming implications with a view to carrying out a pilot programme that would expand from small and medium scale (i.e. community- and district-levels) and then incrementally scale up to a national programme.

Figure 2: REAct scale-up model



**HOW DO HUMAN RIGHTS VIOLATIONS IMPEDE ACCESS TO HEALTH AND OTHER SERVICES, AND WHO IS ACCOUNTABLE?**

Everyone has the right to health. At its most basic, this means that every person has the right to services to prevent HIV transmission, as well as to treatment, care and support services for HIV and AIDS and related health services, for example, TB, hepatitis C, sexual and reproductive health services, or harm reduction interventions in the case of people who use drugs. It is the responsibility of the state

**BOX 2**

**Example of a fictional documented case based on true events**

A female sex worker, aged 45, from Kiev, complained that she was afraid she might have contracted HIV because her pimp was forcing her to have unprotected sex with him and with clients. He also forced her to take drugs with clients – anything they wanted – she had to do. She was asking for an HIV test and to know how she could protect herself.

I asked her why she doesn't leave her pimp. She said she needs him because he gives her 'roof' (protection on the street). The local police don't bother her when she is working as her pimp pays them to leave her alone. If she tried to leave him, the police would not do anything because it is bad business for them too, and even the good ones will want to charge her with prostitution. She does not

– as duty bearer – to ensure that human rights are respected, protected and promoted. Human rights violations occur when duty bearers fail to fulfil their duties to uphold rights.

The state is represented by the government (national, regional or local), the parliament, the judiciary, public and civil service institutions such as the police, the army, and the public health and education services. REAct documents and responds to human rights-related barriers in accessing HIV and health services, as well as other human rights violations, for marginalised people. Importantly, it

feel like she has any choice but to stay and do what he says. Even if she leaves, she cannot work without a pimp because the police will harass her so much and extort money out of her and she will not be able to make a living.

She is afraid for her health and wants advice and tests for HIV and other sexually transmitted infections. I asked her if she is ready for an HIV test. She said yes, but wasn't sure she would be able to take antiretrovirals if it came to that, because of her pimp. She might have to hide her medication from him. She does not want us to say anything to the police and does not want to be contacted as her pimp sometimes takes her phone. She did tell me the area she works in, and says many girls like her need this help where she works. She says, if done properly without intimidating the pimps and interrupting work, she thinks the girls would benefit if someone went to help them with medical advice.

identifies where the duty of the state lies in each case to ensure that human rights are respected, protected and fulfilled.

Individuals and institutions representing the state are often the direct perpetrators of human rights violations, or they directly endorse or fail to take

**BOX 3**

**Failure to respect rights:** Refers to instances where the state is itself the direct perpetrator of human rights violations – for example, a public healthcare provider treating someone in a derogatory manner in a clinic or hospital, or denying them HIV prevention or treatment services.

**Failure to protect rights:** Refers to instances where a state fails to protect an individual right when it has been violated by a civilian or private person (not a government actor) – for example, police refusing to take a woman's statement reporting violence because she is, or is believed to be, a sex worker or drug user.

**Failure to promote/fulfil rights:** Refers to instances where a state fails to put in place mechanisms to ensure the adequate enforcement of laws and policies that are intended to protect rights; or fails to enable individuals to access the justice system – for example, where the state does not enact or enforce legislation clearly prohibiting sexual harassment in the workplace.

action against stigma, discrimination or violence against individuals. This leads to barriers in accessing essential HIV and health services for those most vulnerable. There is growing evidence that we need to address these barriers and uphold the right to health for all if we are to prevent HIV and provide adequate treatment and care to those living with HIV.

Communities themselves are integral to advancing their rights and holding governments accountable for fulfilling them. REAct is a way for communities to do their part, by helping individuals in need of services *here and now*, but also giving them the tools to gather the evidence they need to justify to duty bearers why change is needed, where and how.



**WHAT CAN ORGANISATIONS DO WITH REACT?**

REAct enables trained staff in community-based organisations to document human rights-related barriers to accessing HIV services (see Figure 1). The system enables the recording of individual cases in order to:

- respond to individual crises or emergencies:** The system enables implementers to identify and prioritise crisis situations and rapidly mobilise resources to avert or respond to specific individual crises and/or emergencies; for example, violence, eviction or workplace discrimination.
- provide a service directly, or refer clients to services available elsewhere:** These services may include legal support; HIV treatment, care and support; psychosocial support; sexual and reproductive health and rights (SRHR); related health services (for example, TB, hepatitis C); medical support; and food and shelter or other forms of support identified by clients.
- build a body of evidence for advocacy and evidence-informed re-programming:** REAct enables those documenting cases to assess critically in each case where the state may be said

to have failed to fulfil its duty to respect, protect and promote the individual's right to health. This body of evidence is essential when engaging with and making state and non-state actors accountable in programming, policy and law.

**gather evidence that can be used to recommend rights-based programmes and interventions that could help mitigate against human rights violations:**

Rights-based programmes are increasingly incorporated into the package of HIV interventions, and information collected through REAct helps implementing organisations to identify the right combination of human rights interventions. These recommendations can later be used when engaging state actors to improve rights-compliance in HIV and health-related programming plans and policies. More information on rights-based programmes and interventions can be found in **Unit R1** and also in Chapter 3 of the *Good Practice Guide: HIV and human rights*.<sup>4</sup>

**use data for analysis and research:** Wanda is adapted to specific country contexts and populations. This enables REAct coordinating and implementing organisations to consolidate and analyse data at a country level. It also allows Frontline AIDS to carry out cross-country analysis, continually improve the data, and build a comprehensive body of global evidence to inform good practice and quality HIV programming.

4. International HIV/AIDS Alliance and AIDS and Rights for Southern Africa (ARASA) (2014). *Good Practice Guide: HIV and human rights*. Available at: <https://frontlineaids.org/resources/good-practice-guide-hiv-and-human-rights/>

**WHO BENEFITS FROM REACT?**

Whatever your local context, there are many potential benefits of implementing REAct for individuals affected by human rights violations, for implementing organisations, and for the global response to HIV:

**For individual clients, REAct:**

- helps identify and document emergency responses and support.
- ensures a confidential service.
- facilitates a continuum of support and follow-up for cases and individuals.
- provides evidence to improve access to HIV and other health services.
- improves understanding and realisation of human rights.



**For implementing organisations, REAct:**

- enables better identification of appropriate human rights responses for each community.
- enables better understanding of the human rights situation in each context.
- builds a body of better evidence to demonstrate a community's human rights needs and how best to respond to them.
- enables better evaluation of the effectiveness and impact of the responses provided.
- strengthens referral systems.
- serves as an outreach tool for increasing access to and uptake of HIV and related health services and referrals.
- ensures safe and confidential gathering of sensitive data.
- identifies priority funding needs (when a Small Grant Scheme is attached) for:
  - emergency individual responses
  - human rights programmes
  - advocacy.
- can be run without a grant by collecting data and making referrals. This evidence can then be presented to donors to secure funding.



**For policy-makers and programming actors locally and globally, REAct:**

- gathers robust data and a body of evidence on human rights violations and barriers to accessing HIV and related health services for specific population groups.
- records compatible and comparable data that can be analysed across countries and client groups.
- provides robust evidence for the link between human rights violations and vulnerability to HIV.
- provides robust evidence for improving access to HIV and other health services.



## HOW MUCH WILL IT COST TO SET UP REACT?

The following scenarios illustrate a range of models for implementing REAct, both with and without using Wanda. The budget figures presented are not definitive, as much will depend on the local context, but aim to give you an approximate idea of the relative cost of different models.

### LEVEL 1

#### REAct consultation and training using your own data system that can document and respond (without Wanda)

This budget includes technical assistance from Frontline AIDS to assist a partner to set up REAct. It does not include costs of hosting the system on a secure IT system (assuming that it will be held on a different platform to Wanda), in-country REAct staff or response funds.

	Year 1	Year 2	Total
Consultation visit	2,560	-	2,560
Training for REActors plus refresher training	10,380	7,185	17,565
Frontline AIDS staff	22,925	22,925	45,850
Indirect costs	5,380	4,517	9,897
<b>Total</b>	<b>41,245</b>	<b>34,627</b>	<b>75,872</b>

### LEVEL 2

#### REAct consultation and training using Wanda, and hosted by Frontline AIDS

This budget includes technical assistance from Frontline AIDS to assist a partner to set up, REAct as well as the cost of hosting the system on Wanda. It does not include costs of in-country REAct staff or a response fund, as these entirely depend on how REAct is being run.

	Year 1	Year 2	Total
Consultation visit	2,560	-	2,560
Training for REActors plus refresher training	10,380	7,185	17,565
Data management tool (set-up and running)	6,960	2,960	9,920
Frontline AIDS staff	22,925	22,925	45,850
Indirect costs	6,424	4,961	11,385
<b>Total</b>	<b>49,249</b>	<b>38,031</b>	<b>87,280</b>

## Additional budget lines

Additional budget lines that must be included:

- **REAct coordinator and REActors:** Budget should be allocated for a REAct coordinator to provide oversight and guidance in-country. The number and level of effort of the REActors depends on how many REAct implementing organisations will be involved.
- **Emergency fund:** Budget should be included for responding to emergencies, as well as for legal assistance, psychosocial support and medical assistance.
- **Training of trainers:** If the project will be rolled out to a large number of implementers in-country, then training of trainers should be included in the budget.
- **Equipment:** The implementer's budget should include cost of laptops for REAct coordinators and equipment for REActors. This will depend on the number of REActors and coordinators.
- **Supplies:** It may also be necessary to budget for supplies such as rapid HIV tests, condoms, lubricants and other supplies.
- **Server hosting costs:** If the system is not held within Wanda, the implementer's budget should include hosting and customisation costs. This will vary depending on the size of the programme and the exact specifications.

ALL USERS

UNIT P

PROGRAMME MANAGERS

UNIT T

TRAINERS

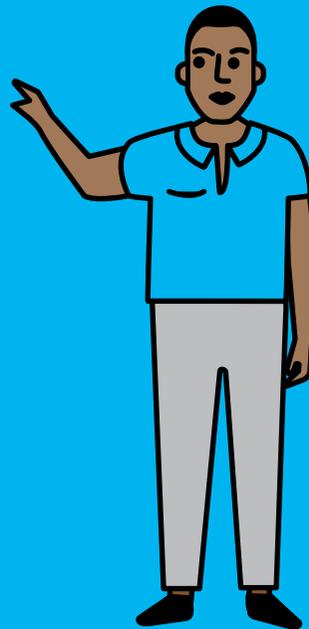
UNIT R

REACTORS/IMPLEMENTERS

## PROGRAMME MANAGERS' MODULE

Please ensure that you have read the **overview module** before starting this one.

This **programme managers' module** aims to help you decide whether or not REAct is appropriate for your needs (Unit P1) and to understand the practical steps involved in setting it up (Unit P2).



“ LAMBDA has a seat in different coordination platforms at the provincial and national levels. Having this data will empower us to come to those spaces with evidence and advocate for changes to behaviour, policies or law, reducing human rights violations within the LGBT community.”

Programme Officer, LAMBDA Legal

## UNIT P1 PLANNING REACT

## P1.1 Key questions to consider

If you are reading this, it is likely that you have a good reason for monitoring and responding to human rights violations. For example, you may have become the Principal Recipient of a Global Fund grant (or similar) that includes a human rights component. However, **before contacting Frontline AIDS to explore implementing REAct, you and your organisation first need to ask yourselves the following questions:**



- **Do we understand the issues?** What are the human rights-related barriers to health services that need addressing in our context? Who is affected and where? What are the barriers they are experiencing? Who are the perpetrators? What is the scope of the problem?
- **Do we understand the current responses and actors?** How are human rights programmes currently being implemented in our context? Who are the key partners/stakeholders/clients? Are there other monitoring or response systems similar to REAct already in place? Can REAct improve or complement these systems?
- **Do we understand what our own organisation wants from REAct?** What need do we expect REAct to address? What are our expectations around implementing REAct? What objectives will REAct contribute to in our work plans?
- **Are we clear about our intended size and scale?** On what scale do we plan REAct to be implemented (which target populations, number of sites/regions, number of REActors, number of implementing partners)?
- **Are we clear about our budget and timeline?** What budget is available to implement REAct? What is our timeline for implementation? Are the budget and timeline linked to our delivery of a specific project or grant?

Only if you are satisfied that you are able to answer these questions clearly and comprehensively, should you then move on to the next stage: consulting key stakeholders to assess their initial interest, demand, capacity and potential commitment.

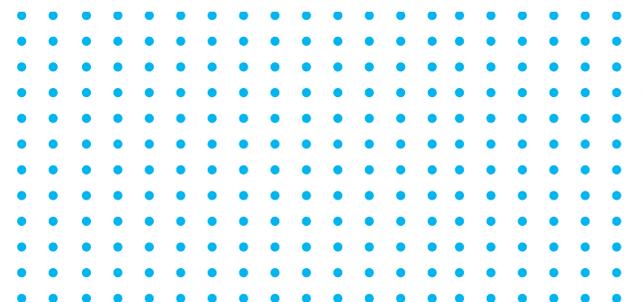
## P1.2 Key stakeholders to involve in the decision

Before any decision is made about whether REAct is appropriate for your context, it is important that you also consult with local community-based organisations and groups for their input and buy-in.

**KEY PRINCIPLES OF COMMUNITY ENGAGEMENT**

Consultation is part of a human rights-based response to HIV, guided by key principles of community engagement:

- Equality and non-discrimination
- Equal, safe and full participation of all stakeholders
- Community at the centre of all programmes
- Capacity-building of rights holders and duty bearers
- Accountability of state and non-state actors.



## UNIT P2 IMPLEMENTATION

### P2.1 The three phases

Once you have taken the decision to implement REAct, there are three chronological phases to setting it up and adapting it to your country context: before, during and after the training workshop (see Figure 3).

The time required to set up REAct depends on many factors, including the country context; the number of REAct implementing organisations and client groups involved; the level of existing knowledge of human rights and human rights-related interviewing; and staff capacity and technical expertise in managing data. It is possible to start implementing REAct approximately one month after the REAct training workshop.

#### **I HAVE MY OWN DATA COLLECTION TOOL! MUST I USE DHIS2?**

Please note that REAct can be implemented without using Wanda as your information management tool (see [Unit R3](#)) – you can implement at a national scale using your own in-country data management system. Bear in mind that the choice you make has significant implications for your budget and timeline (see page 16).

Figure 3: The three phases

# 1

#### BEFORE THE WORKSHOP

**Before the workshop, the REAct coordinator engages with local CBO leaders and decision-makers to:**

- identify populations and priority areas for monitoring and response.
- decide which community-based organisations will be REAct implementers.
- agree which staff will attend the REAct workshop and implement the system (from both coordinating and implementing organisations).

# 2

#### THE REACT WORKSHOP

**Four to five days' training for REAct coordinating and implementing organisation staff on REAct and the information management tool, Wanda, and to consult and agree on:**

- what they want from REAct.
- what adaptations need to be made to REAct for the country context.
- roles and responsibilities between organisations.
- next steps in implementation.

# 3

#### AFTER THE WORKSHOP

**Following the workshop, REAct coordinator and implementers:**

- finalise the REAct template.
- test Wanda.
- draw up and sign agreements.
- distribute and receive funds.
- implement REAct.

In the **REAct coordinator's planner** you will find a step-by-step guide for coordinating organisations for each of the REAct phases. It includes REAct workshop specifications, with a proposed agenda, equipment requirements, an example budget, and a checklist for selecting implementing organisations. More information on the roles of coordinating and implementing organisations is provided in sections P2.2, P2.3 and P2.4.

Once the CBOs have been selected to become REAct implementing organisations and have made a commitment to the project, two members of staff (recommended) from each organisation are identified as key 'REAct implementers', also known as 'REActors'. They will be responsible for implementing the project, carrying out interviews with clients, and recording and inputting data into the information management tool. These two people will attend the REAct workshop, where they will be involved in both structured and consultation sessions. Directors of implementing organisations should also attend the first and last days of the workshop to fully understand the purpose of REAct, and agree roles and responsibilities for their organisation.

## P2.2 Who needs to be involved in setting up REAct?

### COORDINATION

We recommend that countries and programmes identify a **REAct coordinating organisation** to oversee and manage implementation. The coordinating organisation will be responsible for identifying, liaising and collaborating with the REAct implementing organisations.

They will also be responsible for distributing funds, analysing the data, and setting up and participating in regular REAct committee meetings. Within the coordinating organisation, programme officers should be identified who will be trained on REAct and will have responsibility for ongoing support to REAct implementing organisations.

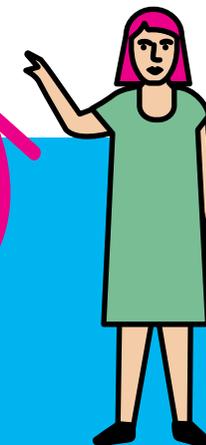
### IMPLEMENTATION

Civil society and community-based organisations, that represent and work with people at higher risk of HIV, are key to the successful implementation of REAct.

Given the highly sensitive nature of the information that will be collected, these organisations are well placed as they often have established relationships with, and the trust of clients, as well as experience of dealing with human rights violations. We recommend that the REAct coordinating organisation identifies and liaises with community-based organisations that are already reaching marginalised populations. These will be known as **REAct implementing organisations**.

### COMMUNITIES AND CLIENTS

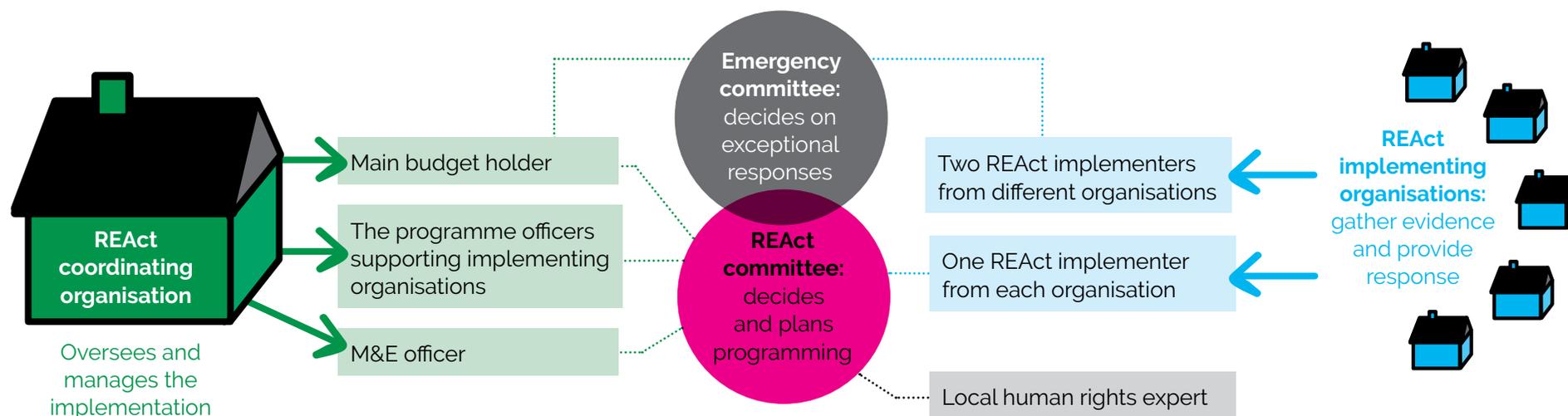
As with all community projects, the 'nothing about us without us' principle applies. Often, REAct implementing organisations contain members and representatives of marginalised populations. If not, it is essential that people from marginalised communities be meaningfully consulted on the main issues covered in this unit.



## P2.3 REAct structures

In order to implement REAct, it is suggested that two committees are established: the **emergency committee** and the **REAct committee**.

Figure 4: A suggested structure for implementing REAct



### The REAct committee should comprise:

- the main budget holder from the coordinating organisation
- the programme officers from the coordinating organisation that support the implementing organisations
- one monitoring and evaluation (M&E) officer from the coordinating organisation
- one REAct implementer from each of the implementing organisations
- one local human rights expert.

The REAct committee needs to convene every two months to analyse and discuss the cases being reported. Decisions need to be made about what human rights-based HIV programmes should be implemented that best respond to the problems faced by communities. A review of the budgets should also be carried out in these meetings, and agreements made about any necessary changes.

### The emergency committee is part of the REAct committee, and should comprise:

- the main budget holder from the coordinating organisation
- two REAct implementers from different implementing organisations.

When a beneficiary requires an emergency response that is above the set financial limit, the emergency committee should be consulted. A decision should be made quickly via telephone as to whether further funds should be spent on a beneficiary or not.

## P2.4 Agreeing roles and responsibilities for REAct implementation

Roles and responsibilities between the coordinating organisation and the implementing organisations should be clearly outlined to avoid confusion and encourage accountability. A memorandum of understanding (MoU) (see the [Example MoU between REAct coordinating and REAct implementing organisations](#)) can fulfil this purpose, also allowing for amendments as the implementation of REAct progresses. The MoU should include the following key points.

### The coordinating organisation commits to:

- identify the funds to implement the REAct project in order to monitor and respond to human rights-related barriers in accessing HIV and health services.
- identify individuals from implementing organisations to undertake the process of interviewing, gathering information and evidence, and inputting data into the REAct system.
- identify programme officers or other staff from the coordinating organisation to attend REAct training and give ongoing support to implementing organisations.
- establish a REAct committee consisting of at least

the key REAct database system managers in each of the REAct implementing organisations.

- ensure timely reporting of information by implementing organisations.
- ensure timely reporting of information to the REAct team at Frontline AIDS using the appropriate reporting template (which will be agreed during the initial set-up phase).
- maintain confidentiality of data at all times.
- not use any of the data generated by REAct externally without the explicit consent of the REAct Committee.

### The implementing organisation commits to:

- identify individuals from within their organisation to undertake the REAct training and take responsibility for interviewing, gathering information and evidence, and inputting data into the REAct system.
- document human rights-related barriers in accessing HIV and health services.
- provide expert data within the stipulated timeframe to be entered into the REAct system.
- maintain confidentiality of data at all times.
- not use any of the data generated by REAct externally without the explicit consent of the REAct committee.
- bring to the attention of the REAct coordinating organisation/the REAct committee any challenges, discrepancies or breaches of

confidentiality relating to the collection of data and data management within the REAct system.

- thoroughly input into REAct all the necessary data and follow-up information regarding individuals who are being supported using REAct funding, either from the Small Grant Scheme (see P2.5) or another source.
- any other duties that may from time to time be prescribed by the REAct committee.

## P2.5 Budgets and the REAct Small Grant Scheme

Whenever Frontline AIDS is involved in supporting the set-up of REAct, either technically and/or financially, there will be an MoU signed between Frontline AIDS and the coordinating organisation, that outlines the roles and responsibilities of each organisation. These will be discussed and agreed on a case-by-case basis.

Whenever possible, Frontline AIDS will provide funding from the Small Grant Scheme for running the system and providing human rights-based HIV responses (see [Unit R1](#)) when convenient referrals are not possible. General guidelines for using the REAct Small Grant Scheme are given below, and should be incorporated into the MoU between the coordinating organisation and Frontline AIDS, and the MoU between the coordinating organisation and the implementing organisations.

## Suggested use of funding for setting up and running REAct

This budget is managed by implementing organisations. There must be sufficient provision for:

- salary contribution and related costs, such as transport, for those who will be contracted to carry out the interviews and input the data to the system.
- hardware and other costs related to the maintenance of Wanda.
- training for setting the system up, regular committee meetings and running the system.

We estimate that between 25% and 40% of the total should be used for these three areas.

## Use of funding for individual support (emergencies and others)

This budget is managed by implementing organisations. It is important to note that funds from the Small Grant Scheme cannot be used for individual cases (normally emergency cases) that have not been thoroughly documented by the REAct system. We also recommend that:

- coordinating and implementing organisations agree a list of individual responses that can be funded using the Small Grant Scheme.
- the coordinating organisation determines a maximum amount of money that an individual implementing organisation can provide to any one individual (we suggest US\$50) without needing to consult the emergency committee.

**Important note:** When an implementing organisation considers that an individual case requires a response greater than the maximum amount allowed, this must be discussed with the emergency committee.

## Use of funding for human rights programmes

This budget is managed by the REAct committee. Allocation is decided either in the regular committee meetings (at least every two months) or by collective agreement on priorities for human rights-based HIV programming based on the latest evidence gathered through REAct.

In order to use the Small Grant Scheme for a particular programme, evidence supporting the need for it must be provided through the analysis of REAct data. A short justification explaining the need, and how the REAct committee determined it, must be documented in writing before the funds can be used.

An example budget is included in the [REAct coordinator's planner](#).

## P2.6 Data protection and data sharing

The management of REAct information has been devised in accordance with the General Data Protection Regulation (GDPR) of the European Union.<sup>5</sup> This is due to the personal nature of the information gathered and stored. Principles and practice of data protection must be included in the MoU (see

<sup>5</sup> For further information see <https://gdpr-info.eu/>

[Example MoU between REAct coordinating and REAct implementing organisations](#)) and adhered to.

If the country in which REAct is being implemented has a specific data protection act in place, information management must be in accordance with criteria outlined by that government.

It is important that the data collected by implementing organisations is used to inform policies and advocacy activities, and to build evidence for good practice HIV programming, not only locally, but also at regional, national and international levels. However, managing data for external audiences should guarantee to a maximum level the confidentiality of the information and the safety of clients, together with the REAct implementing and coordinating organisations and their staff.

Depending on their role within the REAct project, Wanda allows users to access different levels of data. The different access levels are set up by Frontline AIDS in consultation with the coordinating organisation.

Coordinating organisations, as well as the REAct team at Frontline AIDS, can view data entered by implementing organisations. Data will not be used by the coordinating organisation or Frontline AIDS without prior agreement by the relevant REAct committee. Individuals' personal details will never be published, and global analysis reports will focus only on aggregated data.

## P2.7 Data analysis and reporting

Coordinating and implementing organisations need to review the cases recorded and information collected on a regular basis. First, this will allow the quality of data to be checked by the coordinating organisation, ensuring that all the relevant information from each case is being documented correctly. Second, cross-comparison of cases from different implementing organisations will enable a greater understanding of the human rights context, and will inform decisions about community responses, including programming and policy and advocacy.



From discussions held throughout the consultation and workshop, it should become clear which kinds of information need to be analysed regularly. Examples of this data could be the number of cases of a particular type of incident; incident hotspots; and who are the

main perpetrators. Data reports have already been prepared in Wanda to help analyse the data. The training also goes through how to create customised reports in Wanda to meet the data needs specific to a given REAct project. A template is provided for quarterly reporting for organisations that are not using Wanda. If necessary, consultation can take place with a local human rights organisation to help with recommendations about wider programming.

Regular meetings are also important to check that the crisis response and Small Grant Scheme are working correctly, and to give the opportunity for re-budgeting if necessary. Reallocation of funds will be dependent on the number of cases entered and responses provided. Any minutes from REAct committee meetings should be shared with the coordinating organisation/Frontline AIDS team.

## P2.8 System review

Not only should information be reviewed, but the REAct system as a whole needs to be evaluated regularly. Since contexts change, it is important that REAct is flexible and adaptable, and most of its components are easily changed at any time. Therefore, we recommend that coordinating and implementing organisations come together every six months to discuss the following points:

- Are all organisations using REAct as planned? If not, why not, and is extra training needed?
- Are all stakeholders benefitting from REAct? If not, why not, and what should be done to ensure that everyone benefits?
- What recommendations or changes would you like to make to the REAct system, processes or implementation?
- Have any agreed changes been reported to the REAct team at Frontline AIDS?

## P2.9 Next steps

The REAct system can be up and running within a month of the workshop, provided that:

- the REAct template has been finalised, formatted and imported into Wanda.
- templates have been tested.
- a REAct committee has been formed and meetings scheduled.
- MoUs have been signed between coordinating and implementing organisations.
- REAct Small Grant Scheme funds have been disbursed (if applicable).



### ADDITIONAL RESOURCES

#### Example MoU

#### REAct coordinator's planner

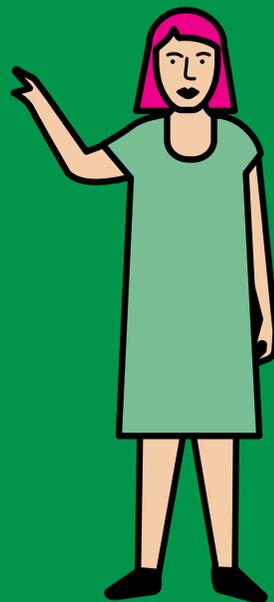
#### Wanda user manual for REAct

If the organisation is not using Wanda, the **REAct reporting template**

## TRAINERS' MODULE

Please ensure that you have read the **overview module** before starting this one.

You will also need to be thoroughly familiar with the **REActors'/Implementers' module** and refer to it throughout any REAct training, as it provides the main content for trainees.



“ REAct is a key process that both documents human rights violations to contribute to the growing evidence base around the experience of LGBT+ and sex worker communities; as well as providing a roadmap for referral processes and advocacy and programme planning and design”.

REAct coordinator, KP REACH, Positive Vibes Trust, Namibia

## UNIT T1 INTRODUCTION FOR TRAINERS

### T1.1 Adapting REAct training to the local context

This module provides guidance for trainers on running a REAct training workshop where sessions build progressively on one another. You should adapt the material according to your participants' profile, objectives and the time available. We suggest a minimum of four days for the training; more time will be needed if participants' understanding of human rights, experience of responding to rights violations, and/or level of IT proficiency are lower. Additional sessions will also be necessary if you are holding a training of trainers (as opposed to training REActors/ implementers directly), to allow sufficient time for all participants to practise facilitation, with assessment and constructive feedback from peers and the workshop training team.

It is essential to understand the country context in which REAct will be set up. The human rights issues and violations encountered by marginalised people will differ between population groups and according to each country context. They will also be affected by laws, policies, and other issues such as social and gender norms and religious beliefs. Therefore, we **strongly advise** that you ask reputable representatives of human rights organisations, or other local human rights experts, to present at the workshop. They can share their knowledge on the challenges to and opportunities for dealing with human rights in a way that is fully relevant to the country context.

#### As part of the REAct training process, implementing organisations representing clients will work together to:

- agree the priority human rights-related issues faced by their communities that the REAct system will focus on.
- map services and responses: what is needed; what is already provided; who provides services; and to develop referral networks.
- discuss language considerations.
- discuss the wider community: beneficiary reach; community perception; and potential future partners.
- identify similar systems already being implemented that could complement REAct.

### T1.2 Training methods

All of us have doubtless attended training workshops in the past, some of which we will have enjoyed and some perhaps less so. It is worth thinking about what made those sessions successful or unsuccessful from our point of view. The likelihood is that the ones we found most enjoyable and memorable shared at least some of the following elements:

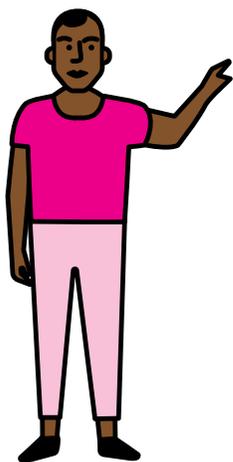
- Lively and engaging
- Inclusive
- Directly relevant to our work
- Clear pathways for applying our new learning or understanding
- A variety of methods used to suit different learning styles and preferences.

Accordingly, the sessions included in this guide utilise a range of participatory training methodologies<sup>6</sup> that enhance acquisition of knowledge and practical skills. Group discussions, interactive lectures, buzz groups, brainstorming, group exercises, case studies and role play are some of the methods and materials used. These methods stimulate adult learners, value and build upon their existing knowledge, perspectives and experiences, and enable all participants to engage actively in the learning process.

6. For example, International HIV/AIDS Alliance (2006) *All Together Now!* Available at: <https://frontlineaids.org/resources/all-together-now-community-mobilisation-for-hiv-aids/>

## T1.3 Ten top tips for trainers

If you have limited experience of facilitation, it can seem daunting. It helps to remember that (unlike giving a lecture, for example) it is not a solo performance – you are more like the conductor of an orchestra. Your role is to keep the concert moving forward harmoniously and ensure that all the musicians contribute to the overall result. Here are 10 important tips to bear in mind before and during the training.



1. **Preparation/reflection each evening is essential!** This includes double-checking equipment and ensuring you have sufficient quantities of all materials you need for the following day. It also means being flexible, recognising that you may need to adjust sessions or allocate more time to a particular topic, depending on the group and on what has arisen during the day.
2. **Terminology.** For example terms relating to marginalised groups and others living with and affected by HIV, is dynamic and changes over time – be aware of this and keep yourself (and your participants) up to date with the most recent usages – with particular attention to the preferred terms people use to define or describe themselves.
3. **One of your most important jobs is to ensure full participation and inclusion.** Some less confident participants may need extra encouragement to contribute their ideas, while others may be dominating and need polite reminders to 'share the air time'. The use of pairs and small groups helps with managing and balancing these interpersonal dynamics.
4. **It is useful to keep a flipchart sheet labelled 'Parking Lot'** (or similar) where you and the group can record issues you do not want to lose sight of but cannot address at the time. This helps to keep sessions flowing smoothly, while still ensuring that important additional issues are not overlooked. Participants' issues and questions that arise during the course of the training should guide you in tailoring later sessions to address their specific concerns and ensure local relevance.
5. **People tend to default to their 'comfort zones'.** For example, they may want to get into a prolonged abstract debate about human rights theory, rather than focusing on how particular violations affect the right to health for marginalised groups. It is part of your role to guide them back on track, and help them stretch to learn new things, in order to achieve the training objectives. A bit of discomfort with new concepts is inevitable and productive, as long as it is not so much that people switch off.
6. **Don't be afraid of silence!** A common mistake by inexperienced facilitators is to panic if no-one answers a question straight away, and then to rush in to 'fill the vacuum' by supplying information or views themselves. Wait patiently, with a look of friendly expectation, and someone will step in to get the discussion started. See also point 3 above; many people find it easier to discuss in a pair or small group first, before speaking to the entire plenary group.
7. **Consider asking for volunteer time-keepers and recappers for each day of the training.** Not only does this give participants greater ownership, it also helps to share the workload.
8. **Keep an eye on participants' energy levels.** If attention is flagging, use your judgement to add in a quick energiser so people have a chance to stand up and revive. This could be a short song, set of stretches, etc. – ask for a volunteer to suggest and lead the activity.
9. **Accept that things will go wrong!** This is true for even the most experienced trainers. Model for your participants, the ability to admit honestly when you have made a mistake or when you do not know the answer to a question, and learn from these occasions to improve future sessions.
10. **Above all, remember that training should be an enjoyable and fruitful experience for both trainers and participants.** The more everyone contributes, the more everyone gains.

## UNIT T2 WELCOME AND INTRODUCTION TO REACT

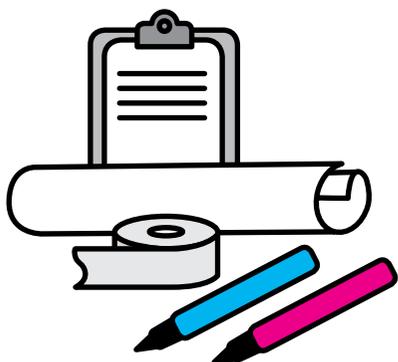
### Methods

- Introductions in pairs
- Plenary presentation
- Plenary discussion



### Materials

- Flip chart paper, markers, tape
- Workshop agenda
- **PowerPoint REAct workshop presentation**



## T2.1 Getting started

### Welcome and introductions

- Introduce yourself and the facilitation team, and welcome participants to the workshop.
- If applicable, introduce a local keynote speaker to give brief introductory remarks and an official welcome to the workshop.
- Lead an activity to help participants introduce themselves and get to know each other and the facilitation team. Adjust the activity depending on the size of the group. Here is one example of an introductory activity:
- Ask participants to pair up with someone they do not already know – training team members should also participate. Give the pairs five minutes to get to know each other (for example, name, where they are from, their job, one talent they are proud of, their expectations of the training). After five minutes, bring the group back together and ask each person to briefly introduce their partner.
- As participants introduce each other, write down their expectations on a flip chart for all to see.

### Agenda, aims and objectives

- Distribute copies of the workshop agenda and go through the document.
- In a large group, invite participants to share any thoughts or questions about the agenda. Ask if there are any issues they feel are important that are unlikely to appear (these could be written on a separate sheet of flip chart paper called a 'Parking Lot').

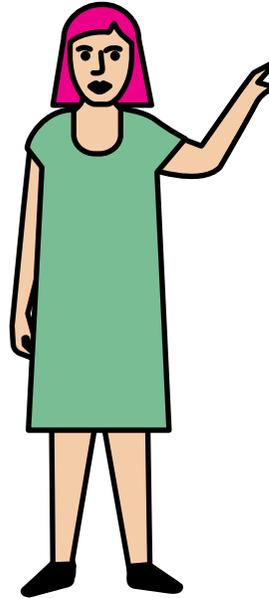
- Agree some ground rules with the group. Explain that for the workshop to be enjoyable and successful for everyone, and the objectives to be achieved, it helps to have some group norms. Have the group suggest some they may like to include, such as:
  - Active participation
  - Listening to one another
  - Punctuality/time-keeping
  - Cell phones on silent.
- Record these on a flip chart and tick those that have group consensus. Consider adding suggestions about mutual respect, being non-judgmental and confidentiality (if these have not already come up). This will be important to refer back to later in the context of working with marginalised groups and discussing human rights.
- Tape up the list where it can be easily seen for the duration of the training.

### Logistics

Finally, explain or recap any necessary logistical issues (daily starting and ending times, where to find bathrooms, time and place for breaks and meals, emergency exits and procedures, and so on) and check whether there are any other concerns related to the training.

## T2.2 Introduction to REAct

- Explain that you are going to give a PowerPoint presentation, and that participants can ask questions at any point.
- Go through the presentation on the background to REAct, its development and implementation.
- Check for understanding and provide further clarification as necessary.
- After the presentation, ask participants to brainstorm in pairs or threes how they think REAct could benefit their organisations or present challenges to them. Gather feedback in plenary, and put any challenges in the Parking Lot.



Go through the checklist to ensure that all areas have been covered before moving on to the next unit.



## UNIT T3 UNDERSTANDING OUR CONTEXT

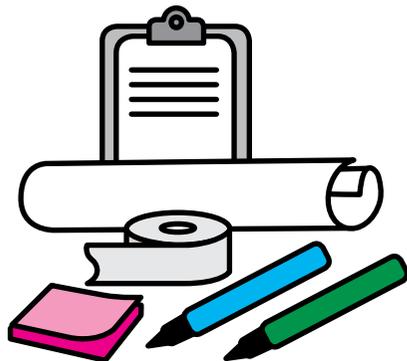
### Methods

- Plenary presentation and questions and answers
- Group work
- Plenary discussion



### Materials

- Flip chart paper, markers, tape, Post-it notes, pens and notebooks
- **PowerPoint REAct workshop presentation**
- As an alternative, **handouts with case studies**



### T3.1 Human rights in our country

- Invite local human rights experts to give a presentation, or conduct participatory activities, on the human rights situation in your country. Ask them to include national laws and policies affecting clients, as well as the services available to communities.
- Ask directors of local human rights organisations to give an overview of their work and the challenges they encounter because of laws and policies affecting their community.  
Or
- Ask participants to break into their population groups and brainstorm the current laws and policies that most affect their groups.

### T3.2 Human rights issues in the community: incidents and perpetrators

- Ask participants to individually think of a beneficiary within the community who faces human rights-related issues. This person will form the basis of a character to be used in examples and role plays throughout the workshop.
- In client groups, ask participants to choose one of the characters who represents a 'typical' client. Draw the character on a sheet of flip chart paper. Then ask them to list on Post-it notes the human rights-related issues faced by their character – one on each Post-it note. Stick these around the character to show the types of incidents.

- Ask participants to think about who is causing each problem, and explain that we refer to these people as the perpetrators.
- Ask participants to briefly introduce their character, providing four priority issues their character encounters, as well as the perpetrators. Explain that we will be returning to their characters throughout the workshop. Stick the characters up on the wall.

#### NOTE

This activity can be traumatising for trainees if they have experienced similar situations. Be alert to signs of distress and be ready with an alternative, such as **handouts with pre-prepared case studies** instead. The resource **Self-care and prevention of burn out among activists – tools for everyday life** may also be useful for trainers as well as participants.

### T3.3 Mapping responses

- Distribute flip chart paper and markers. Ask participants to draw a map of the area they work in, including their organisational responses. Make sure they include the services they provide and referrals they make, together with any partnerships with human rights organisations or those providing legal, health and other services specific to their communities. Then ask participants to give a brief overview of these in plenary.
- Stick the maps up on the wall and give participants a few minutes to do a 'gallery walk' to look at them. If organisations are working in the same geographical areas, encourage them to add to their own maps any services they are not currently linking to.
- In plenary, ask participants if they know of any systems being implemented that collect data on human rights violations and situations. Explain that REAct not only records information, but also facilitates emergency responses and referral to appropriate interventions. Discuss how these systems might complement REAct, or vice versa.



Go through the checklist to ensure that all areas have been covered before moving on to the next unit.



## UNIT T4 HUMAN RIGHTS PRINCIPLES AND RESPONSES

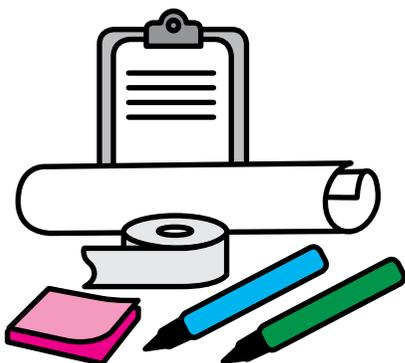
### Methods

- Plenary presentation and questions and answers
- Group work
- Plenary discussion



### Materials

- Copies of [Unit R1](#) for participants
- Flip chart paper, markers, tape, Post-it notes, pens and notebooks
- As an alternative, [handouts with case studies](#)
- [PowerPoint REAct workshop presentation](#)
- [Interview checklist and referral card](#)



### T4.1 What are human rights and human rights violations?

#### What do participants consider to be rights violations?

- Prepare a board (or sheet of flip chart paper) in advance with two headings: **Human rights violation** and **Not a human rights violation**.
- Ask participants to think back to the character they created (or the scenario they used) in Unit T3 and write on three separate Post-it notes three situations their character might encounter that they consider to be human rights violations. Place the Post-it notes in the middle of the board.
- In plenary, encourage the group to decide whether they think each situation is a human rights violation or not, and place each Post-it note under the heading agreed by the group. (You should not intervene to 'correct' their answers at this point – simply find out the consensus of the participants.)
- *Alternative:* ask participants to picture an imaginary line down the centre of the room, with one side representing **human rights violation** and the other side **not a human rights violation**. As each Post-it note is read out, participants should move to the side that they believe corresponds to that situation.

#### What are human rights violations?

- Refer participants to R1.1 in the REActors'/Implementers' module (or use a PowerPoint slide) and go through the definitions of human rights and human rights violations.

- Return to the list of situations from the previous activity above, that the group decided are/are not human rights violations (i.e. that are/are not the responsibility of the state) and reopen the discussion. If the group has changed their opinion about how to categorise any of the situations, discuss why and then move the Post-it note under the alternative heading. Highlight that the responsibilities of states are not always obvious, but that participants should ask:
  - Did the state fail to **respect** the rights of an individual?
  - Did the state fail to **protect** the rights of an individual?
  - Did the state fail to **promote/fulfil** the rights of an individual?

### T4.2 Why are human rights relevant for our work?

- Ask participants in pairs or threes to brainstorm any links they can think of between human rights violations and their impact on HIV and health.
- Gather feedback in plenary.
- Refer participants to R1.2 in the REActors'/Implementers' module (or use a PowerPoint slide) and go through the examples in Table 1.
- Check understanding by asking for volunteers to explain in their own words how human rights are directly relevant to their community and/or to the work of their organisation.

### T4.3 How can we respond?

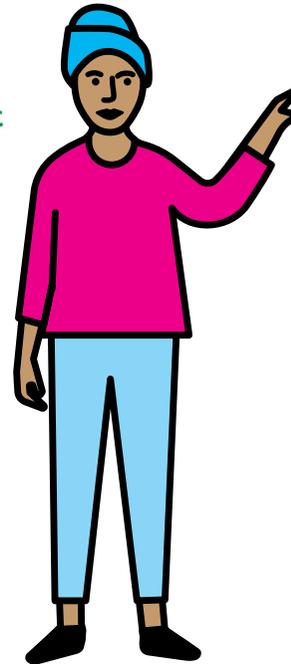
#### Human rights-based HIV programmes and interventions

- Refer participants to R1.3 in the REActors'/ Implementers' module (or use a PowerPoint slide) and go through the seven suggested rights-based HIV and health programmes.
- Break into groups; participants can be grouped randomly. Assign each group one or two of the human rights-related HIV programmes. Ask the groups to suggest examples of interventions and activities that would fall under that programme.
- Gather feedback in plenary.
- Break into client groups and return to the maps of services and referrals that participants created for their communities in T3.3. Ask them if they want to add anything to their maps. Give them a copy of the referral card and ask them to complete it. Suggest they ask other groups about their services and referrals if appropriate.

#### Identifying responses

- Break into groups and ask each group to invent a character and a scenario that is typical for their clients/communities (or you can use pre-prepared case studies if you prefer). Ask them to discuss what each character needs in terms of:
  - emergency responses.
  - HIV-related programmes and interventions in the longer term.
- In a large group, ask each small group to introduce their characters and scenarios, saying which responses they would recommend.

**Go through the checklist to ensure that all areas have been covered before moving on to the next unit.**



#### CHECKLIST UNIT: HUMAN RIGHTS PRINCIPLES AND RESPONSES

- ✓ We understand why human rights are relevant for organisations working with HIV and marginalised people.
- ✓ We can identify when the state is responsible for rights violations (i.e. when the state has failed to respect, protect and/or promote the human rights of individuals).
- ✓ In the context of health, we can identify instances of discrimination in the provision of public healthcare.
- ✓ We know the seven suggested rights-based HIV and health programmes and have agreed which ones are relevant to our organisation and community.
- ✓ We can identify appropriate responses to the human rights-related situations that our clients face.

## UNIT T5 COLLECTING EVIDENCE

### Methods

- Plenary presentation and questions and answers
- Group work
- Role play
- Plenary discussion



### Materials

- Flip chart paper, markers, tape, Post-it notes, pens and notebooks
- Copies of [Unit R2](#)
- [Safety and security guidance](#)
- [REAct template](#)
- [Consent form](#)
- [Interview checklist and referral card](#)
- [PowerPoint REAct workshop presentation](#)



## T5.1 Interview principles and practice

### Plenary

- Ask participants to brainstorm the principles that they think should guide interviewers when collecting sensitive information. Supplement or prompt as needed until all the main points have been covered.
- PowerPoint REAct workshop presentation.

### Discussion

- Ask participants if they have had had experience of carrying out human rights interviews. If so, invite them to share any difficulties or challenges they have encountered and how they dealt with them.
- Distribute copies of the safety and security guidance and ask participants to go through it in pairs or threes. What do they find most useful? Do they have further suggestions to add based on their local experience?
- Distribute copies of the consent form and interview card and referral template, and discuss their content.

### Interview techniques Dos and Don'ts

DO	DON'T
✓ Allow the interviewee to tell the story at their own pace	✗ Do not interrupt the interviewee
✓ Make notes for reminders	✗ Do not push the interviewee and put words in their mouth
✓ Ensure interview space is safe, secure and private	✗ Do not discuss the case with non-relevant parties
✓ Obtain as much relevant detail as possible	✗ Do not judge, criticise or condemn
✓ Ask open-ended questions and clarify information	✗ Do not get too caught up recording information and forget about the person telling the story
✓ Build a rapport, express sensitivity, compassion and non-judgment	
✓ Be aware of non-verbal signals	
✓ Respect confidentiality	
✓ Make sure consent is informed	

### Customising the REAct template

- PowerPoint presentation: REAct workshop presentation PowerPoint.
- Distribute copies of the REAct template and explain that we will return to it later when we work together to customise it.
- Break into client groups and ask participants to refer back to the characters they created (or the case studies they used) in T3.2. They should use these as a basis for filling in their template, making sure that they capture the **incidents, perpetrators and responses**.
- Then discuss the standard sections. Ask participants what would need to be changed in each of these to adapt them to their own context.
- The suggested changes to the template need to be documented and sent to the REAct team at Frontline AIDS to develop the information management tool.

### Interview practice

#### Role play

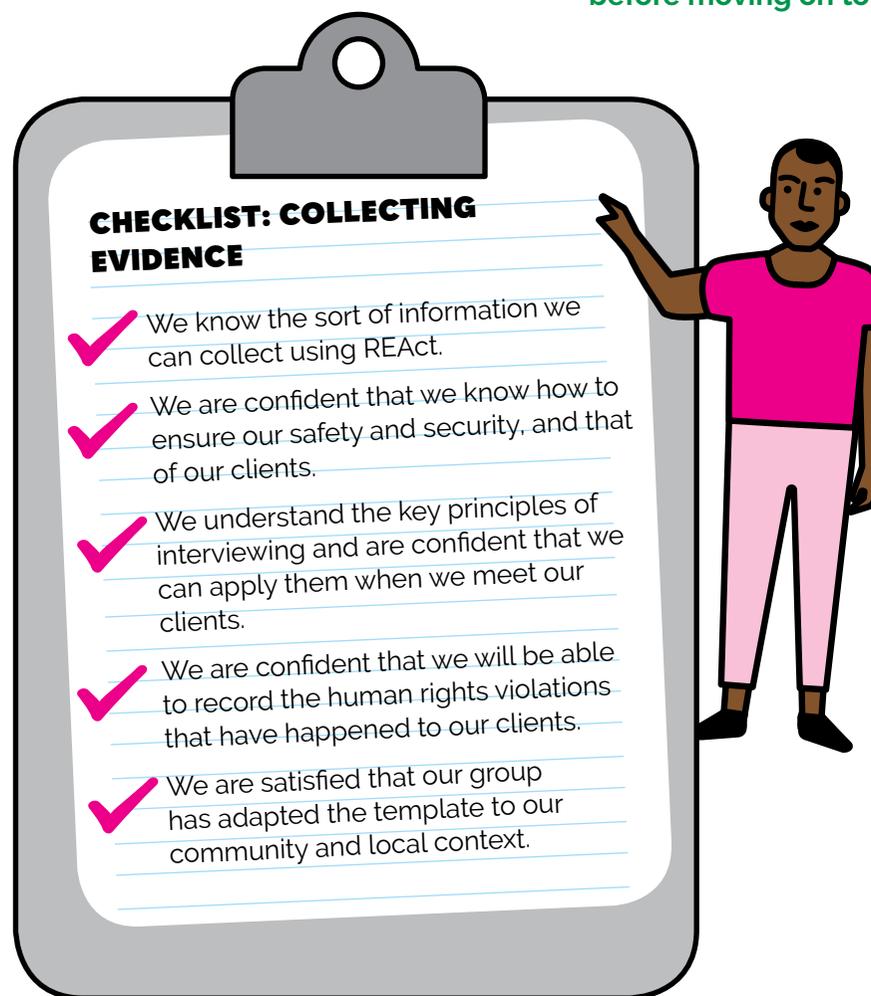
Ask participants to pair up, with one person taking the role of the beneficiary or client and the other an implementing organisation representative or peer outreach worker. Ask them to think of a case that is relevant to their community. Tell participants they have one hour to take turns interviewing each other.

Break into client groups. Invite a few participants to perform their role play interviews in front of the group. Ask participants to give constructive feedback on how the interview was conducted.

### Recap

- In plenary, recap on human rights-related interviews and ask for questions or comments.

Go through the checklist to ensure that all areas have been covered before moving on to the next unit.



## UNIT T6 MANAGING INFORMATION

### Methods

- Plenary presentation and questions and answers
- Practical training using Wanda



### Materials

- Copies of [Unit R3](#)
- Laptops (preferably the ones that will be used for REAct) or Android smartphones/tablets
- Good Internet connection
- [PowerPoint REAct workshop presentation](#)
- [Wanda user manual for REAct](#)



Wanda is the online monitoring and reporting tool within REAct that documents and analyses cases of human rights violations and abuses.

Wanda can be accessed on any Internet browser on a desktop computer or laptop, as well as through an app using an Android mobile phone or tablet. However, using Wanda is optional, as a coordinating organisation may already have an alternative monitoring and data management system, or wish to design their own instance of DHIS2. The table on page 37 gives more detailed information about the characteristics of DHIS2.

If **laptops** are available at the workshop, REAct Implementing staff can have hands-on training, and Wanda can be set up and configured during the workshop. When Wanda is accessed through laptops, the recommended browser is [Google Chrome](#). It is good practice to advise all participants to download Google Chrome on their laptop prior to the workshop.

Participants who have an **Android smartphone** can also access Wanda through the following free App, which can be downloaded from the [Google PlayStore: DHIS2 Android Capture](#).

The length of time needed to train on Wanda will depend on the technical capacity and experience of the implementing organisation staff. A minimum of one day should be spent on the training in this unit – see suggested timing in the table opposite.

Sessions	Hands-on training	Presentation
Data security	1 hour	30 minutes
Wanda accounts and servers	2 hours	30 minutes
Wanda navigation and data entry	1.5 hours	30 minutes
Searching and reporting in Wanda	2 hours	30 minutes
Customising Wanda	30 minutes	30 minutes

### CHECKLIST: MANAGING INFORMATION

- We understand the importance of data security.
- We are confident that we know how to protect sensitive data when we are gathering, storing and accessing it.
- We feel comfortable using Wanda (or the alternative information management tool that we have chosen for our context).

**Go through the checklist to ensure that all areas have been covered before moving on to the next unit.**

**DHIS2 FUNCTIONALITIES**

<b>Affordability</b>	<ul style="list-style-type: none"> <li>● Hosting options: choose own host or contribute a percentage to Frontline AIDS' instance of Wanda</li> <li>● Consultants: available globally – in every region where Frontline AIDS works – costs vary</li> <li>● Free open source software</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>● Well-established and long running system with very wide adoption globally</li> <li>● User-friendly customisable system</li> <li>● Infinitely scalable</li> <li>● No licenses required</li> </ul>
<b>Accessibility</b>	<ul style="list-style-type: none"> <li>● Can be used with basic training</li> <li>● Mobile app available which works offline</li> </ul>
<b>Case management</b>	<ul style="list-style-type: none"> <li>● Can store and analyse other surveys</li> <li>● Can track cases anonymously</li> <li>● Can track follow-up actions</li> </ul>
<b>Data management</b>	<ul style="list-style-type: none"> <li>● Allows skip patterns</li> <li>● Has required/optional data field settings</li> <li>● Can set different roles with different access and functionality</li> <li>● Can store document and audio file types</li> <li>● Has user change log</li> <li>● Has data validation rules</li> </ul>

<b>Analysis and reporting</b>	<ul style="list-style-type: none"> <li>● Pre-set reports can be built by project admin/system administrator, but custom reports can also be created by individual users</li> <li>● Allows basic and sophisticated analyses</li> <li>● Can produce reports with cross tabulation</li> <li>● Has data visualisation</li> <li>● Allows for disaggregation</li> <li>● Allows basic users to analyse and create reports</li> </ul>
<b>System features</b>	<ul style="list-style-type: none"> <li>● Allows users to stay logged into their mobile device (with data stored offline) – the app is protected by a PIN so that no one can access it. User can also enter their username and password if they forget their PIN</li> <li>● User interface available in many languages and can be translated into others</li> <li>● Encryption can be built in</li> <li>● Audit logs will now retain information on users that read enrolments, whether or not they change or enter data</li> <li>● You can now enable two-factor authentication for your DHIS2 user. This lets you enable a secondary authentication step for improved performance, using a Time-based One Time Password (TOTP) based authentication app such as Google Authenticator</li> <li>● Interoperable outputs</li> </ul>

	<ul style="list-style-type: none"> <li>● User-friendly interface</li> <li>● Customisable forms in different languages and scripts</li> <li>● Free upgrades and maintenance</li> <li>● Safe online if set up with appropriate measures and hosted by secure hosting service</li> <li>● GDPR compliant if system set up correctly</li> <li>● Can add visual branding</li> <li>● User interface can be translated to local languages by user</li> </ul>
<b>Uniqueness</b>	Designed for multi-level data sharing, management, analysis and reporting, but with many additional features
<b>Customisation</b>	Set up would have to be on secure servers with data traffic encrypted by someone with technical expertise.

## UNIT T7 NEXT STEPS

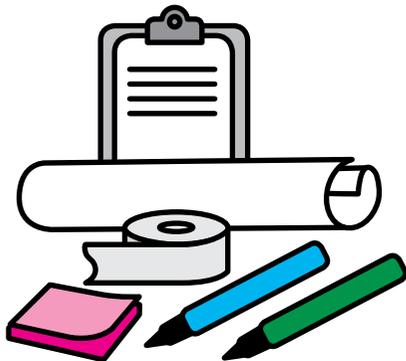
### Methods

- Plenary presentation and questions and answers
- Group work
- Plenary discussion



### Materials

- [Example MoU](#)
- [PowerPoint REACT workshop presentation](#)



### T7.1 Agreements and structures for implementation

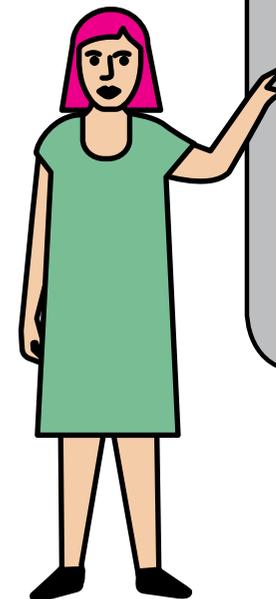
We recommend that this session be facilitated by staff from the coordinating organisation. The REAct system can be up and running within a month of the workshop, provided that:

- the REAct template has been finalised, formatted and imported into Wanda.
- templates have been tested.
- a REAct committee has been formed and meetings scheduled.
- MoUs have been signed between coordinating and implementing organisations.
- REAct Small Grant Scheme funds have been disbursed (if applicable).

Before concluding the workshop, go through the checklist to ensure that all points have been dealt with and that there is agreement on the next steps.

#### CHECKLIST: NEXT STEPS

- ✓ We have agreed how we are going to consolidate the information we collect through REAct.
- ✓ We have created a REAct committee to decide on exceptional emergency responses, analyse the data, and agree the human rights programmes that will be needed as a result of that analysis.
- ✓ We have agreed how regularly the REAct Committee will meet.
- ✓ We have adapted and signed the MoUs between the coordinating and implementing organisations.

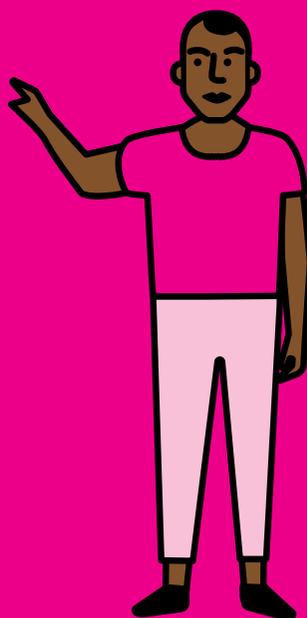


## REACTORS'/IMPLEMENTERS' MODULE

Please ensure that you have read the **overview module** before this one.

In the REAct workshop, the training team will guide you through the issues covered in Units R1, R2 and R3.

The material here serves as a handy reference for you both during the training and afterwards, once you begin implementation.



“ REAct has been both an eye opener for us as activists on the ground, and a ray of hope for human rights abuse survivors. It has created a popular platform for rebuilding the confidence of key population community members in distress, and has helped them gain agency in terms of pursuing redress and recognition of their entitlements”

Director of Community Health Rights Advocacy (CHeRA), Malawi

## UNIT R1 HUMAN RIGHTS PRINCIPLES AND RESPONSES

### R1.1 What are human rights?

Human rights are basic universal entitlements that all people have because they are human. They are based on the idea that all persons are equal and entitled to be treated with dignity and respect, regardless of their race, sex, gender, age, disability or any other characteristic. Human rights apply to all people throughout the world at all times.

Human rights give people the freedom to choose how they live, how they express themselves, and what kind of government they want to support, among many other things. They also guarantee people their basic needs, such as food, housing, healthcare and education. By guaranteeing life, liberty and security, human rights protect people against abuse by those who are more powerful.

State institutions and representatives, including government officials, policemen and women, army personnel, prison officers, civil servants, the judiciary, political authorities, and medical or education personnel in state-run facilities, have the obligation to fulfil the rights of all their citizens without discrimination. In order to do so, states have a responsibility to:

- **respect** the human rights of all people, and to prevent, investigate and sanction violations committed by their officers.

#### WHAT ARE HUMAN RIGHTS VIOLATIONS?

Generally, a human rights violation can only be committed by a state.<sup>7</sup> Human rights violations can occur through:

- **Failing to respect human rights:** This is an act committed directly by the state that is contrary to its human rights obligations (for example arbitrarily depriving someone of their freedom or torturing them).
- **Failing to protect human rights:** This is an indirect violation committed by the state by omission (i.e. by not providing protection against systematic abuse committed by one group against another, or by not promoting the rights of all citizens). Omission is negligence in performing the requirements of national or international law relating to the protection of human rights. In the case of omission, the actual hurt can be committed by common citizens. The state has a responsibility to act to stop these incidents and provide protection to

the victims. If the authorities don't do so, they are violating the rights of the victims by their omission.

- **Failing to promote or fulfil human rights:** It is the state's duty to ensure that laws that protect everyone without discrimination are enforced. The state must also promote these rights to ensure that all its citizens are aware of them and how they can claim them effectively. The state and its representatives must ensure that the mechanisms for denunciation and redress are in place for all citizens to access. Failure to do all these (for example by failing to undertake campaigns against social discrimination targeting a particular ethnic group or sexual minority) constitutes a violation of the state's responsibility to promote the human rights of all its citizens.

7. This includes state institutions and representatives, such as government officials, policemen and women, army personnel, prison officers, civil servants, the judiciary, political authorities, and medical or education personnel in state-run facilities.

- **protect** the human rights of all citizens by taking all necessary measures to avoid the deprivation of their rights.
- **promote** the respect of the human rights of all citizens without distinction.

The idea of human rights is not a modern one. There are references to human rights in historical documents across the world. Some people argue that human rights are not universal. They say that

they are a foreign concept that cannot be forced on countries. They argue that each country is free to determine its own national values, rules, norms and laws. However, in most cultures and religions, there are ideas that describe respect for our fellow human beings. For example, stories, myths and legends illustrate that we are all human, with the same needs and desires, supporting the notion that we should treat everyone in the way that we would like them to treat us.

Human rights have been enshrined in the *Universal Declaration of Human Rights* and codified in a series of international human rights treaties ratified by states, and in other instruments. There are also regional human rights instruments, and most states have adopted constitutions and other laws that formally protect basic human rights and freedoms.<sup>8</sup>

The underlying feature of human rights is the identification of **rights holders** who, because they are human, can claim certain entitlements; and **duty bearers**, who are legally bound to respect, protect, promote and fulfil the entitlements of rights holders. Human rights law obliges the state and other duty bearers not to infringe or compromise the fundamental freedoms and rights of people, and means that the state has a duty to realise rights for all.

National, regional and international human rights laws guarantee rights, and when these laws are not upheld this can result in human rights violations and rights-related barriers to HIV services.

## R1.2 Why are human rights relevant for organisations working on HIV and related diseases?

Every person has the right to health. At its most basic level, this means that every person has the

8. While international treaties and customary law, together with interpretive practice by treaty organs, form the backbone of international human rights law, other non-binding instruments such as declarations, guidelines and principles adopted at the international level contribute to its understanding, implementation and development.

right to services to prevent HIV transmission, as well as to treatment, care and support services for HIV and AIDS and related diseases such as TB and hepatitis C; and harm reduction programmes in the case of people who use drugs. Human rights are interconnected, and protecting health and well-being means more than simply providing health services. We need a range of related human rights, such as rights to information and education, and to equality and non-discrimination.

It is now widely recognised that there is a link between HIV and AIDS and human rights. Although we know that every person has a right to health and health-related services to prevent and treat HIV, there are many reasons why people face barriers in accessing these essential and often life-saving

services. The people facing these barriers are often the most marginalised, stigmatised and vulnerable to HIV. In order for us to prevent HIV, and for people living with HIV to access treatment, care and support services, human rights violations need to be addressed.

States are obligated to protect, promote, respect and fulfil the human rights of their people, particularly to ensure a positive and effective response to HIV and AIDS. States are principally responsible for creating the conditions and providing the necessary resources and services that will ensure the realisation of human rights.

Table 1 includes examples of human rights violations that lead to barriers to HIV-related services.

**TABLE 1: EXAMPLES OF HUMAN RIGHTS VIOLATIONS, LEADING TO BARRIERS TO HIV-RELATED SERVICES**

### HIV-related human rights violations

### Impact on HIV and health

**Marginalised people that are vulnerable to HIV are discriminated against by healthcare providers**

Marginalised people are denied access to prevention, treatment, care and support services. The results may include:

- they and their sexual partners are at increased risk of HIV
- people living with HIV do not get treatment
- HIV-positive pregnant women do not access prevention of mother-to-child transmission services, therefore putting their babies at risk.

**Laws criminalise marginalised people; for example, the anti-homosexuality bill in Uganda**

Increased stigma and discrimination; for example, men who have sex with men are afraid to access health services.

**TABLE 1: CONT.****People living with HIV are discriminated against and unfairly dismissed in the workplace because of their HIV status**

Workplace discrimination against people living with HIV means that HIV-positive employees cannot earn a living. The results may include:

- general financial instability for the family
- inability to pay for transport to services
- inability to pay for antiretrovirals and other HIV-related services.

**Laws and policies in some countries prohibit adolescents, children and marginalised populations from getting appropriate HIV information and education**

Affected populations do not receive appropriate HIV information so are less able to prevent HIV infection or access services.

### R1.3 How can we respond? Human rights-based HIV programmes and interventions

We know that there is a proven link between human rights violations and HIV, so we need to put human rights at the centre of our HIV programming. Although this guide focuses on HIV programmes, the same applies to related and integrated health programming on tuberculosis (TB), hepatitis C, sexual and reproductive health services, harm reduction interventions in the case of people who use drugs, and other related programmes.

Programmes should be based on the local context and respond to the surrounding social, political,

economic and cultural environment. They need to recognise and respond to underlying inequalities, prejudices and power relationships that increase vulnerability and risk of exposure to HIV and HIV-related ill health.

The seven programmes in Table 2 are based on the seven UNAIDS recommended practical programmes to reduce stigma and discrimination and strengthen access to justice in national responses to HIV and AIDS. Frontline AIDS has added an eighth critical programme underpinning core human rights-related interventions led by community-based and civil society organisations.

REAct will help implementing organisations to identify the most appropriate HIV programmes to

address the types of cases that are reported to them. REAct implementing organisations may not be able to provide all the services and responses required. Therefore, it is important that the coordinating organisation and implementing organisations map relevant services and programmes and build a solid relationship and referral network, so that organisations are prepared to provide services identified through REAct promptly and effectively.

It is recommended that implementing organisations create a referral card, including contact information and a list of responses and services (see the [interview checklist and referral card](#) for a template).

**NOTE**

Remember that self-care is also important! Working day in and day out with individuals and communities affected by human rights violations can create stress, trauma and 'burn out' for you and your colleagues. Remember to look after yourself – this resource can help: [Self-care and prevention of burn out among activists – tools for everyday life](#)

**TABLE 2: EIGHT KEY HUMAN RIGHTS-RELATED HIV PROGRAMMES**

	The programmes	How can you use them?
<b>1</b>	<b>Stigma and discrimination reduction programmes</b>	These programmes help to address actionable causes of stigma and discrimination, and to empower people affected by HIV and AIDS.
<b>2</b>	<b>HIV-related legal services</b>	These programmes facilitate access to justice and redress in cases of HIV-related human rights violations.
<b>3</b>	<b>Monitoring and reforming laws, regulations and policies relating to HIV</b>	Programmes to monitor, review and reform laws help to create laws and policies that support rather than block access to HIV and health services.
<b>4</b>	<b>Legal literacy ('know your rights')</b>	Legal literacy programmes teach those living with HIV and key populations at higher risk of HIV exposure about laws, their rights and how to enforce them.
<b>5</b>	<b>Sensitisation of lawmakers and law enforcement officials</b>	These programmes sensitise lawmakers and law enforcers about how the law impacts on HIV and about the rights of marginalised populations, in order to support protection of rights and access to services.
<b>6</b>	<b>Training for healthcare workers on human rights and medical ethics related to human rights</b>	Training programmes improve healthcare workers' understanding of their own and their patients' rights, and help to reduce stigma and discrimination in the health sector.
<b>7</b>	<b>Reducing discrimination against women in the context of HIV</b>	These programmes address gender inequality and gender-based violence as both causes and consequences of HIV infection.
<b>8</b>	<b>Core community-led human rights-related responses to HIV</b>	These programmes are core interventions for civil society organisations and community-based organisations, and include crisis response (reacting to emergencies regarding security and protection from exposure of individuals and their organisations); effective human rights-related advocacy; and the production of evidence to inform human rights programming and advocacy.

**ADDITIONAL RESOURCES**

**Interview checklist and referral card**

**Good Practice Guide: HIV and human rights<sup>9</sup>**

9. International HIV/AIDS Alliance and AIDS Rights Alliance Southern Africa (ARASA) (2014). *Good Practice Guide: HIV and human rights*. Available at: <https://frontlineaids.org/resources/good-practice-guide-hiv-and-human-rights/>

## UNIT R2 COLLECTING EVIDENCE

### R2.1 What kind of information can we collect using REAct?

REAct is designed to record information gathered directly from clients and members of REAct implementing organisations.

#### NOTE

Although REAct is usually based on accounts given by individuals of their own experiences, it can also be used to document second-hand information such as witness accounts of violations experienced by others.

The information from individual cases is collected through direct interviews with clients using a REAct template as a guide (semi-structured interviews). Although the template contains some standard information that will be the same for all population groups, during the workshop you will adapt it to make it relevant to your specific clients and country context. Although most of the case information will come directly from clients, it is also possible for implementing organisation staff, peer outreach workers and witnesses to report on human rights violations they know about.

The REAct templates are primarily structured to collect information on human rights situations relating to access to HIV services (but they can also

cover sexual and reproductive health and related health services). They also allow for wider human rights violations to be documented, and for non-human rights-related emergency situations to be recorded and responded to.

After the interview, the information is entered into Wanda, (see Unit R3) and loaded onto a laptop or smartphone. The information is organised by beneficiary, not by case or incident. This is because the main objective of REAct is to help respond to the human rights context of the *individual*. REAct records the responses provided to the beneficiary, as well as allowing staff to input updates and follow-up information.

In most cases, a particular incident and need for urgent response (for example somebody who has been arrested and needs a lawyer, or somebody needing temporary shelter) will prompt a person to give their testimony. The implementing organisation can use a Small Grant Scheme, when available, to respond to crises and emergency situations.

### R2.2 Key principles of human rights-related interviewing

There are eight key guiding principles that we should keep in mind when investigating rights-related barriers:

- 1. Do no harm:** We should not cause further damage to the people interviewed or to other people. Although the collection of information is essential in human rights monitoring, it should never be done at the expense of someone's

physical safety, or the emotional and mental health of the interviewee.

- 2. Transparency:** People involved in monitoring, and specifically interviewing, should be open and transparent about their organisation and the REAct system and its objectives, without compromising confidentiality.
- 3. Confidentiality:** You should obtain the consent of the person being interviewed and witnesses (see **consent form**) and assure them about confidentiality. Interviewers should preserve the confidentiality of information through all stages of the project and afterwards.
- 4. Security:** In addition to the security measures for interviewees, you should ensure the security of interviewers and others involved in implementing REAct. These steps may include team members checking in with a team leader or other member regularly and after each interview; avoiding taking risks that may place the team member or others' safety in jeopardy; carrying a cell phone; travelling in pairs or teams, especially in unsafe areas; and postponing interviews if the safety and security of anyone involved is at risk.
- 5. Accuracy:** The REAct template is designed so that interviewers obtain accurate information. You should enter data as soon as possible after completing the interview to ensure accuracy and also to reduce the risk of notes being seen by others.
- 6. Impartiality:** You should refrain from asking leading questions to obtain answers that support your beliefs or objectives rather than reflect the testimony of the interviewee.

- 7. Gender sensitivity:** Rights-related barriers for girls and women, including transgender women, are often not documented for reasons that reflect the subordinate position women often occupy in the family, community and society. You should ensure that women's rights violations are properly documented and that women's rights are not neglected.
- 8. Age sensitivity:** Sometimes you may be interviewing clients under the age of 18. Please refer to the child protection policies you use for under-18 programming for further information and guidance on good practice.

## R2.3 Checklists for conducting human rights-related interviews

### Preparing for the interview

- Before the interview with the beneficiary or client, you need to prepare the content of the interview, the materials you will need and the place where the interview will be conducted.
- Make sure you have re-read the eight key principles in R2.2 and that you can guarantee all of them.
- Go back to the REAct template to remind yourself of the structure so that you don't miss out critical questions, and make sure you have a printed copy ready for the interview. Although the template is accessed through a web browser on a computer/laptop or through the mobile app (see R2.4 and Unit R3), you should only input information after the interview and not during it. A computer may act as a barrier between you and the interviewee, affecting their openness and trust.

- Make sure you know which language you are going to use for the interview and that you know the interviewee's level of command of that language.
- Have a printed copy of the **consent form** to be signed by the interviewee at the beginning of the interview.
- Have a notebook to write down information during the interview.
- If using a voice recorder, make sure it is ready and fully charged. Please note that recording devices like voice recorders or video cameras represent a security risk if the wrong people get hold of them, and should be used, if at all, with utmost care.
- Have your completed **interview checklist and referral card** ready with up-to-date contact details.
- Have the phone numbers of more than one REAct committee member to hand so you can contact them in any emergency when you are carrying out interviews or providing responses.
- Ensure that the location of the interview will enable you and the interviewee to feel comfortable and safe, during the interview as well as on entering and leaving the location.
- Make sure the interviewee will not have to wait for a long time to be interviewed on the day.
- Make sure you and the interviewee will be alone and in a place where the conversation cannot be overheard and where you will not be interrupted. If that is not possible, consider postponing to a time when a secure place can be found.
- You also need to be clear about security procedures in case there are any difficulties. Please ensure you have read and understood the security

protocol that your organisation should have in place. There is safety and security guidance contained in this guide that you can use as a basis for your own protocol if necessary.

### During the interview

#### The start of the interview

#### Introduce yourself and your organisation

- Explain the objective of the interview, its format, and approximately how long it will take.
- If the interviewee does not have at least 40 minutes available, ask to postpone the interview.
- Make sure you ask the interviewee whether they feel comfortable and safe, and if they need anything such as water.
- Tell them to ask you to repeat questions, and speak more loudly or slowly if necessary.
- Thank them for giving their testimony before going through the informed consent form.

#### Ask for informed consent

- Always obtain informed consent in writing prior to or during the interview. Informed consent involves providing the interviewee with clear and accurate information about who the interviewer represents and why the interview is taking place.
- Explain to the interviewee the extent to which the information will remain confidential and what will happen to the information.
- Tell the interviewee they can stop the interview at any time, withdraw their consent and demand that all recorded data be destroyed.

**NOTE**

No case may be recorded in REAct without the consent form being signed by the person interviewed. The signed consent form must be scanned or photographed and saved as an attachment within Wanda (see Unit R3). The hard copy must then be destroyed.

**Voice recording**

- Wait until you have introduced yourself and reassured the interviewee about the objectives of the interview and the confidentiality of the information before you ask about setting up a voice recorder.
- Explain that you would like to use a voice recorder so that you can give the interviewee your full attention and only write down key points during the interview.
- Reassure the interviewee that the recording will be deleted as soon as the data has been entered onto the secure online system. Only if the interviewee agrees should you proceed to use a voice recorder.

**The interview itself**

Interviewers should be prepared for the emotional impact on clients (and potentially on themselves) when interviewees recount experiences that bring back traumatic memories during the interview. These emotions cannot always be prevented or avoided, but can be minimised or managed by using some of these tips:

- Maintain eye contact and sit level with the interviewee.
- Listen attentively, show empathy, build rapport and be patient.
- Allow the interviewee to tell the story and answer questions at their own pace. Do not rush the interview.
- Do not interrupt the interviewee. If something they say isn't clear, make a note to come back to it when the interviewee has finished speaking.
- Do not push the interviewee. If an issue is too sensitive, come back to it later.
- Recognise and acknowledge the difficulty in reliving the abuse.
- Be aware of non-verbal signals you may give, such as facial expressions that reveal shock or judgement. Recognise your own personal discomfort with any of the interviewee's issues and control your own reactions to what you are hearing. Make sure it is clear to the interviewee that it is the issue – not the interviewee – that is causing you any discomfort.
- Validate and normalise the interviewee's conduct during the interview. Encourage their emotional expression in a supportive environment.
- Avoid assumptions or judgements about the interviewee's behaviour. Avoid labelling or categorising the interviewee's behaviour, and avoid shaming the interviewee.
- Obtain as much relevant detail as possible. Verifying and recording the names and titles of people, places and dates will help preserve the information more accurately. Verify spelling when needed.

- Respect confidentiality at all times. Never discuss with interviewees what other interviewees have revealed, as that violates the principle of confidentiality and diminishes your credibility as an interviewer.
- Let the interviewee state what they believe is significant, even if you feel it is not relevant.

**Asking the questions**

For each set of questions, explain to the interviewee what the questions will be about and why you are asking them. This prepares and reassures them (see [the REAct template](#)).

**Traceable information**

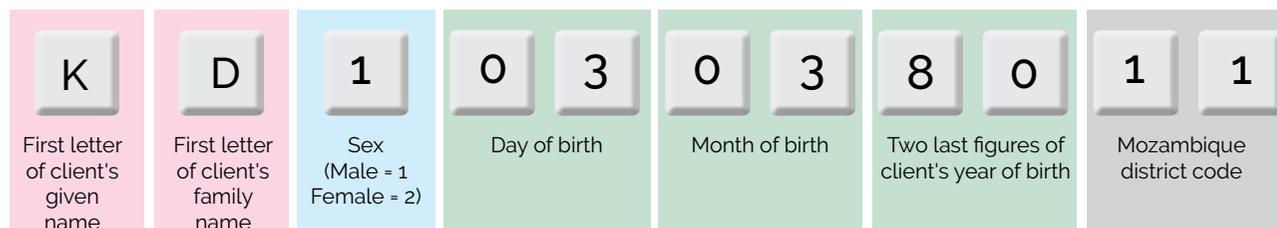
Only two key pieces of information are requested about an individual:

1. their **unique identification code (UIC)**, and
2. a way for a REActor to follow up with them, whether it is a phone number, address, email address, or via social media.

A UIC is a code generated by asking a client a series of questions based on their personal attributes. A client-generated UIC should be:

- easy to remember.
- personal, using information that is attached to one individual.
- unique to that person.
- easy to retrieve.
- easy to record (to avoid transcription errors).
- unable to be decoded to reveal the identity of the client, thereby protecting confidentiality.

Figure 5: Example of a UIC code



UICs allow tracking of client numbers and outcomes, can be used by multiple service providers, and help track referrals and linkages between services.

The UIC can be generated differently across programmes, although should be the same within a specific REAct programme. If your organisation does not already use UICs, Frontline AIDS can help you to create an appropriate UIC formula for your context. Figure 5 shows an example of a UIC code used in Mozambique. Organisations are free to develop their own formula for the UIC, for example you may feel it is more appropriate to use the term 'gender' than 'sex' and include options such as 'transgender', 'non binary' and 'intersex'.

The system can also store additional information about the client, but only with their informed consent. Additional information includes name, date of birth, gender, sexual orientation and client group.

### Case details

This can be a main or subsequent case. This is the main part of the template, where all the relevant information about the case is recorded.

The template covers the main questions: What happened? When? Who? Why? Where?

- Type of incident/perpetrator/category of human rights violation:** This section deals with the question of 'who is the perpetrator?' It is essential, not only to identify the perpetrator, but also the direct or indirect responsibility of the state in the incident (i.e. how it has failed to respect, protect and/or promote human rights) and the type of human rights violations committed.
- Information about the response provided, updates, and policy recommendations:** This section documents the kind of emergency and the possible responses (both emergency and recommended programmes), including whether the responses are provided by the implementing organisation directly, or through the referral system. You can select up to three recommended programmes.

The template is the basis of your interview, but semi-structured interviewing needs to be flexible. The interview itself will determine the flow of questions and answers; therefore you must make sure that you:

### INTERVIEW PROMPTS

It is envisaged that the main trigger for a beneficiary to want to be interviewed is an emergency situation that requires some immediate response. This will often be the first incident to be reported and the one that will lead to other cases as the interview progresses. Allow the interviewee to talk about other issues, but make sure you ask enough questions to be able to complete the template in relation to the main case.

- refer to the checklist regularly during the interview to make sure you are not missing out on any areas of information or details you need to collect from the interviewee.
- ask questions to clarify or give more detail if you think that what has been provided is insufficient for you to be able to complete the REAct template later.

### Concluding the interview

- Make sure you have covered all the fields in the template. Ask the interviewee to wait for a few seconds while you go through the checklist to make sure all the relevant information has been collected. If not, simply ask follow-up questions.
- Make sure you are satisfied with the information given about the incident, and ask further questions if anything does not seem to make sense.

- Make sure you are satisfied you have all the information to be able to recommend a particular response to the interviewee.
- Thank the interviewee for their time, and acknowledge how difficult it can be to provide this information.
- Reassure the interviewee again about the confidentiality of the interview and the information you have recorded.
- Tell the person about the next steps in terms of the response you can give, refer to, or recommend, using the response protocol you have agreed to follow when you set up REAct.
- Make sure you agree a specific follow-up plan with the interviewee, including confirmed dates, times and contact details.

### After the interview

Immediately transfer your notes into Wanda, either offline if using a smartphone, or online. Remember, delaying may lead to inaccuracies in the data entered, and if you have made notes, delays also increase the chance of those notes getting into the wrong hands. If using a smartphone to enter data, transfer your offline file online as soon as you have access to the Internet. Remember, the safest place for the information is securely online (see Unit R3).

Scan or photograph the signed consent forms and save as an attachment within Wanda (see Unit R3). Also save any audio recordings of the interview in Wanda.

## R2.4 Developing a REAct template

The information from individual cases is collected through direct interviews with clients using a template as a guide (semi-structured interviews).

**During the workshop or prior to it,** your organisations will prepare (with Frontline AIDS) a template that best meets your programmatic objectives, and will use this as the basis for your training. For instance, this template will be customised to the types of incidents you wish to document, the kinds of perpetrators and the responses that are appropriate and relevant to your clients. However, some of the information in the template is standardised for all clients. This will enable the data to be analysed across client groups.

**After the workshop,** the template will be finalised with assistance from the REAct team at Frontline AIDS, and formatted for inclusion in Wanda (see Unit R3).

Although most case information will come directly from clients, it is also possible for implementing organisation staff, peer outreach workers and witnesses to report on human rights violations they know about.



### ADDITIONAL RESOURCES

- **REAct template** – basis for documentation
- **Consent form** – to get consent from the client
- **Information sheet** – to give to the client for information
- **Interview checklist** – guidance for the REActor to follow when interviewing a client
- **Referral card** – to give to clients who are referred, with information about the referral
- **Safety and security guidance** – information for REAct implementers about things to keep in mind with regards to safety and security.

## UNIT R3 MANAGING INFORMATION

### R3.1 Data security

The sensitive nature of human rights-related information means that data security is of utmost importance, especially in today's digital world. Password-protected hardware is insufficient to keep identities safe, and therefore we need to pay particular attention to the way in which REAct data is collected, stored and processed. Wanda has been developed to ensure maximum data security. Table 3 provides a list of best practice for data security.

### R3.2 Equipment and connectivity

REAct implementing organisations need two pieces of hardware for managing REAct information:

- An **audio recorder** for use in interviews
- A **laptop** or **Android smartphone** for data entry
- A laptop for data analysis.

A laptop is recommended for use by each implementing organisation because of its size and portability. It can be carried easily, stored safely, and can also be used during a human rights interview, if needed, without creating a physical barrier between the interviewer and interviewee. However, as noted in Unit R2, it is best to record the interview, making notes on paper and then transferring the information into Wanda after the interview.

**TABLE 3: BEST PRACTICE FOR DATA SECURITY WITHIN REACT**

DO	DO NOT
✓ Conduct interviews in private	✗ Keep paper with names, contact information and incident details on
✓ Minimise likelihood of laptop/computer theft	✗ Share the equipment with people who are not REAct implementing organisation staff
✓ Have anti-virus and anti-spyware software loaded on the laptop used for REAct	✗ Write down and share log-in details
✓ Use a firewall on the laptop	✗ Discuss case information with non-REAct implementing organisation staff
✓ Use wireless networks with encryption (WPA/WEP)	
✓ Connect to the Internet while using Wanda, or as soon as possible after new information is entered or uploaded so that data is stored securely.	

Internet connection is also needed. Wanda does not have to be used with a live connection when accessed through the mobile app. However, it is best to connect to the Internet as soon as possible after new information is entered or uploaded so that data is stored securely.

### R3.3 The information management tool, Wanda

Wanda is the information management tool (IMS) that is used in REAct (unless you already have your own system or are planning to design one). It has been developed using DHIS2, an open source software platform that assists health and human rights organisations and others in collecting, safeguarding, securely sharing and organising sensitive information.

Wanda provides REAct with a number of benefits:

- Full encryption to ensure data security, and the ability to save and store files, such as photos and witness testimonies, as encrypted attachments
- Flexibility to include customised REAct templates
- Availability in different languages
- Real-time evidence for making timely and informed decisions. Continuous interrogation of human rights data is critical to inform human rights programming and advocacy plans
- Central storage for all evidence of human rights abuses and violations (obtained from routine monitoring), as well as tracking progress against Global Fund human rights monitoring and evaluation indicators
- A quick and easy way to aggregate and compare the quantitative and qualitative data submitted by partners. While qualitative data can never be automatically aggregated, Wanda can help bring it together to aid analysis.

There are three components to Wanda training, all of which will be covered during the workshop:

1. Best practices in human rights information management and security
2. Using the secure Wanda information management tool
3. Customising the REAct template for Wanda (see Unit R2).

The REAct template (see Unit R2) will be incorporated into Wanda. During the REAct workshop, you will work on the template to adapt it to your context and the needs of your clients. Following the workshop, the customised template will be designed for use in Wanda by the REAct team at Frontline AIDS (REAct@frontlineaids.org).



#### ADDITIONAL RESOURCES

- [Wanda user manual for REAct](#)
- [REAct template](#)

#### HELP!

Extensive information on DHIS2 can be found at <https://www.dhis2.org/inaction>.

Detailed information on using Wanda is provided in the [Wanda user manual for REAct](#)

For system administrators, a separate [guide](#) has been developed to help coordinating organisations manage the users and data in Wanda with some autonomy.



# KEY REACT RESOURCES

Coordinators' planner	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-coordinators-planner.pdf">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-coordinators-planner.pdf</a>
Example MoU	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Example-memorandum-of-understanding.pdf">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Example-memorandum-of-understanding.pdf</a>
Information sheet and consent form	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Y_Info-sheetandconsent-form.pdf">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Y_Info-sheetandconsent-form.pdf</a>
Interview checklist and referral card	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Z_Checklist-and-referral-card.pdf">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Z_Checklist-and-referral-card.pdf</a>
Reporting template	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Reporting-Template.pdf">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Reporting-Template.pdf</a>
Safety and security guidance	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-X_SS-Guidance-Note.pdf">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-X_SS-Guidance-Note.pdf</a>
The REAct template	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-template-updated.pdf">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-template-updated.pdf</a>
Training of REActors PowerPoint	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-PowerPoint.pptx">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-PowerPoint.pptx</a>
Wanda information note	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Wanda-information-note.pdf">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Wanda-information-note.pdf</a>
Wanda user manual for REAct	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Wanda-User-Guide-v3.pdf">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Wanda-User-Guide-v3.pdf</a>
Wanda user manual for administrators	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Wanda-User-Guide-for-Administrators.pdf">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-Wanda-User-Guide-for-Administrators.pdf</a>
Workshop case studies	<a href="http://frontlineaids.org/wp-content/uploads/2019/09/REAct-workshop-case-studies.pdf">http://frontlineaids.org/wp-content/uploads/2019/09/REAct-workshop-case-studies.pdf</a>

# NOTES

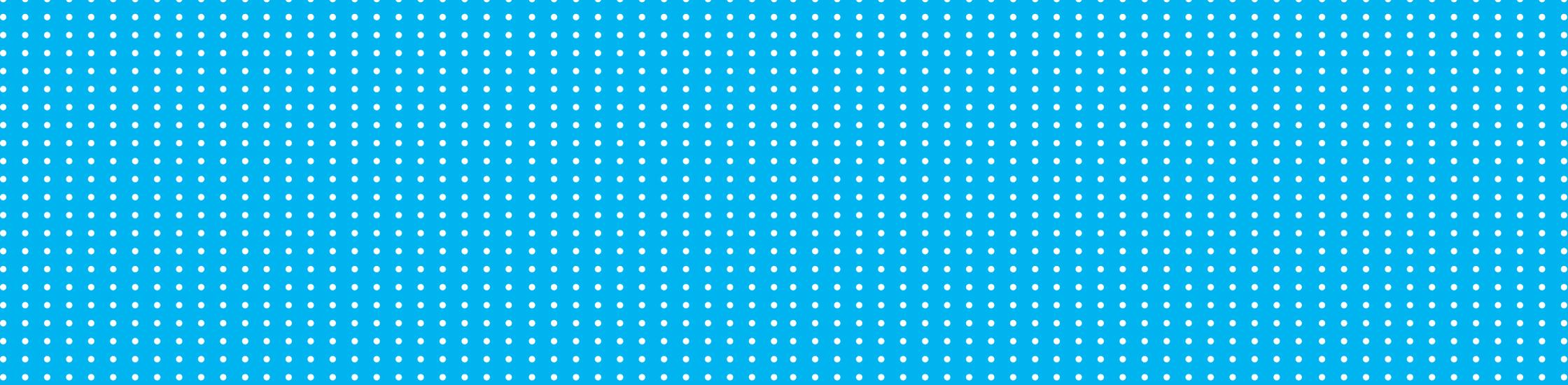


A series of 18 horizontal dotted lines spanning the width of the page, providing a template for writing notes.



**REACT**





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