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, 1.5 million people were infected with HIV in 2021 and 650,000 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: We would like to thank the partners and individuals who contributed to the development of this publication and participated in the Learning and Sharing event in 2022 which catalysed this work.

This Good Practice Brief is for community-based and led organisations in various stages of planning and implementing their own emergency responses, to offer lessons and good practices from the Frontline AIDS global partnership. We hope the Brief will also be useful to donors and other supporters of this work, by providing information on emerging practices and experiences and the lessons we have drawn from them.

The Frontline AIDS partners below came together in 2022 in Johannesburg, South Africa, for a Learning and Sharing event on community responses in the context of HIV – this exchange of experiences, lessons and good practices formed the basis of this Brief.

Gender DynamiX is a Trans-led organisation in South Africa and REAct, implementer, whose experience in delivering an emergency response began with adaptations to their programmes during the COVID pandemic.

Defenders Protection Initiative (DPI) based in Uganda, has been involved in emergency responses as as the founder and coordinator of the Security Working group, an alliance of organisations that coordinate responses to LGBTQ+ human rights emergencies.

Rock of Hope Eswatini established an emergency response mechanism, working with partner organisations to provide emergency support to LGBTQ+ people through a European Union-funded programme.

Trans Research Education Advocacy and Training (TREAT) has provided emergency support to LGBTQ+ people in Zimbabwe, working with other community-led organisations on a European Union-funded programme.

Sexual Minorities Uganda (SMUG) is allied to REAct, a registered organisation that operates community-led monitoring and response to human rights violations against the community.

Education as a Vaccine (EVA) focuses on children and young people’s development and health needs in Nigeria and is in the beginning stages of operating its emergency response mechanism.

Positive Vibes Namibia designed, tested and implemented its emergency response mechanism in 2021.

East Africa Trans Health & Advocacy Network (EATHAN) uses its extensive network to verify and connect community members in need of emergency support to resource partners and organisations that can provide it.

1 Rights – Evidence – ACTion (REAct) has been built by Frontline AIDS with communities in mind, so that community-based organisations (CBOs) can monitor human rights issues and respond to them.
In the context of HIV, we know that populations who are criminalised, stigmatised and experience discrimination have higher infection rates than the general population.  

Not only do criminalisation, stigma and discrimination create emergencies for those impacted by these policies and practices, they also impact on people’s ability to cope during urgent situations and to recover afterwards. The COVID pandemic and regulations to control it demonstrated this clearly, but also catalysed significant community organising and resources to provide emergency support to people left behind by mainstream services.

In the context of existing human rights threats, anticipated future pandemics and humanitarian emergencies, it is critical to document good practices and learnings about how organisations are responding to emergencies, and to continue supporting innovations to aid resilience and preparedness.

Emergency responses should be grounded on a set of agreed principles that can guide decision-making. These principles can provide clarity in contexts where decisions must be made quickly, and where situations might be unclear or complex. The principles below reflect the grounding work of Frontline AIDS partners – each principle is linked to the other.

Person-centred: An emergency response must involve the person it is intended to assist, informed by their experiences, knowledge and needs as well as their right to self-determination.

Rights-based: Responses must be informed by internationally agreed human rights principles.

Community-led and informed: Responses must be implemented by those closest to the communities they aim to assist. Those best placed to gather information on a situation, plan and assess the impact of potential assistance are those from and embedded in communities.

Do no harm: Emergency responses must consider the potential consequence of the actions they take (or do not take) and the impact that this could have on individuals and communities.

Confidential: Emergency responses often deal with highly sensitive information and must take steps to secure all data and communication.

Adaptive: Emergencies are evolving and often unpredictable events. Systems and processes for responses must be flexible to accommodate change as new information becomes available, or as individual needs evolve. Systems must also be iterative – each case informing how the next is handled and helping implementers identify patterns or emerging threats.

Accountable: Those operating emergency responses must hold to their commitments, clearly communicating what they can and cannot do. They must build trust among the communities they aim to assist.

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1. Kavanaugh NM et al. Law, criminalisation and HIV in the world: have countries that criminalise achieved more or less successful pandemic responses? BMJ Glob Health 2021; 6(8): e006315, http://dx.doi.org/10.1136/bmjgh-2021-006315.
When designing an emergency response, it is necessary to ask what constitutes an emergency in your context and then tailor your response according to your own capacities and your communities’ needs. This may not be easy, acknowledging that some vulnerabilities are the result of a complex interaction of several systemic inequalities.

Emergencies disrupt normal life – but sometimes ‘normal’ life is characterised by vulnerability and crisis.

Anil Padavatan, Gender DynamiX

The key elements of an emergency response should include the following elements, with each element linked by defined roles, clear and secure communication and documentation:

- An application process with clear eligibility criteria that is consistent and accessible;
- A decision-making process that includes verification and due diligence, and that includes participation by the communities that the response is intended to support;
- A time-bound process for informing applicants of the outcome of decisions, referring unsuccessful applicants to other services if appropriate, and agreeing on a package of assistance for successful applications;
- A process for delivering the assistance and collecting documentation in evidence of the support given;
- An exit process to finalise cases, and receive feedback on the impact of the support; and
- A learning, knowledge-sharing and advocacy component, where lessons learned are integrated into the response, and advocacy efforts are informed by the response.

Frontline AIDS partners documented these elements in their Standard Operating Procedure. The following examples, drawn from Frontline AIDS’ collective experience, show different models for organising emergency responses. Your mechanism must be informed by your principles and community, and suitable for the context you work in.

A Collective Model

This mechanism is based on collective decision-making and shared responsibilities, rooted in the strengths of each partner. It requires a shared vision, strong relationships, and cohesion between partners. This model works well where organisations are seeking to pool expertise and resources for holistic responses to emergencies and develop strong documentation for evidence and advocacy.

Example: Defenders Protection Initiative and the Security Working Group in Uganda

Nine years ago, a group of organisations came together in response to growing threats against the safety of LGBTIQ+ Ugandans. Evolving into the Security Working Group (SWG), this coalition began coordinating responses to security threats and emergency situations for LGBTIQ+ Ugandans. The SWG became a hub, providing information, verifying cases, coordinating resources and services, and collectively leading on responses. Partners meet regularly to discuss cases and make decisions, with each organisation playing a different role in responses according to their strengths. DPI hosts the SWG for administrative and financial management purposes.
HUMAN RIGHTS EMERGENCIES AND HIV

Sub-granting Model
In this model, larger organisations provide sub-grants to smaller, community-based organisations (CBOs) and groups who provide direct assistance to people in need. Requests for assistance are managed centrally or through sub-granting partners in an agreed format. This model suits organisations looking to establish a response mechanism to serve people across a large geographical area who may be harder to reach because they are stigmatised and/or criminalised. Organisations considering this model need to have sub-granting capacity and trusting relationships with sub-grantees.

Direct support Model
Organisations respond directly to requests or applications for emergency support. The organisation may involve others to help verify applications, or as service providers or referral partners, but for the most part, they coordinate and deliver assistance. This model suits organisations with clearly defined clients or memberships who are known to them, and/or who work in more isolated contexts.

Example: Positive Vibes, Namibia
Positive Vibes provides small grants to implementing partners who channel support to LGBTIQ+ people and sex workers over the age of 18 who have experienced human rights related emergencies. Applications are received by Positive Vibes directly, or via implementing partner organisations led by and serving LGBTIQ+ people and sex workers. Implementing partners are the direct link to applicants, and collaborate with the applicant to define the package of support needed. They deliver the assistance and work with the applicant to ensure all documentation is submitted to Positive Vibes for reporting purposes.

Example: Sexual Minorities Uganda & REAct
Using REAct to document cases, SMUG provides support to individuals who experience human rights violations. Cases are documented by REActors, and are validated with the participation of community based organisations. Standards of operation are guided by a Protocol. Data from REAct guides both the response and ongoing advocacy.

PHASED APPROACH TO TESTING AND IMPLEMENTING YOUR EMERGENCY RESPONSE

Frontline AIDS provided support to a number of partners to design their emergency response mechanisms thoughtfully with input from stakeholders and the participation of key affected populations. For all our partners, there was a period of intense learning with many adjustments made as a result.

As a result of this experience, we recommend the following phased approach to implementing the cycle of emergency response:

Design phase:
Map your emergency response ecosystem and identify potential allies, threats and risks; develop a list of potential referral partners; consult with key stakeholders and finalise your mechanism.

Testing phase:
Implement the mechanism for a defined period/scale, documenting as you go and receiving feedback from all involved.

Adaptation Phase:
Adapt your mechanism and integrate learnings, making adjustments to the final mechanism.

Implementation Phase:
Implement and sustain the response mechanism, with regular reviews for reporting to stakeholders and adjusting the approach.
Drawing from the experiences of Frontline AIDS partners, these are key considerations to help you operationalise your emergency response:

**Selecting tools for documenting and processing cases**
- Begin by assessing your data collection and processing needs, before investigating different tools.
- Do a cost-benefit analysis of any tool you consider – what are the capacities required? What human resources, infrastructure and equipment do you need?
- What hidden costs do you need to consider (like technical support costs, data hosting, licensing and upgrade costs, data costs, equipment and insurance costs etc.)
- Will you be able to control confidentiality and privacy in the collection, storage, and use of the data?
- Can community members and volunteers easily use and engage with the tool? How much support is needed? Are different languages supported?
- Can you use the data to support learning and evidence? Will the tools aid you to easily analyse trends in the types of situations and responses you are seeing?

**Financial management and reporting**
- Do your finance and compliance policies accommodate emergency payments and payments after working hours and weekends? Are there other ways that you can work if not?
- Do your financial and compliance policies and procedures accommodate payments for which there may not be formal receipts and traditional financial accountabilities? What is the threshold of acceptable risk for payments?
- What measures will ensure that the burden of financial accountability does not rest on the beneficiary?

**Financial accountability and reporting tips**
- **To ensure we could respond in a crisis, we formed relationships of trust with our referral partners, which meant that if we needed accommodation after-hours or on weekends when payments could not be released, we could still accommodate a person in need, and make payment later.**
- **Movement building helped us establish a platform for resource sharing among partners in the national HIV response. We could ensure that funding gets to where it’s needed – utilising existing funding for someone in crisis.**
- **Often emergencies require a cash response or mobile money – we have set up a mobile money mechanism that is linked to our account so that payments can be initiated quickly, and this also provides evidence for our finance processes.**

**Safeguarding and wellbeing**
- What measures do you need to put into place to ensure the protection of the rights, wellbeing and safety of the people you reach through your emergency response?
- How will you deal with applications or issues affecting young people or children? What is your legal duty of reporting these issues?
- How will you support the wellbeing and resilience of staff and volunteers – including those at downstream partners?
- What additional training and reporting mechanisms might you need if working with implementing partners, external verifiers or volunteers to respond to emergency cases?

**Safeguarding Tips**
- **“We always had a hard time getting completed application forms and documentation for payments. It was so stressful for the applicants, who would sometimes disappear and stop communicating with us. So we got our LGBTIQ+ partners from around the country to help applicants complete the forms, identify their needs and verify cases.”**
- **“While ‘do no harm’ is a fundamental principle, this is tricky when you need to verify the information and ask a traumatised person difficult questions – especially when we are so often not believed. Emergency responses must balance the need to verify facts with sensitivity to the applicant.”**
- **“After a case is verified and submitted to the Security Working Group (SWG), the SWG will engage directly with the client - to ensure that they have all the relevant information and that the client has been fully informed and knows what to expect.”**

**Defenders Protection Initiative**
Emergency responses are part of an HIV prevention strategy. They prevent crises from escalating and deepening by providing important stories and data for influencing changes to laws, policies and practices. They can also be used to improve HIV programming, directing resources where they are needed.

In Uganda, members of the Security Working Group engaged with proposed new Anti-Money Laundering and Counter-Terrorism Financing Laws that had the potential to shrink civic space, freeze bank accounts, revoke permits and limit the engagement of Human Rights Defenders in Uganda.

In Zimbabwe, TREAT used the data from their emergency response mechanism in their Universal Periodic Review (UPR) shadow report, providing an alternative view of how LGBTIQ+ people experience human rights in Zimbabwe.

In South Africa, Gender DynamiX used their data from REAct to support community testimonies in an official homelessness forum that helped shift the approach of City officials to enforcing local by-laws.

Frontline AIDS and the global partnership are committed to providing space for learning and sharing adaptive and evolving practices in responses to HIV-related human rights emergencies. We aim to continue to build knowledge in this area of work and mobilise greater recognition of its important contribution to HIV prevention.

We encourage organisations who have used this brief to connect with our community of practice and let us know how you have used the brief in your work. You can contact the relevant Frontline AIDS team at rapidresponsefund@frontlineaids.org.

HELPFUL TOOLS & GUIDANCE FOR IMPLEMENTORS

A Practical Guide to Implementing and Scaling up Programmes to Remove Human rights related Barriers to HIV Services Frontline AIDS 2020

Frontline AIDS Resource Library - examples of application forms, Standard Operating Procedures and other resources from implementation


Responding to the health and protection needs of people selling or exchanging sex in humanitarian settings. The United Nations High Commissioner for Refugees and the United Nations Population Fund 2021
