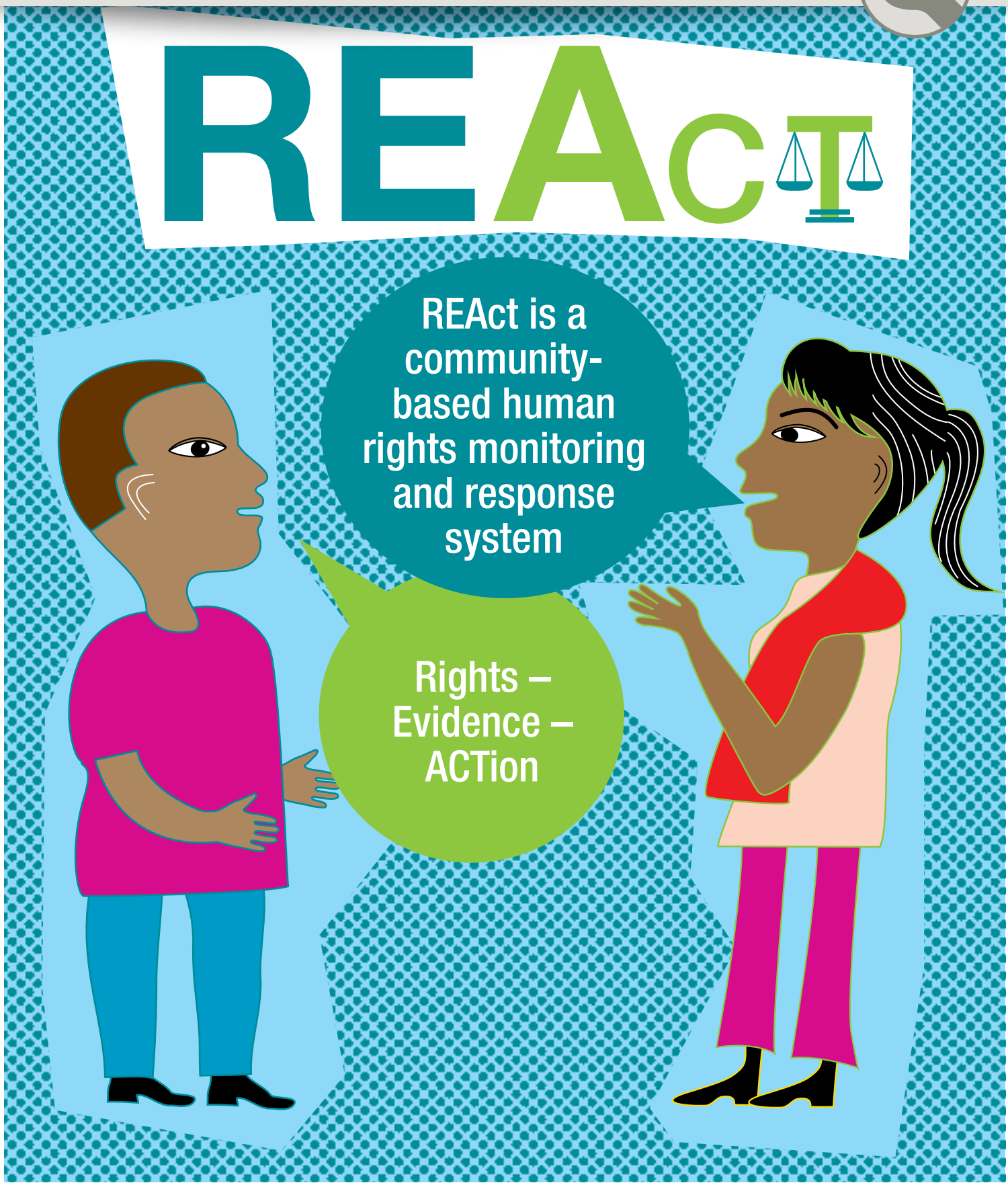
International HIV/AIDS Alliance

benetech
TECHNOLOGY SERVING HUMANITY

REAct User Guide (Interactive PDF)

REAct



About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

The Alliance is committed to a human rights-based approach to HIV programming and advocacy. We recognise that respect for, and the protection and promotion of, human rights is essential to preventing HIV and mitigating its social and economic impact. We are striving towards the fulfilment of the human rights of all people affected by HIV by addressing not just HIV but wider health and development issues.

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We are grateful to Monica Leonardo and Aditi Sharma (GNP+) for their contributions to developing the REAct system.

We would also like to thank REAct implementers (to date): Sexual Minorities Uganda, Icebreakers Uganda, Spectrum Uganda Initiatives, Alliance Myanmar, The Help, Lotus, Myanmar Youth Stars and Myittashin.

This guide will be periodically updated and revised by REAct Implementing and Coordinating Organisations, and by the Alliance.

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Contact us

REAct is freely available to any organisation wishing to set up and implement it. Contact the REAct team at the Alliance Secretariat: REAct@aidsalliance.org

For more information on REAct and on HIV and human rights, visit: http://www.aidsalliance.org/our-priorities/167-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*, available at: http://www.aidsalliance.org/resources/400-good-practice-guide-hiv-and-human-rights

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Rights Evidence ACTion

Contents

Rights – Evidence – ACTion

What is the guide for?

The guide provides an introduction to Rights – Evidence – ACTion (REAct), a community-based system for monitoring and responding to human rights-related barriers in accessing HIV and health services.

The five REAct units in the guide provide information on the principles behind the system; the steps you need to take to set it up; who needs to be involved; what the human rights issues are; how to collect data; using the information management tool, Martus; adapting the system to your context; and how to implement REAct.

We conclude every unit with a checklist of the key points before proceeding to the next unit.

How to use the guide

Before the REAct workshop, we recommend that REAct coordinators and implementers read the guide and associated attachments in detail.

After the workshop, the guide and associated attachments can be used as a handy reference as the system is being implemented.

Please note that in 2015 we will be developing a facilitators' guide to help trainers on REAct.

Who is the guide for?

The guide is aimed at organisations wishing to set up and implement REAct. REAct has been designed mainly, but not exclusively, for community-based and civil society organisations that focus on HIV programming and advocacy for key populations.

How was REAct developed?

REAct was developed by the Alliance drawing on the experiences of Alliance programmers as well of those of 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 October and November 2014 respectively.

The information management tool used in REAct is Martus, developed by Benetech (www.benetech.org), a non-profit technology organisation based in California, USA. Martus is an open source software tool and can be downloaded freely from its website (www.martus.org).

Martus is used globally by community-based organisations, 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.

What's in this guide?

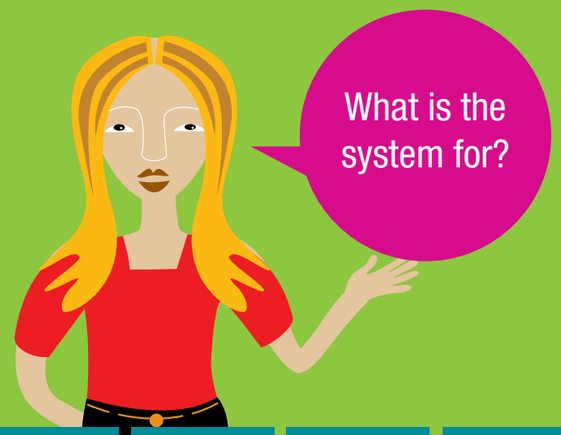
This guide consists of an introduction and five units. Each of these chapters contain:

- a content list
- text and graphics addressing a question about REAct
- links to additional resources
- suggested workshop session formats
- a unit checklist.

Key populations

Key populations are defined by the Alliance as groups that are vulnerable to or affected by HIV and AIDS. Their involvement in HIV programming is vital to an effective and sustainable response to HIV. Key populations vary according to the local context, but are usually marginalised, stigmatised and criminalised; for example, because of their HIV status, and sexual or social identities. They include people living with HIV, people who buy or sell sex, men who have sex with men, transgender people, and people who inject drugs. This definition also includes women and sexual minorities in contexts of acute gender inequality, and other populations at heightened risk of human rights violations.

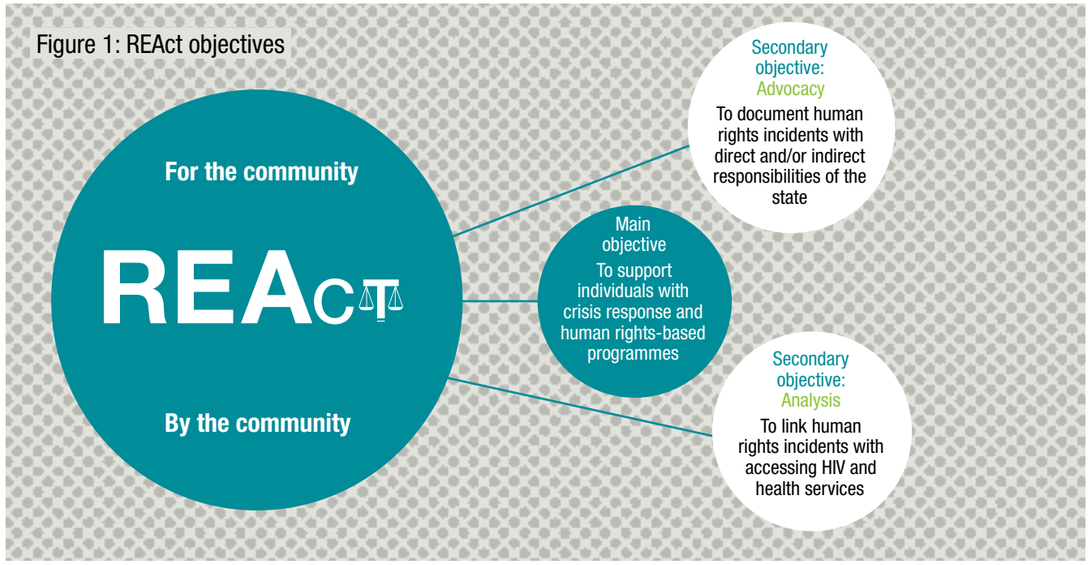
Introduction to REAct



Introduction	Unit 1: Consulting community-based organisations	Unit 2: Human rights principles and responses	Unit 3: Collecting evidence	Unit 4: Managing information	Unit 5: Next steps and implementation
What is the system for?	What do we want from it?	What are human rights?	What are we collecting?	How do we report?	How do we implement the system?

In this Introduction

- What is REAct?
- Why has REAct been developed and what can it do?
- Which human rights-related barriers does REAct monitor and respond to?
- Who needs to be involved in setting up REAct?
- The potential benefits of implementing REAct
- The three REAct phases
- Overview of the five REAct units
- Suggested workshop session format
- Unit checklist



Introduction to REAct

What is REAct?

Rights – Evidence – ACTion (REAct), developed by the Alliance, is a human rights monitoring and response system that records and manages information at the community level. REAct documents human rights-related barriers in accessing HIV and health services. This is in order to provide adequate individual responses and to inform quality human rights-based HIV programming, policy and advocacy at national, regional and global levels.

Why has REAct been developed and what can it do?

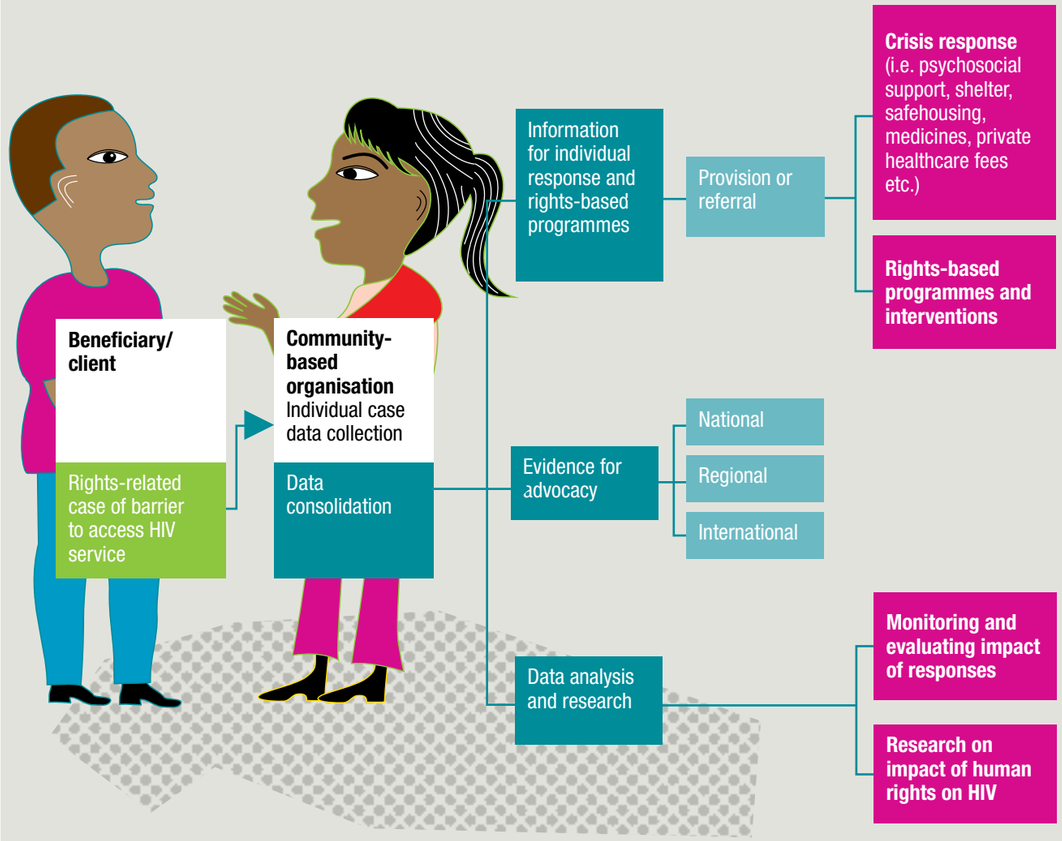
Everyone has the right to health. At its most basic, this means that every person has the right to services to prevent HIV transmission, as well as to treatment, care and support services for HIV and AIDS. In many places, stigma, discrimination, violence and criminalisation of people living with HIV and other key populations is increasing. States often directly endorse this or fail to take action against it. 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.

There are other human rights monitoring systems that collect data on human rights violations. However, REAct is different because it has been designed to provide or make referrals to responses, such as individual crisis responses and human rights-based HIV programmes. REAct also collects data to build a body of evidence on the impact of human rights violations and other barriers on the effectiveness of the HIV response, and to improve human rights-based HIV programming. This evidence is essential for advocacy with states and other actors for policy change and legal reform, and for promoting the rights of all to access adequate HIV services freely.

REAct enables trained staff in community-based organisations to document human rights-related barriers to accessing HIV services (see Figure 2). 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, and eviction or discrimination in the workplace.
- **Provide or refer to rights-based programmes and interventions**
  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. More information on rights-based programmes and

Figure 2: Community-based human rights monitoring and response system



interventions can be found in **REAct Unit 2** and also in Chapter 3 of the International HIV/AIDS Alliance and ARASA (2013), *Good Practice Guide: HIV and human rights*, available at: http://www.aidsalliance.org/assets/000/000/926/Alliance_GPG-HIV_and_human_rights_original.pdf?1407762153

- **Build a body of evidence for advocacy**
  REAct collects information on rights-related barriers in accessing services for which the state has direct responsibility. The system will generate quantitative and qualitative evidence on the impact of human rights violations on the effectiveness of the HIV response. This body of evidence is essential when engaging with and making state and non-state actors accountable.
- **Use data for analysis and research**
  Martus, the information management tool developed by Benetech and used by REAct globally, is adapted to specific country contexts and populations. This enables Coordinating and Implementing Organisations to consolidate and analyse data at a country level. It also allows the Alliance 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.

Which human rights-related barriers does REAct monitor and respond to?

Every country's legislation guarantees the right to health for all citizens without discrimination. REAct focuses on human rights-related barriers in accessing HIV and health services, as well as other human rights violations, for key populations that are the direct responsibility of the state. Examples may include:

- **Public healthcare providers** treating people in a derogatory manner in clinics and hospitals, or denying them HIV prevention or treatment services.
- **Political authorities** instigating discriminatory legislation and practices, or failing to respond to allegations of violations of the right to health services.
- **Law enforcement agents** using excessive force, arbitrary detention and cruel, inhumane or degrading treatment.
- **State education** system having discriminatory education policies and practices.

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 the implementation of REAct. The Coordinating Organisation will be responsible for identifying, liaising and collaborating with the REAct Implementing Organisations (see below). 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 of REAct Implementing Organisations (see **Unit 5**).

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 have often established relationships with, and the trust of, beneficiaries, and experience of dealing with human rights violations. We recommend that the REAct Coordinating Organisation identify and liaise with community-based organisations that are already reaching key affected populations. These will be known as **REAct Implementing Organisations**.

Communities and beneficiaries

As with all community projects, the 'nothing about us without us' principle applies. Often, REAct Implementing Organisations contain members and representatives of key populations. If not, it is essential that communities are consulted on the main issues covered in **Unit 1**.

The potential benefits of implementing REAct for:

Implementing Organisations

- Better identification of appropriate human rights responses for each community.
- Better understanding of the human rights situation in each context.
- Better evidence to demonstrate a community's human rights needs and how best to respond to them.
- Better evaluation of the effectiveness and impact of the responses provided.
- Strengthened referral systems.
- An outreach tool for increasing HIV/health services/ referrals.
- Safe and confidential gathering of sensitive data.
- When a Small Grant Scheme is attached, identification of priority funding needs for:
  > emergency individual response
  > human rights programmes
  > advocacy.
- REAct can be run without a grant by collecting data and making referrals. This evidence can be presented to donors to secure further funding.

Beneficiaries

- Emergency responses and support.
- Continuum of support and follow up for cases and individuals.
- Improved access to HIV and other health services.
- Improved understanding and realisation of human rights.

Global HIV response

- Robust data and body of evidence of human rights violations and barriers in accessing HIV services for specific population groups.
- Compatible and comparable data that can be analysed across countries and key populations.
- Robust evidence for the link between human rights violations and vulnerability to HIV.
- Robust evidence for improving access to HIV and health services.

The three REAct phases

There are three chronological phases to setting up REAct and then adapting it to your country context.

The time required to set up REAct depends on many factors, including the country context; the number of REAct Implementing Organisations and key population 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 three weeks after the workshop.

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.

Before the workshop

REAct coordinator engages with local community-based organisation 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)

The REAct workshop

Four to five days' training for REAct Coordinating and Implementing Organisation staff on REAct and the information management tool, Martus, and to consult and agree on:

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

After the workshop

Following the workshop, REAct coordinator and implementers:

- finalise the REAct questionnaire
- test Martus
- draw up and sign agreements
- distribute and receive funds
- implement REAct

Overview of the five REAct units

The units direct you through the information and process required to set up REAct, and briefly describe the key principles to be applied when implementing the system.

Additional resources

REAct Coordinators' Planner

1 **Unit 1: Consulting community-based organisations** provides the principles and a checklist for engaging community organisations and consulting with them on identifying key populations, human rights violations and priority issues.

2 **Unit 2: Human rights principles and responses** provides an overview of human rights principles, the link between human rights and HIV, and human rights-based HIV programmes and interventions.

3 **Unit 3: Collecting evidence** provides essential techniques and ethical principles behind conducting human rights-related interviews, and highlights important security considerations for the interviewer and the interviewee. This unit describes the structure and sections of the interview questionnaire, together with the process for adapting the questionnaire to your specific clients and country context.

4 **Unit 4: Managing information** includes information on data security, the equipment needed to implement REAct, and the information management tool, Martus, that will store the REAct data.

5 **Unit 5: Next steps and implementation** covers agreeing on roles and responsibilities between REAct coordinators and implementers, the REAct Small Grant Scheme, data sharing, data analyses and reporting, system review, and next steps in implementation.

Suggested workshop session format

Methods

- Introductions in pairs
- Plenary presentation
- Plenary discussion

Materials

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

Session 1 Welcome and introductions

Welcome

- Introduce yourself and the facilitation team, and welcome participants to the workshop.
- If applicable, introduce a keynote speaker to give brief introductory remarks and an official welcome to the workshop.

Activity: Introductions

- Lead an activity to help participants introduce themselves and get to know each another and the facilitation team. Adjust the activity depending on the size of the group. Here is one example of an introductory activity:

  Ask participants 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

- Discuss the workshop agenda and explain 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-judgemental and confidentiality (if these have not already come up). This will be important to refer back to later in the context of working with key populations 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/procedures, and so on) and check whether there are any other concerns related to the training.

Session 2 Introduction to REAct

PowerPoint presentation: REAct workshop presentation PowerPoint (>>>slide 5)

- Explain that you are going to give a PowerPoint presentation, and that participants can ask questions at any point.

Activity and plenary

- Facilitate an activity to see how participants think that REAct could benefit or present challenges to their organisations. Ask for feedback in plenary, and put any challenges in the Parking Lot.

Checklist

- ✔ We know more about the trainers and our fellow participants.
- ✔ We understand the workshop aims, objectives and programme.
- ✔ We have an understanding of REAct.
- ✔ We know why REAct has been developed, and its aims and objectives.
- ✔ We know who needs to be involved in setting up REAct.
- ✔ We understand the benefits of REAct for Implementing Organisations, beneficiaries and the HIV response in our country.

1 Unit 1: Consulting community-based organisations

Introduction	Unit 1: Consulting community-based organisations	Unit 2: Human rights principles and responses	Unit 3: Collecting evidence	Unit 4: Managing information	Unit 5: Next steps and implementation
What is the system for?	What do we want from it?	What are human rights?	What are we collecting?	How do we report?	How do we implement the system?

In this unit

Unit 1: Consulting community-based organisations

1.1 Do you and your community need REAct? Consulting community-based organisations

As with any community project, the 'nothing about us without us' principle applies, and community representatives need to be meaningfully consulted and involved. During the first phase of REAct, the REAct Coordinating Organisation will consult with local community-based organisations to consider these issues:

- **Necessity** Is there a need for a human rights monitoring and response system? Why? What for? What are the main issues that need addressing? Is there a similar system already in place?
- **Commitment** Do local community-based organisations have the need for REAct? Are they committed to implementing the system? Do they have the resources (time and staff)?
- **Capacity** Can local community-based organisations practically set up and run the system? Do they reach and work with key populations? Do they have staff who can be trained to implement REAct? Are they legitimate organisations that can commit to data security and financial management?

Once community-based organisations have been selected to become Implementing Organisations and have made a commitment to the project, two members of staff (recommended) from each organisation are identified as key REAct coordinators. They will be responsible for implementing the project, carrying out interviews with beneficiaries and clients, and recording and inputting data into the information management tool, Martus (see Unit 4). These two people will attend the REAct workshop, where they will be involved in structured sessions and consultation sessions. Directors of Implementing Organisations should also attend the first and last days of the workshop to understand the purpose of REAct, and agree roles and responsibilities for their organisation (see Unit 5).

1.2 Key principles of community engagement

Consultation with community-based organisations and implementing REAct in your community are part of a human rights-based response to HIV guided by key principles.

- Equality and non-discrimination
- Equal 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

We will cover more on understanding human rights in Unit 2, as well as safeguards for ethical research and data security in Unit 4.

1.3 Country context

It is important to understand the country context in which REAct will be set up. The human rights issues and violations encountered by key populations and other beneficiaries 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. We strongly advise that you ask reputable representatives of human rights organisations or other human rights experts to present at the workshop on the challenges to and opportunities for dealing with human rights in a way that is fully country sensitive.

1.4 Consultation during the workshop

During the workshop, Implementing Organisations representing beneficiaries 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 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.

Suggested workshop session format

Methods

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

Materials

- Flip chart paper, markers, tape, Post-it notes, pens and notebooks
- REAct workshop presentation PowerPoint

Sessions 1.1 Community engagement and principles of community engagement

PowerPoint presentation: REAct workshop presentation PowerPoint (>>>slide 18)

- Give the PowerPoint presentation. Explain to participants that they can ask questions at any point and add issues they feel are missing.

Session 1.2 Country context

Plenary presentation: The human rights situation in our country

- Invite local human rights organisations to give a presentation, or conduct participatory activities, on the human rights situation in your country. Ask them to include country laws and policies affecting beneficiaries, as well as the services the human rights organisation can offer to communities.
- Ask directors to give an overview of their work and the challenges they encounter because of laws and policies affecting their community.

Or

Group work

- Ask participants to break into their population groups and brainstorm the laws and policies that affect their groups.

Session 1.3 Human rights issues in the community

Activity: Describing 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 key population groups, ask participants to choose one of the characters that 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.

Activity: Mapping responses

- 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. If organisations are working in the same geographical areas, give groups five minutes to look at these and add to their own maps any services they are not currently linking to.
- In plenary, ask participants if they know of similar systems being implemented that collect data on human rights violations. 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.

Unit checklist

- ✔ We have understood the rationale for implementing REAct in our country.
- ✔ We have understood the Implementing Organisation selection process.
- ✔ We have understood the key principles of community engagement.
- ✔ We have agreed priority human rights-related issues for our key population group.
- ✔ We have mapped services and referrals in our geographical area.
- ✔ We have identified similar systems already being implemented that could complement REAct.

2

Unit 2: Human rights principles and responses

Introduction	Unit 1: Consulting community-based organisations	Unit 2: Human rights principles and responses	Unit 3: Collecting evidence	Unit 4: Managing information	Unit 5: Next steps and implementation
What is the system for?	What do we want from it?	What are human rights?	What are we collecting?	How do we report?	How do we implement the system?

In this unit

Unit 2: Human rights principles and responses

2.1 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 every person is 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 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 the responsibility to:

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

Resource

Detailed information on HIV and human rights can be found in International HIV/ AIDS Alliance and ARASA (2013), *Good Practice Guide: HIV and human rights*, available at: http://www.aidsalliance.org/resources/400-good-practice-guide-hiv-and-human-rights

What are human rights violations?

Generally, a human rights violation can only be committed by a state. 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. 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 (e.g. 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 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 (e.g. by failing to undertake campaigns against social discrimination against a particular ethnic group or sexual minority) constitutes a violation of the state's responsibility to promote the human rights of all its citizens.

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, therefore 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 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.[1]

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.

2.2 Why are human rights relevant for organisations working on HIV?

Every person has the right to health. At its most basic level, 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. Human rights are interconnected, and protecting health and wellbeing 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.

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

2.3 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.

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

Table 1: Examples of human rights violations that lead to barriers to HIV-related services

HIV-related human rights violations	Impact on HIV and health
Key populations that are vulnerable to HIV are discriminated against by healthcare providers	Key populations are denied access to prevention, treatment, care and support services. The results may include: ■ they and their sexual partners 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 key populations; 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.
People living with HIV are discriminated against and unfairly dismissed in the workplace because they are HIV positive	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 key populations (e.g. men who have sex with men) 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.

Table 2: Eight key human rights-related HIV programmes

The programmes	How can you use them?
Stigma and discrimination reduction programmes	These programmes help to address actionable causes of stigma and discrimination, and to empower people affected by HIV and AIDS.
HIV-related legal services	These programmes facilitate access to justice and redress in cases of HIV-related human rights violations.
Monitoring and reforming laws, regulations and policies relating to HIV	Programmes to monitor, review and reform laws help to create laws and policies that support rather than block, access to HIV and health services.
Legal literacy ('know your rights')	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.
Sensitisation of lawmakers and law enforcement officials	These programmes sensitise lawmakers and law enforcers about how the law impacts on HIV and about the rights of key populations, in order to support protection of rights and access to services.
Training for healthcare workers on human rights and medical ethics related to human rights	Training programmes improve healthcare workers' understanding of their own and their patients' rights, and help to reduce stigma and discrimination in the health sector.
Reducing discrimination against women in the context of HIV	These programmes address gender inequality and gender-based violence as both causes and consequences of HIV infection.
Core community-led human rights-related responses to HIV	These programmes are core civil society organisations and community-based organisations interventions, including 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.

1. 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.

2.4 Identifying responses

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 (see Unit 1 for mapping of services and referrals).

It is recommended that Implementing Organisations create a referral card, including contact information and a list of responses and services (see Interview checklist card and referral card for a template).

Additional resources

- Interview checklist card and referral card
- International HIV/ AIDS Alliance and ARASA (2013), *Good Practice Guide: HIV and human rights*, available at: http://www.aidsalliance.org/resources/400-good-practice-guide-hiv-and-human-rights

Suggested workshop session format

Methods

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

Materials

- Flip chart paper, markers, tape, Post-it notes, pens and notebooks
- REAct workshop presentation PowerPoint
- Interview checklist card and referral card

Session 2.1 What are human rights?

PowerPoint presentation: REAct workshop presentation PowerPoint (>>>slide 27)

- Give the PowerPoint presentation. Explain to participants that they can ask questions at any point and add issues they feel are missing.

Session 2.2 What do participants consider rights violations?

Activity: What are human 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 in Unit 1 and write on three separate Post-it notes (or pieces of paper) 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.
- Discuss in plenary whether each situation is a human rights violation or not, and place each Post-it note under the heading agreed by the group.

Session 2.3 What are human rights violations?

Plenary discussion

- Return to the list of situations that 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** the rights of an individual?

Session 2.4 How can we respond? Human rights-based HIV programmes and interventions

- Break into groups (participants do not have to be in their key population groups). Give each group one or two examples of human rights-related HIV programmes. Ask the groups to identify interventions and activities that would fall under that programme.
- Feed back in plenary.
- Break into key population groups and return to the maps of services and referrals that participants created for their communities in Unit 1. Ask them if they want to add anything to them. 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.

Session 2.5 Identifying responses

Activity: Identifying responses

- Break into groups and give each group a character and a scenario. 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 what responses they would recommend (they can draw these if they prefer).

Unit checklist

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

3 Unit 3: Collecting evidence

Introduction	Unit 1: Consulting community-based organisations	Unit 2: Human rights principles and responses	Unit 3: Collecting evidence	Unit 4: Managing information	Unit 5: Next steps and implementation
What is the system for?	What do we want from it?	What are human rights?	What are we collecting?	How do we report?	How do we implement the system?

In this unit

Unit 3: Collecting evidence

3.1 What kind of information can we collect using REAct?

REAct is designed to record information gathered directly from beneficiaries and members of REAct Implementing Organisations. This means it is based on individual beneficiaries.

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

Although the REAct questionnaires are structured to collect information on human rights situations relating to access to HIV services (but which can also cover sexual and reproductive health and related health services), they allow for wider human rights violations to be documented, and for non-human rights-related emergency situations also to be recorded and responded to.

After the interview, the information is entered into a secure information management tool, Martus, (see Unit 4) and loaded onto a laptop that is (ideally) only used for REAct. 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 (e.g. somebody 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 (see Unit 5), when available, to respond to crises and emergency situations.

3.2 Key principles of human rights-related interviewing

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

- **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.
- **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.
- **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.
- **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.
- **Accuracy** The questionnaires in REAct are 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.
- **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.
- **Gender sensitivity** Rights-related barriers for girls and women, including transgender women, are often undocumented 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.

- **Age sensitivity** Sometimes you may be interviewing beneficiaries 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. Also remember that interviews should be carried out with the interviewee alone, without parent or guardian supervision.

3.3 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 above and you can guarantee all of them.
- Go back to the questionnaire 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 questionnaire will be loaded on your laptop (see 3.4 below and Unit 4), 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 equipment 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 card and referral card ready with up-to-date contact details.
- Have the phone numbers of more than one REAct committee members (see Unit 5) 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 or where you will 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 to build your protocol on.

During the interview

The start of the interview

Introduce yourself and your organisation, the object 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 Interviewers should always obtain informed consent in writing prior to 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. The interviewer should also explain to the interviewee the extent to which the information will remain confidential and what will happen to the information. The interviewee should be told that they can stop the interview at any time, withdraw their consent and demand that all recorded data be destroyed. Note: No case may be collected 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 Martus (see Unit 4). The hard copy must then be deleted.

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 set 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. Only proceed to use a voice recorder if the interviewee agrees.

The interview itself Interviewers should be prepared for the emotional impact on beneficiaries when they 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 the tips below:

- 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 judgment. 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 judgments about the interviewee's behaviour. Avoid labeling 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 the interviewer's credibility.
- 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 questionnaire structure below).

- **Personal information** It is essential that the interviewee's personal information be recorded accurately to enable quantitative analysis. This information is also needed to enable follow up to responses and referrals, and so that updates to the beneficiaries' data can be made.
- **Health-related questions** These questions are essential to identify which and how human rights-related issues affect access to HIV and broader health services.
- **Main case/subsequent cases information** This is the main part of the questionnaire, where all the relevant information about the case is recorded. The questionnaire goes through the main questions: What happened? When? Who? Why? Where?
- **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 questionnaire regarding the main case.
- **Type of incident/perpetrator/category of human rights violation (responsibility of the state, failing to respect, protect and/or promote human rights)** This section deals with the Who? question in the incidents reported. It is essential not only to identify the perpetrator but also the direct or indirect responsibility of the state in the incident, and the type of human rights violations committed.
- **Questions about the individual's situation, responses, recommendations and follow up** This section has questions corresponding to 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. There can be up to two emergency responses, and up to three recommended programmes.

The questionnaire needs to be 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:

- check the questionnaire regularly during the interview to make sure you are not missing out on questions you need to ask, 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 to be able to complete the questionnaire later.

Concluding the interview

- Make sure you have covered all the fields in the questionnaire. Ask the interviewee to wait for a few seconds while you go through the questionnaire to make sure all the relevant questions have been asked. And if not, simply ask the question.
- 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 (see Unit 5).
- 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 the information management tool, Martus, either offline or online. Remember, delaying may lead to inaccuracies in the data entered, and if you have made notes, delays increase the chance of the notes getting into the wrong hands.
- Scan or photograph the signed consent form and save as an attachment within Martus (see Unit 4). Delete the hard copy of the signed consent form.
- 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 4).
- Delete any voice recording and destroy the consent form and any notes taken once the data has been entered.
- Make sure you take all the necessary steps to provide or refer the interviewee to services promptly, according to the agreed follow-up procedure, and that you record this follow up in the information management tool, Martus.

3.4 Developing a REAct questionnaire

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

During the workshop, participants will work in population groups to customise the part of the questionnaire that relates to the types of incident, perpetrators and responses that are appropriate and relevant to their beneficiaries. However, some of the information in the questionnaire is standardised for all beneficiaries. This will enable the data to be analysed across population groups.

After the workshop, the questionnaires will be finalised with assistance from the REAct team at the Alliance Secretariat, and formatted for inclusion into the information management tool, Martus, developed by Benetech (see Unit 4).

Although most case information will come directly from beneficiaries, 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 example questionnaire
- Consent form
- Interview checklist card and referral card
- Safety and security guidance

Suggested workshop session format

Methods

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

Materials

- Flip chart paper, markers, tape, Post-it notes, pens and notebooks
- REAct example questionnaire
- Consent form
- Interview checklist card and referral card
- REAct workshop presentation PowerPoint

Session 3.1 Principles of interviewing

Plenary

- Brainstorm the principles participants think should guide interviewers.

PowerPoint presentation: REAct workshop presentation PowerPoint (>>>slide 35)

Session 3.2 Interviewing experience

Discussion

- Ask participants if they have had had experience of carrying out human rights interviews and if they could share any difficulties. Discuss why. Distribute copies of the consent form and interview card and referral template, and discuss their content.

PowerPoint presentation: REAct workshop presentation PowerPoint

Session 3.3 Customising the questionnaire

PowerPoint presentation: REAct workshop presentation PowerPoint (>>>slide 44)

Activity

- Distribute copies of the REAct example questionnaire and explain that we will return to it later when we work together to customise the questionnaire.
- Break into key population groups and ask participants to look at the questionnaire template they were handed in Session 3.1. Ask them to refer back to the characters they created in Unit 1 and to make sure that they capture in their questionnaire 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 questionnaire need to be documented and sent to the REAct team at the Alliance Secretariat for developing the information management tool (see Unit 4).

Session 3.4 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 key population 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.

Unit checklist

- ✔ We know the sort of information we can collect using REAct.
- ✔ We are confident that we know how to ensure our safety and security, and that of our beneficiaries.
- ✔ We are confident that we can apply the key principles of interviewing when we meet our beneficiaries.
- ✔ We are confident that we will be able to record the human rights violations that have happened to our beneficiaries.
- ✔ We are satisfied that our group has adapted the questionnaire to our community and context.

4 Unit 4: Managing information

Introduction	Unit 1: Consulting community-based organisations	Unit 2: Human rights principles and responses	Unit 3: Collecting evidence	Unit 4: Managing information	Unit 5: Next steps and implementation
What is the system for?	What do we want from it?	What are human rights?	What are we collecting?	How do we report?	How do we implement the system?

In this unit

- 4.1 Data security
- 4.2 Equipment and connectivity
- 4.3 The information management tool, Martus
- Suggested workshop session format
- Unit checklist

Unit 4: Managing information

4.1 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. In Table 3 a list of best practice for data security within REAct.

The information management tool, Martus, used in REAct has been developed to ensure maximum data security.

In general, organisations implementing REAct should also use encryption such as PGP on emails.

4.2 Equipment and connectivity

REAct Implementing Organisations need two pieces of hardware for managing REAct information:

- An audio recorder for use in interview.
- A laptop for data entry and analysis.

A small laptop ('netbook') 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 3, it is best to record the interview, making notes on paper and then transferring the information into the information management tool, Martus, after the interview has finished.

Internet connection is also needed. The information management tool, Martus, does not have to be used with a live connection. 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.

In addition to the above, REAct coordinators will also need three USB memory sticks to store account encryption keys that will be partitioned on the devices.

4.3 The information management tool, Martus

Martus is the information management tool that will be used in REAct. It is open source and has been developed by Benetech to assist human rights organisations in collecting, safeguarding, securely sharing and organising sensitive information. Martus is used in REAct because of its:

- full encryption to ensure data security
- flexibility to include customised questionnaires
- storage and search function for large amounts of text
- availability in different languages.

Table 3: Best practice for data security wwithin REAct

Do	Do not
✔ Conduct interviews in private (see Unit 3).	✘ 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 (see Section 4.2).
✔ 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, or as soon as possible after using, the information management tool, Martus (see Section 4.2).	

Martus has the ability to save and store files as encrypted attachments, such as photos and witness testimony. Therefore Martus can also be used to manage sensitive documents.

Extensive information on Martus can be found at www.martus.org. The Martus tool can be downloaded from https://martus.org/download.html

Documentation and user guides for Martus in various languages can be obtained from https://martus.org/resources/documentation.html. However, shorter step-by-step Martus instructions for Implementing Organisations and for Coordinating Organisations have been developed for REAct.These are currently available for Martus version 5.1 and in English and French.

The current tool is Martus version 5.1. The Martus user guide version 5.1 is a comprehensive document. For managing REAct data in Martus, only some of the tool's functions need to be used. Therefore only some sections in the user guide need to be referred to. See Table 4 for sections of the Martus user guide that will detail how to carry out the functions necessary for REAct.

Training on the information management tool, Martus

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

- Best practices in human rights information management and security.
- Using the Martus secure information management tool.
- Customising the Martus software for REAct (see Unit 3).

During and after the workshop, REAct Coordinating and Implementing staff will work through Martus practice exercises. The exercises have been written for Martus version 4.5 and is only available in English.

Table 4: Functions in Martus applicable for REAct

Sections	Pages	Relevance	
		Coordinating Organisations	Implementing Organisations
Installing Martus	7	✔	✔
Creating a Martus account	12-13	✔	✔
Setting up preferences	14-15	✔	✔
The Martus workspace	16	✔	✔
Creating a record	17		✔
Adding an attachment	18		✔
Saving a record	20		✔
Sharing a record	20		✔
Editing a record	21		✔
Discarding and deleting records	24	✔	✔
Moving records	24	✔	✔
Downloading records	26	✔	✔
Uploading records	27		✔
Searching for records	28–31	✔	✔
Creating reports	31–35	✔	✔
Backing up your key	41	✔	✔
Restoring your key	42	✔	✔
Sharing data with contacts	43-46		✔
Importing templates	47-48	✔	✔

Customising the information management tool, Martus

The questionnaire (see Unit 3) will be incorporated into the information management tool, Martus, as a template for data entry. During the REAct workshop, Implementing Organisation staff will work on the questionnaires to adapt them to their context and the needs of their clients. Following the workshop, the adapted questionnaires will be designed for use in Martus by the REAct team at the Alliance Secretariat (REAct@aidsalliance.org), with support from Benetech.

Additional resources

- Martus user guide version 5.1
- Martus instructions for Implementing Organisations
- Martus instructions for Coordinating Organisations
- Martus practice exercises
- REAct example questionnaire

Suggested workshop session format

Methods

- Plenary presentation and questions and answers

Materials

- Laptops (preferably the ones that will be used for REAct)
- USB sticks
- REAct workshop presentation PowerPoint

Sessions

If laptops are available at the workshop, REAct Implementing staff can have hands-on training, and the information management tool, Martus, can be set up and configured during the workshop. If this is not possible, training can be provided by projecting Martus on to a screen or using printed screen shots of the tool.

The length of time needed to train on Martus 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 module. The information management tool, Martus (see Section 4.3) needs to be installed onto any laptop available during the REAct workshop. There should also be internet connection for Martus accounts to be set up and shared.

If laptops are not available at the workshop, extra time will be needed afterwards for the Coordinating Organisation to set up and configure the information management tool, Martus, for Implementing Organisation staff. Some of the training or extra practise can take place once the information management tool, Martus, has been customised with the questionnaire and the regular review report is incorporated into the tool.

If training is undertaken with laptops, REAct coordinators need to also bring the USB memory sticks.

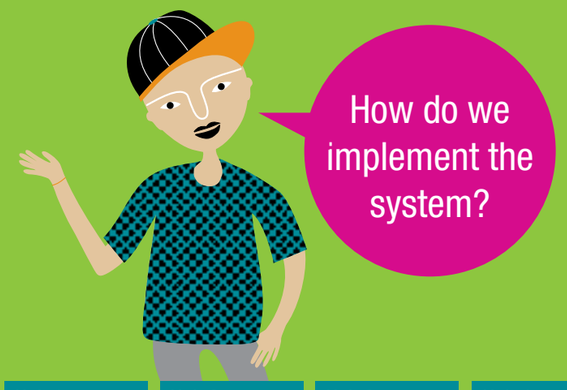
Sessions	Hands-on training (minimum)	Presentation
Data security	1 hour	30 minutes
Martus accounts and servers	2 hours	30 minutes
Martus navigation and data entry	1.5 hours	30 minutes
Searching and reporting in Martus	2 hours	30 minutes
Customising Martus	30 minutes	30 minutes

Unit checklist

- ✔ We understand the importance of data security.
- ✔ We feel comfortable using the information management tool, Martus.

Go to Unit 5

5 Unit 5: Next steps and implementation



Introduction	Unit 1: Consulting community-based organisations	Unit 2: Human rights principles and responses	Unit 3: Collecting evidence	Unit 4: Managing information	Unit 5: Next steps and implementation
What is the system for?	What do we want from it?	What are human rights?	What are we collecting?	How do we report?	How do we implement the system?

In this unit

Unit 5: Next steps and implementation

5.1 Implemeting REAct: structures and budget allocation

The diagram below represents the structures necessary for REAct, involving the Coordinating Organisation and the Implementing Organisations.

For each population implementing REAct, two committees need to be established: the REAct Committee and the Emergency Committee.

Figure 3: Structures: with signed agreements

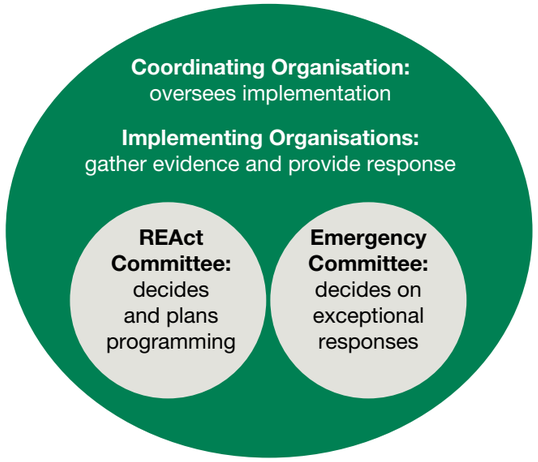
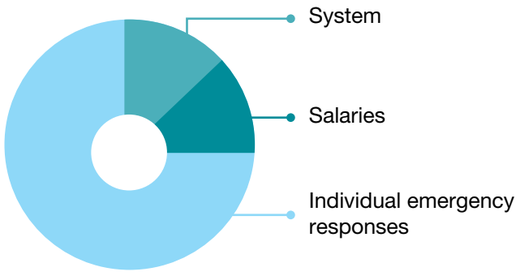
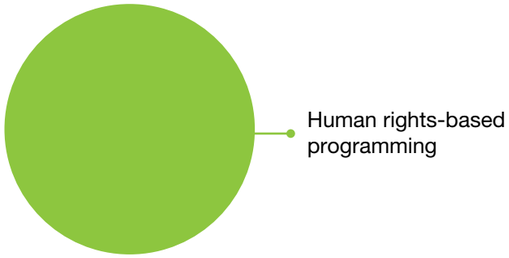


Figure 4: Budgets: small grant scheme

Funds for each Implementing Organisations



Central funds



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.

The Emergency Committee's views are needed when a beneficiary requires an emergency response above the limit set. A decision should be made quickly via telephone as to whether further funds should be spent on a beneficiary or not.

For details regarding the budget allocation, see Section 5.3.

5.2 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 memorandum of understanding 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 key points below.

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 POs 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 the Alliance Secretariat using the **REAct quarterly reporting template**
- 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 in 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 using REAct funding, either from the Small Grant Scheme (see Section 5.3) or another source.
- Any other duties that may from time to time be prescribed by the REAct Committee.

5.3 The REAct Small Grant Scheme

Whenever the Alliance Secretariat is involved in supporting the set up of REAct, either technically and/or financially, there will be an MOU signed between the Alliance Secretariat and the Coordinating Organisation, outlining the roles and responsibilities of each organisation. These will be discussed and agreed on a case-by-case basis.

Whenever possible, the Alliance Secretariat will provide funding from the Small Grant Scheme for running the system and providing human rights-based HIV responses (see **Unit 2**) when convenient referral is not possible. General guidelines for using the REAct Small Grant Scheme are given below, which should be incorporated into the MOU between the Coordinating Organisation and the Alliance Secretariat, and the MOU between the Coordinating Organisation and the Implementing Organisations.

Suggested use of funding for setting up and running REAct

This is budget 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 the information management tool, Martus.
- Training for setting up, regular committee meetings and running the system when needed.

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

Use of funding for individual support (emergencies and others)

This is budget 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 (see **REAct example questionnaire**)
- 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 meetings of the Committee (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 of the need for it must be provided by the analysis of REAct data. A short justification explaining the need and how it was determined by the REAct Committee must be documented in writing before the funds can be used.

An example budget is included in the **REAct Coordinator's planner**.

5.4 Data protection

The management of information for REAct has been devised in accordance with the Data Protection Act 1998 of the UK (see https://ico.org.uk/for-organisations/guide-to-data-protection/). This is due to the personal nature of the information gathered and stored. Principles and practice of data protection must be included in the memorandum of understanding (see **Example memorandum of understanding between REAct Coordinating and REAct Implementing Organisations**) and adhered to in the implementation of REAct.

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

5.5 Data sharing

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

The information management tool, Martus allows for records to be shared through account settings and sharing of secure keys. Connecting Martus accounts across organisations and globally will be carried out during the workshop (see **Unit 4**).

Data are entered by Implementing Organiations and then shared with Cordinating Organisations, as well as the REAct team at the Alliance Secretariat. Data will not be used by the Coordinating Organisation or the REAct team at the Alliance Secretariat 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.

5.6 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, incuding programming and policy and advocacy.

From discussions 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. A data report should be agreed upon and a format desgined by the Coordinating Organisation. Example reports are detailed in the Martus practice exercises (see **Unit 4**). For the regular REAct Committee meetings, the reports need to be generated, and the case analysis discussed. A template is provided for quarterly reporting to the REAct team at the Alliance Secretariat (see **REAct quarterly reporting template**). If necessary, further consultation can take place with a local human rights organisation to help with the recommendation of wider programming.

These regular meetings are also important to check that the crisis reponse and small grant scheme are working correctly and to give the opportunity for rebudgetting if necessary. Re-allocation of funds will be dependent on the number of cases entered and responses provided.

Any minutes from REAct Committee meetings should be stored safely as attachments within Martus (see **Unit 4**).

5.7 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 has been designed to be flexible and adaptable, and most of its components are also 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 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 the Alliance Secretariat?

5.8 Next steps

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

- questionnaires have been finalised, formatted and imported into the information management tool, Martus
- questionnaires 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 memorandum of understanding between REAct Coordinating and REAct Implementing Organisations**
- **REAct Coordinator's planner**
- **Martus practise exercises**
- **REAct quarterly reporting template**

Suggested workshop session format

Methods

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

Materials

- Example memorandum of understanding between REAct Coordinating and REAct Implementing Organisations

Session 5.1

PowerPoint presentation: REAct workshop presentation PowerPoint (>>>slide 60)

We recommend that the rest of the Unit 5 session is facilitated by staff from the Coordinating Organisation. Session objectives include:

- Agree on the specific terms of the MOU between the Coordinating and Implementing Organisations, using the example provided as a starting point.
- Agree on the specific terms of use of the Small Grant Scheme, using the guidelines described in this unit.
- Go through Section 5.8 and the Unit checklist to ensure all points have been dealt with and that there is agreement on the next steps.

Unit checklist

- ✔ We have agreed on the way we are going to consolidate the information we collect through REAct.
- ✔ We have created a REAct Committee to decide on exceptional emergency responses needed, to analyse the data, and to decide on 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 Cordinating and Implementing Organisations.

Annex 1: Additional resources

The resources listed below are attached to this PDF guide. Please click on the paperclip icons to open them. You can also download and save the resources for future reference.

- **REAct Coordinators' planner**
- **REAct workshop presentation PowerPoint**
- **Interview checklist card and referral card**
- **Consent form**
- **Safety and security guidance**
- **REAct example questionnaire**
- **Example memorandum of understanding between REAct Coordinating and REAct Implementing Organisations**
- **Martus instructions for Implementing Organisations**
- **Martus instructions for Coordinating Organisations**
- **Martus user guide version 5.1**
- **Martus practice exercises**
- **REAct quarterly reporting template**

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