RIGHTS
EVIDENCE
ACTION

ON GENDER AND
VIOLENCE

A RESOURCE MANUAL
FOR IMPLEMENTING ORGANISATIONS

**Documenting gender and human rights barriers
in accessing health, HIV, violence response and other services**

AIDS LEGAL NETWORK

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REACT-GV: THE BASICS

WHAT IS REACT-GV?

Rights – Evidence – ACTion on Gender and Violence (REAct-GV) is a community-based and –owned human rights monitoring and response system. REAct-GV is an adaptation of REAct with a specific focus on gender, violence and diversity.

WHAT DOES REACT-GV PROVIDE?

REAct-GV provides a methodology and system for monitoring, recording and responding to gender and human rights barriers in accessing health, HIV, violence response and other services at a community level.

REAct-GV uses a secure cloud-based IT system to record and manage information – called Martus.

WHO IS REACT-GV FOR?

REAct-GV is designed for community-based and civil society organisations that focus on human rights, HIV, gender and violence response programming, and advocacy for people in all of their diversity.

WHAT CAN REACT-GV DO?

REAct-GV documents gender and human rights related barriers and violations in accessing health, HIV, violence response and other services in order to:

- Provide adequate individual responses, including referrals

- Influence the change of practices at a community and service provision level that perpetuate (and condone) violence and other rights abuses based on diversity

- Inform quality human rights based HIV, gender and violence response programming, policy and advocacy at a national, regional and global level

- Identify community needs relating to human rights, HIV, gender and violence response programming – ranging from legal literacy to stakeholder engagements, including law reform and access to justice

WHAT IS UNIQUE ABOUT REACT-GV?

REAct-GV is '*people centred*', not '*case centred*'.

The **Primary Objective** is to support individuals with crisis response and human rights-based programmes (i.e., '*people-centred*') – referrals and emergency response mechanisms are core to REAct-GV.

The **Secondary Objectives** of REAct-GV are '*case centred*'. These are:

- *Advocacy* – To document gender and human rights incidents with direct and/or indirect responsibilities of the State

- *Analysis* – To link gender and human rights incidents with accessing health, HIV, violence response and other services

- *Awareness Raising/Legal Literacy* – To identify and respond to community needs to be better positioned to address gender, diversity, violence and other human rights abuses

The REAct-GV methodology and system is easily **adaptable** to specific contexts (e.g., country, community, population)

> **EXAMPLE**
>
> In South Africa, REAct has been adapted for gender violence and other rights abuses against women in all of their diversity (e.g., REAct-GV)

All aspects of REAct-GV setting up and implementation are based on and informed by '**community engagement and consultation**'. REAct-GV, therefore, provides evidence that is truly based on communities' realities, risks and needs, which increases the potential for:

- Individual responses based on actual need

- Advocacy based on evidence

- HIV, human rights, gender and violence response programming based on peoples' realities, risks and needs

REAct-GV is firmly based on a number of **key principles** guiding a human rights-based response to health, HIV , violence response and other services for people in all of their diversity, including '**nothing about us, without us**'.

> **EXAMPLE**
>
> Key principles of community engagement and consultation
> - 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

REACT-GV:
THE CONTEXT

Gender and human rights barriers and violations experienced by people in all their diversity (e.g., sex, gender, age, sexual orientation, gender identity and expression, sex work and/or HIV status) are wide ranging. The primary focus of REAct-GV are barriers and violations that are the direct responsibility of the state, which includes for example public healthcare providers, law enforcement agents, the judiciary, and public education.

WHAT CAN REACT-GV DOCUMENT?

REAct-GV documents gender and human rights barriers in accessing health, HIV and other services at a community level.

In order to more effectively document these barriers and violations, it is essential to better understand not only their evolution and existence in the lives of communities, but also the role, impact and power of gender dynamics, as well as the extent to which they are intrinsically linked to the occurrence and persistence of violence and other rights abuses, within society.

At the core of the persistent gender and human rights barriers and violations experienced by people in all their diversity is a gendered, unequal and normative societal context, which is manifested in and maintained by prevailing concepts of gender, patriarchy and heteronormativity.

Gender is a social construct, based on societal beliefs and norms; thus, changing over time. The concept of gender encompasses the societal understanding of what characteristics, interests, and behaviours are referred to as 'f*eminine*' or '*masculine*'. Moving beyond these boundaries of gendered societal expectations of how '*women*' and '*men*' are to behave, and what role they are expected to take on within society is often responded to with violence and other rights abuses. This response to people perceived to be '*non-conforming*' to societal gendered expectations and norms is but one way to maintain and reinforce gendered norms and patriarchal systems.

Violence – incorporating structural, institutional and systemic violence as key aspects of violence and other rights abuses against people in all of their diversity – is recognised as achieving and asserting power and control over others; thus, perpetuating and manifesting the gendered and normative context of society.

The various links between violence and gendered power (at an individual and societal level) are significant, because patriarchy relies on a system of '*sex role conditioning*'. As this conditioning is rooted within an existing patriarchal structure – the '*family*' – it plays a key role in entrenching the idea of '*female subordination*' and '*male superiority*'. This concept impacts and is visible in all spheres of society, ranging from personal interaction between women and men

to the family unit, schools, universities, communities, workplaces, and places of worship. One way in which patriarchy is entrenched is the practicing of violence against mostly, women, especially if women are perceived to be '*non-conforming*' to their roles. Moreover, patriarchal values and norms are often used to justify the occurrence of violence. Women's sexuality, for example, remains one of the biggest threats to patriarchy, because it challenges the very core of the belief that men have control over women and their bodies. In this case, violence becomes a tool to control, and silence women.

Patriarchy relies on the continued reinforcement of these constructs and roles to sustain a societal context based on '*male dominance*' and power. At a societal level, this is illustrated by men holding power over women – ranging from positions of power in the workplace to positions of power in social groups. On an individual basis, patriarchal systems and values regard men as '*head of the household'* and '*breadwinner*', while women are the '*caretakers*'. In traditional patriarchal societal contexts, this power is also demonstrated though property and inheritance rights; where, for example, women have no right to own or inherit property by pure virtue of being a woman, and where titles, last names and property are passed down along male lines.

In South Africa, stigma, discrimination, violence and other rights abuses against and criminalisation of people in all their diversity is continuing – both by law and in practice. Most notably, for people based on sex, gender, age, sexual orientation, gender identity and expression and/or HIV status. For example, sex work remains to be criminalised by law leading to a range of rights violations, while people experience criminalisation in '*practice*', based on their sex, gender, age, sexual orientation, gender identity and expression, despite the enabling legal and policy framework

guaranteeing equality and non-discrimination. States often directly endorse these rights abuses or fail to take actions against them.

EXAMPLE

States directly endorse this – through passing punitive laws that criminalise sex work. Although the law criminalises both the seller and the buyer it is mostly only sex workers who are harassed, detained and abused while clients who are predominantly male are mostly only bribed.

States fail to take actions against it – through not holding healthcare providers accountable for discriminating against and mistreating people in their diversity (e.g., young women and/or transgender women accessing sexual and reproductive healthcare services)

Stigma, discrimination, violence and other rights abuses of people in all of their diversity who face gender and human rights barriers and violations are arguably as much a cause as a consequence of laws and practices that criminalise people based on their diversity. At the same time, these rights violations are both a cause and a consequence of a societal context in which social, cultural and religious norms and values often fuel and condone the occurrence of these violations.

These lead, among other, to barriers in accessing essential health, HIV and gender violence response services (e.g., post-sexual assault care) for people most in need of these services. In South Africa, accessing these services is frequently linked to human rights violations; ranging from humiliation and verbal abuse to discriminatory treatment and denial of health services. As a result, people may not seek

healthcare or other essential services they need, due to the fear of stigma, discrimination and other rights violations.

Structural violence is very commonly faced by individuals when accessing healthcare and other essential services. Moreover, violence and other rights abuses in these situations are often directly linked to societal gendered expectations and norms. As a result, structural violence within healthcare settings can manifest itself in various forms, and are often directly linked to societal perceptions of '*conformity*'. The concept of '*structural violence*' encompasses a multiplicity of situations and structural conditions in which institutions, due to their set-up, fail to protect peoples' rights and facilitate access to comprehensive and quality services; thus, harm or otherwise disadvantage people based on their diversity. The lack of inclusive responses to, for example, people of diverse sexual orientation and gender identity (e.g., lack of access to quality and dignified sexual and reproductive health services); and to people living with HIV (e.g., lack of access to confidential services) are but a few examples of structural and institutional environments leading to human rights abuses.

Documenting human rights violations

Everyone has the right to health. At its most basic, this means in the context of HIV that every person has the right to access services to prevent HIV exposure and transmission, as well as to treatment, care and support services.

> **EXAMPLE**
> Limited or no access to female condoms, lubricants, finger cots, dental dams violate the right to health, amongst others.

> People being questioned as to why they need so many condoms, because condoms are kept at the Nurses' Station or behind their desk and people have to ask for them at some facilities, also violates the right to privacy.

Everyone has the right to freedom and security of the person. This means that every person has the right not to be treated in a cruel, inhuman or degrading way; and to be free from all forms of violence and abuse in private and public spaces.

> **EXAMPLE**
> Recognising the close association between safe public spaces and crime, harassment and sexual violence, the lack of safe public spaces (well-lit street lighting and low-cut grass) impacting on especially women's ability to access essential services, such as pubic transport or clinics, is a threat to women's rights to be free from all forms of violence.
>
> Transwomen sex workers being arrested and held in male holding cells violates the right to freedom and security of the person, amongst other.

Everyone has the right to equality and non-discrimination. This means that every person has the right to be treated equally and not to be discriminated against for any reason.

> **EXAMPLE**
> Coerced HIV testing based on pregnancy violates the right to be treated equally and not to be discriminated against on any ground.

Insisting that women who test positive for an STI to bring in their *'male'* partner so that they can be treated together firstly has a heteronormative assumption, and secondly ignore that women are seldom in the position to bring in their partners to test, without the risk of violence and abuse.

Asking intimate and personal questions based on a person's sexual orientation or gender identity, which are not part of medical history taking, but more voyeurism, is discriminatory.

Documenting gendered human rights violations in all forms is an important tool to:

- Build evidence on the impact of gendered human rights violations on not only the individual, but also the community and government responses
- Improve human rights-based HIV, gender and violence prevention programming so that people in all their diversity are in the position to claim their agency, realise their rights and access services free of stigma, discrimination and coercion
- Give voice to people often '*silenced*' and '*disempowered*', due to their diversity, as this has the potential to begin to build confidence and trust in the system

WHAT ARE THE RESULTS/OUTCOMES OF REACT-GV?

REAct-GV enables the documentation and recording of, as well as responding to, individual cases of gendered violence and human rights abuses 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.

EXAMPLE

Sex workers have their ARVs confiscated by police and denied access to treatment during incarceration.

A lesbian woman post-HIV status disclosure is *'kicked out'* by her partner and in need of shelter.

A person is raped and beaten by a family member and in need of access to post sexual assault care with no means to get to the nearest healthcare facility.

Provide or refer to rights-based programmes and interventions

The information collected through REAct-GV helps to identify, provide access to and/or refer to rights-based programmes and interventions.

EXAMPLE

The criminalisation of sex work in South Africa means that sex workers work in situations where they are at high risk of all forms of violence and exploitation. A sex worker who survives sexual violence very often does not see the possibility of access to justice, and there is a common perception, including among law enforcement agents, that a sex worker cannot be raped. As a result, sex workers very rarely report a rape to avoid the secondary victimisation that is prevalent at police stations across the country.

High levels of stigma, discrimination and abuse against sex workers and the frequent refusal by law enforcement agents to facilitate sex workers' access to redress and justice when their rights have been violated point to the need for sensitisation and training of police and other law enforcement agents.

Build a body of evidence for advocacy

REAct-GV collects information on gender and human rights barriers in accessing health, HIV and other services (e.g., sexual and gender violence response services) for which the state has direct responsibility. The methodology will generate quantitative and qualitative evidence on the impact of the violations on people experiencing violence and other rights abuses, as well as on the effectiveness of the response to HIV, gender and violence. This body of evidence is essential when engaging with state and non-state actors, and holding state and non-state actors accountable for the failure to respect, protect and promote human rights.

Use data for identifying community needs

The system generates data and information highlighting particular needs of communities for additional HIV, gender, violence response, and human rights programmes and interventions (e.g., legal literacy to enhance understanding of what constitutes human rights violations and how to seek legal recourse and access to justice). The generated data also assists in identifying particular potentially problematic service centres (e.g., clinics, police stations) where rights violations occur regularly.

EXAMPLE

The analysis of the information collected through REAct-GV points to a particular health facility where young women are regularly humiliated when accessing sexual and reproductive health services; or to a particular police station where officers refuse to assist women who have been abused by their male partners, as this is a *'domestic'* matter; or where transgender women are not assisted after being physically abused and the police officer mocks her and tells her to go and sort it out like a man.

Use data for analysis and research

Martus, the information management tool used by REAct-GV, allows the consolidation of data at a local, country, regional and global level. This improves the body of evidence to inform *'promising practices'* and quality human rights programming relating to HIV, gender, violence and diversity. It also assists in highlighting structural and systemic forms of rights violations and abuse across areas.

EXAMPLE

Martus allows for the comparison of data across different communities in one province, as well as across provinces.

The importance of using local data to identify and respond to community needs is essential. In South Africa, such data can be used in conjunction with local police crime statistics to better understand and more effectively respond to community level challenges and barriers to the realisation of safe homes and safe communities for everyone.

This means that the evidence collected can be analysed in such a way that shows common trends of rights violations and responses across the provinces, as well as specific risks and trends for a province – making the evidence and the evidence-based responses stronger.

WHAT ARE POTENTIAL BENEFITS OF IMPLEMENTING REACT-GV?

At a *community level,* REAct-GV provides for:

Individuals

- Access to emergency response and support
- Continuum of support and follow-up for cases and individuals
- Improved access to health, HIV, gender, violence response and other essential services
- Improved understanding and realisation of human rights for people in all their diversity
- Improved understanding of gender and the links between gender, violence and access to services
- Improved understanding of the various causes, forms and implications of violence and other human rights abuses for people in all their diversity

Community –based and civil society organisations

(e.g., implementers)

- Better understanding of the gendered violence and human rights situation at a community level
- Better identification of adequate human rights responses to gender and violence
- Better evidence to demonstrate the human rights needs of the community and how best to respond to these
- Better assessment and evaluation of the effectiveness and impact of the responses provided
- Strengthened referral systems
- Safe and confidential gathering of sensitive information/data
- When a Small Grant Scheme is attached, identification of priority funding needs for:
  - emergency individual response
  - human rights programmes
  - advocacy
- REAct-GV can be implemented without a grant by collecting data and making referrals. This evidence can be presented to donors to secure further funding

At a *national, regional and global level,* REAct-GV provides '*evidence for advocacy*' including:

- Robust data and a body of evidence of human rights violations and barriers in accessing, health, HIV, violence response, and other services for people in all of their diversity.
- Robust evidence for the links between gender, HIV, violence and other human rights abuses – both as a cause and an effect – and the implications for people in all of their diversity
- Robust evidence for improving access to health, HIV, violence response and other services for people in all of their diversity
- Compatible and comparable data across areas and provinces

HUMAN RIGHTS PRINCIPLES

Human rights are basic entitlements that everyone has, because they are human. Human rights are universal, and based on the idea that everyone is equal and entitled to be treated with respect and dignity. All human beings are equally entitled to human rights, irrespective of who they are or where they live.

WHAT ARE HUMAN RIGHTS?

Human rights give people the freedom to choose how to live and how to express themselves. They also guarantee people basic needs, such as food, shelter, education and healthcare. Human rights, such as the right to life, and the right to freedom and security of a person, protect people against violence and abuse in all aspects of their life.

Definitions of human rights vary. Yet, the one thing in common is the idea that all human beings have fundamental rights and freedoms, simply because they are human.

of other rights (e.g., the equal and non-discriminatory treatment in healthcare services facilitates the realisation of the right to health). Likewise, the violation of one right adversely impacts on other rights.

Human rights are universal – which simply means that no matter where a person lives, it is the duty of the State to promote and protect all human rights and freedoms, irrespective of the country's political, economic, religious and cultural systems.

Human rights are inalienable – which means that fundamental rights and freedoms cannot be taken away, except in specific circumstances and according to '*due process*' (e.g., the law) of the country. For instance, the right to liberty may be restricted if a person is found guilty of a crime by a court of law. Arbitrary arrests and detentions without due process are therefore a violation of the fundamental right to liberty.

EXAMPLE OF DEFINITIONS OF HUMAN RIGHTS

Human rights are rights inherent to all human beings regardless of our race, gender, sexual orientation, gender identity, age, social status, occupation, and/or any other personal factor. Everyone is equally entitled to human rights without discrimination.

Human rights are interrelated, interdependent, and indivisible – which means that fundamental human rights and freedoms do not exist in isolation. The advancement of one right facilitates the realisation

Human rights treaties and conventions
Human rights are protected by, and enshrined in international human rights law and treaties since the Universal Declaration of Human Rights (UDHR) of 1948. Subsequently, human rights treaties and conventions have been drafted and adopted with both a regional and a rights specific focus.

EXAMPLE

The African Commission on Human and People's

Rights (ACHPR) African Charter on Human and People's Rights (the 'African Charter') of 1986 is one of the regional instruments translating the Universal Declaration of Human Rights into an African context.

The 'Women's Protocol' to the African Charter of 2003 further outlines, among other, women's sexual and reproductive rights, including the right to autonomy (Article 4) and the right to sexual and reproductive rights and health (Article 14).

The International Convention on Economic, Social and Cultural Rights (ICESCR) of 1976 further elaborates on the meaning and protection of economic, social and cultural rights as an integral part of ensuring the respect, protection, promotion, and realisation of fundamental rights and freedoms.

The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) of 1979 outlines the rights of women.

States agree to these human rights conventions, declarations and principles by signing, ratifying and adopting the very same into national laws and policies. In doing so, countries become obligated and responsible to respect, protect, promote and fulfil the rights of people in their country. In so doing, States also become accountable for failing to do so. Furthermore, States are responsible to report on their progress in realising the various rights outlined in these international treaties and conventions.

Human rights principles

Human rights entail both rights and obligations – which means that fundamental rights and freedoms '*are not for free*', as they come with responsibilities and duties – both at an individual level and a State level.

Human rights entitlements at an individual level come with the responsibility of everyone to ensure that claiming individual rights are not interfering and/or violating the next person's rights.

Human rights entitlements at a State level come with the responsibility to ensure that fundamental rights and freedoms are respected, protected, promoted and fulfilled; and for individuals to ensure that their actions in claiming their rights do not violate another person's rights and freedoms.

An important aspect of human rights is the distinction between *rights holders* and *duty bearers*.

Rights Holders are people who, because they are human beings, can claim certain entitlements (e.g., to be treated equally and with respect).

Duty Bearers are people who are legally obligated to respect, protect, promote and fulfil the entitlements of rights holders (e.g., government officials, including police personnel, health providers).

The *State* (e.g., *Duty Bearers*) is responsible to fulfil the rights of all people (citizens) without discrimination. As such, States have the responsibility to respect, protect and promote human rights and freedoms.

This means that States are obligated to:

Respect the human rights of all people, and to prevent, investigate and sanction violations committed by state officials

EXAMPLE

The State must not interfere or limit in any way the enjoyment of rights and freedoms of people.

This means that States should not pass laws

and/or sanction the arbitrary detention and prosecution of people based on sex work.

Protect the human rights of all people by taking all necessary measures to avoid the deprivation of their rights

EXAMPLE

States are responsible to ensure that people are protected against stigma, discrimination and other rights violations based on *'identity'*.

This means that States have to take measures to ensure that people in all their diversity are equally protected by the law.

Not providing for the protection against structural and systemic abuse (e.g., stigma and discrimination against women living with HIV and/or transgender men accessing reproductive health services, such as Pap Smear) is a failure to protect the rights of all people.

Promote respect for human rights of all people without distinction

EXAMPLE

States are responsible to ensure that laws protecting human rights without distinctions are enforced.

Ensuring the enforcement also implies that the State is responsible to ensure that people are aware of their rights; and that redress mechanisms are in place, and known, as and when these rights are violated.

MYTHS AND MISCONCEPTIONS ABOUT HUMAN RIGHTS

The idea of human rights is not '*new*', and/or based on '*modern*', '*western*', and/or '*foreign*' concepts.

Opponents of human rights for all often argue that these ideas are '*foreign*' concepts that cannot be forced on countries and their sovereignty to determine its own values, norms, rules and laws. Recognising that human rights are *universal*, however, a county's political, religious and social values, norms, rules systems, as well as laws do not take away, and/or justify the violation of, fundamental human rights and freedoms of people.

The history of human rights principles and ideas is well documented, for example, in the world's religion, humanitarian thinking and philosophy, and struggles for political freedom.

EXAMPLE

Religion – The ideas of equality are found in most religions. In Christianity, the Bible says: '*There is no such thing as a Jew and Greek, a slave and free man, male and female: for all you are one person in Christ Jesus*' [Galations, 3:28].

Humanitarian thinking and philosophy – Essays and writing on the relationships between individuals and society argued in the 17th and 18th century that everyone is born equal and therefore should have basic rights, such as the right to life, liberty and property.

The struggle for political freedom – Early advocacy for the abolition of slavery was already based on the notion that all people are equal and entitled to dignity and respect. The idea of the right to dignity and respect of all human beings also

formed the foundation for liberation struggles around the world for centuries (e.g., women's rights, gay rights).

WHAT ARE LEGAL RIGHTS?

Legal rights are the human rights recognised and protected in the legal and policy framework of a particular country. The Constitution – the supreme law of a country – guarantees human rights and freedoms to all people of the country. National laws and policies give effect to the rights guaranteed in the Constitution. No one has the right to act in such a way that contravenes the provisions of the supreme law of the country.

WHY DO HUMAN RIGHTS MATTER FOR HIV, GENDER AND VIOLENCE RESPONSE PROGRAMMING?

The links between human rights and HIV are well recognised. For people to fully realise their right to health (e.g., accessing HIV prevention services), people have to be in the position to equally claim and enjoy other rights, such as the rights to information and education, as well as the right to equality and non-discrimination. The right to health in isolation cannot be achieved.

EXAMPLE

Available HIV prevention services are only as accessible as people know about these services and why they should be utilised. Healthcare services are only effective if these are provided in a non-judgemental manner, and people are treated with dignity and respect. Services need to be equally accessible to everyone, and be responsive to the health risks and needs of the person. Lack of knowledge, as well as the fear of stigma

and discrimination, deter people from accessing services, even if these are available.

Security guards who '*screen*' patients at the gates of health facilities can prevent people from accessing services, even when they are available, due to a lack of privacy.

Facilities that are not along public transport routes and also that are too far for some communities to reach mean that although the facility is there with the relevant commodities, services are not necessarily accessible to people who need them.

Similarly, it is widely recognised that peoples' risks and vulnerabilities to HIV and related violence and other rights abuses increase, based on sex, gender, age, sexual orientation, gender identity and expression, sex work and/or HIV status. Multiple and overlapping forms of gendered stigma and discrimination based on these '*identities*' severely limit the extent to which people are in the position to realise their fundamental human rights and freedoms, including the right to access healthcare.

Laws criminalising sex work or people who use drugs, for example, negatively affect the realisation of human rights of people who are '*criminalised*' by law. These laws prevent people from accessing health, HIV, gender and violence response information and services, which in turn further heightens peoples' risks and vulnerabilities to HIV, violence and related rights abuses. At the same time, a lack of an enabling social environment '*criminalises*' people based on their '*diversity*' and '*non-conformity*' to societal expectations and norms, irrespective of the '*legal environment*', which equally impact on the extent to which people in all of their diversity are in the position to claim agency, realise rights and access services.

EXAMPLE

Laws criminalising sex work can lead to sex workers not accessing healthcare services or the criminal justice system for fear of abuse and further violations.

Social criminalisation can lead to young women not accessing reproductive health services for fear of stigma, discrimination, humiliation and other rights abuses by healthcare providers, who act upon their gendered beliefs that young women should not engage in sex and thus, should be in no need for sexual and reproductive services.

Societal norms referring to domestic violence as a *'private matter'* not only condones the occurrence of violence, but also maintains and perpetuates both the violence and the *'silencing'* of the survivor – limiting access to services, even when they are available.

Criminalisation – both in law and in practice – also fuels levels of gendered stigma, discrimination and other rights violations against people based on their sex, gender, age, sexual orientation, gender identity and expression, sex work and/or HIV status. Human

rights violations based on a range of interlinked *'identities'* are present in all communities and impact on all aspects of peoples' lives (e.g., access to education, access to employment, access to housing), whilst access to justice and redress is often limited and/or denied accordingly.

EXAMPLE

A sex worker has his car destroyed by a neighbour who believes sex work is *'evil'*.

A trans person is denied the use of a public toilet of their choice by the attendant or is assaulted when trying to access and use a public toilet that matched the person's gender identity.

Young lesbian girls are beaten up or chased away from schools for refusing to wear skirts and opting to wear trousers.

A woman is told by the owner that her lease agreement cannot be renewed after her HIV positive status becomes known at a community level.

HUMAN RIGHTS RESPONSES

WHAT ARE HUMAN RIGHTS VIOLATIONS?

Human rights violations in general are committed by the State through failing to fulfil their duty to respect, protect and promote the human rights of all people without distinction.

Failing to respect human rights

This is *an act committed directly by the State* that is contrary to its human rights obligations.

> **EXAMPLE**
>
> The police arresting sex workers, based on the *'evidence'* that condoms were found in their possession; or for being known to be a sex worker, even when the person is not soliciting or doing business.
>
> *This act committed by the State (i.e., police) arbitrarily deprives people of their liberty and violates the right to be free from arbitrary deprivation of liberty* [African Charter, Article 5].

Failing to protect human rights

This is *an indirect violation committed by the State* by omission (e.g., not doing what they are obligated to do). Omission is negligence in performing the requirements relating to the protection of human rights of all people.

> **EXAMPLE**
>
> Not providing protection (e.g., speaking out

against, acting upon) from homophobic violence and abuse by religious leaders is a violation of the State's duty to protect human rights.

Failing to promote human rights

It is the State's responsibility to ensure that laws and policies protecting human rights are enforced. The State must also ensure that people know these rights and how to claim them. Mechanisms for redress and access to justice must be in place, known to people and equally accessible without discrimination. Failing to do these is a violation of the State's responsibility to promote the human rights of all people.

> **EXAMPLE**
>
> The State does not undertake awareness campaigns against stigma and discrimination on the basis of sexual orientation, gender identity and gender expression. Thus, the State fails to promote the human rights of all people.
>
> Lack of protection for people who report crimes against the police and are not allowed to open cases or are intimidated by the police or their colleagues for wanting to seek redress.

Human rights do not exist in isolation, meaning that any given single right (e.g., the right to health) cannot be realised, without the realisation of other rights (e.g., the right to equality and non-discrimination, the right to dignity and respect, the right to autonomy). In turn this means, that human rights violations do

not exist in isolation. Thus, the violation of the right to health, for example, does not occur in isolation of other rights.

> **EXAMPLE**
>
> A woman sex worker is going to the clinic to get treatment for an STI and being told that she has to test for HIV as a pre-requisite to receive the treatment she needs, because she was treated for an STI last month.
>
> *The rights violated include the right of access to healthcare (only offered with conditions); the right of autonomy/bodily integrity (HIV testing forced upon/ coerced to get the actual healthcare needed); the right to equality and non-discrimination (different treatment based on frequent access to STI services).*

HOW CAN WE RESPOND?

Human rights violations have to be responded to at an individual level (the person) and societal level (e.g., community level, state and non-state actors). These responses are to be defined firstly by the expressed needs of the person whose rights have been violated (including '*emergency responses*', such as access to healthcare, safety, shelter, etc.), and secondly by addressing the underlying factors for these violations (e.g., discriminatory laws and practices, gendered inequalities and discrimination, power relations).

In the context of addressing gender and human rights barriers in accessing health, HIV, violence response and other services based on sexual orientation, gender identity, gender expression, sex work and/or HIV status, this means that the respect, protection, promotion and fulfilment of human rights and freedoms of all people have to be at the centre of the response.

HUMAN RIGHTS PROGRAMMES AND INTERVENTIONS

Based on the recognition that human rights have to be at the core of responses to HIV, gender, violence and diversity, there are a number of programmes and interventions widely acknowledged (e.g., UNAIDS, the International HIV/AIDS Alliance) as *'best practice'* to reduce stigma, discrimination and other rights violations based on sexual orientation, gender identity and gender expression, sex work, and/or HIV status. At the same time, these programmes and interventions are also designed to address the causes and forms of rights violations, and thus enhance the advancement and protection of human rights and access to justice in national responses to HIV, gender, violence and diversity.

Key human rights programmes and interventions include and can achieve:

> ***Stigma and discrimination reduction programmes*** – highlight and address the causes, forms and implications of prevailing stigma, discrimination and other rights violations
>
> ***HIV, violence and diversity and related legal services*** – enhance access to redress and access to justice for people in all of their diversity
>
> **Legal literacy** – enhance levels of knowledge and understanding of human rights and freedoms, including redress mechanisms (e.g., how to enforce them) as and when these have been violated
>
> ***Sensitisation of law makers, implementers, and law enforcement agents*** – highlight the impact of discriminatory laws and practices on peoples' realities, risks and needs in the context of HIV, gender, violence and diversity, and in turn enhance protection of rights and access to justice

Training of healthcare providers on human rights and medical ethics related to human rights – enhance levels of knowledge and understanding of human rights and freedoms for both '*service provider*' and '*service user*', and in turn reduces the risks of stigma, discrimination, coercion and other rights violations within healthcare

Reducing discrimination against women in all their diversity in the context of HIV – address the various causes and forms of gender discrimination and violence as both a cause and consequence of HIV and related rights violations

Core community led (driven and owned) human rights related responses to HIV, gender, violence and diversity – provide *'emergency responses'* (e.g., medical attention, shelter); ensure effective human rights advocacy (e.g., based on community needs); develop and strengthen evidence to inform human rights based responses to gender and human rights barriers to accessing health, HIV, violence response and other services

Training of service providers to identify violence based on gender and diversity – increase the understanding and skills amongst service providers (e.g., police, social workers, healthcare providers) to identify signs of gendered violence and refer to services accordingly

Development of a referral resource – community-based organisations compile a referral resource, which will be shared with service providers, to enhance access to services responsive to peoples' realities, risks and needs and free of stigma, discrimination and other rights abuses

REACT-GV:
THE EVIDENCE

REAct-GV is designed to record peoples' experience of gender and human rights barriers in accessing health, HIV, violence response and other services at a community level. This means that generally the evidence is based on an individual's experiences of rights violations.

HOW DOES REACT-GV COLLECT THE EVIDENCE?

The information from peoples' experiences is, in general, collected through interviews with individuals, using a *questionnaire* as a guide. The questionnaire is designed in such a way that it is responsive to the community's realities, risks and needs, as well as the particular context in which REAct-GV is implemented.

The evidence collected by REAct-GV is based on and captured by a '*person*', not a '*case*' – as the core of REAct-GV evidence is the '*individual*', not the '*incident*'. This also means that the realities, risks and needs of an individual can be followed (and followed-up) beyond a particular incident/case.

As mentioned prior, although the information gathering tool (e.g., the *questionnaire*) includes some standard questions relating to access to healthcare and human rights-based programming needs, the questionnaire's '*uniqueness*' and '*strengths*' lay in the potential to adapt the tool to the specific community context; thus, incorporating the specific realities, risks and needs of the community in which REAct-GV is implemented.

The *questionnaire* is designed to assist in:

- Ensuring that a person's experiences are captured in as much detail as possible

- Facilitating and capturing responses needed and provided – both at an individual and at a community level

- Analysing trends of gender and human rights barriers to accessing health, HIV, violence response and other services

The questionnaire can be used to collect information both as an '*immediate response*' tool (e.g., violations are happening '*now*' and need documenting and responding to the immediate needs of the person) and an '*evidence gathering*' tool (e.g., violations happened in the past and are beyond the stage of '*immediate responses*', yet contribute to the '*body of evidence*').

It is also possible to use the questionnaire to document cases of human rights violations people know about/heard about without interviewing the actual person. This particular kind of collecting evidence is another avenue/approach to enhance the '*evidence*' for advocacy purposes.

EXAMPLE
A peer educator learns during outreach

activities in the community that a transgender man has been raped and beaten over the weekend. Trying to get access to much-needed healthcare, the transgender man was humiliated, outed, and subsequently denied access to much needed treatment

The peer educator hearing of this incident can document this case using the questionnaire and thus, contributing to the evidence base on gender and human rights barriers to accessing healthcare.

Ways and mechanisms of collecting the evidence can also be adapted/modified based on the specific context of a '*project*' utilising REAct-GV as a methodology, as well as potentials and challenges in which the evidence is gathered at a country/community context. This '*flexibility*' allows primarily for gathering additional information to enhance the evidence on and response to gender and human rights barriers to accessing health, HIV, violence response and other services from a programmatic point of view.

EXAMPLE

In South Africa, REAct was adapted to document gender and human rights barriers in accessing healthcare and other services for women in all their diversity (e.g., gender, sex, sexual orientation, gender identity, gender expression, sex work, HIV status)

Part of ensuring that the multiple identities of women leading to human rights violations are adequately documented in their multiplicity, an additional '*data collection*' tool – focus group discussions – was included.

These *Focus Group Discussions* provided a unique and '*safe*' space for women in their diversity to also share their experiences and discuss gender and human rights barriers (as well as response mechanisms both existing and needed) at a more systemic/structural level, which adds an additional layer of evidence.

KEY PRINCIPLES OF COLLECTING EVIDENCE

Key principles of collecting evidence are based on human rights principles. These include:

Do no harm – the safety (e.g., secondary trauma, victimisation) of the person sharing experiences/information has to be at the core of documenting experiences and collecting evidence. While the collection of '*evidence*' is a crucial step in documenting, monitoring and responding to gender and human rights barriers in accessing health, HIV, violence response and other services experienced by people based on sexual orientation, gender identity and expression, sex work and/or HIV status, it should never be done at the expense of the safety and well-being of the person.

*Consent and confidentialit*y – it is essential to obtain consent of the person sharing the information. This means that the person agrees for the information to be shared in such a manner which protects the individual's identity and circumstances of the case. At the same time, it is important to ensure the confidentiality/privacy of the person who has shared personal information collected during the interview throughout the process (e.g., from collecting to entering information, and potentially using the information for advocacy and research purposes).

Transparency – it is crucial that the people collecting the information are open and honest about the reasons as to why information is collected, and the potentials and limitations in the assistance that can be provided as a result of sharing this information. This also means that the person sharing the information needs to fully understand what are the potential benefits/outcomes and limitations of doing so.

Security – in addition to ensuring the safety of the person sharing information, the safety of the person collecting the information (and others involved in implementing REAct-GV) has to be equally ensured. Ensuring security can be achieved by various steps ranging from checking in with team members collecting evidence and travelling in '*pairs*' to postponing an interview, if the safety and security of anyone is at risk.

Accuracy – the tool for collecting evidence (i.e., the *questionnaire*) is designed to obtain accurate and comprehensive information. It is, therefore, important to enter the data as soon as possible after the interview. This also reduces the risk of notes and/or voice recordings being seen/heard by others and/or lost – which could place the person sharing the information at further risk of human rights abuses.

Impartiality – it is important to ask open-ended questions, not leading questions. Open-ended questions (e.g., Can you tell me what happened?) facilitate documentation of peoples' experiences in their totality. Leading questions (e.g., Were you abused because you are a lesbian woman?) gather partial information to support beliefs, strengthen objectives and/or an advocacy agenda (e.g., inclusion of lesbian women and other women who have sex with women in national responses to HIV, violence and diversity) of the organisation documenting the evidence.

EXAMPLE

A lesbian woman was raped and acquired HIV from the rape. She is seeking psycho-social assistance at an NGO advocating for adequate programming in HIV, violence and diversity responses and documenting human rights abuses through REAct-GV.

After an initial conversation, she was referred to a partner organisation for psycho-social support. She agreed to share her experience for purposes of documentation. At the time of the interview, leading questions were asked focussing largely on her sexual orientation and identity, as well as barriers to HIV-related services (not on the actual incident).

In this case, the documentation supported the advocacy agenda of the organisation, and did not reflect the testimony of the person.

Gender sensitivity – rights barriers for, and violations against, *women in all their diversity* often remain undocumented, due to the societal context in which they occur. Societies are generally patriarchal (e.g., male-dominant) and heteronormative (e.g., heterosexuality and gender binary of women and men is the norm) – limiting the extent to which women in all their diversity are in the position to claim agency, realise rights, and access (and benefit from) services.

In documenting gender and human rights barriers in accessing health, HIV, violence response and other services, it is essential to ensure that the gender aspect of any rights violation is accurately recorded.

EXAMPLE

Levels of sexual and gender violence against women *in all their diversity* (including young women, lesbian women, women who have sex with women, transgender women, women with HIV, women sex workers) are extremely high in Southern Africa.

These abuses and violations occur based on both being a *'woman'* AND for reasons of sexual orientation, gender identity and expression, sex work, and/or HIV status.

Age sensitivity – the person sharing information may at times be below the age of 18 (e.g., below legal age). In this kind of situation, it is essential to take additional steps to ensure the safety and security of the person (e.g., through available child protection guidelines), including that parents and/or guardians do not interfere with the information provided by the person and/or the response wanted.

EXAMPLE

A 16-year old goes to the clinic requesting a termination of pregnancy. The nurse refuses to perform the procedure until a parent and/or guardian is present. Since the pregnancy is based on the ongoing sexual abuse by a family member, and the family strongly opposes termination of pregnancy, due to cultural and religious beliefs, the young woman cannot comply with the healthcare providers' request. As a result of this, the time for safe termination of pregnancy has passed, and the family applies pressure on her to carry the child full-term.

In this case, the involvement/participation of a parent/guardian would create a situation in which the family's beliefs and needs will override the young person's needs.

Self-expression – South Africa has 11 official languages and English is not the mother tongue for most people. Language can be a barrier for some people to fully express themselves and participate in documentation processes about their realities.

EXAMPLE

People participating in a focus group discussion are encouraged to speak their preferred language, so as to enhance participation. Members of the group discussion would translate and triangulate the information for documentation purposes.

This approach facilitated a more '*safe*' and '*private*' environment for sharing of experiences, without involving 'external' people to provide translation services.

REACT-GV:
THE INTERVIEW

There are several things to remember when collecting evidence on gender and human rights barriers to accessing health, HIV, violence response and other services.

THE INTERVIEW: THINGS TO REMEMBER

Before, during and after the interview things to remember include:

Before the interview – it is important to prepare the content of the interview, the materials needed, and the place where the interview will take place.

EXAMPLE

Prepare the content: Ensure that the key principles of interviewing are adhered to at all times during the interview. Check the questionnaire to remember all the areas of information that is required. Establish the language of the interview to ensure that the person sharing the information feels comfortable.

Prepare the materials: Make sure to have a printed copy of the questionnaire, the consent form, the interview checklist and referral card ready before the interview. Have a notebook and extra pen available. If a voice recorder is used, ensure it is ready and fully charged.

Prepare the place: Ensure that the location/place of the interview is safe, provides privacy (e.g., no one can overhear the conversation), and free from interruptions and/or loud noise (i.e., make the person sharing the information feel comfortable as much as possible).

During the interview – after the introduction at the beginning of the interview, it is critical to obtain informed consent before continuing with the interview. Informed consent should be obtained in writing.

EXAMPLE

Introduction: It is important to remember personal and organisational introduction. This should also include the reason for the interview, the format of the interview, and the approximate time for the interview (e.g., at least 30 minutes).

Informed Consent: Obtaining informed consent requires that all the information is given to the person to make a decision as to whether or not to participate. This includes why the information is collected, what will happen with the information, and how confidentiality of the person (and information) will be ensured. Inform the person that the interview can be stopped at any time and that the consent can be withdrawn at any time (e.g., demanding that the recorded data be destroyed at a later stage).

It is essential that the information provided is clear (e.g., plain language), accurate, and presented in a way that it is non-leading and non-directive. Before asking to sign the consent form it is important to ensure that the person fully understands the information (e.g., the reasons for the interview), including the implication of consenting (e.g., what happens with the data).

It is also important to remember the *interview techniques* (e.g., the DOs and DON'Ts) and to be prepared for the emotional impact on people sharing the information (as well as the person collecting the information).

EXAMPLE

DO:

- Maintain eye contact and sit level with the person
- Listen attentively, show empathy, build rapport and be patient
- Allow the person to tell the story at their pace
- Be aware of non-verbal signs
- Make notes for reminders
- Obtain as much details as possible
- Verify the information
- Respect confidentiality at all times

DON'T:

- Interrupt the person – if something is unclear, make a note and come back to this point later
- Push the person – if an issue is too sensitive, make a note and return to it later
- Make assumptions
- Judge, criticise or condemn
- Discuss the 'case' (e.g., share the information)

Emotional impact:

The emotional impact of sharing information that

involve traumatic events, often cannot always be prevented or avoided. These emotions can however be minimised or 'managed', including by:

- Pacing the interview
- Recognising and acknowledging difficulty of sharing the experiences
- Demonstrating empathy
- Encouraging emotional expression supportively (e.g., offer a break, some water)
- Self-control over shock and anger

At the end of the interview it is crucial to ensure that all the information has been collected to offer/provide adequate *responses and next steps* to the person sharing the information; to reassure confidentiality; and to thank the person for both their time and sharing their experiences.

EXAMPLE

Responses and next steps: Based on the information provided and the needs expressed by the person, possible responses and next steps (e.g., referral to services or programmes) need to be explained, and agreed upon for follow-ups.

The responses/next steps need to be offered in such a way that they are non-leading and non-directive – hence affording the person the right to make an informed choice. The person who is sharing the information and seeking redress has to always be the one deciding based on personal circumstances (including fear of further abuse) of what 'response' is best and most effective (as compared to the person collecting the evidence).

After the interview – it is important to take all necessary steps to provide and/or refer the person to the services needed (as agreed during the interview), and to ensure the '*safety*' of the information collected as soon as possible (e.g., through transferring the information into the data management tool).

To guarantee the accuracy of the information/data entered, it is crucial that notes taken during the interview are transferred into the data management tool (Martus) as soon as possible. Transferring the information also minimises the risks that the notes are getting into the '*wrong hands*' and/or are lost – thus potentially jeopardising the confidentiality and safety of the person sharing the information.

EXAMPLE

Make sure that the person has access to the services/programmes needed without unnecessary delays. At times, accompanying the person to the '*service*' can assist in raising '*comfort*' and '*confidence*', ensuring adequate treatment by service providers, and decreasing the time it might take to receive the adequate services (e.g., especially if the organisation has existing relationships with the clinic and/or police station, this potentially increases the effectiveness of the service).

REACT-GV:
THE INFORMATION MANAGEMENT

Collecting information on peoples' experiences of human rights violations can potentially jeopardise the confidentiality and safety of the person sharing the information. Thus, data security is of utmost importance, and attention needs to be paid to the way in which REAct-GV information and evidence is collected, stored and managed.

DATA SECURITY

Examples of best practices for ensuring the security of REAct-GV data include:

- Conduct interviews in private

- Transfer the information as soon as possible after the interview

- Minimise risks of laptop/computer theft (e.g., do not keep laptop/computer in an open and accessible space)

- Load anti-virus and anti-spyware software on the laptop/computer used for REAct-GV information and data

- Use a firewall for additional security on the laptop/computer used for REAct-GV information and data

- Connect to the internet while using (or as soon as possible thereafter) the information management tool

- Avoid sharing the laptop/computer with people who are not part of implementing REAct-GV

- Do not keep papers with names, contact information and incident details (e.g., destroy notes and other information as soon as the data has been captured into the data management tool

THE REACT-GV INFORMATION MANAGEMENT TOOL

REAct uses a secure cloud-based information management tool – *Martus*.

Martus is an open source tool that has been developed by Benetech to assist human rights organisations in collecting, safeguarding, securely sharing, and managing information and data. REAct-GV uses Martus 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

- Ability to save and store files as encrypted attachments, such as photos and witness testimony

DATA SHARING

Using the evidence collected on gender and human rights barriers in accessing health, HIV, violence response and other services to develop advocacy

responses and activities is an essential element of REAct-GV. Similarly, building evidence on '*promising practices*' for effective human rights, HIV, gender and violence response programming – not only at local level, but also at national, regional, and global levels – is an important aspect of REAct-GV.

Sharing the data with partner organisations implementing REAct-GV at country and/or regional level is one of the options to strengthen the body of evidence for advocacy beyond a local level. The need for and scope of data sharing is largely defined by the context in which REAct-GV is implemented and the kind of human rights violations documented; thus, differ from organisation to organisation. Data sharing, amongst other, also assists in highlighting structural and systemic forms of rights violations and abuse based on sexual orientation, gender identity and expression, sex work, and/or HIV status across countries and regions.

Martus, the information management tool, allows for data/records to be shared in a secure way through account settings.

Data sharing, especially between implementing organisations and coordinating organisations, also creates the opportunity that recorded information and cases can be reviewed for accuracy and quality of information on a regular basis.

DATA ANALYSIS AND REPORTING

The data collected can be analysed with Martus, based on selected search criteria (e.g., number of cases, kind of abuse, perpetrators, period in which violation occurred, responses provided). The data report created is an additional way of sharing data. Sharing the analysed data (as compared to the full record in Martus) arguably enhances the confidentiality of especially personal information (e.g., name, contact details), as these details will only be known to the organisation who documented the violation.

Irrespective the method of sharing information and data, it is important to remember that the consolidation and comparison of data across different communities, as well as across countries will facilitate greater understanding of the human rights context in which violations based on sexual orientation, gender identity and gender expression, sex work and/or HIV status occur. Data analysis will also inform decisions about responses and advocacy needs, including programming – not only at a community level, but also at national, regional and global levels.

REACT–GV:
THE IMPLEMENTATION

Implementing REAct-GV requires in general a *Coordinating Organisation* and *Implementing Organisations*. The *Coordinating Organisation* oversees the implementation of REAct-GV activities and processes, and the *Implementing Organisations* document incidences of human rights violations (i.e., gather evidence) and provide responses to individuals sharing their experiences.

REACT–GV IMPLEMENTATION: STRUCTURES AND COMMITTEES

For each REAct-GV programme, two committees need to be established – the **REAct-GV Committee** and the **Emergency Committee**.

The **REAct-GV Committee** decides and plans programming and interventions, and should comprise of:

- The main budget holder from the coordinating organisation

- The programme officer(s) from the coordinating organisation who support the implementing organisation(s)

- The monitoring and evaluation (M&E) officer from the coordinating organisation

- One REAct-GV implementer from each of the implementing organisations documenting human rights violations

- A local human rights expert

The REAct-GV Committee needs to convene regularly (e.g., every 2 or 3 months) to analyse and discuss the cases documented. At these meetings, decisions also need to be made about what human rights programmes should be implemented, to ensure that the realities and needs of communities are most effectively responded to. Finally, it is the REAct-GV Committee's task to review the budget, and make necessary changes as and when needed.

The **Emergency Committee** decides on exceptional responses, and should comprise of:

- The main budget holder of the coordinating organisation

- Two REAct-GV implementers from different implementing organisations

The Emergency Committee's views and decision are needed if an individual emergency response requires resources above the agreed upon limit of resources spent for an individual emergency. In such circumstances, a decision needs to be made (as quickly as possible, for example, via telephone) whether or not resources can be spent to assist a particular individual.

EXAMPLE
As part of setting-up REAct-GV, a decision was made between Coordinating and Implementing Organisations that individual emergency responses up to an amount of ZAR750 are to

be decided by the Implementing Organisation, ensuring that the needs of an individual are best responded to.

However, as and when the individual emergency response would require more than ZAR750 (e.g., bail amount for a transgender sex worker at risk of further abuse during incarceration), the decision as to whether or not resources available can be used to cover the bail amount will have to be made by the Emergency Committee.

The composition of the REAct-GV Committee and Emergency Committee can be adapted to the context in which REAct-GV is implemented. The above is a guideline based on the assumption that a Coordinating Organisation is working with multiple Implementing Organisations, and has the REAct-GV Small Grant Scheme available for the REAct-GV implementation.

REACT–GV IMPLEMENTATION: ROLES AND RESPONSIBILITIES

The roles and responsibilities between the Coordinating Organisation and the Implementing Organisations should be clearly outlined to avoid confusion and potential duplications, as well as to encourage accountability between these two structures. A memorandum of understanding (MoU) between the various organisations participating in the REAct-GV implementation can fulfil this purpose.

Notwithstanding the possibility of adapting the REAct-GV structures, roles and responsibilities to the specific scope and context in which REAct-GV is implemented, there are key points a memorandum

of understanding should contain, and clearly outline the different roles and responsibilities between Coordinating Organisations and Implementing Organisations. Key points that should be clearly identified in MoUs include that:

The **Coordinating Organisation** commits to:

· Identify and secure the funds needed to implement REAct-GV in order to document and respond to gender and human rights barriers in accessing health, HIV and other services

· Identify Implementing Organisations to implement REAct at a community level, which includes the documentation of individual experiences of human rights violations based on sexual orientation, gender identity and gender expression, sex work and/or HIV status, as well as data entry into the data management tool (Martus)

· Provide REAct-GV training to Implementing Organisations, and identify dedicated staff to support the REAct-GV implementation

· Establish a REAct-GV Committee

· Ensure timely reporting of information and data reports

· Ensure confidentiality of information and documented data

· Not using and/or sharing any of the data generated through REAct-GV externally without the explicit consent of the REAct-GV Committee

The *Implementing Organisation* commits to:

- Identify individuals within the organisation to participate in the REAct-GV training, and take responsibility for documenting gender and human rights barriers in accessing health, HIV and other services; provide responses to individual experiences of rights violations based on sexual orientation, gender identity, gender expression, sex work and/or HIV status; and capture the data in Martus, the REAct-GV data management tool

- Document human rights violations ensuring confidentiality and safety of the person sharing the information in all steps of the REAct-GV implementation process

- Provide quality data and reporting within the agreed timeframes

- Not using and/or sharing any of the data generated through REAct-GV externally without the explicit consent of the REAct-GV Committee

- Inform the Coordinating Organisation and/or REAct-GV Committee without undue delay of any challenges, discrepancies or breaches of confidentiality relating to the documentation and management of information on gender and human rights barriers in accessing health, HIV, violence response and other services

As mentioned above, context specific details for REAct-GV implementation processes should be included in, and covered by, the memorandum of understanding between the Coordinating Organisation and the Implementing Organisation.