COMMUNITY LED CRISIS RESPONSE SYSTEMS

A HANDBOOK BASED ON THE EXPERIENCE
OF THE AVAHAN INDIA AIDS INITIATIVE

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INDIA AIDS INITIATIVE

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Acknowledgments

Abbreviations

AG   Aastha Gat *(community-based group in Mukta program)*

AIDS   acquired immune deficiency syndrome

AO   advocacy officer

CAG   core advocacy group

CBO   community-based organization

HIV   human immunodeficiency virus

MIS   management information system

HR-MSM high-risk men who have sex with men

IDU   injecting drug user

KP	key population *or* key population member
MIS	management information system
NGO	nongovernmental organization
ORW	staff outreach worker
PA	peer advocate
RRS	Rapid Response System *(crisis response system in Mukta program)*
SOP	standard operating procedure
SW	sex worker
TFC	task force committee *(crisis response team in Mukta program)*

About this Handbook

Community led crisis response is a method of addressing and preventing the violence, abuse, harassment, and discrimination that frequently affect populations most at risk of acquiring HIV (**key populations**).[1] This handbook—a considerably expanded version of a previous Avahan publication—aims to provide operational guidance to managers of HIV prevention programs in setting up and managing the initial stages of a community led crisis response system.

Community led crisis response has been developed as part of the **community mobilization** and structural intervention efforts of Avahan, the India AIDS Initiative of the Bill & Melinda Gates Foundation.[2] Avahan is a comprehensive HIV prevention intervention, covering key populations in 82 districts across six Indian states where there is a high prevalence of HIV. These key populations are female sex workers, **high-risk men who have sex with men** (HR-MSM), transgender persons, and injecting drug users (IDUs). The interventions are implemented by statewide and grassroots nongovernmental organizations (NGOs), which have collaborated to develop crisis response systems as part of Avahan's overall HIV prevention efforts.[3]

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1 Definitions of terms printed in bold font can be found in the glossary.

2 A detailed account of Avahan's experience can be found in a separate publication, *The Power to Tackle Violence: Avahan's Experience with Community Led Crisis Response in India*. New Delhi: Bill & Melinda Gates Foundation, 2009.

3 Because the structure and terminology of HIV prevention programs in other countries may differ from Avahan's, this handbook uses the term "regional or statewide partner" to refer to NGOs or other organizations that may coordinate the program at the broader level and "local NGO" or "NGO" to refer to the grassroots NGOs that may implement direct outreach in each town under the supervision of the regional or statewide partner.

In a crisis response system, trained teams of key population members (KPs)[4] respond rapidly and in person to incidents of violence[5] against other KPs. They provide hands-on practical and emotional support to resolve issues and work to ensure that the legal rights of the affected person are respected and his/her health needs are looked after.

Crisis response has developed out of the need to create an enabling environment in which KPs feel safe and confident enough to access HIV services and change high-risk behaviors. Crisis response also makes **peer educators** (who are a crucial part of Avahan's HIV prevention work and are themselves KPs) safer from harassment or arrest by police. In this handbook, you will find three sections:

Section 1 summarizes the broad approach used by Avahan to set up and operate crisis response systems for key populations in India. It describes the kinds of violence that confront KPs. The process of establishing a crisis response system is presented as a series of steps. This section also describes the organizational responsibilities and resources required and the issues that must be addressed in scaling up a network of crisis response systems at a regional or state level.

Section 2 goes beyond this general approach to consider possible variations in the structure and implementation of crisis response, based on the experience of Avahan's partners. Not all the examples given will be relevant in every context, but the idea is to show how individual crisis response systems adapt to differences in geography, sociopolitical context, and the ways key populations interact.

Section 3 provides examples of the administrative and communication materials that are essential to making crisis response systems work, including position descriptions, organizational charts, and publicity materials, as well as materials for recording and reporting crisis incidents and outcomes.

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4   In this handbook, "KP" is used primarily to mean an individual member of a key population and is used interchangeably with "community member."

5   In this handbook, "violence" means physical violence, harassment, discrimination, or abuse.

SECTION 1: GENERAL GUIDELINES

General Guidelines

1.1 *An Overview of Crisis Response*

What Is Community Led Crisis Response?

Community led crisis response is a simple concept:

- A community member[1] confronted with violence or some other type of crisis can summon rapid, on-the-spot support by calling a phone number staffed by another KP who is part of the crisis response system.
- A team of trained community members assesses the nature and urgency of the crisis, takes steps to address any immediate danger, and provides counseling, access to medical services, and other relevant support.
- In cases where there appears to have been a wrongful arrest of a community member, a volunteer lawyer may assist in intervening with the police. As the crisis response system matures, community members may do this effectively themselves. The team aims to respond immediately, and it works to resolve the crisis over the longer term if necessary.

The crisis response system involves documentation of each incident, including the number of people involved, to improve future responses and monitor trends in violence against KPs (both locally and at the regional and national levels).

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1 In this handbook, "community member" means an individual KP, and "community" refers to a grouping of KPs.

Crisis response addresses immediate incidents of violence as well as incidents that are ongoing or require a longer-term approach:

1 Responding to incidents of violence.
At a minimum, this involves reaching the scene of the incident within a short time (usually less than 30 minutes in urban areas or within a few hours in rural areas); verifying the details of what has occurred; activating legal support where required; and counseling the affected individual to ensure he/she has adequate psychosocial, medical, and resource support in the immediate term.

2 Resolution of crises with families, communities, and intimate partners.
Violence against KPs by family members, intimate partners, or the local community is commonplace. Violence against KPs by members of the same group can also be a problem. Crisis response systems try to resolve these incidents and prevent future violence by

- Counseling individuals and families
- Using lawyers and other respected local leaders to advocate on behalf of affected KPs
- Doing community led advocacy to strengthen public opinion

3 Advocacy and sensitization work with stakeholders.
A crisis response system should be part of a larger effort to equip communities to tackle the broader issues of legal and social discrimination that make them vulnerable to violence and to HIV infection. This requires training and resources.

Because of the limited resources available to HIV programs, crisis response systems must mobilize support from other groups, organizations, and stakeholders. These include

- Lawyers, human rights groups, and other advocacy groups that can help communities when a major crisis occurs. Over time they might train, mentor, and form coalitions with crisis response teams.
- Existing social welfare schemes that provide subsidized food, savings and income-generation programs, literacy training for children and adults, safe houses, and counseling.
- Organizations that conduct sensitization work with the police.
- Media groups or mass media efforts that work to improve HIV knowledge and address HIV-related stigma.

Why Is Crisis Response Important for HIV Prevention?

Without a support system, KPs who face actual or threatened violence may suffer increased **vulnerability** to HIV. The criminalization of sex work and homosexual behavior may lead perpetrators of violence to believe there will be no consequences to their action. Those who experience violence may be afraid to report it for fear of public exposure. They may also suffer low self-esteem, and their ability to negotiate safer sex may be limited, putting them at greater risk of HIV and making them harder to reach with HIV interventions.

Crisis response systems can make KPs feel safer and can also support the HIV prevention work of peer educators. The reassurance that they can call someone if they encounter a threatening situation can help KPs assert their personal and

collective right to safety. This is critical for sex workers, for whom the threat of violence may arise when negotiating condom use.

Community members' support for one another in crisis situations may be a stepping stone for them to take action on other fronts. It may prompt the formation of formal and informal community groups. This may be a more sustainable and effective way for them to organize and advocate for their rights.

What Resources Are Required for a Crisis Response System?

People
- A team of designated community members
- A supportive team of peer educators
- Experienced lawyer(s) on call 24 hours, seven days a week
- Close alliances with well-known local activists and media representatives who are willing to advocate on behalf of key populations when necessary

Materials
- Mobile phones
- Business cards or fliers printed with crisis hotline numbers
- Crisis response reporting forms

Venue and budget
- A **drop-in center** or other venue for meetings
- A small budget to pay for local transportation costs

1.2

Steps in Creating and Implementing a Crisis Response System

For ease of understanding, this handbook presents the process of establishing a community led crisis response system as a series of steps:

1 Assess the need for and nature of crisis response
2 Organize the crisis response team
3 Train the team members
4 Implement crisis response
5 Report and analyze data
6 Educate the key population and the police
7 Build public acceptance and support for crisis response
8 Manage crisis response and integrate it with advocacy

In practice, some of these steps will overlap during implementation. In particular, educating the key population (*Step 6*) and building wider public support for crisis response (*Step 7*) are tasks that will happen simultaneously and, to an extent, start earlier in the project.

Crisis response grows out of and strengthens community mobilization, so while this is presented as a separate step (*Step 8*), it is a process that often takes place as the response system develops.

Crisis response must be community led to be effective and sustainable, so throughout the process, community members must shape the effort. While the NGO implementing the HIV intervention will play an important role in developing and refining the crisis response system, it is important to manage the process in a way that ensures that KPs participate in its leadership from the beginning and gain the skills needed to take over its management.

STEP 1.

Assess the Need for and Nature of Crisis Response

Understanding Violence against Key Populations and Community Led Crisis Response

When planning an HIV prevention intervention, it is important to step back from the HIV program to ask, "What circumstances in the day-to-day lives of KPs might prevent them from making consistent use of the services we will offer?" Crisis response may be a necessary intervention as part of HIV prevention if any of the following circumstances are present:

- Discrimination
- Marginalization
- Belonging to a criminalized group
- Illiteracy
- Difficulty of transportation
- Economic hardship
- Migration and fragmented social network
- The threat or reality of violence, abuse, harassment, and discrimination

Violence can increase community members' vulnerability to HIV.[2] In the longer term, it can also inhibit the development of a strong sense of community among KPs that would enable them to claim their rights in a whole range of areas, including health services.

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2   Research indicates that female sex workers who have suffered forced sex are less likely to use condoms with their clients and are more likely to have a sexuality transmitted infection.

Violence can prevent community members from accessing HIV prevention services for several reasons:

- They are physically prevented from doing so.
- They fear that having contact with service providers will expose them as KPs to the police, family, or others who will harass or reject them.
- Their partner will not allow them to go.
- They are afraid to stand up to clients who do not want them to use condoms.

If the intervention plans to use peer educators, a second important question is whether their work might also be affected by any of the same issues. A peer educator may be motivated to do outreach by a sense of dedication to their fellow community members—or even by some financial remuneration—but this may not be enough to keep a peer educator at their work if he/she is harassed for carrying condoms, needles, or syringes. This can happen in a country where prostitution, homosexual sex, or injecting drug use is illegal.

Factors Contributing toward Violence against Key Populations

Sex workers, men who have sex with men, and transgender persons are particularly vulnerable to violence in contexts where

- Sex work or an aspect of it, such as soliciting clients, is criminalized.
- Homosexual sex is criminalized.
- Injecting drug use is criminalized.
- Social attitudes condemn sex work, homosexual behavior, or drug use and stigmatize the people who practice it, and violence against marginalized groups is tolerated.
- Sex workers, men who have sex with men, transgender persons and drug users are socially and economically disadvantaged.
- Police power and behavior are not closely regulated.
- Violence by intimate partners is considered normal.

Crises Confronted by Key Populations

Community members may experience numerous kinds of emergencies, including

- Verbal abuse by clients, pimps, family members, gang members, medical professionals, police, and wider society
- Extortion by pimps, brothel madams, gang members, intimate partners, and police
- Arrest and detention by police without legal grounds
- Forced (unpaid) sex with sex workers
- Physical and psychological abuse by intimate partners
- Physical violence (including forced sex or sex without a condom) by clients, pimps, family members, gang members, and police

Some forms of discrimination and rights violations may not require an emergency response, but they can nevertheless be addressed by a crisis response system:

- Ostracism by family, neighbors, and the wider community
- Denial of medical and government services and benefits
- Denial of educational services (school enrollment) to children of sex workers

The existence of violence may be obvious to program implementers at the local or state level from the beginning, particularly if they have prior experience working with key populations. But the extent of that violence may be unclear, even to organizations that are familiar with the key population. If programs are being designed with community input, it is important to ask about this during the planning stage. Even if a formal survey is too complicated or too expensive to implement, informal discussions can be used to gather information on the types and prevalence of violence.

Bear in mind the following:

- People may be unwilling to admit to or discuss some types of violence, particularly in large public meetings that are not felt to be confidential.
- Small-group discussions may encourage people to talk more openly, particularly if they are facilitated by community members.
- Community members may have a narrower understanding of violence than program designers. For example, sex workers may see emotional abuse by their brothel madam or pimp as completely normal. Some community members may not consider physical violence by their intimate partners to be violence at all: it may just be "the way things are" (and loyalty to their intimate partners may also make them unwilling to report such violence). Since community members may not see any connection between violence by a police officer and violence by their intimate partner, it may be helpful to address the two issues separately or use different language when talking about them.
- It is possible that the number of crisis incidents reported in preliminary meetings will be much lower than the actual figures. However, it is not unusual for reports of violence to go up considerably as communities begin to trust response systems to serve their needs. This should not be interpreted as an escalation in the absolute amount of violence.
- Before asking the community for information about violence, program designers should have a clear idea of the extent to which the intervention will take action to respond to violence. It is important not to raise the community's expectations for solutions to problems that may be entrenched and only slowly amenable to change.

STEP 2.

*Organize the Crisis
Response Team*

Forming a Crisis Response Team at the Local Level

The crisis response team is made up of trained members of the key population. (*For details of the training, see Step 3.*)

- Members should be representative of the localities they are serving and of the different sub-groups of key populations (e.g., brothel-based or street-based sex workers).
- A peer educator is usually a member of the team. NGO staff may also be represented by a staff **outreach worker**, a staff member working on advocacy, and/or the drop-in center manager.
- The team should be supported by a lawyer (on a retainer or pro bono), who can be contacted on a 24-hour basis, as needed (this is important because calls often come at night). In the initial stages, especially when KPs are less able to advocate for their rights, the lawyer may be called on to negotiate with the police for the release of those who are wrongfully arrested. (In rare cases, they may represent an arrested community member in court.) As crisis response matures, legal support takes the form of educating the community about their legal rights and entitlements. (*For further details, see Section 2.7.*)
- If a self-help group or community-based organization (CBO) already exists, it may form the basis for the crisis response team, but volunteers from within the group must be designated, and specific training must still be provided.

Crisis response teams may be organized at the level of the local NGO or at a regional or even statewide level. *For a detailed consideration of the options, see Section 2.1. For details of how the structure of the crisis response system affects the choice of team members, see Section 2.2. Infrastructure costs are discussed in Section 2.3.*

What Kind of Community Member Makes a Good Crisis Response Team Member?

- Known to community members and trusted by them
- Assertive and willing to speak out to local authorities
- Good listening skills
- Committed to being available by phone 24 hours a day when on duty
- Committed to responding to crisis incidents immediately when called on
- Disciplined and ready to work as part of a team, including attending trainings and meetings and doing follow-up work when needed

Methods of selecting team members are discussed in Section 2.4, and the length of their term of service in Section 2.5.

Scope of Work

The duties of the crisis response team include the following:

Responding to crises: Be available on a 24-hour basis and able to go to the site of the crisis immediately, if needed. Members of the team may rotate their on-call duty on a monthly basis to share the workload with other trained personnel and minimize burnout.

Counseling: In many cases, the primary element of crisis response is emotional support to the victim. The persons who go to the scene of the incident must negotiate with perpetrators as needed but also listen to the victim and provide support.

Follow-up: Assess whether follow-up actions are needed and initiate them. These could include

- Obtaining medical attention
- Gathering information from witnesses
- Filing a police report
- Obtaining support from the team lawyer
- Performing advocacy with stakeholders
- Organizing the community to respond
- Engaging the media

Documentation: Complete written records of each incident, its follow-up, and its resolution. (Victims or team members who are not literate are assisted with this by NGO staff.)

Capacity building: Take part in training and conduct training to strengthen skills for crisis response.

Sensitization: Work with stakeholders (including media) on longer-term activities to increase their understanding of the issues faced by key populations.

Advocacy: Work with KPs, particularly through the community group structures, to educate them about their legal rights and entitlements and to advocate for these.

How Many People Should Be on the Team?

Crisis response teams in the Avahan initiative range from four to 10 members. In one case, where teams are located at the **hotspot** level, the size of the team is determined using a ratio of two crisis response team members for every 25 community members.

When deciding on the number of team members, take into account the following:

- How many people are needed to provide effective coverage without overburdening the members?
  - If crisis incidents are very frequent, more team members will be needed.
  - Having enough members to rotate the responsibility for responding to calls can help prevent burnout.
- How large is the area the team is covering?
  - It is good to have representation from each site or hotspot if possible.
  - If the team is too large, communication can become unwieldy.

Local Support for Crisis Response

Support for the crisis response system can come from several sources at the local level:

- NGOs usually hire an advocacy officer to manage work at the local level.
- Peer educators and outreach workers can also be trained to establish and support the management of a crisis response system.
- An **advocacy committee** is organized, typically including elected KPs with support from NGO staff. Advocacy committees may also have members who are influential within the wider community, such as police officers, government officials, and social activists. *For a detailed discussion of the role of advocacy committees in the crisis response system, see Step 8 and Section 2.8.*
- Community groups, whether already existing or newly formed, at the site level can be trained to support crisis response.

Regular meetings of the crisis response team to review and support its work are important. *For more details and a discussion of the question of financial remuneration for team members' work, see Section 2.6.*

STEP 3.

Train the Team Members

Begin designing the training for crisis response with an assessment of the capacity of the communities and NGOs who will manage the process. Training should be organized centrally for the crisis response team members and NGO staff (*for definition, see Step 8*). If the crisis response teams will be organized at the site level, training can be undertaken at the regional level for multiple groups to help establish a consistent approach and a sense of solidarity between teams.

The curriculum should be refined and strengthened with inputs from key population communities. It should cover the following topics:

- Situation assessment of violence and need for crisis response system
- Identification of the sources of and reasons for violence
- Identification of other types of crises that the response system should address
- Functions of a crisis response system
- Roles and responsibilities of crisis response team members
- Locations to focus on and the total population to be served
- Stakeholder analysis (institutions and individuals that are perpetrators in crisis situations; others who may influence crises indirectly; leaders who could help in crisis situations and long-term preventive action)
- Identification of priority issues, and understanding of the institutional levels at which to address them
- Legal knowledge for emergencies:
    - Under what circumstances a person can be arrested
    - Correct police procedures when charging a person with a crime and/or detaining them
    - Rights of a person who is being arrested, charged, and detained

- Legal knowledge for advocacy:
    - Legal status of sex work, homosexual sex, and drug use
    - How to make cases in court
- Counseling skills
- Communication skills, negotiation, conflict management, etc.
- Recordkeeping and documentation
- Media advocacy

The curriculum should take into account the limited exposure that crisis response team members have had to formal training:

- They may have never attended a formal training program and may be encountering group exercises and discussions for the first time.
- They may not be accustomed to being asked for input or to having their opinions and ideas listened to and validated.
- Many may be illiterate or have low literacy.

Organizing the training

- The training should be led by KPs who have been involved in crisis response pilots and have been trained as trainers.
- Lawyers working with the crisis response system should facilitate the legal component of the training.
- The trainers must ensure that the training environment makes participants feel comfortable and that active participation is encouraged. The following are some of the well-established ways of engaging participants, especially adult learners:
    - Use interactive personal introductions at the beginning of the training.
    - Have an ice-breaking exercise at the beginning of each day.

- Generate norms for participation and behavior during the training, including the concept of a "safe space."
- As much as possible, avoid written materials for trainees and didactic lecture presentations.
- Use group discussions, break-out groups, role playing, story telling, games, drawing, etc. instead.
- Balance intensive personal stories of crisis with fun, confidence-building activities.
- Have participants summarize their learning at the end of each day, and recap the previous day's learning at the beginning of the following day.

As the crisis response teams gain more experience, advanced training can be offered, covering topics such as

- Leadership skills
- Negotiation and conflict management
- Media management
- Evidence-based advocacy
- Data collection

STEP 4.

Implement Crisis Response

The crisis response team should be fully familiar and comfortable with the steps involved in responding to a crisis. The following is a general outline of a typical response protocol. *For consideration of other approaches, see Sections 2.9 and 3.9.a-c.*

Steps in Response to a Crisis (Emergency)

Immediate

1 The report of a crisis incident is received by a crisis response team member or hotline operator, who reassures the person they will send help and confirms details of the location, caller, person in crisis (if it is not the caller), and the nature of the crisis.

2 The receiver of the information informs other team members and any designated NGO staff person by phone and decides who will respond to the situation, depending on the location and type of crisis.

3 Persons assigned to respond to the crisis (at least two team members) are dispatched within 10 minutes.

4 At the location, team members verify details of the crisis and arrange for medical support, if needed. They offer counseling and assess the need for other support (e.g., legal, short-term accommodation, further counseling) and make arrangements for it.

5 Team members assess the scope for an immediate response to address the perpetrators of the crisis (e.g., dialogue, filing police report, challenging wrongful arrest with legal representation). Additional members of the crisis response system (team members, advocacy committee, and NGO staff) are called in, as needed.

Next day

6 The team members who responded to the incident make the initial documentation of the crisis at the NGO.

7 Crisis response team meets with (1) the advocacy committee and NGO staff, as needed, to discuss the event and plan further follow-up; and (2) other community members to share information and strengthen community resolve to address crises.

Within the first week

8 Final resolution of the crisis is fully documented and reported to community members at a subsequent community meeting.

Steps in Response to a Crisis (Non-Emergency)

A community member facing a crisis that does not involve actual physical violence to himself/herself or his/her children (e.g., hostility from family or neighbors without the threat of violence, or discrimination from providers of government or social services) may contact the crisis response team as in steps 1 and 2 above. Members of the team respond in person, and the response follows steps 6 to 8 above. The situation may demand counseling or possible relocation for the affected person. Norms regarding the timeframe for response to non-emergency crises are set by the NGO.

Communication System

A phone-based communication system should be developed so that a person in crisis can contact the response team and get help as quickly as possible. A community member facing a crisis, or a friend, makes a call to the hotline

number, which they have memorized or recorded in their mobile phone.[3] The crisis response team member who receives the call will determine who in the team is closest to the scene and call that person or persons with the information so that they can respond. They travel to the scene quickly and call for back-up, if needed. Communications networks can operate at a local level or on a regional or statewide level.

In a local crisis response system, a number of phones should be purchased for use by the team members, who take turns being the person who will respond to calls. In the beginning, pay-as-you-go SIM cards can be used if it will take time to set up monthly billing for the phones. A coordinator must be appointed to receive calls and mobilize the other team members as needed. When the response system is first set up, the coordinator (usually an NGO staff member) along with a community member attends training. Once a number of community members have been trained, they can rotate the coordinator role among them. The coordinator contacts NGO staff to keep them informed and oversees any immediate logistical and back-up support for each incident as well as the reporting of the incident.

If a regional or statewide phone hotline is set up for the crisis response system, a number of phone lines must be created with the telephone service provider. The hotline may be serviced by a toll-free number, and calls are then referred to the crisis response team of the closest local NGO. A clearly defined communications network must be established so that the dispatcher answering the central line can quickly reach the local crisis response team. The regional or statewide hotline is particularly effective for serving mobile populations, because they can call the same phone number for help throughout a large area. This system also allows the regional or statewide partner to directly monitor the number of crises being reported. *Further considerations around communications are discussed in Section 2.10.*

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3 Mobile phones have become an important means of communication for key populations in India and therefore for crisis response systems. Where they are not available to everyone, public phones may be used, or another person's phone may be borrowed.

Response Time

A rapid response is important for several reasons:

- The crisis may be an emergency, and the individuals involved may need immediate medical assistance or emotional support.
- A rapid response demonstrates to community members that support is real and effective at the time it is most needed.
- It can make it easier to identify and report the attacker and collect other evidence.
- Details of abuse or harassment can be gathered more accurately while they are fresh in people's minds.
- Those who are faced with routine abuse may be reluctant to report it unless it is an immediate experience.
- A rapid response can lead to a more rapid resolution of the crisis.

Avahan found that, in India, it is possible to develop systems with a response time of about 30–60 minutes in urban areas and a few hours in rural areas (i.e., crisis response system members will arrive at the location within this time period after a call is received). Similarly, resolution of a crisis within 24 hours should be the goal. Collecting information on the response time for each crisis can reinforce norms for quick responses.

Publicizing the Crisis Response System

A crisis response system works best when the community supports it and uses it all the time. This means that the number to call must be known in the community, success stories about the system must be publicized within the community, and crisis incidents and their resolutions must be reported on.

Team members should be introduced at other community meetings so that community members will recognize them and know they can be called in a crisis. Business cards or fliers with the phone numbers for the crisis response team should be distributed to KPs by peer educators while they are doing outreach, as well as through drop-in centers, clinics for treating sexually transmitted infections, or other venues. Publicizing the crisis response hotline may be a sensitive issue: some individuals may not want to be seen by their intimate partners, pimps, or others taking down the information. Instead, they may choose to remember the number or record it in their mobile phones rather than take a flier.

Publicizing a positive outcome to a crisis can be empowering for affected individuals, and telling their own story can create a rallying point for the community and the crisis response system.

But it is important to note the following:

- At all stages, team members must remember that publicity can be harmful to the individuals involved.
- Any public exposure, even at the drop-in center, should be done with the oversight of a counselor, and possible repercussions should be explained to the individual involved.
- When the crisis involves an abusive relationship, good follow-up is needed to ensure that the situation does not repeat itself, especially if the person has spoken publicly about his/her experience. The person may be ashamed if it happens again.

Annotated examples of cards, fliers, and posters used to publicize crisis response systems are given in Sections 3.3–3.8.

STEP 5.

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Report and Analyze Data

Data collection, analysis, and reporting are important management tools for monitoring the health and success of a crisis response system. Data can be used to guide decision making, improve work on the ground, and refine strategies to suit the evolving needs in a program. Data from a crisis response system may also be the most important evidence of the stigma and discrimination key populations face, which is essential for advocacy and fundraising.

There are two levels of reporting in crisis response programs:

- **Local reporting** is done by members of the crisis response team or NGO staff and used by the local program to report back to the community and improve the crisis response system.
- **Consolidated reporting** is usually compiled by a management information system (MIS) officer at the NGO and used by the program to analyze trends in violence, for advocacy, and to track overall program effectiveness. Where a scaled program is operating, data are fed further upward so that central management can analyze statewide and national trends.

Local Reporting and Analysis

Local reporting captures the immediate details of a crisis incident and the short-term follow-up. The way crises are recorded must be standardized throughout many systems. To do this, crisis response teams should be trained to document all types of crisis incidents and analyze trends. The effort should not be seen as a bureaucratic one of "reporting up," because this information can help crisis response teams to do preventive work against violence and tackle local problems.

Communities should therefore be adequately trained in reporting and analysis from the beginning, and crisis response should be linked with advocacy training *(see Step 8 also)*. NGOs must make special efforts to support community analysis;

where they do not, reporting systems ultimately fail. When a crisis response system is being established, the NGO may need to coordinate reporting, but KPs should be trained to take over the responsibility.

It is important for each crisis response team member to understand the basic information that must be recorded to effectively report on the crisis incident. The most important data needed on a routine basis to inform crisis response management include

- Time and location of crisis
- Nature of the crisis
- Identity of the victim(s)
- Number of perpetrators and their identities, where known
- Who responded (response team, other community members, NGO, etc.)
- Response time
- Nature of any follow-up action and the resolution of the incident
- Nature of legal action, if any (e.g., charge sheet filed by police or by community member or NGO)

If more financial resources are available, mobile technology for reporting can be explored. Otherwise, there are a number of options for paper- and Excel-based reporting.

Consider several important factors to develop reporting systems that are accurate without being burdensome:

- Information should be recorded as soon as possible. If it is not practical to complete the official program paperwork, the person responding to the crisis can use a personal diary to write down the details. Some programs have developed a reporting form for recording the details of each incident. *(For examples, see Sections 3.11 and 3.12.)* This form must

be completed by someone who is literate: if the first responder is not, they should work with another member of the team or a staff member from the NGO/CBO to fill in the form.

- ▪ *For an example of a form that can be completed by someone who is not literate, see Sections 3.14.a and 3.14.b.*
- ▪ It is not essential to develop a complex form: several systems observed in the development of this handbook use a fairly simple written register or logbook, which is kept at the drop-in center. *(For an example, see Section 3.12.)*
- ▪ Additional documentation can include police reports, medical records, photographs of involved parties, and notes from crisis response team meetings.

As crisis response becomes established in a community, community members may respond to incidents themselves, sometimes without calling on the crisis response team. In these cases, they may feel little need to report incidents to the team afterward. Although incidents are usually well publicized within communities by word of mouth, community members should be encouraged to actively report all incidents to the crisis response team, even after the fact, so that accurate data on trends in violence can be maintained for planning, advocacy, and fundraising.

Consolidated Reporting and Analysis

It is possible to track the overall impact of crisis response systems and to monitor trends in violence and the timeliness of responses if all crisis reports are brought together or consolidated. When analyzed over time, these data can show how violence is changing, the locations of violence, the most common perpetrators, and the most commonly affected groups, which can help the program plan effective crisis prevention interventions.

When crisis response systems are locally managed, it is often difficult to introduce a centralized reporting system with common indicators and clear operational definitions, but if the intention is to develop several crisis response systems at once this provides an opportunity to ensure that all reporting is the same from the beginning. This is critical for refining crisis response as well as for advocacy on the issue of violence.

The program must establish the data points that are needed for consolidated reporting and ensure that these are recorded for each incident by location, regardless of the format used. *(For an example of a consolidated reporting form, see Section 3.14.d.)*

For a basic analysis that will demonstrate the need for crisis response, the following indicators should be included:

- Number of reported incidents of violence against community members (e.g., female sex workers, men who have sex with men, injecting drug users), broken down by so-called risk group[4]

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4   In each case where "community members" are mentioned in this list, this term should be understood to mean the population group served by the program that is at risk of violence (e.g., female sex workers, men who have sex with men, and injecting drug users), and the reporting should be broken down by individual group ("risk group") so that any variations between these groups are clear.

- Number of reported incidents of violence by police against community members
- Number of reported incidents of violence against community members that were perpetrated by members of the same community (e.g., violence by men who have sex with men against other men who have sex with men)
- Number of reported incidents of violence by non-paying partners, husbands, or lovers/boyfriends against community members
- Number of reported incidents of violence that were responded to by crisis response team within 24 hours
- Number of reported incidents of violence that were responded to by crisis response team within 2 hours

There should be a monthly review of cases, whether by the crisis response team, advocacy committee, peer educators, NGO staff, or a meeting of the community/ CBO. The purpose is to keep staff and volunteers informed about the kinds of crises that are occurring, where the incidents are taking place, and the status or ultimate resolution of specific cases. In addition, wider advocacy issues that arise from individual incidents can be addressed.

To supplement program knowledge, Avahan has carried out periodic behavioral surveys with KPs to understand how violence relates to condom use, condom negotiation, community mobilization, and demographics. These surveys have captured more detailed information about types of violence and perpetrators and allow the program to understand the associations between risk reduction and violence.

STEP 6.

*Educate the Key Population
and the Police*

Community

Crisis response team members should engage with the wider community, through advocates who are supportive of key populations, and at public meetings with the local NGO to raise awareness of violence as a problem and present it as an issue that can be addressed when people take action. This can increase awareness of crisis response services and mobilize more resources, including the support of community leaders.

KPs who are poorly educated or illiterate may take some time to become accustomed to the idea that they have the same legal rights as other citizens. Once this happens, they may raise new or recurring legal issues that they face. Regular legal literacy workshops can be held to address these. This is a key role for the response team's legal resource persons and is likely to form the most substantial part of their work for the crisis response system.

Examples of issues that can be discussed at community meetings:

- Types of crises faced by the community
- Functions of the crisis response system
- What the community can do when there is a crisis (planning collective actions, and reports on any actions undertaken)
- Intimate partner violence (often under-reported in comparison with other types of physical assault)
- Strategies for violence prevention (e.g., how a sex worker can recognize the warning signs in a client)
- Interacting with the police to foster positive relationships and gain support when confronting harassment
- Everyday legal literacy and the rights of key populations
- Condom use negotiation
- How to discuss sexual orientation with family members
- Public perceptions and norms that may sanction (or deter) violence

Police

Educating the police is an important function of a crisis response system to gain support both for crisis response and for peer outreach work. Police education addresses stigma and discrimination related to HIV and key populations.

Police may abuse their power and misinterpret the law, resulting in verbal or physical abuse and/or detention of community members. Institutionally and individually, the police tend to reflect the discriminatory views of society and are often uninformed about the status of various key populations under the law. Regular and ongoing sensitization and advocacy work can significantly improve police attitudes toward these groups.

Sensitization work is most effective if support is first gained from the highest possible levels of the police in the region or state. Ideally, the regional or statewide partner or the local NGO may then be authorized to conduct sensitization sessions where attendance by police officers is required. It may be easier to do this if such sessions are presented at least partially as education about HIV/AIDS for the direct benefit of the police. At the same time, other issues can be addressed, such as the nature of sex work and correct interpretation of the laws concerning sex work and sexual minorities. KPs often participate in these sessions, sharing their personal stories to humanize themselves in the eyes of the police.

Some approaches to police education include the following:

- Provide legal literacy courses to police, which discuss the rights of key populations, common instances of police abuse, and preferred treatment for key populations; and develop platforms for cooperation (e.g., to identify underage sex workers who have been coerced into the industry or to decide cruising and solicitation spots acceptable both to police and sex workers or men who have sex with men).
- Add HIV prevention to the curriculum at police training schools and academies for low-level and high-level officers. This can be an entry point to build respect for KPs who are working as peer educators.
- Have peer educators' identification cards endorsed by the police department with a signature from the highest-ranking officer possible. Peer educators can show their cards to officers on the street to prevent harassment and allow uninterrupted outreach work.
- Institute monthly meetings between KPs and the police for ongoing discussion and resolution of grievances. Ideally, a designated officer should deal with HIV-related issues on a routine basis.
- Recognize officers who are supportive through formal ceremonies at the NGO.
- Advocate for police departments to adopt workplace policies that
  - Encourage provision of HIV-related information and services within the police force
  - Highlight and discourage discrimination against key populations and people living with HIV
  - Prohibit mandatory testing of and discrimination against HIV-positive personnel

Working with Police at the State Level

Here are excerpts from a memorandum to guide police in support of HIV programs, which was issued in 2006 by the police in Andhra Pradesh state, in collaboration with the State Aids Control Society and Avahan's two statewide partners.

Prevention programs sometimes encounter problems with the police for the following reasons:

- If sex workers carry condoms, it is often taken as "proof" of soliciting clients, and they are arrested, which increases their vulnerability.
- If hotels stock condoms, this is also taken as "proof" that the hotel encourages sex work, and it is raided.
- Peer educators in prevention programs are arrested while distributing condoms or while talking to other sex workers. As a result, the program's work is impeded.
- On some occasions, the police have conducted forcible testing of sex workers for HIV, which is against national policy and guidelines on HIV testing.

The above actions drive sex workers underground, making them inaccessible to HIV prevention programs. The following actions can be taken to address these issues:

- Carrying condoms is not to be used as "proof" of solicitation to arrest sex workers.
- The police in each district are to sign the identity cards of HIV prevention program staff so that they are not arrested for doing their job in the program.

- The NGO program staff are to conduct one-hour sensitization sessions during the monthly crime meetings at all levels (district and sub-district).
- The NGO program staff are to hold workshops for police officers at all levels.
- An HIV/AIDS sensitization workshop or module is to be incorporated into the training for new police recruits.
- The police are to cooperate with the state AIDS control body and Avahan partners in implementation of their programs.

Working with Police at the Regional Level

In rural Maharashtra state, Avahan organized training for police. The lead trainers were themselves sex workers. They explained the nature of HIV prevention work and addressed misconceptions about sex work. They also discussed peer educators' outreach to key populations, and the importance of police support for the project. A year later, they worked with the police to develop a police training video on the same topics.

Some communities have found creative ways to involve police in their work and familiarize them with their lives and issues. For example, police officers have been invited to give awards to high-performing peer educators at community meetings or to serve as judges at a fashion show put on by community members.

This relationship between sex workers and the police was not established easily. The NGO running the HIV program first developed support for the program among local business and political leaders. They then urged the police to take the HIV program seriously, and over time, the police finally agreed to interact with the program and with sex workers.

STEP 7.

Build Public Acceptance and Support for Crisis Response

Working with the Media

Media coverage can influence public attitudes about HIV, key populations, and HIV-positive individuals. There are several approaches that can be taken:

- Train the crisis response team and other community members in dealing with the media, especially as spokespeople.
- Encourage the media to report on community activism (e.g., sensitization work with other groups, such as the police, or demonstrations).
- Offer training to journalists in the local, state, and national media on constructive coverage of key populations and of HIV.
- Acknowledge and encourage journalists who report supportively on HIV issues and key populations.
- Engage with journalists who present inaccurate or insensitive reports to help them understand how they have misrepresented the affected community and HIV/AIDS.
- Suggest story ideas that explain the key population and the HIV prevention program and present them in a positive light.
- Monitor the media to understand trends in reporting, identify where to focus efforts, and determine whether outreach is influencing media coverage.

Networking with Other Groups

It is important to network with civil society groups that advocate for human rights beyond the area of HIV/AIDS. The experience and interest of such groups often overlaps with the concerns of key populations, such as the rights of women, children, and minority groups. They may be able to provide capacity-building support; immediate back-up for advocacy; and access to schemes that provide valuable social, economic, and mental health linkages for addressing the roots of crises. These groups may also have useful contacts in the wider community (e.g., police or government).

Advocacy with the Government

Working with policymakers to reduce discrimination against key populations is an important strategy for violence reduction. NGOs usually must broker relationships on behalf of the community. At the outset, the goal should be to build relationships with elected and appointed representatives at regional and state levels in all relevant areas of government, including health, family welfare, and women and child development.

Where possible, it is a good idea to nominate members of crisis response teams or advocacy committees for appointment to committees that deal with issues relevant to their communities. It may be necessary to educate these members about how to work effectively in such groups. It may also be necessary to educate key government stakeholders about the gravity of the HIV epidemic in their region or state and sensitize them to the ways in which discrimination against key populations increases the risk of infection.

STEP 8.

Manage Crisis Response and Integrate It with Advocacy

Crisis response should never been seen as separate from other HIV prevention interventions. Coordinating management and training at a regional or statewide level can help to simplify systems and make them more effective. At the same time, crisis response systems can be seen as part of the wider advocacy work that the program may undertake (e.g., through an advocacy committee to help reduce the vulnerabilities of key populations and secure their rights).

Managing Crisis Response Systems

Crisis response systems must be locally led and resourced to be sustainable and relevant, yet they also require some central coordination to maximize their effectiveness. A centralized system can have several benefits:

- Norms for management of crises can be made clear to everyone so there is less burden on individuals.
- Community participation can be outlined early and made part of the training. This will create a stronger sense of ownership.
- Standardized data collection makes it possible to use data more effectively for advocacy and fundraising.

Using Common Training Resources

There are several possible ways for regional or statewide partners to provide coordinated capacity building for crisis response systems:

- Providing local NGOs with standardized training resources ensures consistent and accurate information across geographic areas and avoids duplication of work.
- A training-of-trainers workshop can create a group of trainers who can work with local NGOs across the region or state to set up new crisis

response systems or to train new members of established crisis response systems. Such trainers are a long-term, low-cost resource that can be used by government programs as well.

- Exchange visits between NGOs and community leaders who are operating crisis response systems effectively, and those who want to learn how to do it, can share practical information and show what can be accomplished.

Defining Minimum Standards for Management

While each local area is unique and has its own requirements, the regional or statewide partner should define common standards for each NGO to follow when developing its own crisis response system. These standards should cover

- Infrastructure and staffing of the crisis response system
- Recruitment and membership of crisis response teams
- Implementation (promoting awareness of the system, communications systems, response times)
- Counseling and support for individuals in crisis
- Legal support
- Data recording and reporting
- Follow-up of cases
- Regular review and analysis of cases and data to improve system
- Community training and mentoring
- Advocacy work and networking with leaders and groups who can support the crisis response system
- Continuous system strengthening

Standards must be flexible enough to allow for innovation and adaptation to local conditions. They should be revised, as needed, as the crisis response system matures. *For an example of standard operating procedures for a crisis response system, see Section 3.10.*

Integrating Crisis Response with Advocacy Work

As Avahan's crisis response systems matured, they became more closely coordinated with the work of advocacy committees, which were established within most programs to help advance the health and rights agendas of key populations. Figure 1 shows how these systems might work together.

Advocacy committees can perform several functions related to crisis response:

- Provide back-up support for emergencies and crisis situations that affect the key population.
- Quickly and effectively engage with leaders to resolve major crisis situations.
- Build awareness about the violence, stigma, and discrimination faced by key populations.
- Address the issues and recognized needs of the community.
- Initiate local-level advocacy activities and follow up on ongoing advocacy issues.
- Provide training on advocacy-related issues to crisis response teams.

The following are possible criteria for forming an advocacy committee:

- It includes representation from all local crisis response teams.
- Members are selected based on their willingness to be part of the advocacy initiative.
- Each committee consists of approximately 15–20 members.
- Committees may be a mixture of KPs and local stakeholders of influence (e.g., police officers, lawyers, government officers, social activists). However, KPs should always make up a substantial majority of the committee (e.g., 70%).

- The membership of the committee should rotate at a pre-determined interval through systematic elections.
- The committee should meet regularly (at least once every two months).

Initially, the advocacy committee may be part of the NGO infrastructure, but as community groups mature, the advocacy committee may become part of a CBO.

Figure 1.
Crisis response system within a structural interventions approach

SECTION 2: BEST PRACTICES
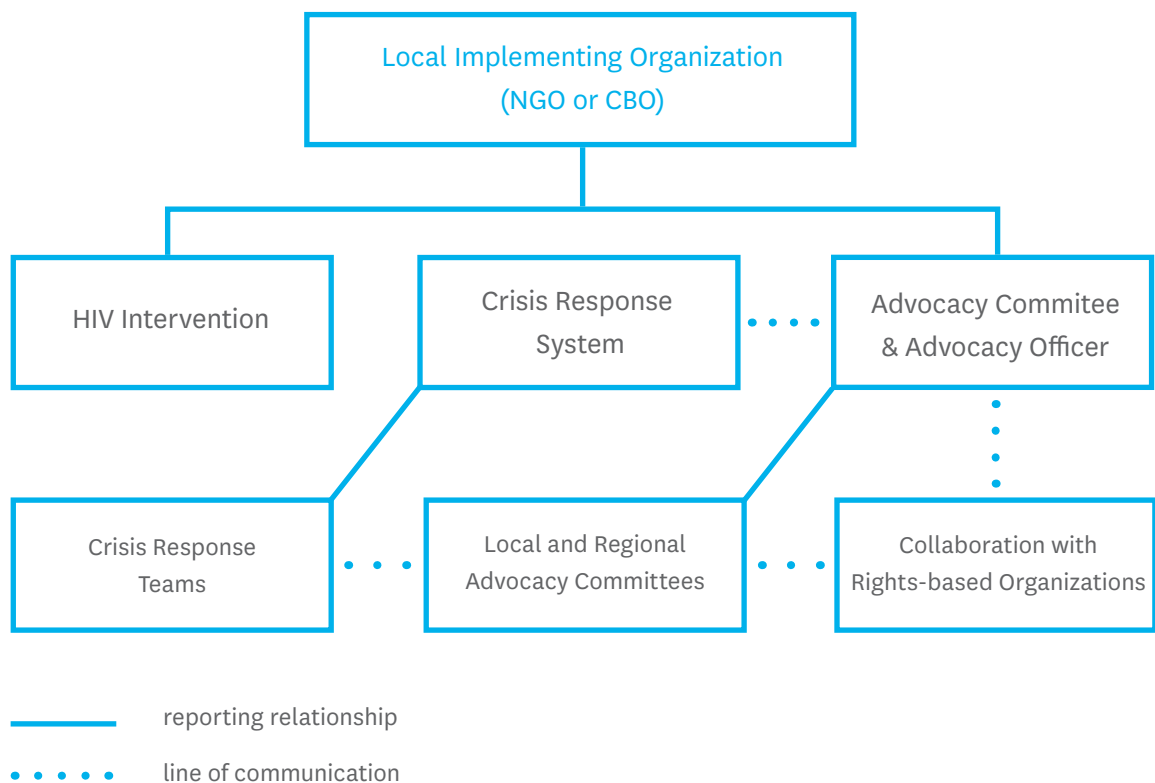
Best Practices from Avahan's Programs in India

Avahan's partners worked in a wide variety of contexts:

- Rural and urban areas
- Places with good transportation and places where travel was difficult and time-consuming
- Places where different key populations predominated
- Places that were politically stable and places that were prone to violence and insurgency
- Places where different religious groups predominated
- Places where different languages were spoken

These differences made it necessary to adapt crisis response systems to make them as effective as possible. This section of the handbook presents some of the variations and the reasons behind them. Not every issue addressed here will be relevant in contexts outside India, but even where that is the case, these examples can serve to show how local context should be taken into account when planning a crisis response system.

2.1

The Structure of Crisis Response

There are several ways the crisis response team may be structured, particularly in terms of the geographic area each team covers. The structure may take into account factors such as the density of community members in a given area or the ease or difficulty of travel, but it may also reflect the relative maturity of the crisis response system.

A single team may cover

- One hotspot
- A site (several hotspots)
- One or more towns or a district, region, or state with sub-teams that are centrally coordinated

While community mobilization is in its early stages, it may make the most sense to keep crisis response teams local (i.e., one team per hotspot or per site). The personal relationships that exist between community members at a hotspot will strengthen their motivation to seek and offer help.

Successful interventions will help build trust in the crisis response system and foster a wider sense of community. This may enable the system to develop further so that a team is responsible for one or more towns. When there is confidence in the system, community members will not feel uncomfortable receiving assistance from a team member whom they may not know well.

Although it may seem that a single team might be overwhelmed with crises to respond to, this need not be the case. At this stage in the development of the system, community members in general may feel empowered to respond to some crises without calling on the team for help; and the increasing profile of the crisis response system, coupled with wider advocacy by the community, may also lead to less tolerance of violence and a decline in some types of violence.

Crisis response systems and community mobilization may reach a level of maturity that makes it possible to offer a regionally coordinated system, with a centralized phone hotline that delegates the crisis response to locally organized sub-teams. There are several potential advantages of such a system: it can offer a single phone number (which can be easier for migrant community members to remember), and centralized reporting of data and training of team members can make the system more efficient and possibly more cost-effective. Where violence is still a sensitive issue, it is important to have a number to call that allows a person to talk about and address the violence being experienced without involving neighbors and friends, particularly when someone suffers violence from a partner.

It is important to note that these three possible organizational structures do not represent a template that all crisis response systems should conform to, and no structure is necessarily superior or inferior to the others.

Table 1 lists further factors and considerations that should be weighed when deciding how to structure the crisis response team.

Table 1: Factors and considerations for structure of crisis response team

Factor		
Overall structure of HIV prevention intervention	Geography	Level of violence
Considerations		
How many NGOs or other organizations are implementing the program in a given area (e.g., 1 NGO per town or various NGOs within a town responsible for delivering different HIV-related services)?	How close together are hotspots, and how easy is it for team members to reach other hotspots?	Are there frequent, widespread incidents that require immediate action, or is the main need for advocacy to address systemic (but not life-threatening) discrimination?
Advantages and disadvantages of different structures		
1 team per hotspot/site Requires careful coordination, but teams can also learn from one another

1 team per town Ease of management and training | **1 team per hotspot/site** Teams located at hotspots/sites enable a very rapid response.

Useful if hotspots/sites are not close together or if travel between them is difficult or time-consuming.

Requires close management to identify appropriate members from within each hotspot.

Likelihood of rapid turnover if there is high mobility of community members.

If multiple NGOs are present, coordination can be challenging.

1 team per town Can work as long as team members can easily reach any hotspot quickly if needed.

Works best where communities are mobilized and there are strong local groups. | **1 team per hotspot/site** Can respond rapidly and intervene in cases of violence and ensure medical and legal care is provided for the victim.

1 team per town May be adequate to deal with systemic issues and advocacy.

May be able to mobilize wider community support for advocacy issues. |

The organizational structure of crisis response may change over time in response to several factors:

- Maturing of the HIV prevention intervention
- Change in the level or type of violence
- Increased sense of community identity and ownership of the program
- Transition of program management from NGO to CBO

Table 2 gives some examples of how crisis response teams were structured in the Avahan program and changes that were made over time.

Table 2: Possible configurations of crisis response teams

Initial structure	Later structure (where this has changed)	Comments
1 team per self-help group (= 1 team per 10–15 community members)	Crisis response team's work gradually transitions to be the responsibility of all self-help group members.	Each team is made up of members of the self-help group; one or more self-help groups exist at each hotspot, depending on the number of community members.
1 team per hotspot		Each team overseen and supported by Core Advocacy Groups at the site and NGO levels (see Section 2.8 below).
1 team for every hotspot with more than 20 community members	1 team per NGO (= 1 team per district)	
1 team for every 2 sites, organized by NGO	1 team per district, organized by CBO	A strong CBO with members from across a district has the ability to manage crisis response throughout that area.
1 team (advocacy committee) for several sites		There may be two teams in a small town and as many as 15 teams for a city.
1 team for 4 blocks (sub-division of a district), organized by NGO		This structure reflects a rural area where community members are relatively scattered, and it would be impractical to form and manage multiple teams.
1 team (advocacy committee) per NGO		
1 team (advocacy committee) per district		In this example, the team covers 41 hotspots in 24 villages and one town in a largely rural area where community members are relatively scattered.

Expanding Crisis Reporting through Peer Outreach: A Case Study

In one program,[1] the crisis reporting system was changed to use peer educators to gather information on violence during their regular outreach, rather than relying only on community members to always report violence to the crisis response team.

The new system had two goals: to address the fact that community members seemed only to report violence by the police, while other perpetrators of violence, abuse, and discrimination went largely unreported; and to make crisis response more effective by involving peer educators and outreach workers more in responding to violence and doing advocacy work and by reducing the burden on crisis response teams. Reporting and documenting forms were developed and field tested by the community, along with protocols for recording and reporting crises. Peer educators were trained to understand a holistic concept of violence and shown how to use the new forms for documenting reports of violence.

Now when peer educators meet community members, they proactively ask them whether they have suffered incidents of violence, rather than waiting for the community members to report them. Peer educators make clear that violence can be sexual, verbal, emotional, or physical and that it can be perpetrated by intimate partners, family, and even other KPs. Because peer educators know their contacts and are trusted by them, community members seem willing to report incidents that they might not otherwise have reported to the crisis response team.

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1   Karnataka Health Promotion Trust, Karnataka state.

In the areas where the program was piloted, this led to a significant increase in reporting. At the same time, crisis response is now seen as a concern of peer educators and intervention staff and not just of the crisis response team and advocacy committee. *Examples of the reporting forms used in this program are given in Sections 3.14.a–d.*

Naming the Team

Sometimes communities wish to choose the name that the response team is known by. This can help to strengthen local ownership of the work. In the Avahan program, crisis response teams are also called Rapid Action Teams and Rapid Response Teams, and some are given names in the local language that may also contain local cultural references. It is also important to have a collective name for many response systems that work in coordination so that members can invoke the authority of the larger organization when they need to.

2.2

Who Should Be on the Team?

Precise membership of the team will depend on the level at which it is organized, but involving community members (beyond peer educators) develops **community ownership** of the crisis response system. Table 3 shows considerations about who may be included.

Table 3: Possible members of crisis response team

General community members	Community members who serve on the crisis response team can develop leadership abilities that may strengthen the ownership of the HIV intervention by the key population. Involving general members rather than only peer educators can also help prevent burnout of peers educators.
Peer educators	Peer educators are valuable members of the team because they already know the community through their work and are familiar with the intervention.
Self-help group leaders CBO board members	If crisis response is a function of a self-help group or a CBO, members or leaders of these groups should be part of the response team. Including leaders is important to strengthen the recognition and sustainability of the crisis response system. At the same time, it must be recognized that the leaders of these groups may be seen as different from the rest of the community, and the crisis response team should be promoted as a confidential system in which callers will not be judged.
Program staff member	If peer educators or community members are illiterate, having at least one program staff member on the team who can write is important for documenting crisis incidents.
Outreach worker(s)	Provides a link to the institutional support of the NGO. This can be especially important for addressing crises in the early phase of the response system.
Advocacy officer (if position exists)	Provides a direct link to resources for responding to crises in a wider advocacy context.
Project manager	Direct link to a figure with authority in the general community; can be useful for interacting with power structures in the community, especially in the early phase of the crisis response system.

2.3

What Are the Infrastructure Expenses?

Possible expenditures associated with the crisis response system are shown in Table 4. Figures are in US dollars.

Table 4: Expenditures associated with the crisis response system

Frequency	Type	Expense in the Avahan program	Comments
One-off	Purchase of mobile phones		
	Establishment of hotline (statewide)	Software design for hotline: $2,200	This was the cost of software development for one partner
Monthly	Hotline phone bill	$330	Cost for the whole intervention
	Mobile phone bill	$10*	
	Travel expenses for team members	$20–60*	Reaching crisis locations Attending meetings
	Meetings		Minimal cost for refreshments, if provided
	Lawyer	$20–$90*	In some programs, lawyers provide services pro bono; in some, a small honorarium is paid; in others, a higher stipend is set by the state government
	Honorarium for team members	$80*	$8 per team member
Monthly	Training		Initial training on establishing system Training of new members Occasional refresher training
	Stationery, forms		
	Covering medical costs of victims, including transportation to hospital		If the program decides it is appropriate and possible to offer this
	Providing short-stay accommodation to victims		If the program decides it is appropriate and possible to offer this

* Cost per NGO

2.4

How Are Team Members Selected?

The appropriate method of selecting team members depends on the maturity of the crisis response system and of community mobilization in general (Table 5).

Table 5: Selection of crisis response team members

Initial phase	Program staff identify community members or peers who they think would be good team members and ask them to volunteer. Alternatively, program staff ask for volunteers from among all community members and peer educators. If there are more volunteers than there are places on the team, a selection process will be needed (e.g., interviews of peer educators, or vote for community members by the community members).
Crisis response system well-established, concept well-understood by community	Community members volunteer to serve or nominate other community members, and an election takes place.
Crisis response system run by a CBO or self-help group	Selection or election of team members should be the norm. Elections would be the norm for a CBO in which other leadership positions are elective.

2.5

How Long Do Team Members Serve For?

- Crisis response team members should serve one-year terms. This gives them plenty of experience, helps to prevent burnout, and allows other community members to develop experience and leadership skills on the team.
- Where the system is run by a CBO, election of team members may take place at the same time as elections for other positions within the CBO.
- In situations where the community does not have a strong sense of identity, it may be harder to identify good potential team members, and members may be asked to serve indefinite terms until the community has been strengthened and new potential members emerge.

2.6

How Are Team Members Supported?

Meetings:

Apart from any meetings to respond to individual incidents, the team should meet regularly—typically once or twice a month—to review incidents that have occurred and how they were addressed, plan any needed follow-up for individual incidents, and strategize steps that could be taken to prevent further incidents. These meetings may involve intervention staff members who are not regular members of the team (e.g., advocacy officer, program manager). The crisis response team may meet with all the peer educators and outreach workers to keep them informed. The team may also join regularly scheduled meetings of the key population to report on its work.

Remuneration:

Generally, team members are volunteers. A small honorarium or stipend may be paid, conditional on teams completing all paperwork each month relating to crisis incidents, if this is found to incentivize more complete recordkeeping.

2.7

Legal Support

Most Avahan interventions have a lawyer associated with the NGO or CBO to lend support to crisis response. In the early development of the system, this is particularly important if a community member is arrested or needs support in making a complaint to the police. As the system matures and crisis response team members become more adept at dealing with law enforcement authorities, the lawyers' other roles will take on greater importance:

- Providing training on legal rights to the crisis response team and advocacy committee.
- Meeting with community members to educate them on their legal rights. Many community members are unaware of these, especially concerning their rights if arrested and what the police may and may not legally do. Simply educating the community about their legal rights is strongly empowering and can help reduce police violence.
- Serving as a member of the advocacy committee (this is normal if the advocacy committee is also primarily responsible for crisis response).

Lawyers must be willing to be available on a 24-hour on-call basis and be willing to undergo an orientation by the program about the context and legal issues for key populations.

In one program context where lawyers are not locally available, each NGO enlists people with influence in the community who can negotiate with the police or other stakeholders as needed.

There is a variety of options for remuneration of lawyers

- Some are willing to work for no fee.
- Some will accept a token honorarium.
- Some receive a stipend at a rate set by the state government in the context of HIV programming.

2.8

Crisis Response Teams and Advocacy Committees

Crisis response systems will be better at resolving crises when they operate in conjunction with advocacy committees or an advocacy effort. While the crisis response team provides an immediate response to crisis incidents, the advocacy committee can address a range of issues that deal with longer-term change.

Examples of such issues are

- Access to housing
- Applications for ID cards or other government entitlements
- Portrayal of the community in the media

The issues addressed by the crisis response team and the advocacy committee will frequently overlap, such as problems of harassment or violence from local gangs or thugs, or the police.

Advocacy committee members—who usually include community members and program staff and may also include locally influential people such as lawyers, police officers, or other government officials—should therefore be closely linked to the crisis response team and informed about the team's work.

Examples from two Avahan programs show different approaches to integrating the work of crisis response teams and advocacy committees. In the first example, an advocacy committee is formed at the town level, and its members take responsibility for crisis response at the hotspots across the area. In the second example, crisis response teams are first established at each hotspot, and advocacy committees are then formed by drawing on the membership of those teams.

1 Advocacy committee serves as crisis response team

In this example,[2] advocacy committees are established in each town to cover the sites in that town. In larger towns, more than one advocacy committee may exist.

Each committee has between 15 and 19 members, about 70 percent of whom are community members, with the remaining 30 percent being local people of influence (police officers, lawyers, government officials, social activists). The committee addresses general advocacy needs of the community.

Members of the advocacy committee are recruited with the understanding that they will form a crisis response team as well as be involved in wider advocacy work. In practice, it is the community members from the committee who are responsible for immediate crisis response, with the non-community members adding their support in resolving crises when called on. *For a detailed position description of the advocacy committee, see Section 3.1.*

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2 Project Mukta, Pathfinder International, Maharashtra state.

2 Crisis response team members serve as advocacy committee

In another model,[3] two members of each crisis response team are chosen to form an advocacy committee—known as a core advocacy group or CAG—at the site level (a site consists of several hotspots). Two members of each site CAG are then chosen to form a CAG for the NGO operating the program. At a still wider level, two members of each NGO CAG form a district CAG.

The site CAG members take the lead with the crisis response teams in responding to incidents of violence and also are responsible for reporting such incidents to the NGO CAG. This CAG monitors the response to ensure that incidents are resolved as quickly as possible and that they are documented at the NGO level. The district CAG is responsible for district-level advocacy activities, and it also brings together all CAG members for a monthly collective meeting.

This structure is designed to be community-led and sustainable, since at each level, the CAGs are made up of community members. The NGO provides support through its program director, who is the coordinator of each NGO CAG. *For detailed position descriptions of the CAGs, see Section 3.2.*

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3   International HIV/AID Alliance, Andhra Pradesh state.

2.9

Steps in Response to a Crisis

Avahan partners developed two general approaches to responding to the report of a crisis (Table 6). A characteristic of most of the systems developed by Avahan's partners is that community members in crisis have several options for whom they may call:

- There may be a local hotline number and a statewide hotline number.
- The community member may have the phone number of an outreach worker as well as a peer educator.
- They may even have the option, formally or informally, of calling the program director or the head of the CBO.

It may appear inefficient to have multiple contact options, and the program should certainly publicize the "official" crisis response phone number(s) effectively so that community members are encouraged and enabled to use them. But it is important to recognize that community members will reach out for help in the way that seems best to them at the moment of crisis, and the program needs to have the flexibility to accommodate this, so that people "outside" the formal crisis response system who are asked for help will know how to immediately channel the request into the system. *Sections 3.9.a–c and 3.10 give detailed organizational diagrams and explanations of crisis response communications for three of Avahan's partners.*

Table 6: Approaches to responding to crises

Approach	Advantages	Considerations
The crisis response team member who takes the call goes to the scene to resolve the issue him/herself if possible. If not, they call in a person who is nearby and a member of the crisis team—if the crisis is a major one, either an outreach worker, advocacy team member, or other NGO staff member is called.	Works well when the crisis response team is organized at the hotspot or site level, meaning that a team member is likely to be close by and in a position to offer immediate assistance.	Team member must be capable of evaluating a crisis situation quickly and carefully. If a crisis is resolved by team member, s/he must be committed to documenting and reporting it to the advocacy committee or NGO so that tracking data are captured.
The issue is referred immediately to the advocacy committee.	Useful approach when a team is not available at each hotspot. Advocacy committee can identify the best people to respond. In situations where response may be complicated by various factors (e.g., difficulty of travel, security issues due to general violence such as insurgency, hostility of authorities), the committee may be able to organize a multi-pronged response involving more than one member.	Advocacy committee members must be available to meet as soon as they are called on or available for consultation by phone.

2.10

Communication System

Crisis response teams use phone-based systems, with either mobile phones or a landline-based hotline, or both. These systems and other options are described in Table 7. The hours when phone numbers are accessible may vary:

- It is most useful to have a hotline number that is available 24 hours a day, while the personal phone numbers of response team members are publicized as being available from 7 a.m. to 9 p.m.
- The costs of running a statewide hotline may mean that its hours have to be reduced (e.g., to 10 hours a day) to use resources more efficiently. In conjunction with the hotline, two crisis response team phone numbers are then publicized as available 24 hours a day.
- With another partner, the advocacy committee members commit to answering phones from 6 a.m. to 6 p.m., because there is a de facto curfew outside those hours owing to the security situation in that state.

Table 7: Communication system options for crisis response system

System	Comments	Considerations
Word of mouth	Community member speaks to a crisis response team member or other community member at the hotspot to activate a response.	▪ Can work in a dense urban setting where the crisis response team is established at each hotspot (in this example, each self-help group at a hotspot has a team attached). ▪ Depends on community members being in constant close proximity to one another.
Personal mobile phone of crisis response team member	Community members have personal phone number(s) of crisis response team member(s) stored in their phones, written down, or memorized.	▪ Crisis response team members all have personal mobile phones and are responsible for keeping them running. ▪ Team members reimbursed for phone usage associated with crisis response (usually a fixed sum per month).
Dedicated mobile phone and number	Community members have response system phone number(s) stored in their phones, carried on a card, or memorized.	▪ One or more handsets may be supplied by the program to be rotated among the team member(s) who are on call. ▪ Alternatively, the program may supply SIM cards for the team member to put in their own handsets to be rotated among the team member on call. ▪ Program is responsible for keeping phones running and pays associated costs directly. ▪ Easy to publicize the dedicated number(s) among all community members through fliers, business cards, etc.
Hotline	Community members have hotline number stored in their phones, carried on a card, or memorized.	▪ Hotline organized at the state level. ▪ Statewide phone number is easy for highly mobile community members to use. ▪ Easy to publicize the dedicated number(s) among all community members through posters, fliers, business cards, etc. ▪ Calls are forwarded to team members on duty. ▪ Person taking call must be trained to contact the nearest available team member to provide the response. ▪ Centralized system makes it easier to track data on incidents. ▪ The hotline may receive more generalized calls about HIV or non-emergency discrimination relating to HIV status or high-risk status, and those answering the phone must be trained to provide appropriate counseling and referrals.

Documentation from Avahan's Programs in India

3.1 Position Description for Advocacy Committee

Source: Mukta Project, Pathfinder International, Maharashtra

Position Description for Advocacy Committee

Objective

To facilitate a community-led rapid action group at the town level to quickly and effectively respond to emergencies and crisis situations that may affect the local female sex worker community as a whole, as well as to give voice to the needs and issues of the sex worker.

Formation

- Advocacy committees will be formed in all project intervention towns.
- The committee will have a tenure of 2 years, after which fresh elections will be held.
- The committee will have 70 percent representation from the sex worker community and 30 percent from local influential officers/personalities (like police officers, lawyers, government officers, social activists).
- The committee will comprise 15 to 19 members.
- Sex workers of the town, who are desirous and willing to be part of this community-led advocacy initiative, may become members of this committee.
- All Mukta peer educators in the town will also be members of this committee.
- The President or Secretary of the Mukta Managing Committee will also function as the President of the Advocacy Committee.
- The committee will be responsible for addressing issues of the sex worker community at the local level as well as for responding to emergencies and crisis situations affecting the sex worker community in the town.
- The sex worker members of the committee will receive in-house organizational training from the advocacy officer to enable them to quickly and appropriately respond to crisis situations.
- The field officer responsible for the town will provide ongoing support to the committee members.

Meetings

- The advocacy committee will meet a minimum of every two months.
- The committee may call an extraordinary meeting at any time to discuss and address an emergency or a crisis situation.
- The advocacy officer/field officer will act as a facilitator of the committee and will attend all committee meetings.
- The advocacy officer/field officer will attend committee meetings as a resource person/observer.

Roles and Responsibilities

- Act as a community-led rapid action team in the town, responding to emergency and crisis situations affecting the local sex worker community.
- Appropriately address issues and felt needs of the sex worker community.
- Initiate local-level advocacy activities and follow-up on ongoing advocacy issues.
- Report regularly to the Mukta Management Committee on the progress of advocacy initiatives in the town.
- Draw up and implement time-bound advocacy plans for the town.
- Be vigilant about incidents of harassment or violence involving community members in order to be able to appropriately respond to such incidents.
- Document minutes of all committee meetings.

3.2 Position Description for Core Advocacy Group (CAG)

Source: International HIV AIDS Alliance, Andhra Pradesh

See Section 2.8 for a description of how core advocacy groups are formed and relate to the overall structure of the Alliance intervention.

Position Description for Core Advocacy Group

Selection Criteria

- The community will nominate all members.
- Outreach workers cannot become members of CAG.
- District-level CAG members should be literate.
- CAG members should be acceptable to the community and on good terms with the community.
- In each CAG, at least one member should have excellent verbal communication skills.
- In each CAG, at least one member should have basic writing skills.
- In each CAG, at least one member should acquire basic computer skills.

Roles and Responsibilities

- The CAG at the NGO level will address day-to-day advocacy issues of the community.
- The CAG at the site level should initiate the 24-hour emergency response mechanism for emergencies/ crises at hotspots.
- The CAGs at the three levels will help build relationships and garner support from various stakeholders actively.
- CAGs should play a key role along with the NGO in facilitating legal literacy and legal counseling.
- CAG members should have the ability to understand advocacy issues and identify and solve problems, of both individuals and the community.
- They should have good knowledge and understanding about the project and the NGO.
- The members should have leadership qualities along with patience.

District-level CAG

- Should be aware of the issues and the incidents of violence in the district.
- Should facilitate a meeting of all CAG members at least once a month.
- Plays a key role in sensitization and awareness campaigns.
- Takes an active role in networking and linkages.

NGO-level CAG

- Responsible for resolving advocacy issues of all the sites of the NGO.
- Besides keeping a high level of contact, the CAG should visit the sites at least twice a month to gather information from the community about their issues and give guidance in resolving them.
- Maintain and send the log of violence and harassment to the senior program officer for advocacy, program director, and district coordinators.
- Maintain the violence and harassment incident report with help from the MIS officer.
- Lead Community Action Teams (crisis response teams) at their sites to resolve issues arising at hotspots within 24 hours.

Site-level CAG

- Site-level coordinators maintain a high level of contact with the KPs of their site.
- Inform any incident of violence or harassment to the NGO and the CAG at the NGO level.
- Lead the Community Action Teams (crisis response teams) at their sites to resolve issues arising at the site level within 24 hours.

3.3.a Hotline Card

Source: Swagati and Nestam Projects, Hindustan Latex Family Planning Promotion Trust (HLFPPT), Andhra Pradesh

This card is distributed by peer educators and outreach workers and stocked at drop-in centers. It is designed both for female sex workers and for men who have sex with men. The same text is repeated in Telugu (the state language of Andhra Pradesh) on the reverse. The bottom portion of the card with the phone number can be torn off so that a community member can easily carry it for reference without revealing the connection to an HIV program. (The term "goonda" means a criminal or gang member.)

Hindustan Latex Family Planning Promotion Trust
Swagati & Nestam Projects
3-5-816, 3rd Floor, Veena Dhari Complex,
King Koti Road, Hyderguda, Hyderabad - 500 029

HLFPPT
Partners for Better Health

Are you Key Population?

1. Do you want health related information. (STD / HIV / AIDS)?

2. Do you need legal help ?

3. Do you want information on condoms & safe sex practices ?

4. Do you want any information on health related facilities provided by Government ?

5. Do you face violence / harassment from police, goondas, public, work place & family ?

Please feel free to contact *helpline between*

10 a.m to 10 p.m

Nestam

Toll Free No

© **1800-425-2932**

You can make calls to this Phone No. from BSNL / Reliance landlines & Mobiles from any part of A.P.

3.3.b Hotline Card

Source: Sangama and Samara, Bengaluru, Karnataka

This card is designed for the crisis response program operated by two CBOs that are part of the Avahan program in Bengaluru, Karnataka state. The use of the CBOs' names and logos helps community members to feel confident in the crisis response system, since their primary contact for HIV prevention services is the CBOs rather than with the larger NGO that implements the program across the state. (The terms "hijra," "kothi," and "double-decker" are names used in some parts of India to designate certain gender/sexual minorities.)

ಸಂಗಮ
sangama

Flat No.13, Royal Park Apartment,
3rd Floor, 34, Park Road, Tasker Town,
Bangalore - 560 051
Ph. : 080 - 22868680 / 121,
Fax : 080 - 22868161
E-mail : sangama@sangama.org
www.sangama.org

✻ Are you a homesexual / bisexual / hijra /
lesbian / gay / kothi / double decker /
transsexual / transgender ?

✻ Do you face harassment / violence from
family, police, goondas, public,
work place .... ?

Please feel free to contact
Sangama's 24 hour
HELPLINES

99456 01651/52
99456 01653/54
99452 31493
99452 31494 (Samara)

3.4 Crisis Response Card

Source: Dedicated People's Union (DPU), Kumbi, Manipur

This small flier—twice the size of a business card—is distributed by a CBO working with injecting drug users. KPs here tend to be literate, so the longer text in English is appropriate. Note the warning at the bottom of the first side of the flier, stating that drug users should not engage in illegal activities (such as stealing or extorting money to buy drugs), since the crisis response system cannot intervene for the release of people who are lawfully arrested.

CRISIS RESPONSE CARD

Crisis Response Team

Dear Friends,

Crisis response team is a committee formed to address the crisis situations faced by our Injecting Drug User friends.

Our objective: To carry out effective and immediate response to any emergencies and crisis situations faced by the community of the region.

Crisis situations: It includes violence & harassment cases done by various groups (Clubs organizations, pressure groups, Anti drug associations, Para military forces etc.) & individuals from locality as a result of stigma & discrimination.

Examples: Physical abuse such as beating, verbal abuse, labelling, detaining by para military forces without proper reasons, banish from public functions/ceremonies, negligence by health care providers while providing treatment & care for being an Injecting Drug User.

If any of you faced such crisis situations, please feel free and report to us at the earliest.

Together we can response to our right violations.

For effective responses to crisis, you all are advised not to indulge in illegal activities

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Available contact persons
Contact your nearest CRT member:

Jugunu Kom: Sagang and Wangoo sites
Hellaludin: Borayangbi & Napat Site
Gopen: Ithai & Kumbi Site
Pangakpa: Thanga & Keibul Site
Dinesh: Moirang Site
Pathen: Torbung & Saiton Site

HELP LINE!
9856293527
6:00 AM to 6:00 PM

For futher information please contact:
Crisis Response Team / Community Advocacy Committee
C/O Project ORCHID
Dedicated People's Union
Kumbi Bazar.
or
Hope for All Foundation
Kumbi bazar.

3.5 Crisis Response Business Card

Source: Rükizumi Welfare Society, Pfütsero, Nagaland

This business card is distributed to community members by peer educators and outreach workers of an NGO. In this place, the name and official information of the NGO is deliberately included to inspire confidence from extremely marginalized key populations. The staff of the NGO (project director and program manager) are involved in crisis response, and their phone numbers are listed along with those of the main point person and area point person.

CRISIS RESPONSE

Rükizumi Welfare Society
P.O. Pfütsero – 797107
Box No. 9. Phek , Nagaland
Regd No. H/RS – 1228   dt. 16/11/2000

Are you an IDU/FSW/Oral drug user?
Are you Harassed/Abused/Discriminated?

Contact:
Area point person :
Main point person :   Joseph - 9856769341
Project Director :   Vetsürayi - 9436408832
Program manager :   Kole – 9612725303

3.6 Hotline Business Cards

Source: Swagati Project, Hindustan Latex Family Planning Promotion Trust (HLFPPT), Andhra Pradesh

The first business card contains basic information about the HIV prevention programs for female sex workers and men who have sex with men. The second is produced by one of the implementing NGOs and has local contact mobile phone numbers for crisis response. Both cards contain the number of the toll-free statewide hotline for HIV information, advice, and crisis response.

3.7 Hotline Posters

Source: Swagati and Nestam Projects, Hindustan Latex Family Planning Promotion Trust (HLFPPT), and Andhra Pradesh State AIDS Control Society (APSACS), Andhra Pradesh

These posters are displayed at drop-in centers in Andhra Pradesh state. The first advertises HIV prevention services and other support services (including crisis response) provided by Avahan and by the state government's HIV prevention organization. The second conveys similar information and was produced by the Avahan partner alone. On both posters, the statewide hotline number is prominently displayed.

3.8 Legal Resources Card

Source: Tamil Nadu AIDS Initiative (TAI), Tamil Nadu

This example shows the format of a simple brochure containing a basic summary of the legal rights of all community members. It lists the names and phone numbers of lawyers connected with each CBO implementing the Avahan program across the state.

காக்க... காக்க...

Panel 1

என்.ஜி.ஓ.	பெயர்	தொலைபேசி
பிடி.டி.-சேலம்	திட்ட ஒருங்கிணைப்பாளர்	0427 2440464
(X)	திவாகர், அட்வகேட்	94432 69972
(X)	L. வின்சென்ட் சந்தர், அட்வகேட்	98941 88261
ப்ரகிருதி	திட்ட ஒருங்கிணைப்பாளர்	04344 576042
(X)	S.பிரசன்ன குமார், அட்வகேட்	04344 222845
ரீட்	திட்ட ஒருங்கிணைப்பாளர்	0451 3093567
(X)	N. ரமேஷ்குமார், அட்வகேட்	98421 21217
(X)	G. இளம்பூரனன், அட்வகேட்	93679 14910
சிடோ	திட்ட ஒருங்கிணைப்பாளர்	04342 570734
(X)	K. ராஜேந்திரன், அட்வகேட்	94439 83580
(X)	K. மாதேஷ், அட்வகேட்	94438 48762
ரீட்ஸ்	திட்ட ஒருங்கிணைப்பாளர்	04348 241217
(X)	M.நஞ்சுண்டன், அட்வகேட்	94433 44349
(X)	சின்னதுரை, அட்வகேட்	98654 63046
		04348 222131

Panel 2

என்.ஜி.ஓ.	பெயர்	தொலைபேசி
எஸ் பவுண்டேஷன்	திட்ட ஒருங்கிணைப்பாளர்	0452 2535921
(X)	C. அடெலின் ஜெயசந்திரிகா, அட்வகேட்	98421 10652
(X)	மோகன் தாஸ், அட்வகேட்	9344105411
சோர்ஸ்	திட்ட ஒருங்கிணைப்பாளர்	0452 5390193
(X)	தங்கராஜ், அட்வகேட்	94433 58130
(X)	P. குணசேகரன், அட்வகேட்	98941 33810
வி.ஆர்.டி.சி. சேலம்	திட்ட ஒருங்கிணைப்பாளர்	0427 2442192
(X)	A. அசோகன், அட்வகேட்	94433 41146
(X)	J. பரகராமன், அட்வகேட்	98431 12394
வேர்டு நாமக்கல்	திட்ட ஒருங்கிணைப்பாளர்	04286 220390
(X)	வைபாபுரி, அட்வகேட்	98420 32828
(X)	ஜகன்னாதன், அட்வகேட்	93601 10137

Panel 3

அவசர கால உதவி எண்கள்:
காவல் துறை – 100, தீ அணைப்புத் துறை – 101,
போக்குவரத்து மற்றும் விபத்து – 103,
மகளிர் ஹெல்ப் லைன் – 1091,
எச்.ஐ.வி./எய்ட்ஸ் விழிவரங்கள் – 1097, சைல்டு லைன் – 1098

Panel 4

தாய் இலக்கு மக்கள் கவனத்திற்கு:
இந்த கையேடு, சட்டத்திற்கு உட்பட்ட எல்லா விஷயங்களிலும் இலக்கு மக்களுக்கு உதவி புரிவதற்கும், முறையாக பயன்படுத்திக் கொள்வதற்கும் தயாரிக்கப்பட்டது.

என்.ஜி.ஓ.	பெயர்	தொலைபேசி
ஆர்காடு	திட்ட ஒருங்கிணைப்பாளர்	04343 239781
(X)	செந்தில் குமார், அட்வகேட்	94432 07625
(X)	S.M. முருகேசன், அட்வகேட்	94432 82721
ஏ.ஆர்.எம்	திட்ட ஒருங்கிணைப்பாளர்	044 2482 9773
(X)	B.R. ஜெயபிரகாஷ் நாராயணன், அட்வகேட்	98841 26067
ஆரோக்கிய அகம்	திட்ட ஒருங்கிணைப்பாளர்	04546 255242
(X)	R. சந்திரமூர்த்தி, அட்வகேட்	98424 78945 / 94435 68070
(X)	T. தீபா பானு, அட்வகேட்	93612 10087
கேர்	திட்ட ஒருங்கிணைப்பாளர்	0424 2274667
(X)	A. ரவி ஆனந்த் பிரசாத், அட்வகேட்	93452 05970
(X)	B. ரவி, அட்வகேட்	98427 55217

Panel 5

என்.ஜி.ஓ.	பெயர்	தொலைபேசி
செம்	திட்ட ஒருங்கிணைப்பாளர்	044 5 566 7180
(X)	S. பெரியசாமி, அட்வகேட்	98843 83261
தேம்	திட்ட ஒருங்கிணைப்பாளர்	044 25912263
(X)	B.சம்பத், அட்வகேட்	93826 63427
(X)	நமோ நாராயணன், அட்வகேட்	94443 65320
க்ளோ	திட்ட ஒருங்கிணைப்பாளர்	04179 309224
(X)	S. பாலு, அட்வகேட்	94436 23741
இ.சி.டபுள்யூ.ஓ.	திட்ட ஒருங்கிணைப்பாளர்	044 55515742
(X)	K. விஜயகுமார், அட்வகேட்	044 2844 1604
(X)	S.P. சிவானந்தம், அட்வகேட்	94440 03675
இயம்	திட்ட ஒருங்கிணைப்பாளர்	0422 5373618
(X)	G. ராமேஸ்வரி, அட்வகேட்	98430 60673
(X)	V. சுந்தர் ராஜு, அட்வகேட்	98431 60804
ஐ.எஸ்.எம்	திட்ட ஒருங்கிணைப்பாளர்	0452 2302219
(X)	J. உதயணன், அட்வகேட்	98426 37003
(X)	L. ரகு நரசிம்மன், அட்வகேட்	0452 2643420

Panel 6

என்.ஜி.ஓ.	பெயர்	தொலைபேசி
மகா சேம்	திட்ட ஒருங்கிணைப்பாளர்	0452 5529839
(X)	A. செந்தில் வேல், அட்வகேட்	94430 12502
(X)	ராமசுப்பிரமணியன், அட்வகேட்	9842149040 / 99943 50254
எம்.எஸ்.டி.எஸ். தஞ்சாவூர்	திட்ட ஒருங்கிணைப்பாளர்	04362 270448
(X)	செங்குட்டுவன், அட்வகேட்	94434 07844
(X)	K. கோவிந்தராஜன், அட்வகேட்	94435 86942
எம்.எல்.டி.எஸ். வேலூர்	திட்ட ஒருங்கிணைப்பாளர்	0416 2242878
(X)	V. ராஜசேகரன், அட்வகேட்	94432 11600
(X)	R. சிவகுமார், அட்வகேட்	94442 22923
என்.எப்.சிடி கோயம்பத்தூர்	திட்ட ஒருங்கிணைப்பாளர்	0422 2647512
(X)	M. மதிவாணன், அட்வகேட்	94430 40609
(X)	M. பாலமுருகன், அட்வகேட்	94430 23003
பேச்சி	திட்ட ஒருங்கிணைப்பாளர்	0452 2566716
(X)	M. கண்ணன், அட்வகேட்	94437 94686
(X)	S. இளங்கோ, அட்வகேட்	9345192899
பி.சி.டி.-சேலம்	திட்ட ஒருங்கிணைப்பாளர்	0427 2332765
(X)	B. சிவராம், அட்வகேட்	94434 41577
(X)	P.G. வித்யாசாகர், அட்வகேட்	98427 56434

3.9.a Communication Chain within a Crisis Response System

Source: Rükizumi Welfare Society, Pfütsero, Nagaland (Project ORCHID)

This diagram of a crisis response system is presented as a poster at a drop-in center where a crisis response team covers a large rural and mountainous area, serving primarily injecting drug users. The plan shows two chains of communication:

1 From the person in need of help to the area point person, then to the outreach worker (ORW), then to the main point person, then to the local NGO's director and/or legal resources person. The first person called assesses the situation. If that person judges that he/she will be unable to resolve the issue, the next person in the chain is contacted.

2 If necessary, the person in need of help can directly contact the outreach worker, main point person, or program director/legal resources person. This flexibility means that community members are reassured that they will be able to find someone to help them if the area point person is not immediately available in an emergency. This can be particularly relevant in rural areas or where travel between sites is difficult.

This simple poster is taped to the wall of the drop-in center, so that everyone who is there can understand how the crisis response system works. It shows that a diagram does not have to be produced in a sophisticated way in order to communicate effectively.
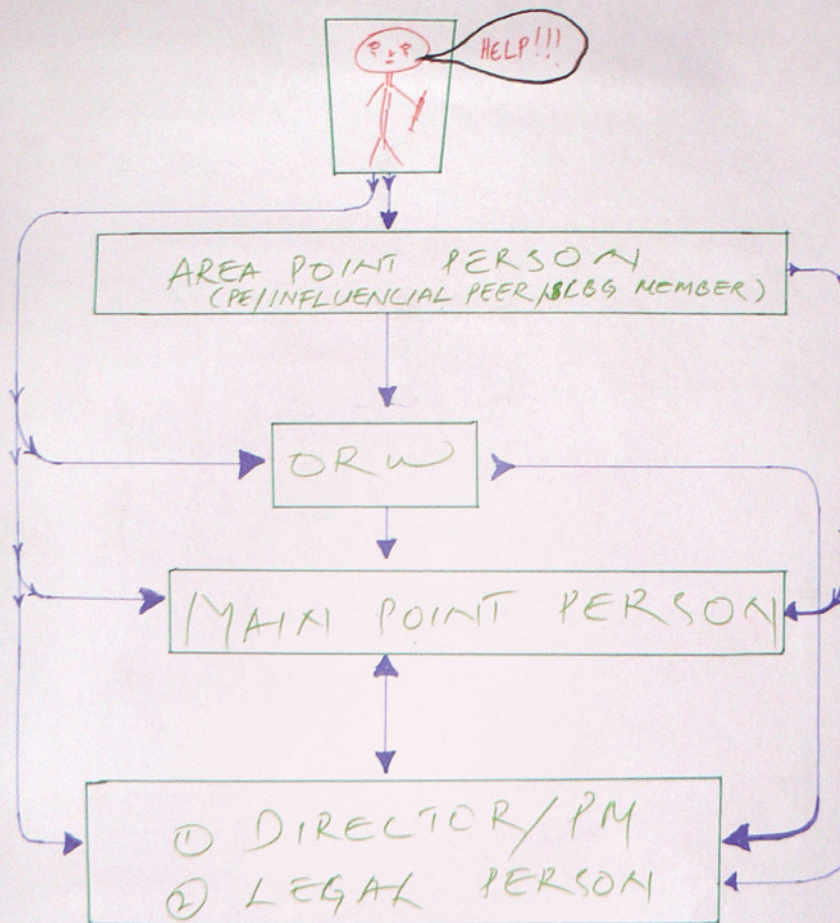
3.9.b Communication Chain within a Crisis Response System

Source: Tamil Nadu AIDS Initiative (TAI), Tamil Nadu

This organizational chart shows how crisis response works within a CBO, which provides crisis response to female sex workers across a district. The victim of violence turns initially to one of several community members involved in the program: community volunteers ("beautiful faces"), peer educators (PJ), or community link leaders. Any of these people will report the issue immediately to the CBO's community officer (VCO). If the person is not able to manage the issue, the whole crisis response team is mobilized, and the CBO president contacts other resources and authorities as needed.

In this model, the CBO president may also contact the victim directly to get more information and offer support. This system emphasizes the closeness of contact between community members and those who are part of the crisis response system—because in a CBO, these people are also community members themselves.

```
┌─────────────────────┐                    ┌ · · · · · · · · · · · · · · · · · · · · · · · ┐
│                     │                    ·                                              ·
│      Victims        │◄──────────────┐    ·   Need-Based Services for the Victim         ·
│                     │               │    ·   While the Crisis Is Addressed              ·
└─────────────────────┘               │    ·                                              ·
          │                           │    ·   1.  Admit in the short-stay home           ·
          │                           │    ·   2.  Psychosocial counseling                ·
  Persons to be approached            │    ·   3.  Basic needs: providing food and clothes ·
    during the problem                │    ·   4.  Put on to medication/referrals         ·
          │                           │    ·                                              ·
          ▼                           │    ·   Redress in 12 hours:                       ·
                                      │    ·                                              ·
     Task Force                       │    ·   1.  Helpline in the CBO                     ·
                                      │    ·   2.  Helpline of the project director        ·
┌─────────────────────┐               │    ·   3.  Documenting whole process of the violence ·
│  TAIyin Sundramukigal│              │    └ · · · · · · · · · · · · · · · · · · · · · · · ┘
│  (beautiful faces), PJ,│            │
│  community link leaders│            │
└─────────────────────┘               │
          │                           │
          ▼                           │
┌─────────────────────┐               │    ┌─────────────────────┐
│  VCO will assess the │──────────────┼───▶│     CBO lawyer       │
│   problem occurred   │              │    └─────────────────────┘
└─────────────────────┘               │
          │                           │    ┌─────────────────────┐
   Information report                 ├───▶│   Power structures   │
          │                           │    └─────────────────────┘
          ▼                           │
┌─────────────────────┐               │    ┌─────────────────────┐
│     President        │──────────────┼───▶│ District and local heads │
└─────────────────────┘               │    └─────────────────────┘
          │                           │
          ▼                           │    ┌─────────────────────┐
┌─────────────────────┐               └───▶│  Police Department   │
│  State Federation    │                    └─────────────────────┘
└─────────────────────┘
```

3.9.c Communication Chain within a Crisis Response System

Source: Aastha Project, FHI 360, Maharashtra

This rapid response system is designed for female sex workers in a dense urban area, where female sex workers have developed self-help groups (known as Aastha Gats or AGs). Again, this system gives the person in crisis (SW or sex worker) several options: she can turn to other sex workers, or the peer educator, or the AG, or the task force committee (TFC), which is the rapid response team. Any of these individuals or groups—but especially the TFC—is empowered to respond to the crisis by getting the community member the direct assistance that she needs (e.g., from the police or hospital). But they can also call on the legal resources person (LRP), the NGO's advocacy officer, peer advocate (PA), or an outreach worker (ORW) to get assistance in responding to the crisis.

Ultimately, the goal is that the self-help group becomes the main resource for crisis response and that the TFC—whose members are in any case members of the self-help group—will become less important as a discreet entity.
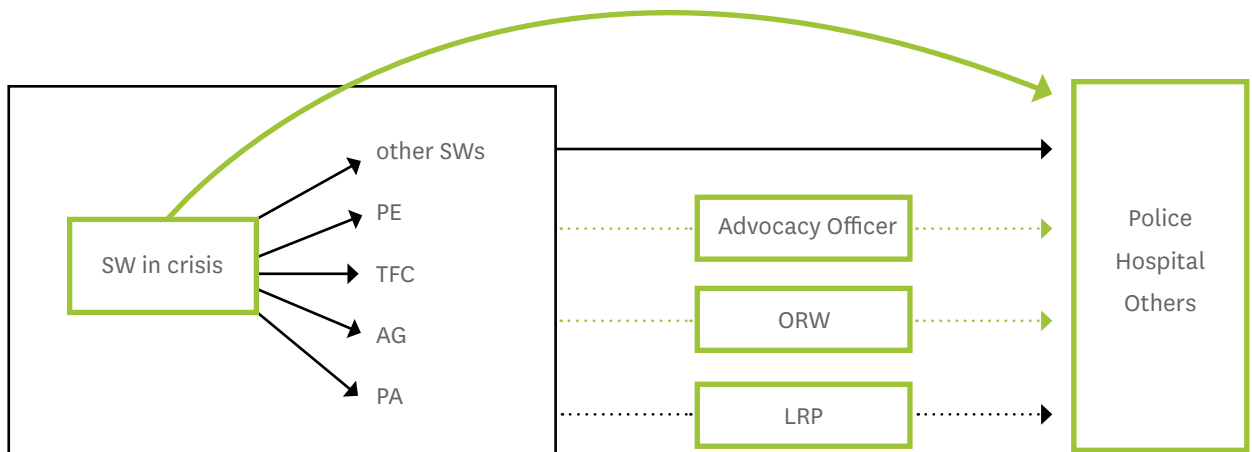
direct action by the SWs

first line of crisis response

second line of crisis response

third line of crisis response

3.10 Sample Operational Guidelines for a Crisis Response System

The following 11 pages are taken from the Standard Operating Procedures of the Aastha Project of FHI 360 in Mumbai, Maharashtra. They describe the formation of crisis response teams, known as task force committees (TFCs), and the crisis response system ("rapid response system" or RRS) developed by the Aastha Project. Each TFC is a subgroup of a self-help group formed at the hotspot (called an Aastha Gat or AG).

The final page outlines the way the program can transition from NGO oversight to community oversight. The complete Standard Operating Procedures for the Aastha Project are available online at:
http://www.fhi.org/training/en/hivaids/India_SOPs/advocacy.html.

Task Force Committees

Context

Sex workers (SWs) face harassment, violence, and coercion, which directly affect their condom negotiation power and health-seeking behaviors. Additionally, there are emergency situations (e.g., medical emergencies, missing family members, conflicts within the family, etc.) that need assistance and intervention. Under these circumstances, it is important to build the capacity of SWs to handle situations themselves and provide instant help to other SWs when needed.

A task force committee (TFC) comprises SWs and is a rapid crisis management group at the local (site) level. These SWs are members of site-level Aastha Gats (AGs) and peer and community leaders. The focus is on the creation and strengthening of community members to provide immediate support in times of need. As TFC members are in the same site, they are able to provide on-the-spot support in a short timeframe.

The building of the TFC is a definitive step toward program sustainability and community empowerment, as it is a platform for SWs to take initiative and in the shortest possible time manage issues of stigma, discrimination, harassment, arrest, and violence by police, gang members, family members, clients, and other stakeholders, as well as any other emergencies.

Key features

- Creating and strengthening leaders from among the SWs and facilitating their empowerment, leading to vulnerability reduction and safer sex practices among SWs.
- SWs help each other in times of need, leading to greater unity and sustainability.
- Crisis support provided within 30 minutes from the time of being informed.

SOP objectives

- To provide contextual clarity on the working of the TFC.
- To provide essential requirements and detailed processes on the functioning of the TFC.
- This SOP will be complemented by sample operational guidelines (SOPs) on Aastha Gat, networking and linkages, sensitization of stakeholders, mechanisms for community management, rapid response system and legal literacy.

Pre-requisites

- All sites to have PEs.
- Each PE site to have one TFC.
- Ideally the total number of TFC members should be between 5 and 10.
- TFC members should preferably be proactive members of Aastha Gats.
- Non AG members can also be in the TFC (e.g. local community leaders, etc.).
- The TFC members should be the first point of contact for the SWs at times of crisis.
- Proactive members of the AG should be given priority while forming the TFC.
- TFC members should not be members of any other advocacy committee.
- TFC members to be provided legal literacy by the Core Group members.
- All SWs to know their respective TFC members and have the mobile numbers of the TFC members.

Formation and strengthening of the TFCs

- PEs form AGs in the project sites.
- Potential TFC members to be identified in each PE site; keeping in mind that preferably AG members are to be included.
- Proactive individuals (non-AG members) to be identified for inclusion in the TFCs.
- The frequency of the TFC meetings should be need-based and regular. A minimum of once a month is necessary.

- TFC members need to be equipped with information related to legal rights and provisions (e.g., the public distribution system and rights of women and other typologies of SWs).
- TFC members to share their contact information with other SWs.
- Respective PEs and peer advocates (PAs) to provide on-site guidance on the provision of crisis support to TFC members.

Procedures
- SWs to contact the TFC during a crisis.
- TFC members to reach the crisis site immediately; within 30 minutes from the time of being informed.
- PE and PA to provide support to the TFCs as and when needed.
- TFC members to take the support of local AGs and project staff as and when needed to provide a better response.
- TFC members to develop rapport with local SWs and stakeholders to strengthen linkages required for rapid response at the time of the crisis.
- Staff outreach workers (ORWs), advocacy officer (AO), and PA to monitor and document the activities of the TFCs.
- Procedures to provide specific crisis support to be followed as per rapid response system.

TFCs are community-driven, as they are formed by SWs themselves. The process of forming a TFC needs to focus on increasing community responsibility. The initial stages focus on the identification and capacity building of the TFC members to take leadership in crisis response. In the final stage of community ownership, this process should be led by the AG members themselves, and specific crisis support groups will then not be needed. The time period of crisis support will also decrease as community members get more involved in the system and rapports get strengthened. The time period and conditions for ownership are flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased Transition of the TFC		
Phase 1: Initial Stage (6 months)	*Phase 2: Transition Stage (6 months)*	*Phase 3: Self-Help Group Driven Stage (6 months)*
- PEs and PA take the lead in crisis response - AO and ORWs provide support as and when needed - AGs to be formed - TFC members to be identified and TFCs formed in each PE site - Initiation of legal literacy sessions	- TFC leads the crisis intervention component of the program - AGs and TFCs to be strengthened and leaders to take on greater roles - PEs and PA provide support as and when needed - Continuation of legal literacy sessions with the core group and SWs	- AG members and other SWs take the lead - PEs and PA to provide support as and when needed - ORWs and AO monitor and document - Continuation of legal literacy sessions with the core group and SWs

Rapid Response System

Context

SWs face harassment, violence, and coercion, which directly affect their condom negotiation power and health-seeking behaviors. Stigma and discrimination is a causative and compounding factor that also affects their ability to seek help. To address this problem, the Aastha project designed a system based on community and project action: the rapid response system (RRS) or as it's called by the SWs, the Aastha Tatkal Seva, featuring the Aastha TFCs. The RRS has shown a wide scope for SWs to take direct initiative and enable themselves to handle on their own issues of harassment and violence by police, gang members, family members, clients, and other stakeholders; situations of arrest of SWs on false charges of solicitation and carrying condoms; disagreements among themselves and others; and emergencies and incidents of stigma and discrimination.

Key features

- Building of a supportive environment, leading to vulnerability reduction and safer sex practices among SWs.
- Provision of crisis support to SWs from SWs within the shortest possible time (i.e., 30 minutes from the time of being informed of crisis).
- SWs help each other in times of need, leading to greater unity and sustainability.

SOP objectives

- To provide contextual clarity on the working of the RRS with SWs.
- To provide essential requirements and detailed processes on the functioning of the RRS.
- This SOP will be complemented by SOPs on Aastha Gat, Community-Based Organizations, Networking and Linkages, Sensitization of Stakeholders, Legal Literacy, and Task Force Committee.

Formation of the Rapid Response System

Creation of a supportive environment

- The advocacy committees—such as project advisory groups, clinic advisory committees, and drop-in center committees at the implementing agency level, as well as task force committees (TFCs) at the site level—to be formed and strengthened. Linkages to be developed between the Aastha Gats and the advocacy committees to ensure their understanding of the project objectives and establish the SWs' direct interface with the stakeholders.
- Legal awareness to be regularly generated to SWs through community-level, legal literacy sessions. The agency will appoint two legal resource persons (LRPs) as consultants, who will conduct legal literacy sessions with the community and advise the SWs on legal issues. A legal literacy module should be developed by the project in the local language. The module should have information related to the rights of the individual and all related laws that have any bearing on them. With respect to SWs, the information that is essential is their fundamental rights, fundamental responsibilities, rights related to filing police reports, rights during arrest and detention, rights during police interrogation, free legal support rights and the right to get bail. Need-based training on the decided curriculum is to be given on a regular basis to a core group, selected at each implementing partner, consisting of ORWs, PEs, selected AG members, active TFC members, active stakeholders, and peer advocates. This core group is to conduct training at every site.
- Networking with local gatekeepers and stakeholders through regular sensitization programs, visits, and events to ensure their timely support in times of crisis.

Pre-requisites/Essential elements of the RRS

- All sites to have PEs.
- Each PE site to have one TFC. The TFC members should be members of the AGs and will be the first point of contact for the SWs in times of crisis.

- One PA to be trained in legal issues and motivated to support SWs in crises.
- A core group for legal literacy to be established.
- AO to have a mobile phone.
- Two LRPs to be enlisted, who should immediately respond when called.
- Police stations and hospitals to be visited once a month.
- Major stakeholders to be met once in two months.
- All PEs to have identification cards.
- All AGs to know their respective TFC members, PE, and ORW and additionally have the mobile number of the TFC members, PE, PA, AO, field coordinator, and project coordinator.

Inter-relationships in the RRS
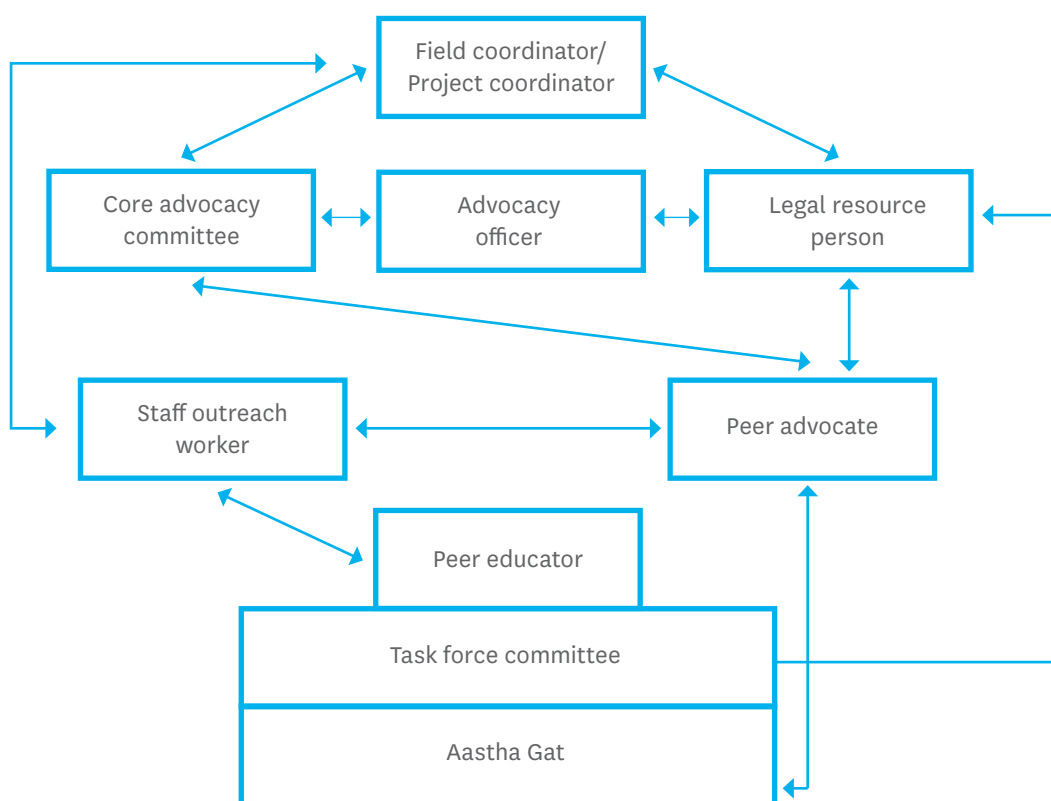
Procedures

When a crisis incident takes place, the SW should approach the following individuals/groups in the suggested order:

First loop of support—Community members:

1 The SW in crisis to contact other SWs for immediate support.
2 The SW in crisis or other SWs to contact the TFC members for immediate support.
3 The SW in crisis or other SWs to contact PE, PA, and/or AGs for immediate support.

Second loop of support—Staff:

1 The SW in crisis or the other individual/s informed to contact the ORW for support.
2 The SW in crisis or the other individual/s informed to contact the AO for support.

Third loop of support—External support:

1 The SW in crisis or the other individual/s informed to contact the legal resource person for support.

- The loops of support as mentioned above are from the point of sustainability of the community systems. If the community members are not available or feel that they need additional assistance, then staff members and lastly the LRPs are to be contacted. This will ensure that assistance reaches the SW from one source or another, even if some people fail to act in time or appropriately. This can be implemented flexibly, as per the prevailing local situation.

⟶ (green)	direct action by the SWs
⟶ (black)	first line of crisis response
⟶ (green dotted)	second line of crisis response
⟶ (black dotted)	third line of crisis response
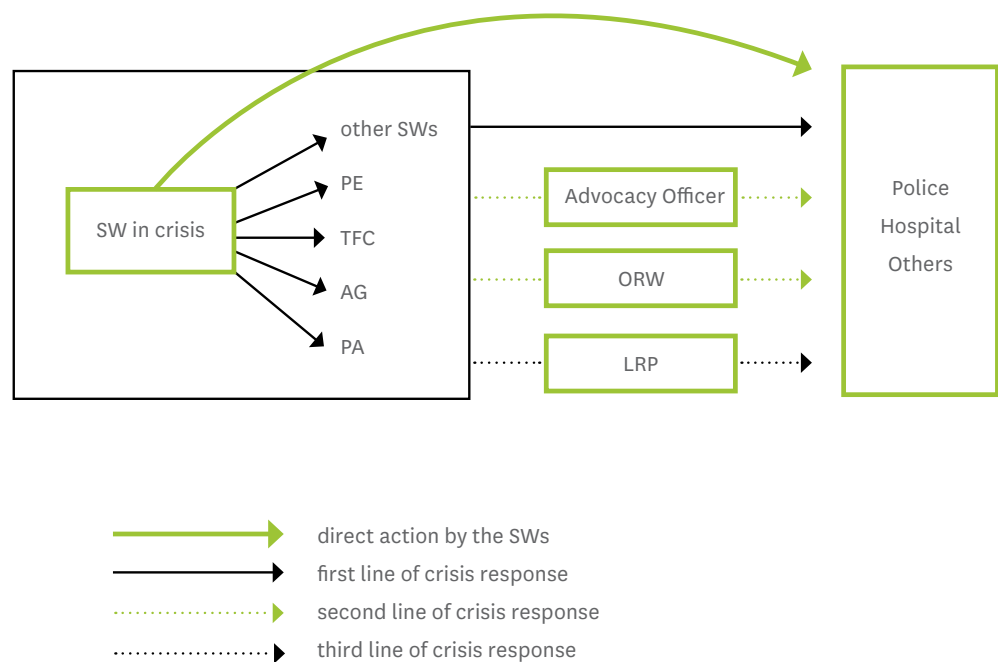
- Instant support is to be provided by those contacted, within 30 minutes from the time of being informed.
- The PE to follow up with the SW within 24 hours to ensure the quality of support and provide guidance, if necessary.
- The project to decide the extent of support that they are willing to provide in every situation beforehand and communicate to the SWs.
- Keeping sustainability in mind, any financial support that a SW in crisis might need could be borne by community members, as per their discretion, and not the project.

The following procedures are to be followed once informed of crisis:

Harassment emergency
- In the case of a situation of harassment, the individual/s contacted need to provide the necessary support, including visiting the family, police station, and location of harassment (e.g., if from clients, pimps, gang members, etc.).

Arrest
- In the case of police arrest, the individual/s contacted must visit the SW/s in question at the police station or place of arrest.
- If the arrested SW/s is in contention with the law, only emotional support is to be provided, and it should be ensured that he/she receives a fair trial. If the charges are false or can be refuted, the individual/s contacted to provide support and evidence, as necessary.

Medical emergency
- In the case of a medical emergency, the SW to be taken to the nearest hospital or medical center.
- If the emergency is of a minor nature (e.g., minor cuts, bruises, etc.) and takes places during the project clinic timings, the SW can be taken there.

Other emergencies
- The individual/s contacted to provide support for any emergency, including settling disputes among SWs, settling disputes among family members, support in times of death of a loved one, etc.

Phased transition of the RRS from being staff-driven to being community-driven is to be planned for and implemented. The time period and conditions of transfer of ownership are flexible and dependent on the prevailing local conditions and existing level of community ownership in the program.

Phased Transition of the RSS		
Phase 1: Staff-Driven Stage (6 months)	*Phase 2: Transition Stage (6 months)*	*Phase 3: Community-Driven Stage (6 months)*
AOs and ORWs take the lead in crisis response	PEs and PA take the lead	TFCs, AG members, and other SWs take the lead
PEs and PA capacitated	AGs and TFCs strengthened and leaders take on greater roles	PEs and PA provide support as and when needed
AGs formed	AO and ORWs provide support as and when needed	ORWs and AO monitor and document
TFC members identified	Initiation of legal literacy sessions with the core group and SWs	Continuation of legal literacy sessions with the core group and SWs
Initiation of legal literacy sessions with the legal resource person	Strengthening of the advocacy committees	Advocacy committees lead the advocacy component of program
Forming of the advocacy committees		

3.11 Crisis Incident Report Form

This generic form captures information that is needed to develop a cohesive response to crises. The data collected provide a detailed record of the specific incident that may be needed in subsequent days or weeks for follow-up with the victim, the perpetrator, and legal or medical systems. It is also useful for analyzing trends in violence, which is important for wider advocacy purposes and may help in mobilizing financial resources.

The categories on this generic form include indicators on crisis response that Avahan was capturing in its management information system once crisis response systems had been in operation for several years. Several examples of actual forms used by Avahan partners follow this—some more sophisticated and some less so. But they all indicate the importance of recordkeeping, even if it is basic, and they show that methods can be adapted for resource-poor settings, as well as for non-literate crisis response team members.

Crisis Incident Report Form

Date and time of incident:

....

....

Victims' name(s) and category of community member:

....

FSW:

....

MSM:

....

IDU:

....

....

Number of perpetrators, and name(s) if known:

....

Police

....

Sex worker

....

MSM

....

IDU

....

Family

....

Partner

....

Client

....

Gang member

....

Other

....

Location of incident:

....

....

Category of crisis:

....

Assault

....

Assault with a weapon

....

Sexual assault

....

Raid

....

Extortion

....

Eviction

....

Verbal harassment

....

Emotional abuse

....

Action(s) taken:

....

Counseled victim

....

Negotiated with perpetrator

....

Medical care

....

Police report filed

....

Other

....

Follow-up required:

....

Legal representation

....

Medical care

....

Counseling

....

Other

....

Date and time incident was reported:

....

....

Date and time the team reached the victim to respond:

....

....

Name(s) of team members who responded:

3.12 Crisis Incident Register

Source: Nagari Seva Prabodhini, Mumbai, Maharashtra

This simple register is used by community members at an NGO to record basic information about crisis incidents:

- Date
- Outreach worker recording the information
- Site
- Serial number (i.e., sequential numbering of all incidents reported that month)
- Description of the incident
- Response to incident: arrest, hospital visit, other
- Time

Date	ORW	Site	Sr.No.	DISCRIPTON		Arrott	Harr	other	Time
13/2/11	Rekhu	म.ज.	38	कीपी रांगोली बनाने को धोकीमी ठेस देने का था नभी कीपी अकीना राघ मे ठेक गयी				✓	40m.
13/2/11	—॥—		39	कीपी रांचवीरघनो उरामा आदमी गाली बार बार गोम करते उराका परिवाल गरमा है नभी केपी निकू उराकी धमकी दि		✓			
13/2/11	अंकी	I.N.	ⓌⒻ ④	कीपी चायदनी कानूनविक ने केपी बरखनी ने सुगमा गरि बाहर दिशानू नभी केपी समूलनि मघन धरप बरना दोनो को समसारा					30m.
14/2/11	—॥—		④②	कीपी हिता का और उरने धारखति का मगार हमा उरने अपने हाथ की माट था नभी उरानी शांति ने समबाया				LARA	15m 5m.
14/2/11	रिता	B.D	④③	कीपी चांदणी तवंद दिन नही थी केपी मे दिशा ने हुरावना ठेक गया नगामग गर मे				!	
12/2/11			④④	कीपी संकीता गाव मे गयी उरने बच्या को दैसामक कीपी रिता करती है अलोट के लिये गयी.				✓	30m
15/2/11			④५ ④⑦	कीपी अरीना और सयना पूजा निको का समगा चालू थर उरका माकि किल नभी मेगर निको का समबाया			✓✓	✓	15m
15/2/11	रिता	म.ज.	48	कीपी नयना को उरका चलने नो गयी धरप कम छोड़ा	कारूदबरने जादा नंबम पिलाय नही माना था कीपी मानते ने			✓	30m
15/2/11			④⑨	कीपी किशीला को नामे अघट गुनती था नभी नंदा ने दिया भेग दिया	जाति का मा अस्पू वार				10m.
17/2/11			⑤⑥	कीपी पूजा सिंह नो कीपी संगीता डांटे माग किल जार धंध	अनोशन मलिख्या था नभी पान दिल गयी और उरले नगी				80m.

3.13 Crisis Incident Report Form

Source: Mukta Project, Pathfinder International, Maharashtra

This form is completed by a staff member of the NGO implementing the program (i.e., advocacy officer, field officer, or program coordinator), relying on the reporting of the peer educator or outreach worker who responded first to the incident.

Crisis Report Form

Memo on Reported Incidences of Harassment, Discrimination, and Violence

This report is to be completed by AO/FO/PC for each reported incident of harassment, discrimination, and violence against beneficiaries, and a copy needs to be faxed immediately to PI.

NGO Project Name:	Actual Time of Response (HH:MM):
Name of Hotspot:	Name of Site:
Date of Incident (dd/mm/yy): ____ /____ /_____	Time of Incident (HH:MM):
Actual Time of Response (HH:MM):	Person Reported the Incident to the Project/AO/FO/PC:

Key population affected (check all that apply)

☐ Female Sex Worker
☐ MSM/Male Sex Worker
☐ Other (specify)

Type of incident (check all that apply)

☐ Harassment
☐ Discrimination
☐ Violence

Who committed the incident? (check all that apply)

☐ Pressure Groups	☐ Family Members
☐ Local Leaders	☐ Religious Groups
☐ Police Officials	☐ Regular Partners
☐ Military Personnel	☐ Clients
☐ Madams/Pimps	☐ Peer Educator
☐ Gang Members	☐ FSM
☐ Government Officials	☐ MSM
☐ General Community	☐ Others

Where was the incident committed?

☐ Workplace
☐ Home
☐ Health Care Setting
☐ Police Custody
☐ Street/Public Place
☐ Any Other Place (specify)

How much time did NGO/CBO take to address the incident?

☐ Within 8 hours
☐ Between 8 and 12 hours
☐ More than 12 hours
☐ Not addressed yet

Please provide a brief description of the incident (less than 250 words):
(use backside of the page for recording the information. If required, separate sheet can be attached.)

Briefly describe what action was taken as a result of the incident (less than 250 words):
(use backside of the page for recording the information. If required, separate sheet can be attached.)

Report completed by :	Date / /

3.14.a Crisis Report Card ("Pink Card") for Female Sex Workers

Source: Karnataka Health Promotion Trust (KHPT), Karnataka

This card is designed to be completed by a peer educator. Since many peer educators are illiterate, the card primarily uses symbols that can be checked off by the peer. A version of the card was also produced with all text in the local language.

The card is printed on pink card stock to differentiate it from the other forms ("green form" and "yellow form"), which are used together with the pink card to document the incident in greater detail. The green and yellow forms are reproduced and explained below. The symbols for this card were created by peer educators working in the program and were designed to be self-explanatory or easy to recognize.

The card increased reporting of incidents by community members, for several reasons:

- It is a convenient size for the peer educator to carry with her when doing outreach. Peer educators make a point of asking each community member whether they have suffered any kind of violence, harassment, discrimination, or abuse since last contact with the peer educator, and the card can be used immediately to record the information.
- Because the card is pictorial, a community member who is illiterate can understand and verify the information that is being recorded, which increases her confidence in the reporting system.
- The card is produced with a duplicate, tear-off portion, and the peer educator completes both versions of the card. The duplicate portion is then torn off and given to the outreach worker, who keeps it as a record of the incident at the NGO level (and uses it as a basis for completing the more detailed Crisis Documentation Form or "green form").

Key to Symbols

Identity—Victim:
Street-based
Brothel-based
Home-based
Lodge-based

Number of Victims:
1
2–3
3–5
5–10
10 or more

Identity—Offender:
Police
Media
Family
Husband
Boyfriend
Client
Brothel keeper
Gang member
Community
Neighbor

Place of Occurrence:
Street
Brothel
Home
Police station
Workplace
FSW community/CBO
Hospital

Type of Violence:
Physical abuse
Sexual violence
Verbal abuse
Emotional abuse

Key to Symbols

Time of Occurrence:	Response Time:	Action Taken:	Crisis Handled By:	Follow-up Required:
Nighttime	1 hour	Police	Peer educator	Police report
Daytime	1 day	Court case	Outreach worker	Court report
	1 week	Crisis response team	Crisis response team	Media
	1 month	Hospital	NGO	Networking
		NGO	CBO	Protest
		CBO	Self	Government official
		Self		Hospital
				Counseling

3.14.b Crisis Report Card ("Pink Card") for Men Who Have Sex with Men

Source: Karnataka Health Promotion Trust (KHPT), Karnataka

The card for is used and completed in the same way as the one for female sex workers described above. Some of the symbols are different, and a key is given below.

Key to Symbols

Identity—Victim:	Number of Victims:	Identity—Offender:	Place of Occurrence:	Type of Violence:
Street-based	1	Police	Street	Physical abuse
Brothel-based	2–3	Media	Brothel	Sexual violence
Home-based	3–5	Family	Home	Verbal abuse
Lodge-based	5–10	Husband	Police station	Emotional abuse
	10 or more	Boyfriend	Workplace	
		Client	FSW community/CBO	
		Brothel keeper	Hospital	
		Gang member		
		Community		
		Neighbor		

Key to Symbols

Time of Occurrence:	Response Time:	Action Taken:	Crisis Handled By:	Follow-up Required:
Nighttime	1 hour	Police	Peer educator	Police report
Daytime	1 day	Court case	Outreach worker	Court report
	1 week	Crisis response team	Crisis response team	Media
	1 month	Hospital	NGO	Networking
		NGO	CBO	Protest
		CBO	Self	Government official
		Self		Hospital
				Counseling

3.14.c Crisis Documentation Form ("Green Form")

Source: Karnataka Health Promotion Trust (KHPT), Karnataka

As the instructions imply, this form is used by the NGO as a detailed record of the crisis incident and is completed based on the crisis card filled out by the peer. The outreach worker discusses the incident with the peer educator to get the details. Keeping one of the pink cards with the green form ensures that a complete record is maintained by the NGO.

Collecting this level of detail makes it possible to use the data for advocacy work or to pursue a case in court, if necessary.

Crisis Documentation Form
Form 2 (green form)

1. Name of CBO	Taluk/Zone:	District:

2. Victim Details

S. no	Name	Typology	Reg. no.	Phone no.

3. Violence Details

Date of occurrence:		Perpetrators: (check)	☐ Police	☐ Media	☐ Lover	☐ Family
Time of occurrence:	AM/PM		☐ Client	☐ Neighbor	☐ Gang member	☐ Public
Location of violence:		Address:		Landmark if any:		

Description of Violence

Type of violence: (physical/emotional/verbal/social)	
Details of violence/abuse:	
Physical injuries/extent of damage if any:	

Police station limits:	
History, if any:	
Reasons stated by victim:	
Reasons stated by perpetrator and others:	

4. Violence Response Details			
Date of violence reported:		Violence reported by:	
TIme of violence reported:		Violence attended by:	
		Date of addressal:	
Description of Violence			
Actions taken and their outcome: (police/lawyer/doctor/CBO)			

Description of Violence (continued)	
Challenges faced: (in meeting victim, perpetrator, any opposition)	
Follow-up action required:	
Date the issue was completely addressed:	

Instructions: This form is to be completed by the ORW. The ORW will attach a copy of the Pink Crisis Card received from peer to this form and will maintain the record. The ORW will help the taluk coordinator fill the Yellow Form.

3.14.d Monthly Narrative Form ("Yellow Form")

Source: Karnataka Health Promotion Trust (KHPT), Karnataka

The "yellow form" is completed on a monthly basis by the designated staff member of the NGO (in the case of KHPT, it is the taluk [sub-district] coordinator). It aggregates quantitative and qualitative data from all the green forms. Items 7–10 evaluate the overall crisis response and advocacy system from the point of view of the taluk coordinator. The data on all the yellow forms in the district are consolidated onto a single form (identical to the yellow form), and this is used for MIS purposes.

Monthly Narrative Form (Yellow Form)

Period:

CBO:

Taluk/Zone:

District:

1	Total cases received			
2	Number of cases addressed:	police	others	total
	within 1–2 hours			
	within 24 hours			
	within 15 days			
	within a month			
3	Number of cases in the process of being addressed			
4	Number of cases not addressed			
5	Most common violence cases seen in the field	perpetrator	type of violence	
6	Services provided: legal/medical/counseling/other			
7	Challenges faced			
8	Highlights/achievements			
9	Support needed			
10	Advocacy efforts			

Glossary

Advocacy committees are formed by many local NGOs to address crisis response issues and to work with community leaders to alleviate the violence experienced by marginalized populations.

Community mobilization is the process of uniting members of a community to utilize their intimate knowledge of vulnerability to overcome the barriers they face and realize reduced HIV risk and greater self-reliance through their collective action.

Community ownership means that the community has control over the activities the program undertakes and significant understanding of, and influence over, service delivery. Community-owned programs have significant leadership, initiative, and oversight by communities, as well as accountability systems in place to ensure that the program's interests do not supersede those of the community and that adequate representation of the community is established.

Drop-in centers were established early on by Avahan to provide a safe space for KPs to come together. The centers are often basically equipped but have clean rooms that accommodate 50–150 people, with cushions and mattresses on the floor, bathing facilities, and a mirror. They are often housed next door to the program-managed medical clinic. With no similar refuge available, drop-in centers have become the hub of community life, each serving several contact points or hotspots where KPs solicit and practice sex or inject drugs.

High-risk men who have sex with men refers to the self-identified men who have sex with men to whom Avahan provides services. This group of men is not representative of all men who have sex with men in India, and in the settings where Avahan works, they are at high risk on account of their large number of sex partners and the fact that a disproportionate percentage sells sex or practices anal receptive sex. Although Avahan's interventions target this particular subset of men who have sex with men, the steps and processes described in this handbook can be used for all interventions with men who have sex with men.

Hotspot means a public or semi-public place where people gather in significant numbers for high-risk behavior (e.g., places where sex workers solicit clients, places where men commonly seek sex with other men, places where drug users gather to inject drugs together).

Key populations in the context of the Avahan initiative are those population groups that are at high risk of acquiring HIV: female sex workers, high-risk men who have sex with men, transgender persons, and injecting drug users. The abbreviation "KP" generally refers to an individual member of a key population.

Outreach workers are experienced peer educators or professionally trained social workers employed by a local NGO to supervise between five and seven peer educators. An NGO typically has 5–10 outreach workers on staff.

Peer educators are representative members of a key population who serve as a link between the program and the key population. They manage the program on the ground through outreach and serve a population with whom they have a similar occupational, behavioral, social, or environmental experience and among whom they are trusted and serve as a role model. Peer educators typically work with 50–60 KPs to influence attitudes and provide support to change high-risk behaviors.

Vulnerability refers to the circumstances that impact an individual's or a key population's control over acquiring HIV. Vulnerability for a sex worker or a man who has sex with men is linked to abuse, violence, and social stigma, and impacts her/his agency in sexual encounters.