COMMUNITY LED CRISIS
RESPONSE SYSTEMS:
A Guide to Implementation

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Based on the Experience of Avahan, the India AIDS Initiative
of the Bill & Melinda Gates Foundation

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INTRODUCTION

Community led crisis response is a method of addressing and preventing violence, abuse, harassment, and discrimination that affect populations most at risk of acquiring HIV (high-risk groups).* This method has been developed as part of community mobilization and local advocacy efforts of Avahan, the India AIDS Initiative of the Bill & Melinda Gates Foundation. Avahan has a core team of staff, seven lead implementing partners and their 168 local partner NGOs in four southern and two northeastern states of India.** They work together to develop crisis response systems as part of Avahan's overall HIV prevention efforts with high-risk groups: female sex workers, high-risk men who have sex with men, transgenders, and injecting drug users.

In a crisis response system, trained teams of high-risk individuals respond rapidly and in person to incidents of violence against other high-risk individuals.*** They provide hands-on support to resolve issues, offer emotional support, 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 high-risk individuals feel safe and confident enough to access HIV services and change risky behaviors. It also makes peer outreach workers, who themselves belong to high-risk groups, safer from harassment or arrest by police.

This guide is a distillation of the methods used by Avahan to set up and operate crisis response systems in India for female sex workers, high-risk men who have sex with men, and transgenders. Avahan considers the experience gained so far to represent only the initial phase of a system that will be enhanced over the next several years. The steps presented are therefore not intended to be the final word on crisis response systems, but rather to provide operational guidance to managers of HIV prevention programs setting up and managing the initial stages of a community led crisis response system, not only in India but also in other countries. ****

This guide describes the kinds of violence that confront high-risk individuals, and presents some of the ways they have organized to address this issue to further contribute to HIV prevention work. It also describes the organizational responsibilities and resources required for a crisis response system and the steps involved in setting up such a system at a site, with examples from Avahan's work. Finally, the guide outlines the issues that must be addressed in scaling up a network of crisis response systems at a regional or state level.

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*   Defenitions of terms used in this guide can be found in the glossary.

**   Because the structure and terminology of HIV prevention programs in other countries may differ from Avahan's, this guide henceforth uses the term "regional or statewide partner" to refer to what Avahan calls its lead implementing partners, and "local NGO" or "NGO" to refer to the local partner NGOs that perform direct outreach in each town.

*** In this publication, the term "violence" is used to refer to physical violence and to abuse, harassment, and discrimination.

**** 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.

RESOURCES REQUIRED
FOR A CRISIS RESPONSE SYSTEM

Avahan developed community led crisis response systems within the context of an HIV prevention intervention that was already being implemented, with a focus on community mobilization and structural interventions. Networks of high-risk individuals had worked as peer outreach workers for two years, doing outreach with the high-risk community. Community members were meeting in drop-in centers, which are safe spaces set up outside of the clinic where the community could come to relax and meet other high-risk individuals, and where sessions were conducted to build self-esteem and strengthen community initiatives. Following this groundwork of engaging communities and strengthening leadership, Avahan began introducing crisis response systems.

Avahan's experience has been that the following resources are needed for a functional crisis response system:

People

- A team of six designated community members (they may rotate monthly) for every 500 high-risk individuals covered
- A supportive team of peer outreach workers
- Experienced and committed lawyer(s) on call 24 hours a day, 7 days a week
- Close alliances with well-known local activists and media people who are willing to advocate on behalf of high-risk populations when necessary

Materials

- Six mobile phones
- Business cards or fliers printed with crisis hotline numbers
- Crisis management reporting forms

Venue and budget

- A drop-in center or other venue for meetings
- A small budget to pay for local transport costs

STEPS TO IMPLEMENT A CRISIS RESPONSE SYSTEM

For ease of understanding, the components of a community led crisis response system are presented 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 high-risk community and the police

7. Build public acceptance and support for crisis response

8. Integrate crisis response with advocacy and community mobilization

In practice, implementation of some of these steps will overlap. In particular, education of the high-risk community (Step 6) and building of wider public support for crisis response (Step 7) are tasks that will happen simultaneously.

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 high-risk communities participate in its leadership from the beginning and gain the skills to take over its management.
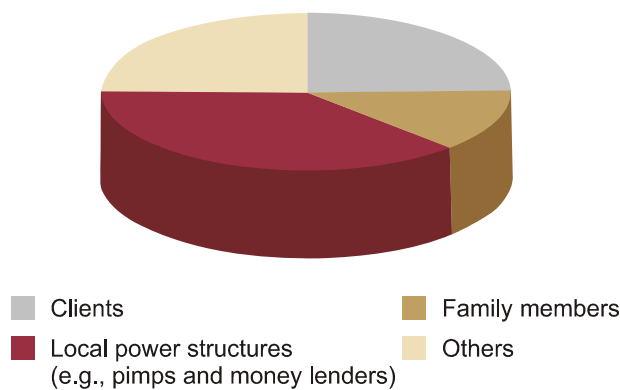
STEP 1

ASSESS THE NEED FOR AND NATURE OF CRISIS RESPONSE

Understanding violence against high-risk groups and community led crisis response

Before developing crisis response systems it is important to assess the extent to which they are required. This may be done through a series of meetings with high-risk communities or, where resources are available, through surveys which may reveal information that might not come out in more public forums and which may justify requests for funding from donors. A survey conducted in 2004 by Avahan in the state of Tamil Nadu found that female sex workers faced significant violence from local power structures and family members (Figure 1). Police violence was acknowledged more widely by men who have sex with men than by female sex workers (Figure 2).

Figure 1: Perpetrators of Violence against Female Sex Workers

Figure 2: Perpetrators of Violence against Men Who Have Sex with Men

Clients

Local power structures (e.g., pimps and money lenders)

Family members

Others

Police

Local power structures (e.g., pimps and money lenders)

Source: Tamil Nadu AIDS Initiative
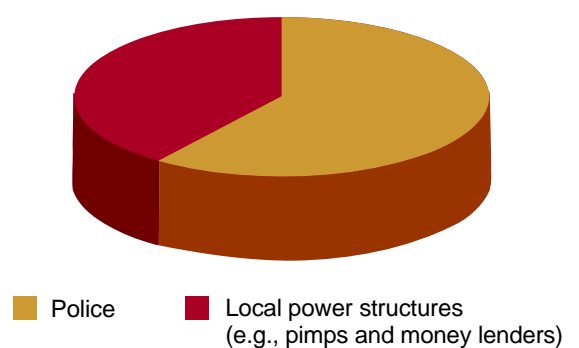
Source: Tamil Nadu AIDS Initiative

Other surveys also helped shape Avahan's approach to crisis response. A 2006 survey by another partner in Karnataka demonstrated a relationship between female sex workers' experiences of violence and their ability to negotiate and practice safer sexual behaviors (Figure 3).

Figure 3: Correlation between Violence and HIV Risk
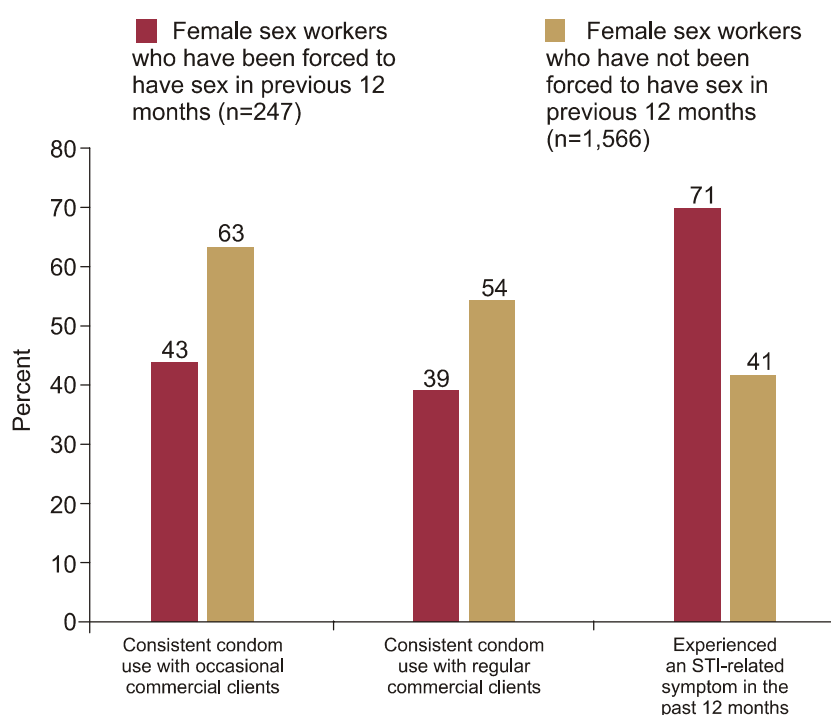
Source: Karnataka Health Promotion Trust, *Integrated Biological and Behavioural Assessments among FSWs and MSM-T in Selected Districts of Karnataka*, 2006

The data from Karnataka showing links between violence and HIV risk reinforced Avahan's understanding, gained from field visits, of the extent of violence experienced by high-risk communities and the need for a crisis response system.

Avahan found that sex workers, high-risk men who have sex with men, and transgenders 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
- Social attitudes condemn sex work or homosexual behavior and stigmatize the people who practice it, and violence against marginalized groups is tolerated
- Sex workers, high-risk men who have sex with men, and transgenders are socially and economically disadvantaged
- Police power and behavior are not closely regulated
- Violence by intimate partners is tolerated

High-risk individuals may be confronted by a variety of emergencies, including:

- Physical violence (including forced sex or sex without a condom) by clients, pimps, family members, gang members, and police against all high-risk groups
- Forced (unpaid) sex with sex workers

- Physical and psychological abuse by intimate partners, particularly of female sex workers

- Extortion by pimps, brothel madams, gang members, intimate partners, and police

- Verbal abuse (affecting all high-risk groups) by clients, pimps, family members, gang members, medical professionals, police, and wider society

- Arrest and detention by police without legal grounds

Some forms of discrimination and rights violations may not constitute emergencies requiring an immediate response but may nevertheless be addressed by trained members of the crisis response system:

- Ostracism by family, neighbors, and the wider community

- Denial of medical and governmental services and benefits

- Denial of educational services (school enrollment) to children of sex workers

What is community led crisis response?

The concept of community led crisis response is a straightforward one. A community member confronted with violence or some other type of crisis can summon rapid, on-the-spot support by calling a phone number staffed by another high-risk individual 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. The crisis response team also provides access to a lawyer in cases of arrest. The team seeks to respond immediately, and it works to resolve the crisis over the longer term, if necessary. The crisis response system documents each incident, including the number of people involved, to improve future responses and to monitor trends in violence against high-risk groups, both locally and at regional and national levels.

Crisis response operates at three levels:

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 they have adequate psychosocial and medical support in the immediate term.

2. Resolution of crises with families, communities, and intimate partners. Family abuse and violence are commonplace among high-risk groups, especially female sex workers, high-risk men who have sex with men, and transgenders. Violence against high-risk individuals by members of the same group is also a problem. Crisis response systems attempt to resolve such incidents of violence and to prevent future violence through counseling of individuals and families; using lawyers and other respected local leaders to advocate on behalf of affected high-risk individuals; and community led advocacy to strengthen public opinion.

3. Advocacy and sensitization work with stakeholders. Avahan's crisis response system is part of a larger effort to equip communities with the resources and training they need to tackle the broader issues of legal and social discrimination that make them vulnerable to violence and to HIV infection. 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 provide assistance to communities when a major crisis occurs and over time 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 do sensitization work with the police
- Media groups that work to improve public perceptions of high-risk groups

Why is crisis response important for HIV prevention?

Without a support system, female sex workers, men who have sex with men, and transgenders who face actual or threatened violence may suffer increased vulnerability to HIV. Low self-esteem may result and limit their ability to negotiate safer sex, while their fear of public exposure makes them harder to reach for HIV interventions.

Crisis response systems can make high-risk individuals feel safer and can also support the HIV prevention work of peer outreach workers. The reassurance that they can call someone if they encounter a threatening situation can help high-risk individuals assert their personal and collective right to personal 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 galvanize community action and prompt the formation of formal and informal groups. This may be a more sustainable and effective way for them to organize and advocate for their rights.

STEP 2

ORGANIZE THE CRISIS RESPONSE TEAM

Crisis response teams are initially organized by the local NGO. If there is a drop-in center connected with the HIV intervention, the crisis response system may use it as a base for trainings, meetings, and other events. The following sections discuss the operational aspects of organizing a crisis response system in a local area.

Forming a crisis response team at the local level

- The crisis response team is made up of trained members of the high-risk group. (For details of the training, see Step 3.)

- The team may have 5-12 members, depending on need (i.e., frequency of incidents, size of area to be covered).

- A peer outreach worker 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 tend to come at night). In the initial stages especially, when high-risk individuals are less able to advocate for their rights, it is best to have two to three lawyers so that one is not over-burdened.

- If the team covers several sites or "hotspots" where sex work is common, it is important to have members from each of these hotspots. A team may be organized for an individual hotspot if the frequency of crisis incidents there justifies this.

- If a self-help group or community group 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.

Selection criteria

- Members are representative of the localities and typologies of the community they are serving (e.g., brothel-based or street-based sex workers).

- Members are committed to participating in initial training and all follow-up trainings.

- Members are committed to being available by phone 24 hours a day when they are on duty.

- Members are committed to responding to crisis incidents immediately when called upon.

- Members have good listening skills and the ability to engage with local authorities.

Scope of work

The duties of the crisis response team include:

- **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 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 the need for and initiate follow-up actions, including 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, and engaging the media.

- **Documentation:** Complete written records of each incident, its follow-up, and 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 high-risk groups.

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

> Sometimes communities wish to name the response team, which 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. 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.

Local support for crisis response

Support for the crisis response system can come from several sources at the local level (see also Figure 4):

- NGOs usually hire an appropriately qualified advocacy officer to manage advocacy work at the local level.

- Peer and staff outreach workers are also trained in advocacy work.

- An advocacy committee is organized, typically including elected members of the high-risk community 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.

- Advocacy groups may also be formed at the site level, either as adjuncts to, or synonymous with, the community groups or self-help groups that are formed in the process of community mobilization.

Figure 4: Organizational Structure of Crisis Response within the Context of the Local NGO

STEP 3

TRAIN THE TEAM MEMBERS

Training should be organized by the regional or statewide partner for the crisis response team members and NGO staff, as well as for members of NGO advocacy committees (for definition, see Step 8). Lawyers working with the crisis response system should facilitate the legal component of the training.

The training for crisis response team members and NGO staff 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 crisis (e.g., suicide) which the response system should address

- Functions of a crisis response system

- Roles and responsibilities of crisis response team members

- Determining the geographic focus and knowing the size of the populations 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 and prioritization of issues, and an understanding of the institutional levels at which to address them

- Legal provisions, including rights under the Constitution; legal status of sex work, homosexual sex, and drug use; rights and procedures when high-risk individuals are arrested; 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.

The trainer 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:

- Interactive personal introductions
- Ice-breaking exercises at the beginning of each day
- Generating norms for participation and behavior during the training
- Group discussions, break-out groups, role-playing, story-telling, games, drawing, etc.
- Minimizing the use of written materials for trainees and avoiding didactic lectures as much as possible
- Participants to summarize learning at the end of each day, and recap previous day's learning at the beginning of the following day

As the crisis response teams' functioning has matured, some Avahan partners have offered advanced training to crisis response team members, covering topics such as:

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

Avahan's partners followed different training schedules when setting up crisis response systems. For many the system evolved out of both community mobilization and local advocacy efforts where groups had been trained and democratic and organizational systems were already being developed. Designing training for crisis response will therefore need to start with an assessment of the capacity of the communities and NGOs who will manage the process. The curriculum can be refined and strengthened with inputs from communities.

STEP 4

IMPLEMENT CRISIS RESPONSE

The crisis response team should be fully familiar and comfortable with the steps involved in responding to a crisis.

Steps in response to a crisis (emergency)

Immediate

1. Report of crisis incident received by a crisis response team member or hotline operator, who confirms details of location, caller, person in crisis (if it is not the caller), and nature of the crisis.

2. Receiver of information informs other team members and designated NGO staff person by phone, and determines 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 assess the need for other support (e.g., legal, short-term accommodation, 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) 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 subsequent community meeting.

Steps in response to a crisis (non-emergency)

A high-risk individual facing a crisis that does not require an immediate response (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. Norms regarding the time-frame for response to non-emergency crises are set by the NGO.

Communication system

A phone-based communication system should be developed so that an individual 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.* 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 rotating roster of team members who will respond to calls. Communities can start immediately using pay-as-you-go SIM cards. 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 sufficient community members have been trained, they can rotate the role of coordinator among themselves. 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.

Where a regional or statewide phone hotline is established for the crisis response system, a number of lines must be set up 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.

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 assailants to the police and collect other evidence.

- Details of abuse or harassment can be gathered more accurately while they are fresh in people's minds.

- It can lead to a more rapid resolution of the crisis.

Avahan's experience has been that it is possible to develop systems that have 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 should be sought within 24 hours in the first instance. Collecting information on the response time for each crisis can reinforce norms for quick responses.

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* Mobile phones have become an important means of communication for high-risk individuals 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.
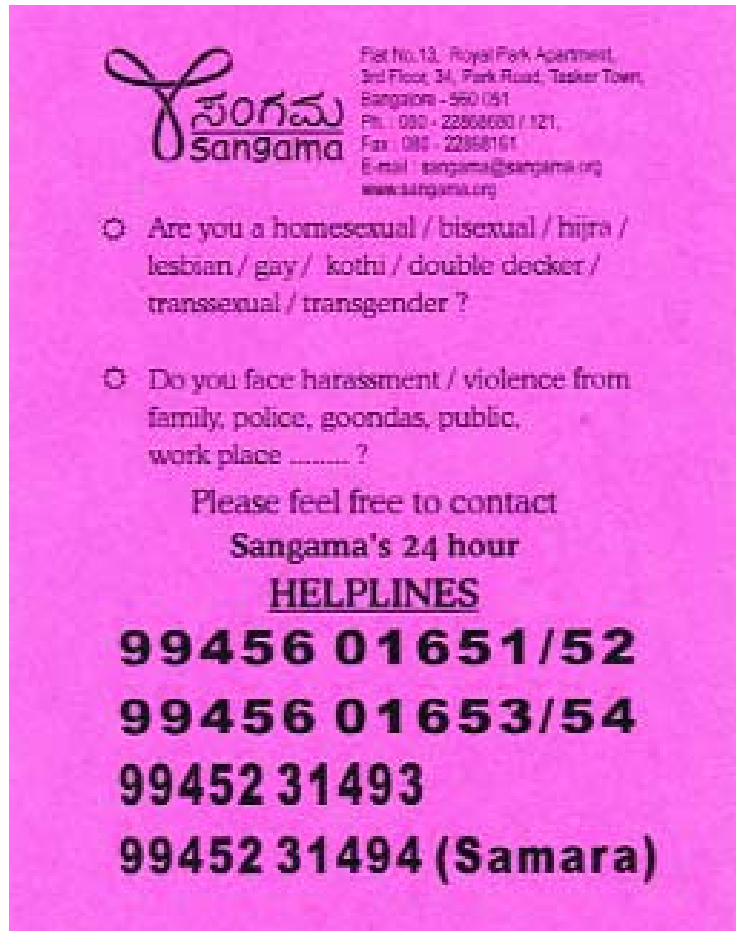
Publicizing the crisis response system

A crisis response system functions best when the high-risk community supports it vigorously and uses it consistently. This means that the existence and operation of the system must be publicized within the community, and crisis incidents and their resolutions must be reported on.

Team members should be introduced at community meetings so that communities can recognize them and know they are available to contact in a crisis. Business cards or fliers with the phone numbers for the crisis response team should be distributed to high-risk individuals by peer outreach workers while they are doing outreach, as well as through drop-in centers, STI clinics, or other venues (Figure 5). Some discretion may be necessary when publicizing the crisis response hotline: individuals may not want to be seen by their intimate partners, pimps, or others taking down the information. Instead they may choose to memorize the number or record it in their mobile phones rather than take a flier.

The work of the crisis response team should be reported on at community meetings to build awareness, support, and confidence within the community. The specifics of recent crises and their resolutions should be explained. Publicizing a positive outcome to a crisis can be empowering for the individual concerned, and telling their own story can create a rallying point for the community and the crisis response system. Nevertheless, 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.

Figure 5: Sample Crisis Response Hotline Flier

Source: Sankalp Project, Karnataka Health Promotion Trust

STEP 5

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.

There are two levels of reporting in crisis response programs: local and consolidated (regional, state, and national). Local reporting is done to capture the immediate details of a crisis event. Members of the crisis response team gather detailed data on the nature of the crisis, the people involved, and the response and outcomes. This feeds into consolidated reporting by the NGO, whose staff gather and analyze data to understand trends affecting their entire area of coverage. Where a scaled program is operating, data are fed further upward so that central management can analyze statewide and national trends. This data can be used in advocacy to highlight the violence faced by high-risk groups.

Local reporting and analysis

When high-risk communities are trained to document all crisis incidents and analyze trends, their efforts are no longer simply reactive, and instead they can use this information to do preventive work against violence and to 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). In Avahan's experience, 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 high-risk communities should be trained to take over the responsibility. There are many ways to record a crisis event. Where community members are illiterate, audio-visual methods, such as recordings, may be the best way to collect information and share it for consolidated reporting.

In Avahan's experience, 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 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)

In addition, 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 and community members respond to incidents themselves, sometimes without formally calling upon the crisis response team, they may feel little need to report incidents. While most incidents are well publicized within communities by word of mouth, community members should nevertheless be encouraged to report all incidents to the crisis response team, even after the fact, so that accurate data on trends in violence can be maintained.

Consolidated reporting and analysis

Consolidated reporting allows the regional or statewide partner to track the overall impact of crisis response systems and to monitor trends in violence and the timeliness of responses. When analyzed over time, these data can reveal trends in the nature and 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 this is critical for refining crisis response as well as for advocacy on the issue of violence.

To supplement program knowledge, Avahan has carried out periodic behavioral surveys with high-risk individuals to understand how violence relates to condom use, condom negotiation, community mobilization, and demographics.

STEP 6

EDUCATE THE HIGH-RISK COMMUNITY AND THE POLICE

Community

Crisis response team members should engage with the wider community, through advocates who are supportive of high-risk groups 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 through collective action. This can increase awareness of crisis response services and mobilize more resources to support them.

Illustrative List of Issues That May Be Discussed at Community Meetings

- Types of crises faced by the community
- Functions of crisis response system
- What the community can do when there is a crisis (planning collective actions, and reports on any actions undertaken)
- Domestic violence (which is 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
- The legal rights of high-risk groups
- Negotiating condom use
- How to discuss sexual orientation with family members
- Public perceptions and norms that may sanction (or deter) violence

As high-risk individuals—who may be poorly educated or illiterate—become accustomed to the idea that they have the same legal rights as other citizens, they may raise new or recurring legal issues, and regular legal literacy workshops can be held to address these, led by the response team's legal resource persons.

Police

Educating the police is an important function of a crisis response system, both to gain support for crisis response and for peer outreach work. Police education falls under the broader advocacy work of the Avahan initiative and addresses stigma and discrimination related to HIV and high-risk groups.

Police may abuse their power and misinterpret the law, resulting in verbal or physical abuse and/or detention of sex workers, men who have sex with men, and transgenders. Institutionally and individually, the police often reflect the discriminatory views of society and are uninformed about the status of various high-risk groups under the law. Regular and ongoing sensitization and advocacy work can significantly increase police respect for 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 at which attendance by police officers is mandatory. In Avahan's experience, this is easier to achieve if such sessions are presented at least in part as education about HIV/AIDS that will directly benefit 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. Sex workers, men who have sex with men, and transgenders often participate in these sessions, sharing their personal stories in order to humanize themselves in the eyes of the police.

Working with Police at the State Level

Avahan provided support for work with the police across six states. This work included the training of 30,000 police on issues related to HIV and high-risk groups. Now advocacy groups are taking up the effort to continue meeting with police on a monthly basis.

Avahan supported a literature review to create an annotated bibliography of research that explores a range of interventions designed to involve and impact police practices. The review, "Policing Interventions in Developing Countries," is available at http://cira.med.yale.edu/parivartan/resources/reports.html. Avahan has also supported the development of an advocacy training manual for high-risk groups, "The Power to Change," available at http://www.futuresgroup.com/fg/resources/power-to-change.cfm.

In 2006, a memorandum was issued by the police in Andhra Pradesh in collaboration with the State Aids Control Society and Avahan's two statewide partners. It included the following text to guide police in support of HIV programs:

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 outreach workers 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 in order to arrest sex workers.*

- *The police in each district to sign the identity cards of the HIV prevention program staff so that they are not arrested for doing their job in the program.*

- *The NGO program staff to conduct one-hour sensitization sessions during the monthly crime meetings at all levels (district and sub-district).*

- *The NGO program staff to hold workshops for police officers at all levels.*

- *An HIV/AIDS sensitization workshop or module to be incorporated into the training for new police recruits.*

- *The police to cooperate with the state AIDS control body and Avahan partners in implementation of their programs.*

Some approaches to police education include the following:

• Provide legal literacy courses to police which discuss the rights of high-risk groups, common instances of police abuse, and preferred treatment for high-risk groups; and develop platforms for cooperation, for example to identify underage sex workers who have been coerced into the industry, or to decide cruising and solicitation spots acceptable to both 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 high-risk individuals who are working as peers.

• Get peer outreach workers' ID cards endorsed by the police department with a signature from the highest-ranking officer possible. This can be shown to officers on the street to prevent harassment and allow uninterrupted outreach to high-risk individuals.

• Institute monthly meetings between high-risk groups and the police for ongoing discussion and resolution of grievances. It is highly desirable to have nodal officers appointed within the police force to deal with HIV-related issues on a routine basis.

• Advocate for police departments to adopt workplace policies that encourage provision of HIV-related information and services within the police force; discourage arbitrary and inhumane treatment of people living with HIV/AIDS; and prohibit mandatory testing of and discrimination against HIV-positive personnel.

• Recognize officers who are supportive through formal ceremonies at the NGO.

Working with Police at the Regional Level

In rural Maharashtra, Avahan conducted a participatory training for police led by sex worker trainers. The trainers presented the scope of the program to help the police understand the nature of HIV prevention work; addressed misconceptions about sex work; and discussed peer outreach workers' outreach to high-risk groups, the importance of an enabling environment, and police support for the project. A year later they worked with the police to develop a police training video on the same topics.

Some Avahan partners have found creative ways to involve police in their work and familiarize them with the lives and issues of the community. For example, police officers have been invited to give awards to high-performing peers at community meetings, or to serve as judges at a fashion show put on by men who have sex with men.

STEP 7

BUILD PUBLIC ACCEPTANCE AND SUPPORT FOR CRISIS RESPONSE

Working with the media

Media coverage can influence public attitudes about HIV, high-risk groups, and HIV-positive individuals. Avahan has trained journalists in the local, state, and national media to strengthen constructive coverage. At the regional and state level, Avahan has trained respected journalists, and at the local level stories have been tracked to identify journalists whose coverage is particularly problematic or notably supportive, so that they can be offered training on the issues. Avahan also trains high-risk individuals to be spokespeople, and develops the skills of NGOs and communities to work positively with the media.

Illustrative List of Activities for Media Advocacy

- Train crisis response team and other community members in dealing with the media.
- Encourage the media to report on community activism (e.g., sensitization work with other groups such as the police, or demonstrations).
- Acknowledge and encourage journalists who report supportively on HIV issues and high-risk groups.
- 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 high-risk community 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

Networking with civil society groups advocating for human rights beyond the area of HIV/AIDS is important. Such groups often have a lot of advocacy experience in areas such as rights of women, children, and minority groups that overlap with the concerns of high-risk groups. They may be able to provide capacity-building support, immediate back-up for advocacy, and access to schemes that provide social, economic, and mental health linkages critical to 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

Where possible, members of crisis response teams or advocacy committees should be proposed for appointment to commissions and 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/AIDS epidemic in their region or state, and sensitize them to the ways in which discrimination against high-risk groups increases the risk of infection.

STEP 8

INTEGRATE CRISIS RESPONSE WITH ADVOCACY AND COMMUNITY MOBILIZATION

Crisis response is most effective as part of a larger structural approach to community advocacy and mobilization which can strengthen standard STI services and outreach and support risk and vulnerability reduction. Over time, this broader structural intervention can also enhance organizational structures and systems within high-risk communities so that they can manage crisis response and other aspects of HIV prevention on their own. Figure 6 shows crisis response as part of a structural intervention.

Figure 6: Crisis Response System within a Structural Interventions Approach
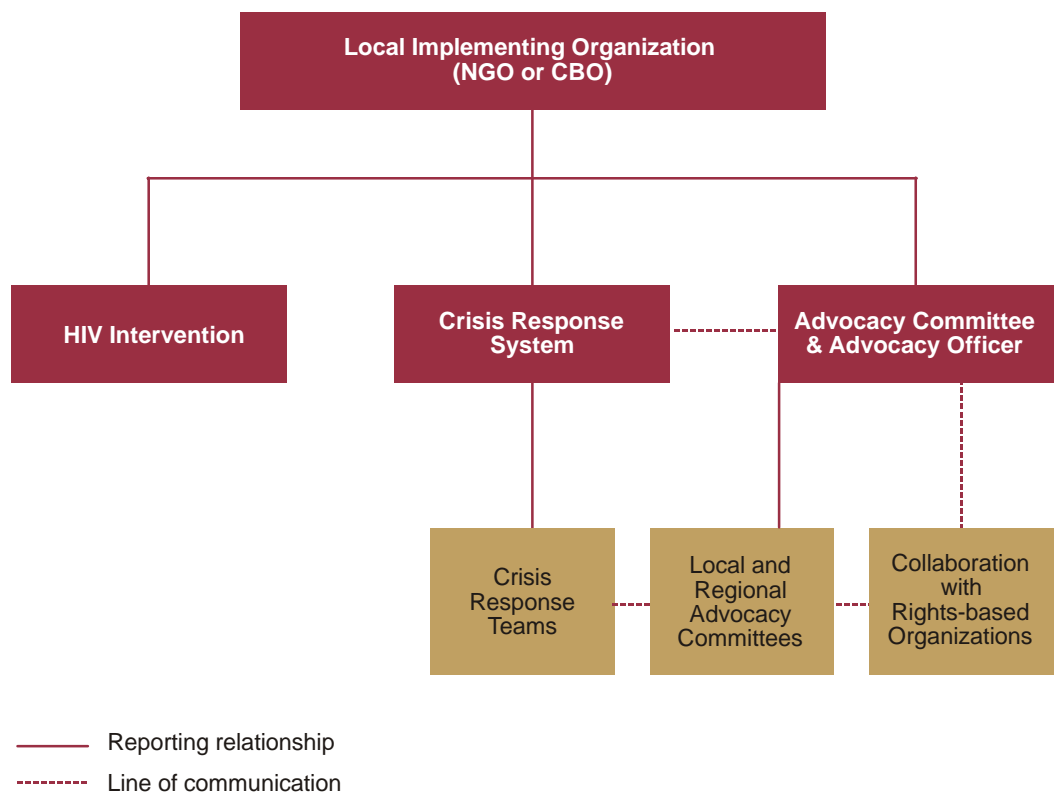
Advocacy Committees and Crisis Response

Purpose

- Provide back-up support for emergencies and crisis situations that affect the high-risk community.

- Quickly and effectively engage with leaders to resolve major crisis situations.

- Build awareness about the violence, stigma, and discrimination faced by high-risk communities.

- Address the issues and recognized needs of the community.

- Initiate local-level advocacy activities and follow up ongoing advocacy issues.

- Provide training on advocacy-related issues to crisis response teams.

Formation

- Advocacy committees include representation from all crisis response teams in the organization.

- Members are selected based on their willingness to be part of the advocacy initiative.

- Each committee consists of approximately 15-20 members.

- Where committees are not entirely composed of high-risk individuals, the goal is to have 70 percent representation from the community and 30 percent from local influential officers or personalities (e.g., police officers, lawyers, government officers, social activists).

- The members of the committee rotate at a pre-determined interval through systematic elections.

Meetings

- The committee meets at a minimum once every two months.

- The committee may call an emergency meeting at any time to discuss and address an emergency or a crisis situation.

Organizational evolution

- Initially the committee may be part of the NGO infrastructure and receive in-house organizational training from the advocacy officer. As community groups mature, the advocacy committee can become part of a community-based organization.

SCALING UP 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. Avahan has found that standards of data collection, management, and community participation must be outlined early on in order to rapidly and effectively scale up local systems to achieve program-wide coverage. These standards must be broad and flexible enough to allow for local innovation and will need to be revisited as the response system matures. They must be introduced in ways that encourage and permit local NGOs to add details through consultation with the high-risk individuals who are implementing crisis response systems. Over time these systems may be managed by high-risk communities.

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

- Community training and mentoring

- Advocacy work and networking with leaders and groups who can support the crisis response system

- Continuous system strengthening

Using common training resources

Avahan established crisis response systems through exchange visits between NGOs and community leaders who were operating crisis response effectively and those who wanted to learn how to do it. Creating informal learning sites where crisis response can be demonstrated with practical exposure is a particularly helpful way to start and enhance crisis response systems.

Providing local NGOs with standardized training resources ensures consistent and accurate information across geographic areas and avoids duplication of work. If regional or statewide partners organize training-of-trainers workshops, a cadre of trainers can be created to 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.

Maintaining standards

Among the standards that are important for local crisis response systems to monitor are the following:

- **Coverage:** The system is working for the entire population, including those at most risk (e.g., female sex workers who face intimate partner violence).

- **Response time:** In urban areas the crisis response team reaches the scene of the crisis in a specified minimum time (e.g., less than one hour). In rural areas an appropriately longer time-frame is set.

- **Reporting:** The reporting form has been filled out correctly, data are reported appropriately, and all follow-up action is recorded and documented.

- **Learning:** The incident is discussed among the crisis response team and advocacy committee, and (respecting confidentiality) at the drop-in center and community meeting. Where appropriate, the response system is improved and guidance given to the community for action to prevent similar crises in the future.

- **Analysis:** The crisis response team has monthly meetings to reflect on trends in violence and long-term preventive efforts.

Using data and analysis to inform the program

Collecting, analyzing, and documenting data are important parts of a crisis response system. At the local level, accurate records may be required for legal cases to be filed or for complaints to be lodged against individuals or institutions. Such records also provide a basis for learning and building more effective future responses. At the regional or state level, partners can use these data to improve the crisis response system and carry out advocacy to stem violence against high-risk groups.

Advocacy at a higher level

Working with policymakers in order to reduce discrimination against high-risk groups is an important strategy for violence reduction. Relationships should be built 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.

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.

Bridge populations are persons who have sexual contact both with persons who are frequently infected with and transmit STIs, and also with the general population.

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, and 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 in the Avahan initiative to provide a safe space for high-risk groups to come together. The centers are often basically equipped but 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, serving from 5 to 11 contact points or hotspots where high-risk groups solicit and practice sex.

An enabling environment in the context of Avahan's work is one in which social inequity and violence, harassment, abuse, and discrimination against people with HIV and high-risk groups are reduced, and the self-confidence of high-risk individuals and their collective identity are strengthened, so that they can advocate for, and take ownership of, effective HIV prevention interventions.

High-risk groups are female sex workers, high-risk men who have sex with men, transgenders, and injecting drug users.

High-risk men who have sex with men are 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. 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.

Peer outreach workers (peers) are representative members of a community who serve as a link between the program and the community. 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 a role model. Peers work with 35-85 members of their community to influence attitudes and provide support to change risky behaviors.

Staff outreach workers (outreach workers) are experienced peers or professionally trained social workers employed by a local NGO to supervise between 10 and 20 peers. An NGO typically has 5-10 outreach workers on staff.

Vulnerability refers to the circumstances which impact a high-risk individual's or group'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 power in sexual encounters.

VALUES OF THE FOUNDATION

- This is a family foundation driven by the interests and passions of the Gates family.

- Philanthropy plays an important but limited role.

- Science and technology have great potential to improve lives around the world.

- We are funders and shapers—we rely on others to act and implement.

- Our focus is clear—and limited—and prioritizes some of the most neglected issues.

- We identify a specific point of intervention and apply our efforts against a theory of change.

- We take risks, make big bets, and move with urgency. We are in it for the long haul.

- We advocate—vigorously but responsibly—in our areas of focus.

- We must be humble and mindful in our actions and words. We seek and heed the counsel of outside voices.

- We treat our grantees as valued partners, and we treat the ultimate beneficiaries of our work with respect.

- Delivering results with the resources we have been given is of the utmost importance—and we seek and share information about those results.

- We demand ethical behavior of ourselves.

- We treat each other as valued colleagues.

- Meeting our mission—to increase opportunity and equity for those most in need—requires great stewardship of the money we have available.

- We leave room for growth and change.

The Avahan India AIDS Initiative, funded by the Bill & Melinda Gates Foundation and managed by an in-country foundation team, is a large and ambitious HIV prevention program. Avahan's ten-year charter has three distinct elements. The first is to build and operate a scaled HIV prevention program, with saturated coverage for populations most at risk in the six states which account for the bulk of HIV infections in India. The second is to transfer the program to the Government of India and other implementers in the country; and the third is to encourage the replication of best practices by fostering and disseminating lessons learned from the program.

Now in its sixth year of operation, Avahan reaches more than 220,000 female sex workers, 80,000 men who have sex with men and transgenders, 18,000 injecting drug users, and about 5 million men at risk.

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