



**Implementation Evaluation of
Rights Evidence ACTION (REAct)**

FINAL EVALUATION REPORT

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Submitted to: Frontline AIDS

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List of abbreviations and acronyms

AFSA	Aids Foundation Of South Africa
ANCS	Alliance Nationale Contre le SIDA (Senegal)
APH	Alliance for Public Health (Ukraine)
BONELA	The Botswana Network on Ethics, Law and HIV/AIDS (Botswana)
CBO	Community -based organisation
CLM	Community-led monitoring
CYSRA	Uganda Youth Coalition on Adolescent SRHR and HIV (Uganda)
DHIS2	District Health Information System 2
E4C	Empowered for Change
ID	Identity document
IP	Implementing Partners
KP	Key population
LGBT	Lesbian, Gay, Bisexual, and Transgender
LVCT	LVCT Health (Kenya)
NACOSA	Networking HIV and AIDS Community of Southern Africa
OST	Opioid substitution treatment/therapy
PHAU	Public Health Ambassadors Uganda
PITCH	Partnership to Inspire, Transform and Connect the HIV response
POPI	Protection of Personal Information Act
PR	Principal Recipient
PSS	Psycho-social support
REAct	Rights-Evidence-Action
SANAC	South African National AIDS Council
SIDC	Soins Infirmiers et Développement Communautaire (Lebanon)
SMYN	Show Me Your Number (South Africa)
SOP	Standard operating procedures
SR	Sub-Recipient
SSR	Sub-Sub-Recipient
TB	Tuberculosis

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1. Introduction

This report presents the findings of an external implementation evaluation of the Rights Evidence ACTion (REAct) programme developed by Frontline AIDs.

The evaluation aimed to review and evaluate how Frontline AIDS partners are implementing REAct to shape the REAct offering in future. Frontline AIDS plans to use the evaluation to develop a set of Standard Operating Procedures (SOPs) to ensure good practice in programme implementation. It will also inform a business case for REAct to assist with further fundraising opportunities.

In addition, the evaluation will inform the future development of an M&E plan and associated indicators for REAct. Other stakeholders and potential audiences of this evaluation include all REAct implementing organisations and key donors funding REAct, including The Global Fund and the Swedish International Development Cooperation Agency (SIDA).

The evaluation focuses on how REAct is implemented in different contexts and what is happening in practice. It assesses programme delivery, strategies, procedures, and processes.

The report begins with a description of REAct, followed by the evaluation objectives, questions, and methods. The evaluation findings are then provided. The report concludes with the evaluation recommendations.

2. Overview of REAct

Rights – Evidence – ACTion (REAct), developed by Frontline AIDS, is a community-led and owned human rights monitoring and response system. REAct, created with and for civil society organisations, provides an easy and systematic way to document cases of and support individuals experiencing human rights violations that impede their access to health and other services.

Through the implementation of REAct, civil society organisations can record human rights violations, provide and refer people to health, legal and other public services, and use this data to inform human rights-based HIV programming, policy, and advocacy at national, regional, and global levels.

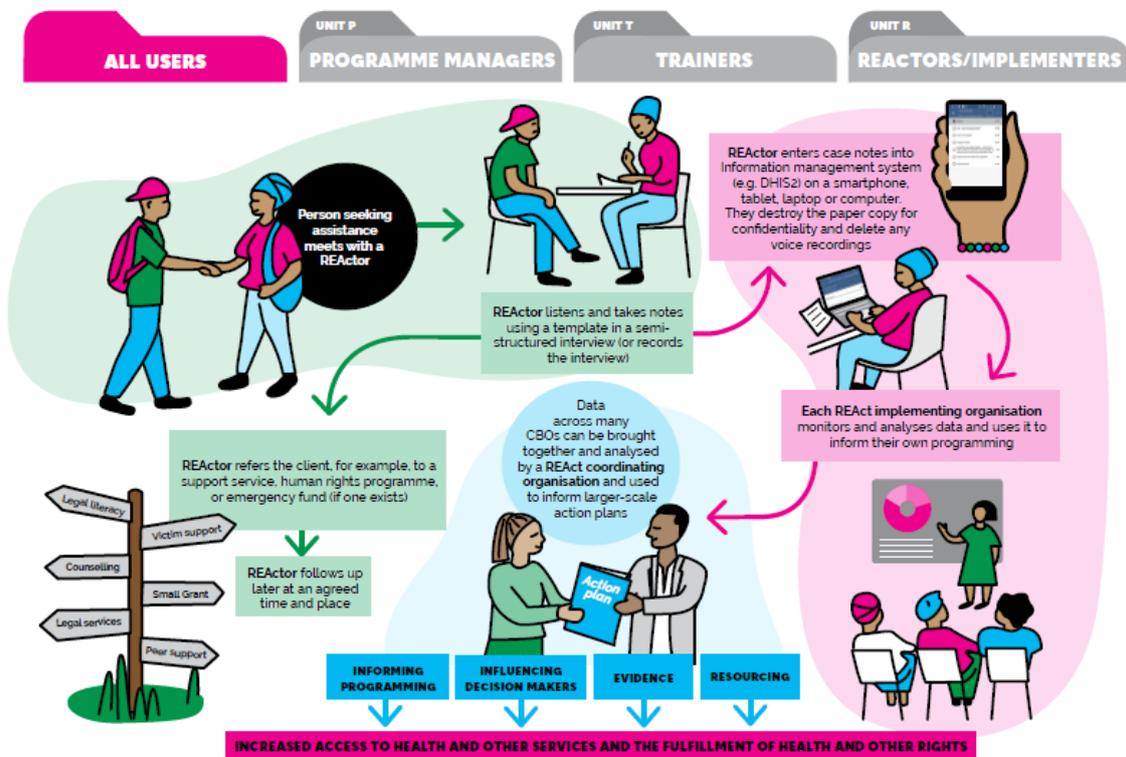
Trained staff (known as REActors) in community-based organisations record cases of human rights violations to:

- Improve the local response to individual emergencies
- Influence change in communities and services that perpetuate rights abuses
- Inform human rights-based HIV programming, policy, and advocacy
- Identify community needs relating to human rights and HIV programming
- Support civil society to source funding to continue this work

Frontline AIDS developed a REAct Guide¹ as a project management tool that provides a detailed overview of the training package and includes modules introducing basic human rights theory and training on the information management tool used within REAct.

¹ <https://frontlineaids.org/resources/react-user-guide/>

Figure 1: REAct user guide



The user guide consists of the following:

- An overview and introduction to REAct
- A programme managers module to guide programme managers' decision-making regarding the suitability of REAct for their context and how to design a project with the involvement of the right stakeholders and resources.
- A trainer's module that guides the REAct training workshop, with suggested session formats and checklists for training. It includes workshop materials and session instructions for individuals who will train the REActors (directly responsible for implementing REAct by documenting, responding, and analysing the data) with suggestions for delivering the training.
- A REActor/implementers module that provides information and guidance for REActors to support them in implementing REAct.

"Wanda" is the information management system built on the DHIS2 platform, developed and used by Frontline AIDS to record human rights violations. REActors enter case notes into Wanda online or offline on a smartphone, tablet, laptop, or computer.

Based on the cases documented, organisations can then:

- Respond to individual instances where clients require emergency support
- Provide services to the clients or refer clients to services such as legal support, HIV treatment, care and support, psychosocial support, and SRHR.

- Use the data to build an evidence base for advocacy; inform programming to reduce the impact of human rights violations; and inform policy and advocacy at sub-national, national, and global levels.

In May 2014, lesbian, gay, bisexual, and transgender (LGBT) organisations in Uganda and organisations of people living with HIV, sex workers and LGBT people in Myanmar and Bangladesh field-tested REAct. While initially designed for small community-based organisations, the model has evolved to be used by organisations implementing national AIDS programmes to better document and respond to human rights violations. Regional programmes have also integrated REAct across many countries. Since its inception REAct has been implemented in over 37 countries worldwide. REAct in Wanda (since 2019) has documented over 13,000 cases to date. The REAct template has been translated into **six languages** in Wanda: French, Portuguese, Russian, Ukrainian, Georgian, and Arabic, allowing for data collection in these languages.

There needs to be a systematic Monitoring and Evaluation (M&E) plan or results framework to monitor REAct implementation. REAct is usually incorporated into the results frameworks of the broader programmes in which it is implemented. However, Frontline AIDS is in the process of creating an M&E plan for the REAct portfolio. REAct contributes to the Frontline AIDS Global Plan of Action (GPOA) for 2020-2025 through the partnership promise of ‘unlocking barriers’, primarily Action 4 to ‘convene community networks to document and respond to human rights violations to hold governments and the private sector to account’. This action aims to improve national laws and policies so they respect, protect, and fulfil the rights of those most marginalised and, in turn, build a world where everyone, everywhere, can enjoy their human rights in a future free from AIDS.

3. Evaluation Objectives

The purpose of this evaluation was to conduct an implementation evaluation of REAct while documenting emerging outcomes achieved to date.

The **specific evaluation objectives** are to:

1. Understand how the REAct model has been implemented in different countries.
2. Document emerging outcomes in terms of REAct.
3. Generate recommendations about what is needed to implement an efficient and effective REAct model according to the organisation's size and needs.

Table 1 Evaluation Questions

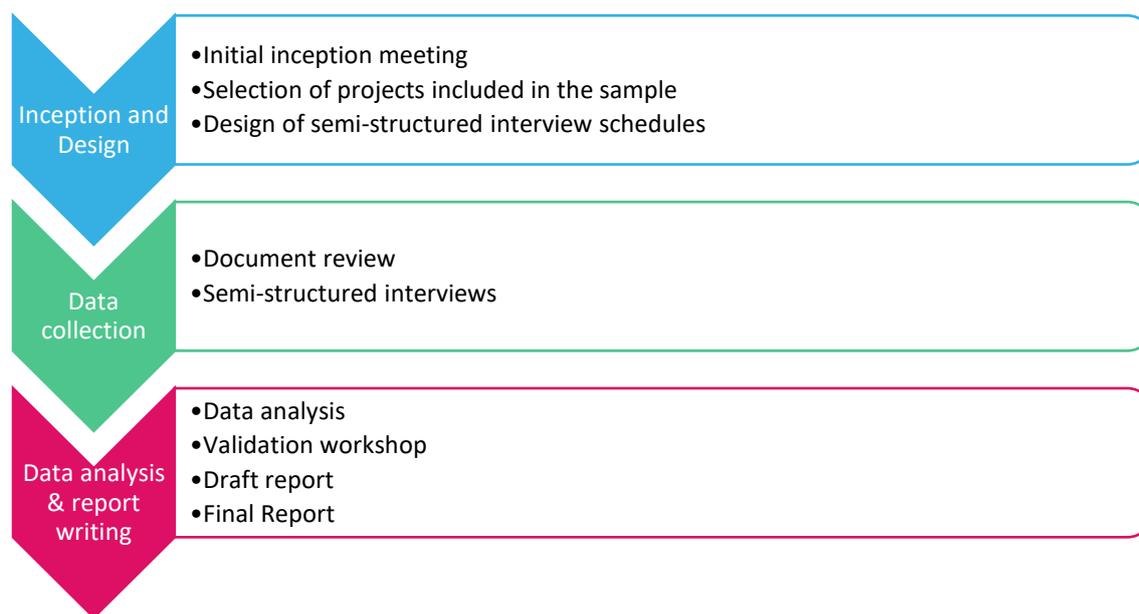
Criteria	Evaluation Questions
Relevance	<ul style="list-style-type: none"> • To what extent is REAct relevant to the country context, beneficiary and implementing organisations' needs? • How were marginalised populations involved in the design and implementation of the programme?
Effectiveness	<ul style="list-style-type: none"> • Where has the programme model been implemented as intended, and what conditions enabled this? And conversely, where the programme model was not implemented as planned, what barriers can be identified? • To what degree has the programme achieved or contributed to the ‘response’ objective? • To what extent has the programme used the data collected for referral and advocacy purposes etc.? • What was the added value of Frontline AIDS, and was it adequate to implement the programme successfully?
Impact	<ul style="list-style-type: none"> • To what extent has the programme contributed to longer-term structural or systemic changes? Specifically:

Criteria	Evaluation Questions
	<ul style="list-style-type: none"> How has the program used the data generated from REAct? Have any changes occurred as a result of REAct to date? What is the impact on the clients?
Efficiency	<ul style="list-style-type: none"> To what extent was the budget available adequate to deliver the program? Where are the gaps/areas that could benefit from more budget?
Sustainability	<ul style="list-style-type: none"> To what degree has the program built the capacity to deliver ongoing results (beyond the funding available)? What are the needs of implementing organisations at the end of Frontline AIDS.' contracts with them? Can REAct be funded beyond the current project? Are there plans to scale up the programme or link it to National data activities?

4. Evaluation Method

In this section, we provide an overview of the process and methodology for the evaluation. The evaluation was implemented in three phases: inception and design, data collection, and data analysis and reporting.

Figure 2: Evaluation process



4.1 Inception and Design

Inception meeting: A planning meeting was held with Frontline AIDS to discuss and agree on the following:

- the approach/design for the evaluation
- finalise the methodology, including decisions on the projects and key informants to include in the evaluation
- key evaluation questions
- the evaluation work plan and timelines

Data collection instruments designed: The evaluation framework and data collection instruments were finalised based on input received during the inception meeting and the desk review. The following data collection instruments were developed:

- Semi-structured in-depth interview schedule with REAct implementers and stakeholders
- Semi-structured in-depth interview schedule with Frontline AIDS Staff

4.2 Data collection

The evaluation was primarily qualitative, including primary qualitative data collection and a desk review of documents. The evaluators interviewed twenty-one key informants. Key informants included the diverse stakeholders involved in implementing REAct: REActors, Implementing Partners, Coordinating Partners, donors, technical partners and Frontline AIDS staff.

Table 2 Key Informants Interviewed

Organisation	Key Informants
Frontline AIDS, UK	<ul style="list-style-type: none"> · Senior Advisor: Monitoring Systems · Lead: Human Rights Advocacy · Lead: Programmes
Alliance Public Health (APH), Ukraine	<ul style="list-style-type: none"> · Senior Program Officer: Research Project Coordination · REAct Coordinator in EECA region
AIDS Foundation of South Africa (AFSA), South Africa	<ul style="list-style-type: none"> · Human Rights Manager · Monitoring and Evaluation Manager
The Botswana Network on Ethics, Law, and HIV/AIDS (BONELA), Botswana	<ul style="list-style-type: none"> · Monitoring and Evaluation Manager · Drop-In Centres Manager & Resource Mobilization Officer · Executive Director
LVCT Health, Kenya	<ul style="list-style-type: none"> · REAct Coordinator, PITCH Coordinator · Program Officer, DREAMS, Adolescents and Youth Western Region · E4C Champion and REActor, youth advocate
Uganda Youth Coalition on Adolescent Sexual and Reproductive Health Rights & HIV (CYSRA), Uganda	<ul style="list-style-type: none"> · Programmes Lead
Public Health Ambassadors Uganda (PHAU), Uganda	<ul style="list-style-type: none"> · Monitoring and Evaluation Officer
Uganda Key Population Coalition, Uganda	<ul style="list-style-type: none"> · National Coordinator
Society for Inclusion and Development in Communities and care for All (SIDC), Lebanon	<ul style="list-style-type: none"> · Programme lead
Alliance Nationale des Communautés pour la Santé (ANCS), Senegal	<ul style="list-style-type: none"> · Mentoring & Evaluation lead
South African National AIDS Council (SANAC), South Africa	<ul style="list-style-type: none"> · SANAC Technical Advisor: Human Rights, Advocacy, Community Systems Strengthening
UNAIDS, Geneva	<ul style="list-style-type: none"> · Community-Led Monitoring Lead, Community Engagement Team
The Global Fund, Geneva	<ul style="list-style-type: none"> · Technical Adviser, Human Rights Communities, Rights and Gender Department

Desk review: The purpose of the desk review was to gain an overview of the programme design and initial results and learning captured by the project to date—list of documents reviewed in Annexure 1.

The evaluators would like to note that this REAct implementation evaluation report has drawn on existing findings from the desk-reviewed documents and further substantiates findings from previous evaluations, such as the Data Quality Audit² and the Rights and Reactions: Results and Lessons Learned from REAct, a community-led Human Rights Documentation & Response System.³

4.3 Data analysis and report writing

A **thematic analysis of the semi-structured** interviews was conducted where themes were based on the evaluation questions.

A **validation workshop** was held on 24 November 2022 to present the initial findings of the evaluation to all key informant interviewees. During the validation workshop, they shared their reactions and reflections on the findings, which guided further data analysis. The findings were presented in the following themes: relevance, effectiveness (enablers and challenges), REAct system usage, technical assistance needs and recommendations, efficiency (budget), impact and sustainability. An easy retro board⁴ was used to collect participants' feedback and recommendations.

A **draft report** reflecting the findings, key informant feedback and evaluators' analysis was then written. The **final report** integrates comments from Frontline AIDS.

4.4 Limitations of the evaluation

The time frame to conduct the evaluation proved to be a limiting factor. The evaluation focused on REAct coordinators and implementers with current or recently closed REAct programmes. There was a limited representation of REActors in the evaluation.

There was an effort to include evidence representative of geography, type of organisation, REAct role of organisation and target population served. The lack of response from some of the invited participants may have limited the evaluation's representation. The evaluators invited four additional organisations, two coordinating organisations and two implementing organisations, to participate in the evaluation. However, we were still awaiting a response from these organisations.

Most of the data were collected from coordinating and implementing organisations. Evaluators spoke with very few REActors themselves to elucidate the REActor experience across the REAct start-up, implementation, data management user experience and using the data.

Due to time constraints, the overall evaluation process could have been more participatory. Frontline AIDS partners were only engaged in the validation workshop.

5. Findings: Adaptability of REAct, enablers and challenges affecting implementation

There are many models of implementation. While the guide provides some direction, it is implemented differently across projects. Respondents noted the adaptability of REAct as one of the system's key strengths. Various stakeholders can implement REAct at multiple levels and in various contexts, and different donors can fund it.

² Internal report provided by Frontline AIDS

³ <https://frontlineaids.org/resources/rights-and-reactions/>

⁴ <https://easyretro.io/publicboard/9VyykowY8NXECSB1EdzlrI9DakH2/463341d3-d235-4d3c-9d7f-2688d8b049e6>

5.1 Initiating REAct and responding to implementing organisations' priorities

REAct was organically introduced and included in programmes across the Frontline AIDS partnership in diverse contexts. In some cases, REAct was written into donor requests for proposals (RFPs), such as PITCH⁵ (Ministry of Foreign Affairs, the Netherlands) and Empowered for Change⁶ (E4C - funded by the New Venture Fund), initiated by Frontline AIDS. When REAct was implemented in one programme, it was often written into subsequent proposals. For example, in Kenya and Uganda, partners involved in PITCH were first introduced to REAct and later, REAct was included in the E4C project in these countries. In other cases, REAct was included in Global Fund country proposals supported by Frontline AIDS technical support.

Table 3 – Snapshot of REAct projects included in the evaluation

Project/Organisation	Scope and size	Funding mechanism	Project Dates
SIDC, Lebanon	National programme: 8 districts Frontline AIDS is the Principal Recipient SIDC is one of the Sub Recipients 12 REActors	Global Fund	2019- 2024
AFSA, South Africa	National programme: 25 districts in 8 provinces AFSA is the Principal Recipient 1 Sub Recipient 25 Implementing Organisations 33 REActors	Global Fund	2019-2022
BONELA, Botswana	National programme: BONELA is the Principal Recipient coordinating REAct Sisonke Botswana supports the implementation 32 REActors	Global Fund	2021 - 2022
APH, Ukraine	National APH coordinates regional coordinators 103 REActors	Global Fund	2019- 2022
CYCRA Uganda	District programme: 1 district CYSRA implements REAct 11 REActors	E4C project	2021-2022
PHAU, Uganda	District programme: 2 sub counties PHAU implements REAct 8 REActors	E4C project	2021-2022
LVCT, Kenya	District programme: 3 counties 1 IP 15 REActors	E4C project	2021-2022
ANCS, Senegal	National programme: NFM 3 ANCS Principal Recipient 5 Sub Recipients 20 REActors	Global Fund	2018-2022
APH East Europe Regional Programme	Regional programme: (13 countries) Coordinated by APH One national regional coordinator per country 363 REActors	Global Fund	2019-2022

⁵ The Partnership to Inspire, Transform and Connect the HIV response (PITCH). <https://frontlineaids.org/what-weve-learned/pitch/>

⁶ <https://frontlineaids.org/our-work-includes/empowered-for-change/>

5.2 Coordinating implementation and oversight of REActors

The coordination arrangements and mechanisms of the various projects differed considerably. The coordination arrangements are described below.

In the **E4C project**, the implementing organisations CYSRA Uganda, PHAU Uganda and LVCT, Kenya, contracted adolescents and young people as youth advocates. They were then trained in using REAct to document human rights violations.

In South Africa, **AFSA** is one of three civil society Principal Recipients that coordinates programming by contracting Sub-Recipients (SRs). The SRs, in turn (depending on the programme), contract Sub-Sub-Recipients (SSRs) at the community level where peer educators, REActors and other grassroots cadres are based, implementing programmes with key populations and marginalised groups. In Global Fund grant 2019-2022, AFSA as the Principal Recipient, contracted Show Me Your Number as the SR and Show Me Your Number contracted 25 SSRs, implementing community-based organisations that employed REActors. AFSA was trained in REAct and cascaded the training to Show Me Your Number, and Show Me Your Number recruited and trained REActors. AFSA conducted quarterly data quality verification visits to ensure data quality and reporting.

In the continuation grant, all Principal Recipients, including the National Department of Health, will be implementing human rights programming. AFSA and another Principal Recipient, Beyond Zero, have committed to using REAct to document and respond to human rights violations. Based on lessons from previously implementing REAct, AFSA advises Sub Recipient organisations to include dedicated Human Rights and Advocacy positions to support REAct programming. They related several lessons learned from the first cycle of implementing REAct in the previous Global Fund Grant. These included developing detailed job descriptions for REActors, clear selection criteria and additional training for REActors, and more in-depth support to Sub Recipients to ensure their readiness to implement REAct.

"We are taking more time to sit literally with SRs to ensure their state of readiness. We are taking more time now, not just to call them into a meeting to provide an overview. We now go to each organisation, take them through the process, and discuss their roles, strategies, and actions to reach the targets." AFSA, South Africa

BONELA, a Principal Recipient of Global Fund in Botswana, worked with Sisonke Botswana in six districts, implementing REAct by directly engaging the REActor paralegals (including former/current sex workers) to document cases. BONELA has embedded REAct in all programmes, with internal referrals from REActors/paralegals to BONELA's legal department, and they have access to lawyers for strategic litigation cases.

APH coordinates the national programme in Ukraine through regional coordinators – one per region. These regional coordinators are responsible for a team of REActors, between 3 to 7 REActors. The REActors, based at organisations within the existing local partner organisations, are directly supported by the regional coordinator. The regional coordinator is responsible for recruitment, supervision, and technical assistance. The regional coordinator recruits REActors from the existing network of APH partners who are interested and able to implement REAct.

"At APH, we have a coordination mechanism to oversee the project implementation, develop guidance and tools, evaluate risks and respond to different challenges, support regional coordinators, analyse data and ensure quality assurance, and define and implement advocacy actions etc. Then we have regional coordinators – we have one coordinator per region. Each regional coordinator has a team of REActors. It depends on the region – in some places, we have 2-3 REActors in regions, some places – up to 7 REActors. It depends first on the existing

network of local partner organisations who are working on a particular project, the ability of the regional coordinator to recruit REActors from such organisations and so on. APH, Ukraine

Under the regional programme (SOS), APH introduced regional coordinators to support the recruitment and accompaniment of REActors. Each country has a regional coordinator who can provide technical assistance and check on the data.

"..(the regional coordinator's role is to do a data check in the database and evaluate the relevance of the data captured according to the guidance on the relevance of cases (we do have such guidance where we included tips of what is a relevant case, does it have a human right violation or within the case just some case management needed for the client, that would be then not a case relevant within REAct etc.)" APH, Ukraine

In Senegal, **ANCS** is the coordinating organisation as the Principal Recipient and is responsible for supporting Wanda's documentation, data quality and data analysis. The data is analysed every six months, and ANCS conducts quarterly visits to the Sub-Recipient organisations. They have contracted five Sub-Recipients in each region who have regional coordinators. These regional coordinators support the REActors, regularly review the data and travel to the regions to assist the REActors and clients where required. ANCS contracts Sub-Recipients who are interested in setting up REAct and want to address the human rights violations experienced by the communities they serve.

In Lebanon, SIDC is the coordinating organisation supporting Wanda documentation quality and data analysis. SIDC provides direct support to REActors; the model is currently not training of trainers but training directly to Reactors. SIDC has two REActors in its organisations and ten others in organisations working with communities that SIDC is not working with (ex-prisoners)

5.3 Enablers factors in the implementation of REAct

REAct has been implemented across different country contexts with various key populations. Despite the need to adapt and customise REAct for each context, a core set of enablers emerged for implementing REAct.

Box 1: Summary of enabling factors

Summary advise for new organisations implementing REAct from current and past implementers

- ✓ Plan carefully and incorporate as many potential stakeholders as feasible during the early phase - this will significantly aid the system's deployment and strengthen referrals.
- ✓ Ensure marginalised, and key populations are engaged in the design of REAct and throughout implementation. Understand the context in which REAct will be implemented and the needs of key populations.
- ✓ Be clear on the selection of REActors for your context and have minimum criteria and job descriptions.
- ✓ Provide continuous capacity development for REActors. Spend enough time with REActors (training) to ensure they have a suitable degree of database expertise, a decent grasp of human rights problems, and a sufficient number of clear guidelines for REActors.
- ✓ Do frequent monitoring and evaluation: estimate where we are now, what we have so far, are there any obstacles during data input, data analysis, and data usage, what we can do to overcome them, who should be engaged, and so on.
- ✓ Ensure you can provide the required services to clients and/or have well-established partnerships with organisations for referrals, especially for legal support.

Stakeholder engagement

The projects reported conducting extensive stakeholder engagement and consultation with a range of stakeholders at the planning stage and throughout the implementation of REAct. This includes, but is not limited to, marginalised populations, activists, service providers, human rights organisations, legal experts (where available) and government stakeholders.

The buy-in and support of local and district government officials were reported as crucial in the planning and initial set-up of REAct to ensure all relevant government structures were oriented on REAct. In addition, projects implementing REAct at the local level reported engaging in extensive stakeholder engagement and mapping of relevant CBOs, NGOs providing services in HIV and legal services and community leaders in the set-up and design of REAct. This was important to ensure community buy-in and served as a starting point to develop a district referral pathway that supported effective and rapid responses for individual clients.

For example, in Ukraine, a mapping of potential partners was conducted. The stakeholders engaged in planning for REAct included HIV and TB community organisations, community activists and representatives and state duty bearers such as the Public Health Centre of the Ministry of Health of Ukraine. Lawyers, experts in the provision of legal services, and local human rights experts were also included.

"That was the main point to involve as many possible partners as we could in order to shape the further tool so that it will have value, a significance for others as well and that the data captured using the REAct will be relevant and reliable" APH, Ukraine.

The importance of involving as many possible partners as possible in shaping REAct was reported to ensure relevant and reliable data and the adaptation of REAct to the country and local context.

"I believe that comments and input from all of these stakeholders were beneficial, as it helped to navigate the process of setting up the system, adapting it to Ukraine specific context and build the system from different perspectives" APH, Ukraine.

It is recognised that REAct requires multi-sectoral collaboration and partnership. This was particularly important to set up extensive referral pathways to ensure clients' cases could be resolved. BONELA identified private sector engagement and involvement of rehabilitation centres as a gap for the current implementation of REAct.

"We also have partners whom we work with, whom we refer clients to, so they are part of the cascade, as we call it, so they must also be part of the process." BONELA, Botswana

Engagement of marginalised populations

All organisations reported engaging marginalised populations in the design and/or implementation of REAct in one form or another. In addition, research studies and surveys of human rights violations in the country context contributed to the design of REAct.

Most notably, marginalised communities were actively engaged in the design stage of REAct for all projects. This was flagged as essential for community-led monitoring and ensuring the system met marginalised populations' specific needs.

In terms of implementation, most organisations implementing REAct are NGOs and CBOs providing HIV/TB or legal services to key populations. In addition, in many cases, marginalised communities are

represented among REActors. Overall, there is consensus that REActors need to be from the communities they are documenting violations from; they must live and/or work in the community and are trusted members or sources of information.

In South Africa, AFSA engaged sector leaders representing key populations in the consultation process in designing the indicators and templates for REAct. This has several benefits, as it builds acceptance of the programme among community members, raises awareness of REAct as a service and facilitates the identification of cases.

In CYSRA Uganda, young drug users, young people living with HIV, men who have sex with men, sex workers and transgender women were actively involved in the design of REAct. They were employed as youth advocates and REActors, documenting and reporting cases in their communities.

In Botswana, recruiting REActors from members of key populations is prioritised; many are sex workers and/or identify as LGBTI. They were engaged in the design of the indicators and are implementing REAct on the ground. Most REActors are also peer educators connected with BONELA drop-in centres and programmes.

"Key and vulnerable populations contributed to the design and implementation of REAct. We adequately ensured that REAct is KP led in all aspects of program design. They also liaise with district-level stakeholders on emerging issues from their districts." BONELA, Botswana

However, in South Africa, AFSA reported that marginalised populations were not as involved, other than consultations with sector leaders representing KPs in developing the indicators. In terms of the REActors, in the Adolescent and Youth programme, the implementing organisations recruited unemployed youth as REActors from the communities in which they live. However, some SRs, such as SWEAT, recruited advocacy officers and peer educators who were sex workers or former sex workers as REActors.

In Kenya, as a part of E4C, the engagement of young people in the customisation of REAct was seen to be limited to adapting existing REAct components as compared to co-creation with the young people involved.

In Ukraine, representatives of key population communities were involved in the planning phase:

"As this is a community-led monitoring, it was vital to involve a community and hear their voice, their expectations and possible involvement in REAct implementation" APH, Ukraine

Selection of REActors

The selection of REActors is crucial to implement REAct on the ground effectively. The Organisations included in the evaluation provided lessons and best practices from their experience selecting REActors. In addition, organisations have different models for the selection of REActors.

Firstly, all organisations emphasised basic written and digital literacy as a critical requirement in selecting REActors. In addition, SIDC, BONELA, AFSA and ANCS specify a minimum level of basic education required.

Crucially REActors should be well-integrated, trusted and embedded within their communities. They should ideally have experience in community work and a passion and interest in human rights issues. REActors must have good interpersonal skills to document cases and liaise with clients.

BOX 2: Selection of reactors in different contexts

WHO

- Key populations, social workers, outreach workers, case managers, paralegals, and unemployed youth.

PROCESS

- Consultation with a range of community-based stakeholders, including KP networks
- Formal recruitment – advert, selection process etc
- Existing peer educators or staff of the implementing organisation (sustainability)

CRITERIA

- A minimum level of basic education
- Written and digital literacy
- Well-integrated trusted and embedded in communities.
- Experience in community work, interest, and passion for human rights
- Good interpersonal skills
- KPs or direct contact with clients

In Senegal, the first round of recruitment of REActors were programme managers and M&E officers, but very quickly, ANCS changed their strategy and recruited members of key populations. Many are drug users, People Living with HIV and/or identify as LGBTI.

In some cases, the recruitment of REActors was based on consultation with a range of community-based stakeholders, including KP networks, to ensure the REActors are trusted, community members.

In Uganda CYSRA first sensitised the local government officials at the district and sub-county level about REAct and the intention to recruit REActors. They then approach community stakeholders and networks of young people to provide an orientation of REAct and request nominations of young people in their communities.

In selecting the KP REActors, CYSRA conducted an extensive orientation and introduction of REAct among the communities, youth networks and local government structures to nominate REActors. LVCT Health used a similar approach to select REActors among the youth advocate in their E4C project.

In Senegal, REActors are recruited from members of the community. Many are drug users, identify as LGBTI and/or peer educators for outreach programmes for either ANCS or organisations partners.

In Lebanon, the organisations work very closely with the community, but REActors are mainly case workers or outreach workers working with the community.

Continuous capacity development and supervision of REActors

The organisations implementing REAct reported diverse ways of managing and supporting REActors depending on the organisation, context and available human and financial resources. The REAct user guide does not provide detailed advice for the ongoing capacity development of REActors after the initial training. However, continuous capacity development of REActors was reported as an essential

enabler in developing REActors' understanding of human rights and rights violations to ensure excellent quality data. Specifically, projects said that it takes additional supervision and refresher training for REActors to identify human rights violations versus instances of discrimination accurately and to identify which state preparator is responsible for rights violations (i.e., when the state has failed to respect, protect and/or promote the human rights of individuals) as well as the appropriate responses.

Formal continuous supervision was required. Oversight included having regular formal meetings with REActors every month, providing a space to discuss the cases documented, and challenges and address data quality issues.

"Spend enough time with REActors (training) to ensure they have an appropriate level of knowledge in using the database, a good understanding of human rights issues, and have enough developed and easy-acceptable guidance documents for REActors." APH Ukraine

APH in Ukraine set up a three-day online training for REActors where they could engage with legal experts. They plan on regularly holding online consultations between REActors and the legal personnel based at the implementing organisation. In addition, they hosted many webinar sessions to provide additional capacity support to REActors. The sessions would be for 2-3 hours, reviewing cases, templates, and Q&A sessions. APH insisted on the regularity of communications with REActors. They also developed several technical guidance documents for REActors:

- Guidance - Relevance of cases with specific criteria and additional description of the state roles and how to recognise it in cases.
- Guidance - When is a response enough to be qualified to receive a financial motivation support.
- Guidance - Algorithm on referral clients to another organisation.

The regional coordinators are encouraged to conduct regular meetings (offline, online) with REActors to discuss challenges that occur throughout each step of REAct - while reaching the clients, document cases in the database, respond, etc.

Many organisations had a staff member available to respond to day-to-day questions from REActors in the field.

"We already had regular meetings every month with the REActors. Now in these monthly meetings, we would welcome them to share the kinds of challenges they are facing and the difficulty or concepts they are struggling with. But also, I let them be free to call me at any time when they are within the community and have a question about an issue or something that has come up." CYSRA Uganda

APH emphasised the importance of the coordinating organisation having direct communication with reactors and the regional coordinators.

It is also essential to provide psychosocial support and de-briefing for REActors as part of supervision. For example, BONELA and LVCT provide opportunities for REActors to de-brief and receive psychosocial support during regular check-in and case review meetings.

Regular data quality checks

Having clear roles and responsibilities assigned to dedicated staff to regularly check the quality of data is essential to ensure robust data that can be used for advocacy and programme planning. Data quality

checks also allow those supervising REActors to understand where they require additional training, guidelines, and support.

Good practices reported included:

- Having two people to validate check data quality within the system regularly.
- Conducting data quality checks on a daily, monthly, and quarterly basis.
- Use the DHIS2 system validation rules to check data quality.
- Keep track of the common data quality inaccuracies and develop checklists to support data quality checks.
- Monthly meetings for REActors to discuss case details in the system.

Access to integrated services, including legal aid

Having in-house legal aid capacity or partnerships with organisations to provide legal support was critical in resolving cases. This was accomplished in several ways by different organisations.

In Ukraine, some REActors are paralegals and work for implementing organisations that provide legal aid. They also have strong ties with a human rights organisation, a network of lawyers, and significant capacity to provide primary and secondary legal support.

“In the SOS project in 2021, REActors provided several types of services: primary legal aid (74%), psychosocial support (24%), and secondary legal aid (2%). 87% of response services were provided to clients by the NGOs directly, at REActors’ locations” APH, Ukraine

BONELA has many paralegals and a legal department with lawyers. When cases require mediation, this is done through district-based paralegals. If legal support is required, the client is referred to their legal department and an external legal retainer for more serious cases. In some strategic litigation cases, they use their lawyers or their legal retainer. Their legal officer is available to support REActors with ad hoc issues or case questions. As a result, BONELA can rapidly address and resolve cases when legal support is required.

BONELA takes an integrated approach to REAct, including it across their programmes and linking to hotlines, drop-in centres etc.

In South Africa, paralegals are recruited in addition to REActors to provide mediation and legal advice.

ANCS, in Senegal, created a role within the organisation to give some guidance on the legal aspect. ANCS is now recruiting another paralegal advisor to support REAct implementation.

In Lebanon, SIDC works with lawyers who provide primary legal aid support. This support can be writing a legal letter, and accompanying the person to an appointment (housing, police...).

5.4 Challenges affecting the implementation of REAct

Each REAct implementation faces context-specific challenges. This section explores the shared implementation challenges that surfaced in the evaluation.

Documentation of cases in Wanda and resolution of cases

REAct is designed to document human rights violations and link clients to services and support. In most cases, there was a clear referral pathway and process to resolve cases reported. Collaborative partnerships facilitated this within the communities or implementing partners providing a range of

services that could respond to the case. For example, BONELA provides in-house legal support, facilitating the rapid resolution of documented cases.

In cases of referrals outside of BONELA, they initially had challenges tracking referrals. However, the referral completion rate increased after appointing 'Linking to Care' Officers, who accompany clients to referral appointments and provide additional support. In the Uganda E4C project, PHAU and CYRA have extensive partnerships with community-based organisations. Direct service delivery enables REAct partners to control the quantity and quality of support provided themselves.

However, some projects reported challenges in linking clients to services and/or inputting data regarding linkage to services, referrals, and follow-ups. For example, AFSA reported challenges in referrals and resolution of cases. Of the estimated 2000 cases documented in REAct (June 2022), only two were resolved or allocated services. This is a challenge they are actively working to address.

In some instances, the systematic follow-up of referrals (to verify that community members actually use the services and receive appropriate help) takes work. It requires a separate case management system and process. According to the staff at BONELA, a client follow-up form exists in Excel. However, currently, this information needs to be entered into Wanda.

In other cases, there were different interpretations as to when a case should be documented in the system. For example, ANCS was not capturing cases which had been 'resolved' through mediation. They also had many cases of GBV, which were not documented because GBV was seen as a private issue without a state duty bearer.

LVCT found that when they could not directly provide services to REAct clients, the existing referral directory needed to be more robust to provide timely client support. This may have been due to referral partners needing to understand the urgency of the requests or the need for more personnel allocated to intake and/or triage REAct clients.

Project timeframes

As mentioned previously, building the capacity of REActors is crucial for effective implementation. In terms of the required time to sufficiently build the REActors' capacity, many reported an intense capacity development period of between 3 to 6 months is needed.

"I noticed that when implementing REAct under E4C, it was a big struggle during the first quarter, the first three months, to contextualise human rights violations and get familiar with smartphones and the system. But after the first quarter, in the second quarter, we saw an improvement: they could more easily determine the perpetrator in a case, the violation of the right and could describe the case in more detail." CYRA Uganda

This has implications for the length of a project in which REAct is embedded. For example, the E4C project (implemented by CYRA, PHAU and LVCT) was funded for one year. This meant that the first six months of implementation focused on ensuring REActors could document cases accurately and respond effectively, with only six months remaining for full implementation.

The minimum project length for district-based projects is between two and three years. For projects implemented at a larger scale attempting to embed community-led monitoring using REAct nationally, based on the experiences of BONELA, AFSA and APH, the first three years of implementation were sufficient to get REAct 'up and running.' However, additional time and funding were needed to scale REAct more fully.

Hard-to-reach populations

APH found it challenging to collect cases of human rights violations from sex workers, although there was evidence that they often experience rights violations. Reasons for this included the difficulty of reaching out to this group and earning their trust, the frequent lack of willingness of sex workers to report their situation, and the lack of belief in the possibility of making any difference by sharing their experiences of rights violations. In response, APH worked closely with sex worker CBOs to recruit REActors from the sex worker community. Because sex workers already trusted these REActors and the REActors could explain the purpose and benefits of reporting and documenting violations, more sex workers were willing to come forward when they experienced violations and get it documented. Not only did the increased number of cases better represent the reality of how often sex workers experienced violations, but the reports also provided detailed examples of the types of violations that were perpetrated.

Competing responsibilities - REActors & supervisors

Often REActors and the staff that support REActors are not dedicated roles for implementing REAct. For example, many REActors are also peer educators providing health education sessions, psychosocial support and accompanying clients to access services. Staff working on REAct, whether they are managing the implementation of REAct, responsible for the REAct data or supervising REActors, they are rarely dedicated staff for REAct only. In both cases, this can lead to delays in timely REAct case documentation and result in poor data quality or a lack of detailed description.

Safety issues

The safety and security of REActors were cited as a concern by REAct implementers because it is not safe for REActors to carry around laptops, tablets and, in some instances, even smartphones. REActors will use paper or audio recordings during the meeting with the client so that content is not lost or forgotten and then document the case later in the system using a computer.

Wanda platform user experience

While most projects found Wanda easy to navigate, two projects mentioned challenges in the system's ease of use.

ANCS Senegal found the system complicated to input data, with too many headings and needed help to conduct the analysis. Contacting Frontline AIDS to create additional accounts was reported as problematic. In addition, LVCT felt the system could be more user-friendly, specifically in visualising data and dashboards. They indicated it would be helpful to be able to generate data graphics/visuals (dashboards, graphs, tables) 'on the go' via an app on their phone and be able to show them at meetings and advocacy engagements.

There was a particular challenge in using Wanda in South Africa, as the data is not housed locally in South Africa. This would need to be resolved in the next phase of scaling REAct nationally to align with the South African Protection of Personal Information (POPI) Act.

Data quality

Frontline AIDS carried out a data quality audit in 2021, which found that while organisations had sound internal monitoring systems and controls, there were several persistent data quality issues regarding the completeness and precision of data captured in Wanda. These included:

- A lack of sufficient detail in the case descriptions, particularly in describing how the case is a human rights violation, what type of violation and the specific perpetrator.
- Cases where a human rights violation was indicated but no state perpetrator was indicated.
- Case follow-ups are not logged in the system.
- Services are not recorded.

- The dashboards available in Wanda could be used more frequently and effectively by organisations for advocacy and programme planning.

These common data quality issues can be addressed by ongoing capacity development of REActors. Regular supervision of the REActors and regular data quality audits would provide the basis for understanding the common challenges facing REActors to customise their additional training and capacity development.

Dedicated staff for REAct

Multiple evaluation participants indicated that dedicated staff to support REAct is a challenge to ensuring that REActors have sufficient supervision and support, ensuring data quality, and multi-dimensional data analysis for human right programming and advocacy. Additional staff capacity is needed to take a case management approach to resolve REAct cases.

Several dedicated positions would be necessary to implement REAct, especially at national levels, effectively. This includes the areas of programming, IT support, Advocacy, Monitoring and Evaluation.

It is also essential to assign particular roles to staff to supervise REActors, conduct data quality checks and audits, hold regular meetings, and provide feedback to REActors.

6. Findings: Technical Assistance

All respondents reported that they were happy with the technical support that Frontline AIDS has provided for setting up REAct and supporting the analysis of their REAct data. Partners felt that the support provided was high quality and that technical support providers were knowledgeable and responsive to their requests. The cost of the technical support is considered expensive and not sustainable for long-term or 'out of project' provision.

"Frontline AIDS provided regular technical assistance and programme guidance to the APH before acquiring legal rights to the REAct database. It was very helpful because we were able to build our capacity based on the support and are now prepared to address any issues we have." APH Ukraine

Future technical assistance requirements included continued assistance in using REAct data and setting up relevant dashboards to support data analysis and use of data for programming and advocacy purposes. This includes using data at country, regional and global levels. In addition, the respondents requested continued resource mobilisation support to all partners to sustain the gains made.

Many organisations would like regular opportunities to engage with other organisations to share experiences and learn from one another. AFSA, in particular, requested opportunities to engage with organisations with more experience in implementing REAct nationally, such as APH, to assist them in setting up more effective referral pathways and means to link clients to services, referrals, and follow-ups. Bearing in mind confidentiality, they would like to have the opportunity to see how other organisations have customised their systems.

This could include quarterly meetings to share experiences and discuss specific topics organisations may find challenging. These themes or topics could include:

- Building effective referral pathways, linking clients to services and referrals, and managing follow-up with clients.

- Using data for programming and advocacy.
- Typical data quality challenges and how other organisations have resolved these.
- Sustainability strategies and approaches.

Providing a platform for organisations to share their models, experiences, templates, and guidelines would be a valuable resource.

Another suggestion is to create a pool of experienced trainers in REAct in Africa who could train other REActors and provide more locally based technical assistance.

A key finding of the evaluation and recommendation is that the technical assistance should be customised to the scale and size of the programme. For example, AFSA was trained by Frontline AIDS as the Principal Recipient responsible for implementing REAct within the Global Fund grant. AFSA then cascaded the training to the Sub Recipient, Show Me Your Number. SMYN contracted 25 implementing partners where REActors were based across eight provinces in South Africa. This meant that the initial training in REAct was 'passed down' to SMYN, possibly diluting the training.

When speaking with a SANAC representative, it was understood that if a REAct implementing partner needed technical assistance, they would seek help from AFSA. If AFSA needed technical support, they would seek help from Frontline AIDS. SANAC was not seen as a current or future source of technical support for REAct in the country. It was felt that AFSA could potentially be the primary technical support provider for REAct in the future (not yet now) if REAct were to be scaled up further.

7. Findings: Emerging Outcomes

Multiple stakeholders emphasised that what distinguishes REAct from other CLM approaches is that it is systematic, addresses human rights barriers to access to HIV-related services, addresses access and includes a response to individual needs. Additionally, REAct can respond to human rights violations beyond just access to services.

The REAct system benefits individuals who have suffered human rights violations, organisations using REAct because it improves HIV programmes and services, and advocacy activities at the local, subnational, national, and global levels because it accumulates robust data.

While not exhaustive (as the main focus of the evaluation on the implementation of REAct), the following sections below describe a few emerging outcomes reported by the organisations interviewed.

7.1 Services to clients experiencing human rights violations

The system is intended to gather individual accounts of human rights breaches and guarantee that clients are directed to services either inside the organisation where the REActor works or to a referral partner organisation.

Numerous projects have highlighted the unique significance of REAct because it focuses on the client and not only on documenting instances of human rights offences. Not only does REAct capture information, it also facilitates emergency reactions and referrals to the most appropriate services.

BONELA and APH had good outcomes in ensuring individual clients' needs for legal support were met. This is attributed to access to legal support, either in house, in the case of BONELA or through a network of established partnerships and paralegals in the case of APH.

However, as stated in the challenges section of the report, specific organisations' client-level data still needs to be fully captured, and many cases still need to be resolved in the system. The organisations still need to ascertain whether the unresolved cases are actually unresolved or just not documented as resolved.

7.2 HIV programming, advocacy, and law reform

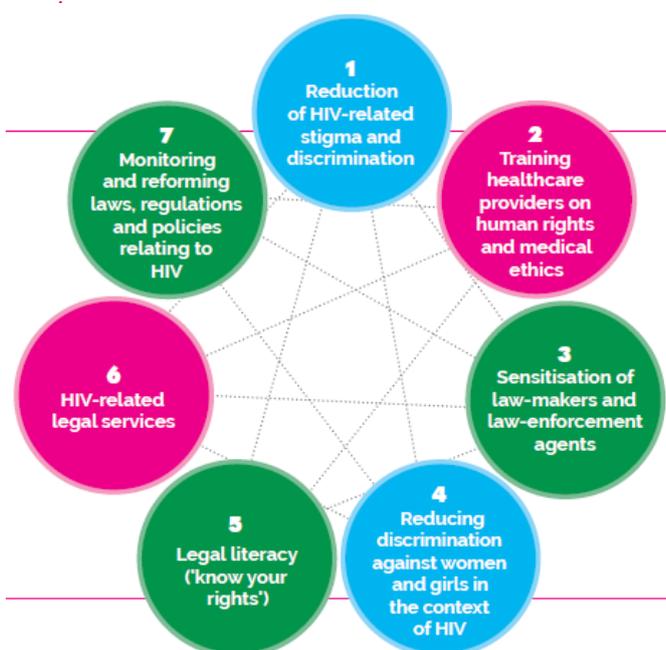
REAct responds to multiple areas of the UNAIDS articulated seven key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses.

Many projects presented examples of how they used REAct data to influence their programming and planning regarding HIV and human rights.

For instance, BONELA used the data acquired in 2022 to assist the finalisation of BONELA's strategic direction for 2022 to 2025 in human rights programming and advocacy work on a national, regional, and global scale. This was accomplished with the use of the data collected in 2022.

It is also possible to use data on the number of incidents and types of perpetrators reported by various marginalised groups to enhance the programme methods and emphasis. For example, CYSRA Uganda, BONELA, PHAU and LVCT specifically reported planning sensitisation workshops or sessions with state perpetrators within a locality based on an analysis of REAct data. These workshops or sessions are planned based on the most common perpetrators of human rights violations reported, such as health care providers or police officers. They are also utilising REAct data to guide the subjects for community dialogues. They deliver legal and human rights education on specific topics that stood out as pertinent to their setting based on the kind of instances registered in REAct.

Box 3: UNAIDS' seven programme areas recognised as effective in removing human rights-related barriers to HIV



“Our work has additionally influenced the quality-of-service provision, in that the service providers are now aware of their faults and are sensitised on what violations they have been inflicting on the clients, unaware that they are violating their rights. Service providers are then more sensitive when assisting clients to ensure they do not infringe on their rights.” BONELA, Botswana

REAct data was used to improve REAct implementation in Ukraine when the data analysis showed that there was under-reporting of violations by sex workers. In planning for REAct, people who use drugs and sex workers were found to be experiencing high levels of human rights violations. REActors were recruited, but when the data was analysed, it showed that sex workers reported fewer cases than people who use drugs, fewer cases than expected. It triggered a review of REAct implementation and resulted in increased partnerships with sex worker CBOs and recruitment of sex worker REActors.

AFSA consolidated the main types of human rights violations documented in REAct by their incident category quarterly and shared the data with Global Fund Sub Recipients implementing advocacy activities. The data then informed the advocacy messaging the Sub Recipients would prioritise in the next quarter.

REAct also aims to overcome national gaps in evidence of human rights abuses against marginalised populations. This gives reliable and comprehensive data that may be utilised in advocacy. The organisations provided examples of using the REAct data to inform their advocacy work, including policy and law reform.

In Uganda, CYSRA became aware of community members being told to pay for medical examinations after sexual assault at the health facilities. They used the data recorded in REAct to bring the issue to the attention of the district health office. As a result, a government order was issued forbidding and cautioning health personnel from requesting any payment prior to providing exams for cases of sexual assault.

In South Africa, through REAct, AFSA documented several cases of forced sterilisation of women living with HIV in Limpopo Province. AFSA, in partnership with the Pro Bono National Institute, instituted strategic litigation to address this.

APH analysis of the data showed that many cases were recorded where the police were the perpetrator of OST patients' rights. In these cases, OST patients were often detained by police near OST sites, were subjected to unlawful personal searches and had their personal belongings (mobile phones, personal items, documents etc.) destroyed by police. Previously OST patients had Identity Documents (IDs) which proved they were in an OST programme. However, the issuing of these IDs was later cancelled. OST patients requested the ID to be reinstated as it conferred a form of legal status as an OST patient. In response, at the beginning of 2022, APH, in partnership with the advocacy teams, initiated a meeting with civil society, activists, and representatives of the Ministry of Health of Ukraine, to discuss this issue. The REAct data on human rights violations among OST patients was presented at the meeting. A set of recommendations came out of the meeting to institute legislation to support and regulate the issuing of OST patient IDs. Due to the recommendations, legislation was put in place to issue IDs to OST patients legally.

During the data analysis for the E4C data in Kenya, LVCT found multiple cases of child marriage. To follow up, LVCT is holding several community dialogues to explore the issue of child marriage further. They expect to develop a child marriage programme based on the documented REAct cases and community dialogues.

REAct data generated in 2022 influenced the Global Fund COVID-19 RM and reinvestment budget justifications in Botswana.

The data from REAct implementation by AFSA (South Africa Global Fund grant 2019-2022) demonstrated that community-led monitoring was valuable in collecting data about human rights-related barriers to services and further validating the high prevalence of gender-based violence. The existing state-managed human rights monitoring mechanisms of the National Department of Justice cannot reach marginalised communities and collect data about violations. REAct also proved that communities are best placed to collect community-based data about violations as well as resolve and support cases to resolution. As a result of the REAct pilot, the CCM and the Global Fund agreed to increase the allocations to the access to justice workstream.

8. Findings: Costs associated with implementation

The REAct Coordinators Planner⁷ provides an initial outline of what budget items to include in the initial set-up of REAct. These include the initial workshop, equipment, REAct staffing in CBOs, crisis response, Frontline AIDS technical support to set up the data management tool and monitoring (regular meetings, building referrals, REAct popularisation). The evaluation identified additional budget needs, shortfalls and 'hidden costs' associated with implementing REAct that need to be represented in the existing REAct guidance.

Table 4: Cost considerations for REAct implementation

REActors	<ul style="list-style-type: none"> - Safety and security awareness training for REActors working in high-risk/insecure areas - Safety equipment (e.g. whistles) - Incentives for REActors - Meeting costs for more regular meetings and check-in with REActors - Staff time for intensive support to REActors for the first three months - Additional staff time for REActor supervision and support (including PSS)
REAct staffing	<ul style="list-style-type: none"> - Dedicated staff for REAct management, support and supervision of REActors - If implemented at the national level or scaling: <ul style="list-style-type: none"> o Dedicated Human Rights Advocacy personnel with human rights/legal background o M&E personnel for data quality and analysis – e.g for GF national programmes this needs to be at SR level, and someone assigned at IP level
Response, programming, advocacy	<ul style="list-style-type: none"> - Coordination costs with other organisations – meetings, referrals etc. - Costs for legal support in cases where pro bono legal support is not available - Difficult to estimate and plan for response-related costs - Response costs are unexpected - relocation, medical costs - there is not enough, complicated to budget for because each case varies - Costs to conduct advocacy (even when included in GF grant) needed to be increased. - Advocacy should not be costed the same as service delivery.
Data management	<ul style="list-style-type: none"> - More dedicated personnel for data analysis - Additional data visualisation (dashboards, graphs etc) - Long-term accompaniment training and technical support for the data management system and analysis

⁷ <http://frontlineaids.org/wp-content/uploads/2019/09/REAct-coordinators-planner.pdf>

9. Findings: Sustainability

This section of the report describes the extent to which the benefits of REAct have continued or are likely to continue beyond the initial funded period.

9.1 Integration into existing HIV programming across the organisation

Sustainability beyond the initial funded contract is more likely for REAct when organisations integrate REAct into their existing and ongoing programmes and services. This includes projects such as CYSRA in Uganda and LVCT in Kenya, using existing peer educators as REActors. For example, when the PITCH project ended, the peer educators, employed on other projects, continued to document human rights violations and provide referrals and responses to clients. However, they did not have access to Wanda to document cases and instead used spreadsheets to document cases.

"The networks of young people within those communities continue, using the knowledge and experiences they gathered as REActors in those districts. And they have tried to make it simpler, though they cannot access the React system from those districts. But they are trying to use the knowledge to continue to report human rights violation cases within their localities"
CYSRA, Uganda

This was echoed by APH, who believes that as REAct is community-led, as long as sufficient capacity has been developed among REActors and with ownership built-in, the documentation of cases and response can continue with limited donor funding.

"REActors as a community document cases and respond to the community's needs. So, it is about community and driven by the community. Meaning that communities have enough capacity to proceed with REAct by themselves, even without much funding from donors." APH, Ukraine

Another approach to sustainability is LVCT in Kenya, which is trying to link REAct to their (national) hotline so that cases can be reported via the hotline and from REActors on the ground. This will also connect REAct clients to an extensive directory of referrals.

9.2 Integration into Global Fund Grants and scaling REAct at the national level

Including REAct as part of the country's Global Fund grants ensured the REAct system was known within the national HIV architecture and increased the likelihood of REAct being incorporated into broader national human rights violation documentation systems supported by national governments. This is important to the eventual sustainability of REAct beyond the Global Fund funding.

The Global Fund provided Botswana, South Africa, Senegal, and Ukraine the initial investment for community-led monitoring through *Breaking Down Barriers* initiative. This initiative supports countries to scale up to comprehensive programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. Breaking Down Barriers focused on (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) ensuring quality programming.

In South Africa, the Global Fund suggested that AFSA use REAct for the documentation and response to human rights violations in the implementation of the human rights module written into the Global Fund Grant 2017-2022 under the Breaking down Barriers Initiative. The customisation of REAct was aligned with the National Strategic Plan to Reduce Human Rights Related Barriers to HIV and TB

Services: South Africa 2019-2022. The plan refers to REAct as a starting point to develop a monitoring reporting system for human rights violations.

The development of a national human rights reporting system/portal was recently finalised. REAct was prioritised as one of the first data sources in the national human rights reporting system and is already feeding into the system. The South African National AIDS Council (SANAC) is the custodian of the human rights reporting portal.

AFSA continues to use REAct and is part of the Global Fund grant cycle 2022-2022. The human rights module, which was initially only implemented by REAct in the previous 2019-2022 grant cycle, has now been decentralised. The two other civil society PRs (NACOSA and Beyond Zero) and the National Department of Health PR are also implementing the human rights module. AFSA has been working with the PRs and NDoH to document human rights violations. Beyond Zero has committed to using REAct within its human rights programming.

In contrast, NACOSA has yet to decide whether REAct or its current system to document human rights violations will be used. Scaling REAct at a national level has required ongoing discussions to ensure standardisation across the indicators which AFSA has led. In South Africa, REAct is one of several CLM methodologies implemented in the country. Therefore, among the different CLM approaches, there needs to be shared indicators and definitions of human rights violations to enable data across the various systems to be analysed together and used to inform policy and programming consistently at the national level.

In Botswana, the 2016 The Global Fund Baseline Assessment of the Breaking Barriers recommendations included prioritising a monitoring and reporting mechanism for HIV-related human rights violations. The findings of the baseline assessment and the legal and policy gaps identified in the 2017 Assessment of Legal and Regulatory Framework for HIV, AIDS and Tuberculosis were considered in the design of REAct. REAct was then written into the Third National Multi-Sectoral HIV & AIDS Response Strategic Framework 2019-2023 of Botswana, which commits to a rights-based response to HIV to improve the policy and legal environment for key populations. BONELA is represented on the Health and Human Rights Technical Working Group, which developed the National Strategic Plan to Reduce Human Rights Related Barriers to HIV and TB services 2020-2025. REAct is therefore incorporated into the national human rights plan under Objective 6: Strengthen legal support services for people living with HIV, TB, key and vulnerable populations whose rights are violated. The national government is interested in scaling REAct to feed into a national human rights reporting system. In this case, BONELA can obtain some essential funding to sustain the operational costs of REAct. In addition, BONELA has integrated human rights documentation into their PEPFAR funding proposal. BONELA was successful and will start their PEPFAR CLM, focusing on service delivery, using REAct.

In 2022, the regional EECA REAct implementation was transitioned to each country's national Global Fund grant, apart from Uzbekistan. APH is further expanding the scale of REAct with a new SOS programme from 2022 in 14 countries of the region funded by Global Fund: Azerbaijan, Albania, Armenia, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Serbia, Ukraine, Uzbekistan, and Montenegro.

ANCS is implementing REAct as a national project of the Global Fund until 2023.

In Uganda, CYSRA and PHAU indicated that they are integrating REAct into future donor proposals with technical support from Frontline AIDS. They have begun conversations to incorporate REAct into future Global Fund grants.

Across all the examples, inclusion within the Global Fund grants has benefited the proliferation of REAct. Ultimately, sustainability depends on the data being locally stored and nationally owned, data definitions and indicators being coherent across multiple CLM systems within a country context and transitioning from donor funding to national funding mechanisms for REAct development and implementation.

10. Recommendations

10.1 Recommendations: Standard Operating Procedures and Guidelines

The following recommendations are provided for Frontline AIDS to consider including in the SOPs and other guidelines provided to organisations implementing REAct:

Design and start-up of REAct

- Consider reframing or re-organising the REAct guide to be less focused on REAct workshop-centric phases.⁸For example, alternative phases/steps could be: pre-planning (establishing referral networks, issue and actor mapping), implementation (using a case management approach, data management system), monitoring and supervision (REActor capacity support and well-being, data quality), learning and sharing and sustainability.
- In the design of REAct, the coordinating organisation must ensure extensive engagement with marginalised populations and KP-led organisations. This is especially important for REActor recruitment, community buy-in, confidence in REAct and trust building among KP individuals to seek out REActors when they experience human rights violations.
- At the implementing organisation level having close ties to marginalised and key population groups or being key population-led organisations ensure a wide range of services, including legal support to key populations, are available in the REAct response.
- Multi-sectoral collaboration across areas such as health, legal, housing, safeguarding, and mental health services, is crucial in the design phase of REAct, as solid partnerships with a range of organisations is a crucial enabler for robust referrals and rapid response.

Implementation

- Integrating REAct into existing programmes across the organisation is essential. REAct is not a standalone system to document human rights violations.
- Robust referral networks and partnerships must be in place well before REAct training and implementation, especially for legal services if implementing or coordinating organisations do not provide this. REActors must fully understand how to triage clients for services at their implementing organisation or through a referral partner, including how to track completed referrals and resolved cases.

⁸ Programme Managers section in the REAct User Guide, page 19. Figure 3: The three phases – 1. Before the Workshop; 2. The REAct Workshop; 3. After the Workshop.

- The REAct system is more than just using software to document the cases. The system must first respond to the person's needs while being person-centred while documenting individual stories and maintaining data quality for use in programming and advocacy. All three elements need to be present and equally considered for REAct to impact access to services and access to justice for key populations.
- Continuous capacity development, refresher training and ongoing supervision of REActors are critical to ensuring data quality and accurate reporting. This includes a period of a minimum of 3 months of intensive mentoring and support to new REActors.
- Have a clear set of criteria and guidelines for REActor selection, including a job description. Carefully considering the context when determining the profiles for REActors and which groups are facing human rights violations will ensure that cases reported will be more representative of the realities on the ground.
- Frequent monitoring and evaluation, including regular case review meetings with REActors provide the validation for key populations, organisations, and advocates to confidently use the REAct data for programming and advocacy.
- Dedicated staff for REAct management, support and supervision of REActors is required. If implemented at the national level or scaling: Dedicated Human Rights Advocacy personnel with human rights/legal background; and M&E personnel for data quality and analysis – e.g for GF national programmes this needs to be at SR level, and someone assigned at implementing level.

Sustainability

- Integrating REAct into programme design and existing programmes enable REAct to draw on programme efficiencies and resources it is included in. For example, recruiting REActors from existing peer educator pools and drawing on referral networks already embedded in a project. Including REAct as a service provided to programme clients can support sustainability.
- Link REAct to the organisation's other services—for example, psychosocial support, support groups, hotlines and outreach work.
- Leverage funding that involves multi-sector coordination and collaboration, including government involvement in national planning and implementation such as the Global Fund and PEPFAR funding to embed REAct in national systems and processes. These types of funding mechanisms also have a view on transitioning funding to national funding mechanisms and sources for long-term sustainability.
- Continue to popularise REAct within subsequent Global Fund and other programme funding opportunities, including raising awareness among and supporting implementers across related disease areas to adopt REAct as their CLM system.

- Ensure REAct data feeds into national human rights reporting systems by engaging in national human rights data platforms and working across CLM actors to standardise case definitions and indicators. Also, work with government M&E personnel to strengthen buy-in across government departments and incorporate REAct data into national reporting systems.

10.2 Recommendations: Frontline AIDS Technical Assistance

- Future technical assistance requirements included continued assistance in using REAct data and setting up relevant dashboards to support data analysis and use of data for programming and advocacy purposes.
- Explore additional options for data visualisation and usage away from a computer, such as using an app on a smartphone to manipulate data for multiple graphic representations of the data.
- Respondents requested continued resource mobilisation support to sustain the gains.
- Initiate regular, quarterly meetings among organisations implementing REAct and those coordinating REAct to share experiences and discuss specific topics that organisations may find challenging. These themes or topics could include:
 - Building effective referral pathways, linking clients to services and referrals, and managing follow-up with clients.
 - Using data for programming and advocacy.
 - Typical data quality challenges and how other organisations have resolved these.
 - Sustainability strategies and approaches.
- Provide a platform for organisations to share their models, experiences, templates, and guidelines would be a valuable resource.
- Create a pool of experienced trainers in REAct in Africa who could train other REActors and provide more locally based and affordable technical assistance, including during regular learning and sharing sessions. This pool of REAct trainers could be included within the Frontline AIDS Associate Consultant pool mechanism.
- Technical assistance should be customised to the programme's scale and size. While this would have financial /budgetary implications where possible, technical assistance in national programmes should ideally include the implementing partners and the coordinating organisation rather than rely on a cascade approach of technical assistance from Frontline AIDS to the coordinating organisation to implementing organisation.
- As REAct implementation continues to expand across Global Fund grants and now in PEPFAR programming (BONELA), Frontline AIDS is well positioned to include REAct or CLM technical assistance provided as a part of their Technical Assistance offering, following the model of consultants from the region that the TA is requested from. Similarly, partners implementing REAct in the country could apply their experience as TA providers within their own countries, across the region and globally.

Annexure 1 List of Key Informants

Organisation	Key Informants
Frontline AIDS, UK	<ul style="list-style-type: none"> · Layla Ismael, Senior Advisor: Monitoring Systems · Oratile Moseki, Lead: Human Rights Advocacy · Laura Craggs, Lead: Programmes
Alliance Public Health (APH), Ukraine	<ul style="list-style-type: none"> · Nadiia Semchuk, Senior Program Officer: Research Project Coordination · Victoria Kalynuik, REAct Coordinator in EECA region
AIDS Foundation of South Africa (AFSA), South Africa	<ul style="list-style-type: none"> · Nontuthuzelo Fuzile, Human Rights Manager · Dinah Tshabangu, Monitoring and Evaluation Manager
The Botswana Network on Ethics, Law, and HIV/AIDS (BONELA), Botswana	<ul style="list-style-type: none"> · Tebogo Monametsi, Monitoring and Evaluation Manager · Sarafina Molapisi, Drop-In Centres Manager & Resource Mobilization Officer · Cindy Kelemi, Executive Director
LVCT Health, Kenya	<ul style="list-style-type: none"> · Jane Nderi, REAct Coordinator, PITCH Coordinator · Nicholas Odhiambo, Program Officer, DREAMS, Adolescents and Youth Western Region · Marie Merci Niyibeshaho, E4C Champion and REActor, youth advocate
Uganda Youth Coalition on Adolescent Sexual and Reproductive Health Rights & HIV (CYSRA), Uganda	<ul style="list-style-type: none"> · Charles Bwire, Programmes Lead
Public Health Ambassadors Uganda (PHAU), Uganda	<ul style="list-style-type: none"> · Cyrus Lukongwa, Monitoring and Evaluation Officer
Uganda Key Population Coalition, Uganda	<ul style="list-style-type: none"> · Richard Lusimba, National Coordinator
Society for Inclusion and Development in Communities and care for All (SIDC), Lebanon	<ul style="list-style-type: none"> · Lara Chammaa, Programme lead
Alliance Nationale des Communautés pour la Santé (ANCS), Senegal	<ul style="list-style-type: none"> · Magath Pouye, Mentoring & Evaluation lead
South African National AIDS Council (SANAC), South Africa	<ul style="list-style-type: none"> · Pholo Ramothwala, SANAC Technical Advisor: Human Rights, Advocacy, Community Systems Strengthening
UNAIDS, Geneva	<ul style="list-style-type: none"> · Dominic Kempes, Community-Led Monitoring Lead, Community Engagement Team
The Global Fund, Geneva	<ul style="list-style-type: none"> · Alexandrina Lovita, Technical Adviser, Human Rights Communities, Rights and Gender Department

Annexure 2 - Documents and materials reviewed

Frontline AIDS. (2019) *REAct Userguide*. Available at <https://frontlineaids.org/resources/react-user-guide/>

Frontline AIDS. (2022). *Protectors or Perpetrators? The impact of unlawful policing on HIV, human rights and justice* Available at: <https://frontlineaids.org/resources/protectors-or-perpetrators/>

Frontline AIDS. (2021). *Rights and Reactions: results and lessons learned from REAct*. Available at: <https://frontlineaids.org/resources/rights-and-reactions/>

Frontline AIDS. (2020). *Crackdown in lockdown*. Available at: <https://frontlineaids.org/resources/crackdown-in-lockdown/>

Frontline AIDS. (2020). *Transforming the HIV Response*. Available at: <https://frontlineaids.org/resources/transforming-the-hiv-response/>

Frontline AIDS. (2020). *Integrating Human Rights Monitoring into the National HIV Response*. Available at: <https://frontlineaids.org/resources/integrating-human-rights-monitoring-into-the-national-hiv-response/>

Frontline AIDS. (2020). *Implementing and scaling up programmes to remove human rights-related barriers to HIV services*. Available at: <https://frontlineaids.org/resources/implementing-and-scaling-up-programmes-to-remove-human-rights-related-barriers-to-hiv-services/>

Frontline AIDS. (2021). *Frontline AIDS Global Plan of Action Results Framework 2021*. Accessed November 2022.

Ismael, L. (2022). *Internal Data quality audit report*. Frontline AIDS. (Accessed November 2022)



EVALUATION TERMS OF REFERENCE

Evaluation of the implementation of REAct

BACKGROUND

[Rights – Evidence – ACTION \(REAct\)](#), developed by Frontline AIDS, is a community-led and owned human rights monitoring and response system. REAct was developed with, and for, civil society organisations to provide them with an easy and systematic way to support individuals who are experiencing human rights violations that are impeding their access to health and other services. Through the implementation of REAct, civil society organisations are able to record data about human rights violations, provide and refer people to health, legal and other public services, and use this data to inform human rights-based HIV programming, policy and advocacy at national, regional and global levels. The REAct training package includes two distinct modules on introducing basic human rights theory to participants, and providing training on the information management tool used within REAct. More information can be found in the REAct User Guide¹.

Since adopting a new information management system, projects that are implementing REAct have been rolled out by Frontline AIDS in 16 countries² across Africa, Eastern Europe, Central Asia, and the Middle East and North Africa (MENA) region. The information management system developed and used by Frontline AIDS is called 'Wanda' and is built on the DHIS2 platform. REActors enter case notes into Wanda on a smartphone, tablet, laptop or computer, which can be used both online and offline. The first human rights cases were documented on Wanda in December 2019, and at the time of writing, **4,863 clients** and **4,976 cases** have been documented so far. REAct in Wanda has been translated into **6 languages**: French, Portuguese, Russian, Ukrainian, Georgian, and Arabic, allowing for data collection in these languages.

After over 2.5 years of implementation of the current REAct package, we would now like to take the opportunity to review and evaluate how REAct is being implemented by us and our partners, in order to shape the tool and our offer going forwards.

PURPOSE OF THE EVALUATION

The **main objectives** of this evaluation are to:

- Understand how the REAct model has been implemented in different countries
- Generate recommendations about what is needed to successfully implement the REAct model

How the evaluation will be used

This year, we foresee some opportunity for changing the way that REAct is delivered, through the development of new tools such as an e-learning course, and the creation of a set of Standard Operating Procedures (SOPs) for REAct implementation.

¹ <https://frontlineaids.org/resources/react-user-guide/>

² Ukraine, Georgia, Tajikistan, Kyrgyzstan, Moldova, Kenya, Mozambique, Uganda, Russia, Senegal, South Africa, Uzbekistan, Lebanon, Jordan, Botswana, Cote d'Ivoire

We also would like to bring together the existing REAct work with the [Rapid Response Fund \(RRF\) portfolio](#), to offer and deliver both of these programmes together in the future. Recommendations from this evaluation will help inform our direction and influence the SOPs to ensure good practice in programme implementation. It will also inform a business case for REAct to assist with further fundraising opportunities.

Other key stakeholders and potential audiences of this evaluation include all REAct implementing organisations, key donors funding REAct including The Global Fund and the Swedish International Development Cooperation Agency (SIDA).

SCOPE OF WORK

Results framework

Currently there is no formal M&E plan or results framework for the REAct portfolio specifically, as REAct is usually incorporated into the results frameworks of the broader programmes implementing it. However, it is contributing to progress markers within our strategic results framework (this can be shared later). We are in the process of creating an M&E plan for the REAct portfolio, which will include a programme assessment using the questions and indicators below.

Programme assessment

	Questions	Indicators
Relevance	Is the programme actively collecting human rights violation data and inputting it in the system?	- Number of clients and cases recorded
Effectiveness	To what degree has the programme achieved or contributed to the 'response' objective?	- Number of cases marked as resolved
Efficiency	To what extent was the budget available adequate to deliver the program? Where are the gaps/areas that could benefit from more budget?	- Number of REActors trained and recording cases - Number of implementing organisations
Impact	To what extent was the program able to contribute to longer term structural or systemic changes?	- How have you used the data generated from REAct? I.e. For advocacy/reports - Have any changes occurred as a result of REAct to date? (Programme improvement/donors/governments etc.) - What is the impact for the clients?
Sustainability	To what degree has the program built capacity to deliver ongoing results (beyond the availability of funding?) ? What are the needs of implementing organisations at the end of our contracts with them?	- Can REAct be funded beyond current project? - Are there plans to scale up the programme, or link in to National data activities?
Value	What does implementing REAct add to organisations?	- What has been the capacity development for the implementing org? - What value does Frontline AIDS add?

Learning questions

- Where the programme model has been implemented as intended, what conditions enabled this? And conversely, where the programme model was not implemented as intended, what barriers can be identified?

- What was the added value given by Frontline AIDS, and was it adequate to implement the programme successfully?

METHODOLOGY

The methodology will be finalised in consultation with Frontline AIDS and is likely to include (but is not limited to):

- One or two case studies of different organisations who have implemented REAct in the past 3 years, focusing on implementation. Taking one organisation who have confidently implemented REAct along with one who have not managed to get the programme much off the ground would be a good comparison. Similar case studies can be seen here: <https://frontlineaids.org/resources/integrating-human-rights-monitoring-into-the-national-hiv-response/>
- Mixture of desk-based assessments (using mid-term assessments from Global Fund) as well as key informant interviews where appropriate
- Other methods to be proposed by the consultant/s

Given there are 6-7 very recent or current REAct projects being implemented, we feel that there could be a short assessment carried out for each of these, with a more in-depth assessment into around half (up to 4).

OUTPUTS

- Verbal presentation to Frontline AIDS staff to discuss and validate initial findings
- Draft and Final evaluation reports (no more than 30-40 pages excluding annexes). Annexes should include the terms of reference, a list of people and organisations interviewed; a list of documentation and materials reviewed; a timeline of the evaluation process and data collection instruments used
- Executive summary of the final evaluation (of no more than 8 pages): this may be published on the Frontline AIDS website so should be readable as a standalone document
- Power-point visual presentation of final evaluation findings (no more than 20 slides)

MANAGEMENT AND GOVERNANCE OF THE EVALUATION

This evaluation will be directly managed by the lead consultant who will assume overall responsibility for the deliverables. Layla Ismail will act as the first point of contact for the team of consultants and will be responsible for overseeing the implementation of the evaluation.

Frontline AIDS will support all stages of the evaluation process including providing relevant documentation, assisting in the organisation of data collection (providing contact details, ensuring availability of interviewees and relevant data), providing feedback on drafts of all agreed outputs, including the methodology.

TIMETABLE AND NUMBER OF DAYS

Activity	By when?
Expression of interest submitted to Frontline AIDS	12 th September
Interviews carried out	19 th - 20 th September
Evaluation workplan and methodology agreed	30 th September
Verbal presentation to Frontline AIDS staff to discuss and validate initial findings	21 st October
Submission of draft report	31 st October
Submission of final report	14 th November

We estimate that this evaluation should be in the region of **14 days work**.

PROFILE OF CONSULTANT/CONSULTANCY TEAM

The successful bidder will have one or more members who meet the following criteria:
Essential:



- Substantial experience in conducting evaluations of HIV or human rights programmes
- Experience in undertaking assessments using quantitative and qualitative methodologies
- Experience working in an international development context
- Understanding of participatory evaluation approaches
- Excellent communication and facilitation skills
- Excellent written and spoken English
- Ability and commitment to deliver the expected results within the agreed period of time

Desirable:

- Understanding of human rights monitoring systems or community-led monitoring
- Understanding of different methods for measuring and reporting on value for money
- Access to local consultants based in any of the possible focal countries (South Africa, Botswana, Ukraine, Cote d'Ivoire, to name a few)
- French language skills

We are looking for a consultant who is independent of Frontline AIDS, i.e. not an employee of Frontline AIDS, but it could be someone with previous experience of the organisation.

If you are interested, please send an expression of interest outlining your approach, qualifications and indicative budget to Pierrette Kengela (pkengela@frontlineaids.org) by the 12th September 2022.

Annexure 4 - Evaluation Timeline

Activities	Timeline
Inception Meeting	29 September 2022
Contract finalised	12 October 2022
Sample of partners finalised	12 October 2022
Data collection coordination	19 October-24 October 2022
Interview schedules developed	19 October 2022
Interviews	24 October – 18 November 2022
Desk Review	3-5 November 2022
Initial Analysis of themes	21-23 November 2022
Validation Workshop and presentation	24 November 2022
Data Analysis and draft report writing	12 December 2022
Final Report and Case Study	19 December 2022

Annexure 5 – Interview Schedule

REAct Semi Structured Interview Schedule

Start Up

1. How was it decided to use REAct initially, was it a request from you? What are the other human rights monitoring and reporting mechanisms as an option? Why was REAct chosen?

Relevance of design

2. In designing REAct for your context, in what ways was your country context taken into consideration?
3. How were marginalised populations involved in the design and implementation of the programme?
4. What stakeholders - government and others have you involved in the programme and what have been the benefits and lessons?

Effective implementation

5. Please describe the role and responsibilities of the coordinating partners and implementing partners. Are the roles and responsibilities clear? What coordination mechanisms are in place?
6. What support do you provide to REActors in documenting cases accurately and understanding human rights violations?
7. Please describe how REAct is implemented in your country/context. Probe: the key components of the implementation model (see below)
 - How many Reactors do you have?
 - How were the Reactors selected? What is their background?
 - How do you motivate your Reactors?
 - Describe the process of identifying cases and documenting cases?
 - How are clients reached or made aware of the React project?
8. How do you meet the needs of clients/resolve cases?

Data utilisation

9. How do you analyse the data collected? Do you have set processes to analyse and make sense of the data?
10. Please provide examples of how you have used the data for programme improvements and/or advocacy?
11. What does success look like to you in documenting cases and using the data?

Challenges and advice

12. What challenges have you experienced implementing REAct in your context and why? How have you tried to address these challenges?
13. What advice would you give an organisation starting REAct? Are there any key lessons learnt in implementing REAct that you could share with other coordinators/implementers new to the programme?

Technical assistance

14. What technical assistance have you received from Frontline AIDS?
15. Was the technical assistance sufficient to support implementation?
16. What would you suggest to improve technical assistance in the future?

Efficiency

17. What was the average cost for the implementation/scale up of REAct?
18. What other resources are needed? Are there any budget gaps or unexpected costs?

Sustainability

19. What are your plans with REAct after the project ends?
20. Are there plans to scale up the programme, or link into National data activities?

Annexure 6 – Results Framework

Objective	Outcome (Results)	Outputs	Activities	Frontline AIDs TA Inputs
<p>The minimum requirements to begin the set up and implementation of REAct is in place forming a foundation for effective implementation.</p> <p><i>Pre-planning and Design Phase (establishing referral networks, issue and actor mapping)</i></p>	<ul style="list-style-type: none"> • Coordinating and Implementing partners are clear on their specific roles and responsibilities in setting up and implementing REAct. • REActors are oriented and have clear job descriptions and clarity on their roles and responsibilities. 	<ul style="list-style-type: none"> • Appropriate coordinating partner with a track record in advocacy and human rights barriers to HIV is in place with sufficient staff dedicated to the design and set up of REAct. • Stakeholder mapping is completed, and engagements are held with diverse stakeholders to orient them on REAct and their potential roles in its implementation. • The existing KP friendly services in the location of implementation is mapped and a referral directory is in place. • Relationships are established with KP friendly services such as legal aid, psychosocial support etc with a clear referral & feedback arrangements agreed on. • Appropriate implementing partners with good standing relationships with KPs and existing service provision to KPs in psychosocial support, advocacy and legal support are selected and contracted to implement REAct. • Appropriate REActors are recruited and selected meeting minimum basic criteria (written & digital literacy; min education level; interpersonal skills; known in KP communities) • All required equipment is procured and set up for REAct training. • The coordination between coordinating and implementing partners including clear roles and responsibilities is agreed and documented. • A three-month intensive post training mentoring and supervision plan is developed to support REActors intensively in the months of implementing REAct. • A sustainability plan is developed and updated regularly. • Emergency response mechanism is developed and incorporated into REAct response. 	<ul style="list-style-type: none"> • Selection of locations (regions, counties, districts etc) for implementation of REAct based on available evidence of HIV and human rights violations. • Stakeholder mapping and engagement with marginalised populations and KP-led organisations, duty bearers, NGOs and CBOs providing services to KPs. • Develop clear selection criteria for recruiting and contract implementing partners, inclusive of existing service provision to relevant KPs (access to justice / legal aid, advocacy, health and psychosocial services) and existing referral system or ability to develop one within their existing network of partners. • Implementing partners are selected and contracted to implement REAct based on clear selection criteria. • Develop clear selection criteria for REActors based on the context inclusive of digital and literacy skills, education level, interpersonal skills and trust of KP populations. • REActors are recruited and selected as per a clear selection process. • Map the available services both at implementing partners and other NGOs and pro bona legal support available. • Establish referral pathways with relevant NGOs, CBOs and other service providers. • Dedicated personnel are assign roles and responsibilities for REAct implementation: Supervision of REActors, data quality checks, IT, xxx, xxx • Purchase required equipment for REActors: laptops/tablets; smartphones; audio recorders. • Orient and introduce REAct to relevant community leaders, duty bearers, government officials. • Establish coordination arrangements between Coordinating and Implementing partners and sign MoUs. • Integration in existing programmes using as a framework the UNAIDS articulated seven key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses. • Ensure emergency response mechanisms and funding is in place. 	<ul style="list-style-type: none"> • Standard Operating Procedures to plan and budget for REAct and related templates shared with coordinating partner. • Conference calls to support the planning for REAct.
	<p><u>Indicators</u></p> <ul style="list-style-type: none"> • MoUs signed between coordinating and implementing partners. • Job descriptions available. 	<p><u>Indicators</u></p> <ul style="list-style-type: none"> • # of stakeholder consultations held • # of implementing partners recruited meeting minimum selection criteria • # of reactors recruited meeting minimum selection criteria • Referral directory and procedures document completed/updated. • \$ value of emergency response available • # of pieces of equipment procured for REActors 		

Objective	Outcome (Results)	Outputs	Activities	Frontline AIDs TA Inputs
<p>REAct is effectively implemented with regular monitoring and supervision for Reactors and is generating good quality data to inform programme planning and advocacy at all levels.</p> <p><i>Implementation of REAct, monitoring and supervision</i></p>	<ul style="list-style-type: none"> • REActors are aware of and have access to all the guidelines they should follow in order to have a good outcome in data entry and as a result data analysis. • REActors are accurately able to identify human rights violations, the state perpetrator and type of violation. • REActors fully understand how to triage clients for services at their implementing organisation or through a referral partner, including how to track completed referrals and resolved cases. • Clients aware of the system and have trust to share their experience of human right violations. • REActors document cases in Wanda and make the required corrections where needed based on supervision feedback. • Cases are documented fully and accurately in Wanda. • Data quality checks are performed monthly and quarterly. • Clients receive direct services at the implementing partner/coordinating partner/Reactor • Clients are referred for services to other organisations. • Clients' cases are followed up by the Reactor and the cases are updated in Wanda. • Data is analysed for trends and patterns. • Analysed data is used to inform programme planning. • Analysed data is used to inform advocacy activities at all levels (community, district, national, regional global) • Advocacy success stories are documented and shared: changes in policies, plans, practices of duty bearers showing an improvement in upholding human rights. 	<ul style="list-style-type: none"> • Coordinating partners are trained in REAct. • Implementing partners are trained in REAct. • REActors are trained in REAct. • The REAct tool is customised to fit the local context and login accounts are set up. • REActors attend weekly/monthly supervision meetings to discuss challenges, share experiences and de-brief. • REActors receive refresher training (xx) months after initial training. • User friendly guidelines and checklists are available and used by REActors. • REAct promotional material and communication channels are set up to advise KPs on their rights and how to access REAct. • REAct is integrated into existing programmes by the implementing and coordinating partners. • The REAct programme is internally reviewed at least annually, and lessons documented and shared with other partners. 	<ul style="list-style-type: none"> • Conduct REAct training in-person for coordinating and implementing partners and REActors. • The REAct supervisor checks the details of the cases recorded in Wanda on a daily/weekly basis and contacts REActors to rectify/update the data where needed. • Provide ongoing continuous capacity development for REActors including refresher trainings and regular debriefing meetings and capacity development sessions. 	<ul style="list-style-type: none"> • Standard Operating Procedures and templates related to REAct implementation. • Training of coordinating and implementing partners and REActors. • Customisation of REAct template. • Set up of Wanda and create accounts. • Support ongoing queries related to use of Wanda • Data Quality Audits. • Set up data analysis dashboards and support analysis of data. • Convene quarterly learning and sharing sessions with coordinating and implementing partners and REActors.
	<p><u>Indicators</u></p> <ul style="list-style-type: none"> • # of cases of human rights violations documented • # of clients who experienced human rights violations • # of clients receiving services directly by organisation (disaggregated by type of service: primary legal aid, secondary legal aid, psychosocial support, health, emergency support) • # of clients referred for services (disaggregated by type of service: primary legal aid, secondary legal aid, psychosocial support, health, emergency support) • # and % of clients referred for services who completed the referral • % of cases requiring legal redress seeking legal redress • # of analytical reports based on REAct data developed • # (and description of) instances of mediation to resolve human rights violations undertaken • # (and description) of advocacy events held using REAct data / # of submissions made using data generated from REAct at national or district level. / # of meetings held where REAct data was used to influence reforms to reduce human rights violations 	<p><u>Indicators</u></p> <ul style="list-style-type: none"> • # of Reactors trained in REAct • # of Reactors receiving refresher training • # of guidelines developed for reactors • # of supervision meetings held with reactors per quarter • # of data quality checks performed per quarter 		

Objective	Outcome (Results)	Outputs	Activities	Frontline AIDs TA Inputs
	<ul style="list-style-type: none"> # Policies, plans, practices changed to improve human rights and remove barriers to HIV response where REAct data was used in advocacy. 			
<p>REAct is maintained through continued funding and/or scaled up within the national HIV response.</p> <p><i>Sustainability</i></p>	<ul style="list-style-type: none"> National stakeholders such as National AIDs councils, Ministry of health and Ministry of Justice know about REAct and have been exposed to the data documenting in REAct. Integration of REAct into national plans, strategies, and systems, and into existing programmes to support sustainability. Advocate for the inclusion of REAct in national human rights reporting systems REAct is scaled to additional locations (districts, regions, nationally) REAct is integrated into existing and future programme areas such as hotlines, outreach work, psychosocial support. <p><u>Indicators</u></p> <ul style="list-style-type: none"> # of champions for REAct among national stakeholders. # of national plans, strategies or programmes that refers to and/or incorporates REAct as a community-led monitoring system. # of locations (districts, sub national levels: county/province/region) where REAct is implemented. REAct is included in national human rights reporting systems. 	<ul style="list-style-type: none"> A sustainability plan is developed including use of existing staff or volunteers to be recruited as reactors, integration within existing programmes, future pipeline of proposals for funding and engagement with national HIV stakeholders. Include REAct and evidence of REAct to remove human rights barriers to HIV and other health service access, in future funding proposals including Global Fund and PEPFAR grants. <p><u>Indicators</u></p> <ul style="list-style-type: none"> Sustainability plan is completed. # of proposals including REAct activities and budgets 	<ul style="list-style-type: none"> Develop a sustainability plan when planning for REAct. Update the sustainability plan regularly. Develop relationships with national level stakeholders to showcase REAct and use REAct in national, sub national and district level advocacy events and meetings. Integrate REAct into future project proposals to address human rights barriers to HIV response. 	<ul style="list-style-type: none"> Support the production of regional and global advocacy reports using REAct data in collaboration with partners. Document and share good practices and lessons on scaling REAct. Support partners in fundraising for REAct projects