Annexure 1: Crisis Response Team under Pehchan – A Guide

Background and Objective

It is well documented and known that men who have sex with men (MSM), transgender and hijra (MTH) population are vulnerable to violence due to their identity and non-confirmative gender expressions.

The perpetrators can include law enforcement agencies, local goons, healthcare providers, clients, family and community members. The violence may take several forms, most common being verbal and physical abuse and sexual assault. Therefore, to tackle such cases of violence setting up of Crisis Response Team (CRT) has been initiated under the Pehchan programme at the CBO-level.

The objectives of setting up of CRT are:

- To support MTH populations in cases of crisis;
- To build, sustain and strengthen relationships with relevant stakeholders such as law enforcement agencies; and
- To be champions for creating awareness on human rights issues of MTH populations.

For crisis management to be effective, it is essential to have:

- Trained and committed staff members who are willing to be ‘on call’ 24 hours a day and respond immediately when a crisis happens.
- Effective communication mechanisms.
- Availability of information about crisis response to community members.
- Experienced and committed lawyers and healthcare providers who are willing to provide assistance 24 hours a day.
- Networking, alliance-building, and sensitisation work with local stakeholders (especially MTH populations) through regular meetings and education as appropriate. This includes community-level legal literacy sessions.
- Close alliances with other civil society organisations, activists and local media who can advocate on behalf of the community when necessary.
- Reflections on crisis management cases to improve and build internal capacities.
- One member from TG hijra community and led by either community Project Manager or Project Director of the CBO.
Crisis Response Team in CBOs of Pehchan Programme

- The Crisis Response Team is established with representations from each site through community volunteers, outreach staff, programme staff and legal resource person familiar with the legal issues surrounding harassment of MTH populations.
- The team needs to establish detailed protocols for staffing and procedures for handling the crisis.
- Information about CRT should be widely circulated and discussed during the outreaches and events.
- The CRT should meet regularly ideally once in a quarter besides and emergency meeting. These meeting should be well documented.
- Funds available under Emergency legal aid may be used for local transport for handling crisis situation, post crisis meetings of CRT and legal aid. Also CRT needs to map additional resources for its long term sustainability.
- The meeting of CRT should be held at the hotspots so as to increase its visibility amongst the community members.
- CRT members should also be part of local sensitisation meetings carried out by the CBO.

The team may have 5 – 15 members, depending on need (i.e., frequency of incidents, size of area to be covered).

Crisis Response in Action

- When a community member informs on one’s behalf or on behalf of another member who gets harassed or abused, the member of the crisis team responding to the information gets in touch with other crisis team members to apprise them of the situation.
- The team ensures that at least one person from the crisis response team goes to the spot where the crisis has happened and meets the person concerned. It is important to provide immediate moral support and give the message that the person is not alone in this situation and the person has support from the programme.
- If a police report needs to be filed or it the situation any kind of police action, a team member and a lawyer should reach the police station immediately.
- If a person reports any physical injuries healthcare provider should be immediately contacted to provide first-aid and/or hospitalisation.
- Every crisis should be documented. This information can be used both to strategise for improving crisis response and for public advocacy. Also when this data is analysed over a period of time, it can reveal trends in the nature and frequency of these incidents.
- Immediate meeting for all the crisis team members should happen within 24 hours.
Capacity Building

Following the formation of the CRT team at the CBO level, there is a need to build their capacities to handle and document the crisis situation. Advocacy officers (AO) along with Training Officers (TO) will make sure that this training happens at the CBO within a week of the formation of the team. Pehchan modules on ‘Human and Legal Rights’, ‘Violence & Trauma’ and ‘Trangender and Hijra Communities’ should be used for training CRT members. After three months, CRT members should be trained on ‘Mental Health’ and ‘Community Preparedness for Sustainability’ module. Refresher training should be organised every six months. AO should prepare the training calendar and share it with the team at SR and PR level.

Documentation and M&E Indicators

Often violence is under reported and not talked about. It is important to document it effectively and use the data for advocacy with relevant authorities. Some indicators and method for good reporting include:

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>Percentage of MSM reporting cases of violence by law enforcement authorities/police</th>
</tr>
</thead>
</table>
| Rationale/Purpose | MTH face high levels of stigma and discrimination and are often suspected of spreading HIV/AIDS. Pehchan uses advocacy strategies to address stigma and discrimination, particularly in situations where stigma prevents member MTH from seeking services or using condoms or accessing social security measures etc. Common forms of violence (physical, mental & social harm) faced by MTH include:  
  • Harassed (verbally and physically) in public settings by police & other law enforcers;  
  • Harassment, blackmail, extortion and forced sex by the police, denial of legal redress by police & lawyers (many times police don’t register complains); and  
  • Unjustifiable arrests. |
<p>| Numerator         | Number of MTH responded to the question related to the violence. |
| Denominator       | Number of MTH surveyed. |
| Disaggregation    | MSM, Transgender, Hijra. |</p>
<table>
<thead>
<tr>
<th><strong>Measurement Tool</strong></th>
<th>Study at Baseline, Midline and End line</th>
</tr>
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<tbody>
<tr>
<td><strong>Method of Measurement</strong></td>
<td>The indicator will be measured during baseline and then again would be monitored during the midline and finally during the end line assessment to see the improvement in the situation after the programme implementation. In the survey of a sample of men who have sex with men, respondents will be asked about violence at the hand of the law enforcers in the preceding six months.</td>
</tr>
<tr>
<td><strong>Indicator</strong></td>
<td>Number of incidents of violence and harassment reported</td>
</tr>
</tbody>
</table>
| **Rationale/Purpose** | MTH face high levels of stigma and discrimination generally and in the context of being suspected of spreading HIV/AIDS. Pehchan for MTH use advocacy strategies to address stigma and discrimination, particularly in situations where stigma prevents members MTH from seeking services or using condoms or accessing social security measures etc. Common forms of violence (physical, mental & social harm) faced by MTH include:  
  • Harassed (verbally and physically) in public settings by police & other law enforcers;  
  • Harassment, blackmail, extortion and forced sex by the police;  
  • Denial of legal redress by police & lawyers (many times police don’t register the complaints); and  
  • Arrests (unjustifiable) without clear IPC section defined. The indicator also will be measured during baseline and then again would be monitored during the midline and finally during the end line assessment to see the improvement in the situation after the programme implementation. |
| **Data collection frequency** | Quarterly  
  Monthly  
  Capture the data as when in the crisis management register as an when an incident is reported  
  Baseline & End line |
<p>| <strong>Measurement Tool</strong> | Crisis management register, survey tool |
| <strong>Method of Measurement</strong> | As and when an incident of violence is reported to CRT it is documented in the Crisis management register |
| <strong>Interpretation</strong> | This indicator measures the experiences of MTH in the effectiveness of efforts to reduce stigma and discrimination. It also to identify individuals who experience hostility on a regular basis. |</p>
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Number of incidents of violence and harassment addressed within 24 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rationale/Purpose</strong></td>
<td>As a part of the strengthening the response to address needs of the community a rapid response system will be developed to address the immediate and long-term impact of trauma and violence faced by the community from various sources.</td>
</tr>
</tbody>
</table>
| **Data collection frequency** | Quarterly  
Monthly  
Capture the data as when in the crisis management register as an when an incident is reported |
| **Measurement Tool** | Crisis management register |
| **Method of Measurement** | As and when an incident of violence is reported to the CRT it is documented in the Crisis management register |
| **Interpretation** | Fear of encountering stigma and discrimination can substantially alter the risk behaviour and service utilisation of High Risk Groups (HRGs). Immediate response by the team is required so that this does not get repeated again and the MTH are not harassed, abused or denied access to services or venues because of their association or membership in a particular group. Thus immediate response to the incident from the Pehchan team is essential to not allow the incident to get repeated and give support immediately to the MTH who has faced the violence. At the point of reporting the incident to the crisis response team and the first level of plan of action developed and immediate emotional / coping support for trauma and violence is provided then it will be treated as ‘addressed’ for recording purpose. |