READINESS ASSESSMENT

MOVING TOWARDS A COUNTRY-LED AND -FINANCED HIV RESPONSE FOR KEY POPULATIONS

Overview

Key populations (KPs) are disproportionately affected by HIV but are underserved by current HIV programs in many countries. Even in countries where domestic financing is relatively high, international donors may still be funding a significant portion of KP programming. Therefore, decreases in international donor funding may have an especially negative effect on KPs. As international donors consider transitioning out of countries, special attention and technical assistance will be necessary to ensure that the prevention, care, and treatment needs of KPs are sustainably met.

This guide is designed to assess the ability of a country's stakeholders (including government, development partners, and civil society) to lead and sustain HIV epidemic control among KPs as donors transition to different levels and types of funding. The guide is a flexible tool that assesses readiness across four domains and focuses on the specific vulnerabilities of KPs. It is not an exhaustive list, and users may identify additional areas of technical assistance based on their assessment.

How to use this assessment guide

This guide can be completed by a variety of stakeholders, and may require an interdisciplinary team to collect data for all four domains. The majority of questions are answered by selecting "yes," "no," or "unclear." Users may record qualitative observations or descriptions in the column labeled "Comments," and indicate the person, office, or document consulted in the column labeled "Source." These qualitative descriptions are necessary to fully understand the unique country context.

Readiness in the four domains may vary across different KP groups. Therefore, users should keep in mind the definition of key populations as follows: **sex workers (SWs), men who have sex with men (MSM), transgender persons (TG), and people who inject drugs (PWID)**. The comments column should be used to identify discrepancies in policies, services, funding, or data across different populations.

After completing questions for each domain, users should summarize (1) the country's main strengths in terms of transition readiness for KPs and (2) the key gaps or priority areas that require focused support to better prepare the country for transition. This summary should account for observations of all stakeholders involved in the assessment.

Abbreviations

KP key population
NGO nongovernmental organization
SW sex worker (FSW: female sex worker; MSW: male sex worker)
MSM men who have sex with men

PWID people who inject drugs
TG transgender persons
CSO civil society organization
CCM country coordinating mechanism
M&E monitoring and evaluation

Respondent information

Date:_____ Country:_____

Check the box that classifies representation of respondent or group of respondents:

☐   Country government official

☐   International donor (e.g., Global Fund, DFID, DFAT, Gates Foundation)

☐   NGO service provider

☐   International NGO

☐   Civil society organization

☐   Key population representative

☐   Multilateral development partner (e.g., UNAIDS, UNDP, UNFPA, WHO)

☐   U.S. government representative (e.g., PEPFAR, CDC, Peace Corps, USAID)

DOMAIN A
Governance, leadership, and accountability

What readiness looks like: The government is transparent and held accountable by civil society in achieving planned HIV results, including programming for key populations. Government effectively manages, allocates, and disburses HIV finances. Program progress and results on KPs are widely disseminated, used for planning, and provide accurate information and education on HIV. Government entities create an enabling policy and legal environment, and civil society establishes watchdogging mechanisms to monitor implementation of laws/policies. Civil society organizations representing KPs are active partners in the HIV response and have the capacity to serve and advocate for the needs of KPs. There are two sets of questions for this domain. The first relates to governance, leadership, and accountability within <u>government</u>, and the second relates to the same principles within <u>civil society</u>.

Domain A(i): Governance, Leadership, and Accountability Within Government

1. KP designation: Does the government officially[1] recognize key populations[2]?

☐ Yes (definitive)	**Comments**	**Source**
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

2. KP designation: Does the government recognize the need for key population programming and/or inclusion in HIV programs and services?

☐ Yes (definitive)	**Comments**	**Source**
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

1. Existence of legal frameworks and policies that are nondiscriminatory toward KPs, and enable health services that are KP-focused and friendly.
2. In this context, key populations are defined as sex workers, men who have sex with men, transgender persons, and injecting drug users.

2A. If yes, please indicate which groups are designated as KPs and note any important background or context

☐ MSM

☐ PWID

☐ FSW

☐ MSW

☐ TG

☐ Other _____

Comments

Source

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3. National strategy: Does the country have a multi-year, costed national HIV strategy that includes explicit plans/activities to address the needs of KPs?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

3A. If yes, are specific budgets developed and allocated to enable the implementation of KP programs and activities?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

4. Technical working group: Is there a national technical working group or task force <u>led by the government</u> that is focused specifically on KPs?

	Specify degree of functionality	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

4A. Is there a national technical working group or task force <u>led by the government</u> that identifies KPs as one of its priority groups?

	Specify degree of functionality	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

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5. Nondiscrimination: Does the country have nondiscrimination laws or policies that protect specific KPs?

	Please describe these policies	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

5A. If yes, at which levels do these laws/policies apply?

☐ National

☐ Subnational

☐ Health facility

☐ Other _____

Comments	**Source**

5B. To what extent are these laws/policies implemented?

☐ Fully

☐ Partially

☐ Not at all

Please describe how the policies have been operationalized	**Source**

6. **Structural barriers:** Does the country have laws and/or policies that present barriers to delivery or accessibility of HIV prevention, testing, and treatment services for KPs (e.g., criminalization of behaviors or identities; bans or limits on programs or commodities)?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Please describe these policies	**Source**

6A. At which levels do these laws/policies apply?

☐ National

☐ Subnational

☐ Health facility

☐ Other _____

Comments	**Source**

6B. To what extent are these laws/policies implemented?

☐ Fully

☐ Partially

☐ Not at all

Please describe how the policies have been operationalized	**Source**

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7. Right to services: Does the government recognize the right to nondiscriminatory access to HIV services for key populations?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments	**Source**

7A. If yes, have efforts been put in place to educate key populations on their rights?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments	**Source**

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8. **Redress:** Are there mechanisms for members of KPs to seek redress for discrimination or other human rights abuses?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Please describe these mechanisms and at what level they exist (civil society, government, private sector, etc.)	**Source**

8A. To what extent are these mechanisms utilized and/or enforced?

Comments	**Source**

9. **Enabling environment:** Are there laws or policies that restrict civil society organizations representing KPs from playing an oversight or service delivery role in the HIV response?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Please describe these laws/policies	Source

10. **Channels for civil society engagement:** Has government created formal channels or opportunities that allow civil society groups directly working with KPs to engage and provide feedback on HIV policies, programs, and services (not including Global Fund Country Coordinating Mechanism [CCM] civil society engagement requirements)?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Please describe these channels	Source

Domain A(ii): Governance, Leadership, and Accountability Within Civil Society[4]

1. KP designation: Which groups are designated and recognized as KPs by civil society organizations?

	Please note any important background or context	**Source**
☐ MSM		
☐ PWID		
☐ FSW		
☐ MSW		
☐ TG		
☐ Other _____		

1A. Does civil society as a whole recognize the need for key population programming and/or inclusion in HIV programs and services?

	Comments	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

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2. National strategy: Does civil society advocate for the inclusion of activities within a multi-year, costed national HIV strategy to address the needs of KPs?

	Comments	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

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4. Civil society as a whole (includes community-based organizations, faith-based organizations, other sector-based nongovernmental organizations, etc.) , and not only KP-represented organizations.

2A. Have civil society organizations (CSOs) put watchdogging mechanisms in place to monitor budget allocation for KP programs and activities?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Please describe these mechanisms and how they operate	**Source**

2A.i. If no, how has civil society held government accountable for the lack of KP programs and activities in the national response to HIV?

Comments	**Source**

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3. Technical working group: Has civil society advocated for the establishment of a national technical working group or task force <u>led by the government</u> that is focused specifically on KPs?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments	**Source**

4. Nondiscrimination: Has civil society advocated for the country to have nondiscrimination laws or policies that protect specific KPs?

	Please describe these policies	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

5. Structural barriers: Has civil society monitored laws and/or policies that present barriers to delivery or accessibility of HIV prevention, testing, and treatment services for KPs (e.g., criminalization of behaviors or identities; bans or limits on programs or commodities)?

	Please describe the mechanisms for monitoring policies	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

5A. Does civil society understand the content/language of the laws/policies that present barriers to delivery or accessibility of HIV prevention, testing, and treatment services for KPs?

	Comments	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

5B. Does civil society have structures in place to monitor laws and policies?

☐ Yes (definitive) ☐ Yes (moderate) ☐ Yes (limited) ☐ No ☐ Unclear/don't know	**At which levels (national/subnational/ community/health facility) do these mechanisms exist?**	**Source**

5B.i. If yes, to what extent have these mechanisms supported civil society to improve its advocacy activities?

Please describe the impact of monitoring mechanisms	**Source**

6. Right to services: Has civil society held government accountable for the right to nondiscriminatory access to HIV services for KPs?

☐ Yes (definitive) ☐ Yes (moderate) ☐ Yes (limited) ☐ No ☐ Unclear/don't know	**Please describe these efforts**	**Source**

6A. Have efforts been put in place by CSOs to educate key populations on their rights to access HIV services?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Please describe	**Source**

7. **Redress:** Has civil society established mechanisms for members of KPs to seek redress for discrimination or other human rights abuses?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Please describe these mechanisms	**Source**

7A. To what extent are these mechanisms utilized and/or enforced?

Comments	**Source**

8. Enabling environment: Have CSOs taken an active role in creating an enabling environment that does not restrict them from representing KPs and playing an oversight or service delivery role in the HIV response?

	Please describe the context of this enabling environment	Source
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

9. Channels for civil society engagement: Has civil society created formal channels or opportunities that allow groups representing KPs to engage and provide feedback on HIV policies, programs, and services (not including Global Fund Country Coordinating Mechanism [CCM] civil society engagement requirements or PEPFAR)?

	Please describe these channels	Source
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

10. Impact of civil society engagement: Do civil society organizations representing KPs impact policy and national budget decisions related to HIV?

	Please describe	Source
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

11. Cohesiveness of civil society: Is civil society well-organized to facilitate advocacy around KPs?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

11A. Is civil society's advocacy cohesive on issues of KPs, and does civil society as a whole speak from one voice on the needs of these populations?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

For Domain A (i and ii), what are the country's main strengths in terms of transition readiness for KPs?

For Domain A (i and ii), what priority areas need focused support to prepare the country for transition?

DOMAIN B
National Health System and Service Delivery

What readiness looks like: Domestic institutions (inclusive of government, civil society, and the private sector) constitute the primary vehicles through which HIV programs and services targeting key populations are managed and delivered. National, subnational, and local governments have achieved high and appropriate coverage of a range of high-quality, life-saving HIV prevention, care, and treatment services and interventions for key populations. HIV services are accessible and affordable to key populations.

Domain B: National Health System and Service Delivery

1. **Facility-based services:** Do public health facilities generate and respond to demand for HIV services for KPs?

	Comments	Source
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

1A. Are there mechanisms in place to monitor the quality and effectiveness of these services for KPs?

	Comments	Source
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

1B. Do these mechanisms identify and address common barriers that inhibit access to services for KPs, such as stigma and discrimination?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

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2. **Community-based services:** Are there standardized community-based HIV services targeting KPs?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Describe the components/ingredients of the community-based services

Source

If yes, has the country standardized community-based HIV services targeting KPs through any of the following?

2A. National guidelines on implementing HIV services targeting KPs

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

2B. Formalized mechanisms of participation by KPs and/or civil society organizations representing KPs in service delivery or oversight

	Comments	Source
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

2C. Official recognition of community health workers (e.g., peer health workers) as part of a skilled workforce for KP programming

	Comments	Source
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

2D. Financial support for community-based services targeting KPs

	Comments	Source
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

3. **Program standards:** Do national guidelines for KPs exist?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments	**Source**

3A. If yes, may KPs access services without meeting certain criteria?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

If applicable, define the types of criteria that may inhibit access to services (e.g., CD4 count eligibility, etc.)	**Source**

3B. Are healthcare workers required to receive training and sensitization in working with KPs?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

If yes, at what point (pre-service or in-service) does the training or sensitization occur?	**Source**

3C. Does a clear antidiscrimination policy and code of conduct govern all services?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments	Source

3D. Are KP representatives involved in planning for service provision for KPs?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments	Source

3E. Is a mechanism in place to receive regular anonymous feedback from clients?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments	Source

3F. Is there a clear, defined system of accountability to ensure that patients can report problems when minimum standards for service provision are not met at a site?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments	**Source**

3G. Is client confidentiality strictly required for all services?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments	**Source**

4. Accountability for quality of services: Does civil society monitor the quality of service delivery to ensure that services are delivered in accordance with national guidelines and standards?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments	**Source**

For Domain B, what are the country's main strengths in terms of transition readiness for KPs?

For Domain B, what priority areas need focused support to prepare the country for transition?

DOMAIN C
Strategic Investments, Efficiency, and Sustainable Financing

What readiness looks like: The government is aware of the financial resources required to effectively and efficiently meet its national HIV prevention, care, and treatment targets for KPs. The host country government actively seeks, solicits, and/or generates the necessary financial resources; ensures sufficient resource commitments; and uses data to strategically allocate funding and maximize investments.

Domain C: Strategic Investments, Efficiency, and Sustainable Financing

1. **Total HIV budget:** What is the estimated national annual budget for HIV? _____

2. **Domestic budget:** Does the Ministry of Health explicitly account for KPs in its budget?

	Comments	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

2A. If yes, what percentage of the total domestic HIV budget is allocated to KPs?

	Please describe how the budget allocation for KPs is divided by subcomponent (i.e., prevention, treatment, care, support, etc.)	**Source**
☐ 0–5%		
☐ 6–20%		
☐ 20–75%		
☐ 75–100%		
☐ Don't know		

3. **Donor financial support:** What percentage of HIV services targeting KPs are supported by donor financing?

	Comments	**Source**
☐ 0–5%		
☐ 6–20%		
☐ 20–75%		
☐ 75–100%		
☐ Don't know		

3A. What sector is the predominate recipient of donor funds for KP programs?

	Comments	**Source**
☐ Government		
☐ Civil Society		
☐ Private Sector		
☐ Other _____		
☐ Don't know		

4. **Domestic funding for civil society:** What is the source of funding for KP programs within civil society?

	What is the percentage of funding received from each source?	**Source**
☐ Government		
☐ Civil Society		
☐ Private Sector		
☐ Other _____		
☐ Don't know		

5.   Domestic spending: Are there mechanisms in place to track expenditure across various levels (government, civil society, private sector, donors, etc.)?

	Comments	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

5A. If yes, do these mechanisms track expenditure on KP programs?

	Comments	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

5B. What percentage of the total budget allocated for KPs is spent?

	Please describe the types of activities or interventions funded	**Source**
☐ 0–5%		
☐ 6–20%		
☐ 20–75%		
☐ 75–100%		
☐ Don't know		

6. **Donor technical support:** What percentage of HIV services targeting KPs are supported by external technical assistance from donors?

	Please describe the type of technical assistance provided	**Source**
☐ 0–5%		
☐ 6–20%		
☐ 20–75%		
☐ 75–100%		
☐ Don't know		

6A. What percentage of technical assistance is required by civil society from donors?

	Comments	**Source**
☐ 0–5%		
☐ 6–20%		
☐ 20–75%		
☐ 75–100%		
☐ Don't know		

7. **Equitable distribution of funding:** Do donors assess the funding needs of civil society?

	Comments	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

7A. Do donors assess how effectively funds have been apportioned to ensure that responsive funding is equitably distributed among CSOs?

	Specify the process used	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

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8. Resource allocation process: Does the country government utilize a recognized data-driven model to inform the allocation of domestic (i.e., non-donor) public HIV resources?

	Please describe the model and its application	**Source**
☐ No		
☐ Yes: Spectrum		
☐ Yes: Goals		
☐ Yes: AEM		
☐ Yes: MOTL		
☐ Yes: Other		
☐ Don't know		

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9. Expenditure transparency: Does the country government make annual HIV expenditure data pertaining to KPs—or, at minimum, a summary of it—available to stakeholders and the public?

	Comments	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

9A. In what format is the data available (raw data, summary report, etc.)?

Comments	Source

9B. How frequently is the data disseminated?

☐ Daily

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Annually

☐ Other _____

Comments	Source

For Domain C, what are the country's main strengths in terms of transition readiness for KPs?

For Domain C, what priority areas need focused support to prepare the country for transition?

DOMAIN D
Strategic Information

What readiness looks like: Using local and national systems, the government collects, analyzes, and makes available timely, comprehensive, and high-quality HIV data (including epidemiological, economic/financial, and performance data) pertaining to key populations that can be used to inform policy, program, and funding decisions.

Domain D: Strategic Information and Monitoring and Evaluation (M&E)

1. **KP surveys and surveillance:** Does the government do any of the following?

1A. Lead and manage planning and implementation of KP epidemiological surveys and/or behavioral surveillance activities (size estimation studies, etc.)

	Comments	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

1B. Include KPs in the planning and implementation of KP epidemiological surveys and/or behavioral surveillance activities

	Please describe the level of partnership and engagement	**Source**
☐ Yes (definitive)		
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

1C. Fund KP epidemiological surveys and/or behavioral surveillance activities

☐ Yes (definitive)	**Comments**	**Source**
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

1D. Use data collected by civil society on KPs to inform national strategies and processes

☐ Yes (definitive)	**Please describe context in which this data was used**	**Source**
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

2. **Comprehensiveness of KP HIV data:** Does the government collect the following data disaggregated by KPs?

2A. National HIV prevalence and incidence data

☐ Yes (definitive)	**Comments**	**Source**
☐ Yes (moderate)		
☐ Yes (limited)		
☐ No		
☐ Unclear/don't know		

2B. Subnational HIV prevalence and incidence data

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

2C. Viral load data

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

2D. Service delivery for programs targeting KPs (by population, program, and geographic area)

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

3. Data sources and use: What data sources are used for collection of HIV information on KPs?

Comments	Source

4. Data analysis: Does the government routinely analyze service delivery data to measure program performance (i.e., continuum of care cascade, coverage, retention, AIDS-related mortality rates) among KPs?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments	Source

4A. What structures are in place to govern KP studies at the national level (e.g., national AIDS impact surveys)?

Comments	Source

4B. Are there KP focal points in national offices to coordinate the studies?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

4C. Are research committees and technical working groups overseeing studies inclusive of KPs?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

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5. Surveillance and survey transparency: Does the government ensure that HIV surveillance and survey data pertaining to KPs are made available to stakeholders and the general public?

☐ Yes (definitive)

☐ Yes (moderate)

☐ Yes (limited)

☐ No

☐ Unclear/don't know

Comments

Source

5A. If yes, in what format (raw data, summary report, etc.)?

Comments	**Source**

5B. How frequently is the data disseminated?

☐ Daily

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Annually

☐ Other _____

Comments	**Source**

For Domain D, what are the country's main strengths in terms of transition readiness for KPs?

For Domain D, what priority areas need focused support to prepare the country for transition?

Notes

Notes