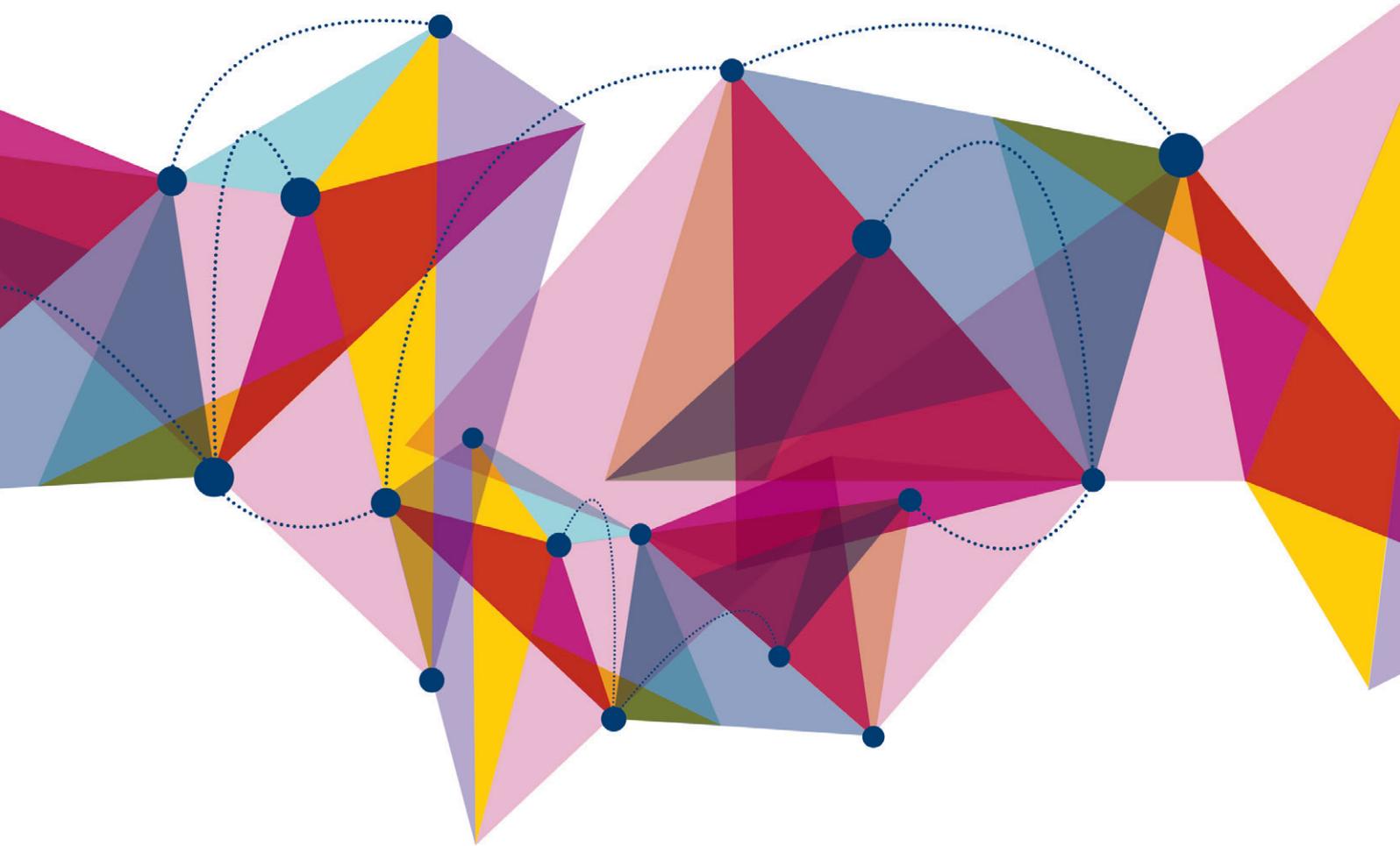


# KEY POPULATIONS ENGAGEMENT TOOL



GNP+ is part of the programme Bridging the Gaps – health and rights for key populations. Together with almost 100 local and international organisations, we have united to reach one mission: achieving universal access to HIV and sexually transmitted infection prevention, treatment, care and support for key populations, including sex workers, LGBT people and people who use drugs. Go to [www.hivgaps.org](http://www.hivgaps.org) for more information.



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# ABOUT THIS TOOL

## Background

The community of people living with HIV is extremely diverse. While our shared status and common goal of ensuring the right to health for all brought us together as a social movement, we all hold multiple identities and priorities. The range of roles we play in life includes mothers, fathers, children, gay men, people who use drugs, sex workers, transgender people, and other men who have sex with men (MSM), among others. Our community of people living with HIV includes people of different faiths and beliefs, races and ethnicities, and of different political persuasions and values, among other things. **Our diversity is a valuable asset in our collective work to claim our rights – together we are more powerful as one movement.**

For networks and organisations that represent the interests of people living with HIV, recognising and valuing this diversity is critical if we are to advance the health of people living with HIV in community and national health responses. Through the diverse inclusion and participation of people living with HIV in health decision-making – from financial planning to service delivery – we can ensure programmes and policies better work meet the needs of our communities. Despite great progress over the past 20 years in advancing the right of people living with HIV to participate, networks and organisations have not always taken measures internally to be sure they meaningfully engage, support and respond to the realities of some communities.

## What is this tool for?

This tool supports networks of people living with HIV to reflect on and strengthen levels of engagement with four key communities particularly affected and impacted by HIV. It focuses specifically on the **communities of MSM, transgender people, people who use drugs and sex workers**. The tool aims to provide a process through which levels of engagement and representation of these communities in national networks can be assessed, gaps identified and steps taken to strengthen engagement.

The tool is developed conscious of the very different contexts in which people living with HIV networks operate. As such, it doesn't assume that engaging with different communities is an easy and straightforward task. It recognises that social, political and cultural factors play a role in hindering or enabling engagement and that people living with HIV networks are often without adequate resources to facilitate and achieve broader levels of engagement they would hope. It is intended, however, to start dialogue and think about different ways of strengthening engagement, as well as identify areas where action could be taken to achieve that.

## Why is this tool important?

**This tool can strengthen your work!** By ensuring the meaningful participation and representation of key populations, your network will better serve the interests of people living with HIV and ensure your programmes reflect the needs of diverse communities. It also ensures you are putting human rights principles into practice.

## Who is this tool for?

This tool is primarily designed for networks of people living with HIV. However, any organisation working on HIV is also welcome to use this tool to ensure better representation of key population(s) within their organisation. This tool can be used to assess an entire organisation, or a particular department or section.

### Who are key populations?

For this tool, key populations are defined as, *“those most likely to be exposed to HIV or to transmit it – their engagement is critical to a successful HIV response i.e. they are key to the epidemic and key to the response. In all countries, key populations include PLHIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers ...”* (UNAIDS Terminology, 2011).

While the definition of key populations may differ depending on the epidemiological context, this tool narrowly focuses on the four populations mentioned above.

## How to use this tool

- The tool is quite simple; it is not meant to be a comprehensive analysis or assessment. It is a starting point only.
- It is not a test! There are no right or wrong answers.
- Consider having people at all levels of your organisation complete the tool. The process of going through the tool together and at the same time will ensure all perspectives are taken into account; it will also likely generate helpful discussions about how the organisation can better engage and work with key populations.
- This tool is in English – if you are going to translate it into another language, please be sure you are using the appropriate terms and non-stigmatising language.
- The tool can be printed out from this PDF or downloaded as an Excel document. Double click on the paperclip icon to save and download the Excel version.



### Problems or questions?

If you encounter difficulty completing the tool, please email:  
[KPEngagement@gnpplus.net](mailto:KPEngagement@gnpplus.net)

There is also a list of useful resources on page 6.

## What is in this tool?

The tool is in the form of a self-assessment workbook and includes the below sections:

- **General information:** fill in details of the network and those who participated in the assessment.
- **Context:** briefly describe and reflect upon the context with respect to HIV in your country or region.
- **Areas of engagement**
  - 1. Governance:** reflect on and assess the governance of the network with respect to representation and engagement of key populations.
  - 2. Organisational/Secretariat environment:** reflect on and assess organisational/secretariat staffing, recruitment and policies.
  - 3. Advocacy:** reflect on and assess levels of engagement in advocacy as well as whether key population issues are adequately included in the organisation's advocacy strategy.
  - 4. Programmes and projects:** reflect on and assess programmes and projects the network is currently implementing and how key populations are engaged in their development and implementation.
- **Barriers and obstacles to strengthening engagement:** briefly detail internal and external barriers to strengthening engagement.
- **Summary:** fill in your self-assessment scores in a summary table and identify priority areas where the network can take action to strengthen levels of engagement. It is suggested you pick three or four areas to work on to inform an action plan.

### Overview of the tool's areas of engagement for self-assessment

Areas of engagement			
1	2	3	4
Governance	Organisational/ Secretariat environment	Advocacy	Programmes and projects
Board representation	Staff	Strategy and activities	Key populations focus
Board selection	Stigma and discrimination	Key population representatives	Planning, implementation and evaluation
Board relationships	Staff sensitivity	Positions on rights	Priority setting
Board advocacy		Communication	Collaboration and partnerships

## Identifying follow-up actions

Below are two fictional examples of issues the tool might identify and possible appropriate follow-up steps to address them.

### Case study 1

#### Who?

A national network of people living with HIV

#### Context

The current HIV prevalence in this country is 0.01 for the general population, but higher in specific populations. For example, the prevalence among sex workers is 15 percent and among men who have sex with men 25 percent. While treatment is widely available in the country, there is a significant treatment gap for migrant workers, men who have sex with men (MSM) and sex workers. Sex work is heavily criminalised; same sex behaviour is criminalised but not actively enforced; and migrants cannot access national health services.

#### What the tool found

In light of the country's HIV epidemic, the national network decided two years ago to conduct advocacy on the health needs of sex workers living with HIV and MSM living with HIV. The network and board developed partnerships with the national network of sex workers and with an underground LGBTQ group (there was no national network of MSM), helped document human rights abuses, and then press statements calling attention to these human rights issues. However, the tool revealed that almost no sex workers living with HIV, migrants living with HIV or MSM living with HIV are actively participating in the national people living with HIV network.

#### Possible follow-up actions

- Develop a staff policy that hiring should take into account diversity, including people from key population communities. For the next staff recruitment period, make sure the job posting is widely circulated via the sex work, MSM and migrant health and HIV communities. Make a special effort to encourage people from these communities who fit the job description to apply.
- Hold a consultation with the network's major key population partners to identify what are the main barriers for people from their groups to participate. Identify ideas for how to increase participation and collaboration, such as where opportunities to get involved should be circulated, how to address confidentiality concerns due to the criminalization issues, whether the groups should have more regular in-person meetings to share information, and so on.
- Given the need to also reflect migrant HIV issues, form a programmatic reference group composed of key activists and advocates from this community. Seek their advice on what kind of advocacy or programme would be helpful to better meet the needs of this community, and how the community can be involved in developing, implementing and evaluation the programme.

## Case study 2

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### Who?

A regional network of young people living with HIV

### Context

In this region, young people aged 15–24 account for half of new HIV infections. Among these young people, young people who use drugs are particularly affected – they have a higher HIV prevalence than the general youth population and often lack access to health services. In addition, young women who inject drugs are harder to reach with health services and face additional sexual and reproductive health concerns.

### What the tool found

The regional network of young people living with HIV gathered confidential and voluntary information that revealed it has representation from young people who inject drugs, including two out of five Board members. However, men occupy the two Board seats. While the network's advocacy has included advocating for policies and programmes to respond to the needs of young people living with HIV who also inject drugs, there have not been specific advocacy actions or particular attention paid to young women who inject drugs.

### Possible follow-up actions

- Seek to transition an existing board seat to a representative from the community of young women who inject drugs over the next three months; in addition, create a longer-term policy about board representation that seeks to have a more proportional gender balance so that those most affected by HIV are adequately represented.
- Develop an issue brief on the needs of young women who inject drugs and are living with HIV to begin calling attention to this important issue; look at how existing programmes could incorporate the needs and issues of young women who inject drugs.

## USEFUL RESOURCES

Using this tool may spark questions or the desire for additional information that is not present in the tool. We have compiled some useful resources for you below that may address some of these questions.

### Health and human rights of key populations

- GNP+: *Operational Guidelines on Positive Health, Dignity and Prevention*. Available at: <http://www.gnpplus.net/resources/positive-health-dignity-and-prevention-operational-guidelines/>
- GNP+: *Sexual reproductive health and rights of key populations living with HIV*. Available at: <http://www.gnpplus.net/policy-briefs-key-populations-living-hiv-sexual-reproductive-health-rights/>
- GNP+: *Driving the HIV response: A community guide to the WHO 2013 Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection*. Available at: <http://www.gnpplus.net/who-community-guide-modules/>
- HIV Young Leaders Fund and Youth RISE: *Ain't I a woman? Recognizing and protecting the rights of young women who use drugs*. Available at: <http://www.youthrise.org/library/ain't-i-woman-recognizing-and-protecting-rights-young-women-affected-hiv-drug-use>
- International HIV/AIDS Alliance: *Nothing about us without us: Greater, meaningful involvement of people who use illegal drugs*. Available at: [http://www.aidsalliance.org/assets/000/000/376/310-1.-Nothing-about-us-without-us-Report-\(English\)\\_original.pdf?1405520211](http://www.aidsalliance.org/assets/000/000/376/310-1.-Nothing-about-us-without-us-Report-(English)_original.pdf?1405520211)
- Open Society Foundations: *Transforming Health: International Rights-Based Advocacy for Trans Health*. Available at: <http://www.opensocietyfoundations.org/reports/transforming-health>
- Open Society Foundations: *Laws and Policies Affecting Sex Work*. Available at: <http://www.opensocietyfoundations.org/briefing-papers/laws-and-policies-affecting-sex-work>
- Global Commission on HIV and the Law: *HIV and the law: Risks, rights and health*. Available at: <http://www.hivlawcommission.org/index.php/report>
- Men Who Have Sex with Men and HIV Global Forum Knowledge Hub: <http://www.msmsgf.org/index.cfm/id/312/Knowledge-Hub/>
- Global Network of Sex Work Projects: *Briefing Paper: The Voices and Demands of Positive Sex Workers*. Available at: <http://www.nswp.org/resource/briefing-paper-the-voices-and-demands-positive-sex-workers>
- Youth Coalition: *Meaningful Youth Participation: what it actually means for you, your work and your organization*. Available at: <http://www.youthcoalition.org/publication/meaningful-youth-participation-actually-means-work-organization/>

### Other resources

- Code of Good Practice for NGOs Responding to HIV/AIDS: <http://hivcode.org>
- International HIV/AIDS Alliance and GNP+: *Good practice guide: Greater involvement of people living with HIV*. Available in English, French and Spanish at: <http://www.aidsalliance.org/resources/283-good-practice-guide-greater-involvement-of-people-living-with-hiv>
- International HIV/AIDS Alliance and ICASO: *Measuring Up: HIV-related advocacy evaluation training pack*. Available in English, French and Vietnamese at: <http://www.aidsalliance.org/resources/340-measuring-up-hivrelated-advocacy-evaluation-training-pack>

# KEY POPULATIONS ENGAGEMENT TOOL

## GENERAL INFORMATION

### Main organisation contact details

Network name	<input type="text"/>		
Country or region	<input type="text"/>		
Name of person completing the assessment	<input type="text"/>		
Position of person completing the assessment	<input type="text"/>		
Email address	<input type="text"/>		
Mobile number	<input type="text"/>	Date of assessment	<input type="text"/>

### Other assessment participants

1. Name	<input type="text"/>	Position	<input type="text"/>
2. Name	<input type="text"/>	Position	<input type="text"/>
3. Name	<input type="text"/>	Position	<input type="text"/>
4. Name	<input type="text"/>	Position	<input type="text"/>
5. Name	<input type="text"/>	Position	<input type="text"/>

# CONTEXT

## Guiding questions

### What is the context of HIV and AIDS in your country or region?

1. Very briefly describe the HIV and AIDS epidemic in your country or region. What is the current prevalence? What is the current level of treatment coverage? No need for an essay here! Just bullet points is absolutely fine!

2. Which communities are most impacted by HIV and AIDS? Does everyone have the same level of access to health and HIV services?

### Communities of people who use drugs, sex workers and men who have sex with men

1. Thinking about these communities specifically, are there particular barriers or obstacles that hinder their access to health and HIV services? What are they?

# AREAS OF ENGAGEMENT

1. Governance					
Assessment area	Level 1	Level 2	Level 3	Level 4	Input Level here
<b>1.1 Board representation</b>	Key population representatives are not represented on the Board and there is no or limited board level discussion on their issues	Key populations are not represented on the Board but representatives are consulted	There is representation of some key populations on the Board but this does not currently reflect the entire diversity of key populations	All key populations in your context are represented at the Board level and specific issues facing them are regularly discussed	<input type="checkbox"/>
<b>1.2 Board selection</b>	There is no Board policy ensuring representation of key populations	There is a Board policy on consultation with key populations but not representation	There is no formal policy on representation of key populations but Board selection considers diversity	There is a clear policy requiring key population representation at the Board level.	<input type="checkbox"/>
<b>1.3 Board relationships with key population networks/representatives</b>	The Board has no established relationships communication or dialogue with key population networks, organisations or individuals (where organisations/networks don't exist)	There is informal discussion and dialogue between Board members and key population networks, organisations or individuals (where organisations/networks don't exist)	The Board regularly communicates with representatives from some key population networks, organisations, or individuals (where organisations/networks don't exist)	The Board has strong relationships with primary key population networks, organisations or individuals (where organisations/networks don't exist) and regularly consults with them on issues	<input type="checkbox"/>
<b>1.4 Board advocacy</b>	The Board does not undertake any advocacy relating to people living with HIV from key populations	The Board considers issues affecting people living with HIV from key populations in general advocacy activities but does not actively or publically pursue specific advocacy	The Board considers issues affecting people living with HIV from key populations only as they arise and acts to publically and actively pursue advocacy activities specific to these populations	The Board pro-actively works to identify specific issues facing people living with HIV from key populations and acts to publically and actively pursues advocacy activities specific to these populations	<input type="checkbox"/>

## 1. Governance

Assessment area	Level 1	Level 2	Level 3	Level 4	Input Level here
<b>1.5 Network membership</b>	Membership of the network does not include representatives from key populations	It is not known whether membership of the network includes representatives from key populations	Membership of the network includes representation from some key populations	The range of key populations are represented in the network membership and the network actively seeks this	<input type="checkbox"/>

### Additional comments

## 2. Organisational/Secretariat environment

Assessment area	Level 1	Level 2	Level 3	Level 4	Input Level here
<b>2.1 Secretariat policies – staffing</b>	The network secretariat has no policies regarding employment of key populations and does not recruit staff from these communities	The network secretariat has no policies regarding employment of key populations but considers diversity in recruitment	The network secretariat has no policies regarding employment of key populations but actively seeks to recruit from these communities	The network secretariat has clear policies regarding staffing diversity including key populations and applies these in all recruitment processes	<input type="checkbox"/>
<b>2.2 Secretariat policies – stigma and discrimination</b>	The network secretariat has no policies in place which protect members of key populations from stigma and discrimination in the workplace	The network secretariat has no formal policies in place which protect members of key populations from stigma and discrimination in the workplace but deals with matters on a case by case basis	The network secretariat has no formal policies in place which protect members of key populations from stigma and discrimination in the workplace but there is an agreed and consistent process in place to address these matters	There are clear policies and processes in place protecting key populations from stigma and discrimination in the workplace and applies these when necessary	<input type="checkbox"/>
<b>2.3 Secretariat – staff sensitivity</b>	The network secretariat does not provide to staff any training or support on understanding the priorities and rights of key populations	The network secretariat does not provide to staff any formal training on understanding the priorities and rights of key populations but works to develop these understanding informally	The network secretariat provides staff training on understanding the priorities and rights of key populations	The network secretariat provides staff training on understanding the priorities and rights of key populations and actively supports staff to consider these in all aspects of the organisations work	<input type="checkbox"/>

### Additional comments

### 3. Advocacy

Important note! When considering advocacy issues, please take into account legal and policy issues that affect health and rights, such as the criminalisation of sex work, drug use and same sex relationships.

Assessment area	Level 1	Level 2	Level 3	Level 4	Input Level here
<b>3.1 Advocacy strategy and activities</b>	Issues facing people living with HIV from key populations are not considered in the network advocacy strategy and/or activities at all	Issues facing people living with HIV from key populations are not considered in the network advocacy strategy and/or activities but are sometimes included	Issues facing people living with HIV from key populations are not considered in the network advocacy strategy and/or activities but are often included	Issues facing people living with HIV from key populations are clearly articulated and always considered in the network advocacy strategy and/or activities	<input type="checkbox"/>
<b>3.2 Engagement with key population representatives in advocacy</b>	The network does not engage with key population networks, organisations or representatives in the planning and conduct of advocacy	The network occasionally engages with key population networks, organisations or representatives in the planning and conduct of advocacy	The network consults with and engages with key population networks, organisations or representatives in the planning and conduct of advocacy	The network always consults with engages with key population networks, organisations or representatives in the planning and conduct of advocacy and ensures that population specific issues are identified and pursued	<input type="checkbox"/>
<b>3.3 Network positions on key population rights to health and HIV services</b>	The network has no stated position on the rights of key populations to equitable access to health and HIV services	The network has no stated position on the rights of key populations to equitable access to health and HIV services but is supportive	The network has a stated position on the rights of key populations to equitable access to health and HIV services but does not externally/publically make this position clear	The network has a stated and public position on the rights of key populations to equitable access to health and HIV services and actively pursues this agenda in collaboration with key population networks, organisations and representatives	<input type="checkbox"/>

### 3. Advocacy

Important note! When considering advocacy issues, please take into account legal and policy issues that affect health and rights, such as the criminalisation of sex work, drug use and same sex relationships.

Assessment area	Level 1	Level 2	Level 3	Level 4	Input Level here
<b>3.4 Network communication with key populations</b>	The network does not share information and knowledge with key population networks, organisations or representatives	The network shares some information and knowledge with key population networks, organisations and/or representatives but does so informally	The network shares information and knowledge with key population networks, organisations and/or representatives on a regular basis	The network actively works with key population networks, organisations and/or representatives with information and knowledge shared both ways	<input type="checkbox"/>

**Additional comments**

## 4. Projects and programmes

Assessment area	Level 1	Level 2	Level 3	Level 4	Input Level here
<b>4.1 Projects and programmes with key populations</b>	The network has no projects or programmes that include key populations	The network has programmes and projects in which key populations may be involved	The network has programmes and projects that include some focus on issues and needs of key populations	The network has programmes and projects that are focussed specifically on issues and needs of key populations	<input type="checkbox"/>
<b>4.2 Engagement in planning, implementation and evaluation</b>	Key populations are not consulted or engaged in any aspect of project or programme development	Key populations are sometimes consulted and engaged in some aspects project and programme development	Key populations are always consulted and engaged in some aspects of project and programme development	Key populations are always consulted and engaged in all aspects of project and programme development and play key roles in oversight and implementation	<input type="checkbox"/>
<b>4.3 Project and programme priority setting</b>	Key populations are not involved in determining network projects and programme priorities	Key populations are sometimes involved in determining network project and programme priorities	Key populations are always involved in determining network project and programme priorities	The network has in place processes and mechanisms through which key populations determine themselves project and programme priorities	<input type="checkbox"/>
<b>4.4 Coordination, collaboration and partnerships with key population networks</b>	The network does not communicate, coordinate, collaborate, and/or partner with key population networks in any project or programme	The network communicates with key population networks in some projects or programmes but does not actively coordinate and/or collaborate	The network coordinates, collaborates with key population networks in some projects or programmes	The network actively seeks to develop, coordinate and collaborate projects and programmes with key population networks and organisations	<input type="checkbox"/>

**Additional comments**

# BARRIERS AND OBSTACLES TO STRENGTHENING ENGAGEMENT

## Guiding questions

**What major internal barriers exist to strengthening key population engagement and representation in the network**

**Internal:** Describe here any internal barriers that exist with respect to strengthening key population engagement and representation in the network. These can include a lack of human resources, reluctance of broader membership to address the issue etc.

**What major external barriers exist to strengthening key population engagement and representation in the network**

**External:** Describe here any external barriers that exist with respect to strengthening key population engagement and representation in the network. These can include environmental contexts such as criminalisation of certain communities, high levels of broad societal stigma and discrimination

# SUMMARY

Key population engagement summary			
Areas of engagement (Refer back to your worksheets)	Assessment rating levels	Prioritisation of assessment findings	Assessment finding averages
<b>1. Engagement of key populations in network governance</b>			
1.1 Board representation			
1.2 Board selection			
1.3 Board relationships with key population networks/representatives			
1.4 Board advocacy			
1.5 Network membership			
<b>2. Organisational/Secretariat environment</b>			
2.1 Secretariat policies – staffing			
2.2 Secretariat policies – stigma and discrimination			
2.3 Secretariat – staff sensitivity			
<b>3. Advocacy</b>			
3.1 Advocacy strategy and activities			
3.2 Engagement with key population representatives in advocacy			
3.3 Network positions on key population rights to health and HIV services			
3.4 Network communication with key populations			
<b>4. Projects and programmes</b>			
4.1 Projects and programmes with key populations			
4.2 Engagement in planning, implementation and evaluation			
4.3 Project and programme priority setting			
4.4 coordination, collaboration and partnerships with key population networks			

## About GNP+

GNP+ is the global network for and by people living with HIV. As the only global network working with all people living with HIV, GNP+ partners with independent and autonomous regional and national networks of people living with HIV in all regions as well as networks that include people living with HIV, including key population and treatment access networks. Under the central theme **Reclaiming Our Lives!**, GNP+ implements an evidence-informed advocacy programme focused on:

- Empowerment
- Human rights
- Positive Health, Dignity and Prevention
- Sexual and reproductive health and rights of people living with HIV.

For more information visit: [www.gnpplus.net](http://www.gnpplus.net)

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