

Undertaking a Rapid Assessment of Information on Human Rights-related Barriers to HIV and TB Services: Guidance and Tools

12 January 2023



1. Introduction	3
2. Background	4
Scope	4
Purpose and objectives of conducting a rapid assessment	4
Expected results	5
Who should conduct a rapid assessment?	6
How long will the process take and what will it cost?	6
Getting additional assistance	6

3. How to Conduct a Rapid Assessment	7
Step 1: Decide what information needs to be collected	7
Step 2: Prepare the data collection plan	8
Step 3: Collect and analyze the data	12
Step 4: Prepare and share a summary report	14

4. List of Abbreviations and Acronyms	16
5. Annexes	17
Annex A: Document review Guide	17
Annex B: Key informant interview guide	18
Annex C: Additional resources	20

1. Introduction

Under the [2023-2028 Strategy](#), the Global Fund to Fight AIDS, Tuberculosis and Malaria has affirmed its commitment to removing human rights-related barriers to HIV, TB and malaria services. The Strategy reiterates and reinforces the imperative to maximize health equity, gender equality and human rights by deepening the integration of these dimensions across all HIV, TB and malaria interventions, including through expanding the use of data to identify and respond to inequities, scaling up comprehensive programs to remove human rights and gender-related barriers, and leveraging the Global Fund's voice to challenge harmful laws, policies and practices.

Aligned to this commitment, the Global Fund will enhance and extend the ways in which it supports all countries to scale-up, strengthen and sustain efforts to achieve health equity, gender equality, and to reduce and remove human rights barriers to HIV, TB and malaria services. This includes revised guidance to applicants, in which countries are required or encouraged to provide information on human rights-related barriers to services, and on the state of current efforts to reduce or remove these barriers for the most affected populations.

For the 2023-2025 allocation cycle, information on country-led efforts to remove human rights-related barriers to access to HIV and TB services is needed for some or all of the following:

- a. The Essential Data tables, in particular the sections on Program Essentials.
- b. Sections in the funding request template that require countries to provide information on human rights-related barriers and efforts to address them.
- c. Requirements for applicants to provide assessments of human rights-related barriers, where available, as an annex to the funding request submission; and
- d. For countries eligible to apply for human rights matching funds, to fulfill programmatic conditions to assess barriers and to establish baseline scores for the current programmatic responses.¹

This guidance and the accompanying tools have been prepared to support countries to gather and analyze required or recommended information on the nature of human rights-related barriers to HIV and TB services, and opportunities to enhance programming to address or remove the barriers.² The document provides step-by-step advice on how to conduct a **rapid assessment** of information on human rights-related barriers to HIV and TB services, the state of existing programs and on progress to reduce or remove the barriers. The information gathered through the assessment can then be used to support the requirements noted above and, if needed, to generate a **rapid assessment report** with recommendations for strengthening and sustaining work to address and remove barriers.

¹ Link to guidance on how to set baselines and assess progress under KPI E1 (under development)

² The [Malaria Matchbox Tool](#) has been developed to gather and assess information on human rights-related barriers to malaria services.

2. Background

Scope

In the 2023-2028 Strategy, the Global Fund is committed to supporting countries to scale up comprehensive programs and approaches to remove human rights-related barriers to HIV and TB services. In line with the Strategy, all funding requests should be informed by an assessment of existing human rights-related barriers, programs/interventions that already exist to address them, and priority programs for inclusion in the funding request to comprehensively address barriers for key and vulnerable populations. Please note that:

- Applicants may use existing assessments of human rights-related barriers to HIV and/or TB services to meet these requirements.
- If recent, relevant assessments are not already available, applicants should consider undertaking a new assessment of human rights-related barriers. The guidance can be used to undertake a full rapid assessment and should be used together with the Funding Request Instructions, the Applicant Handbook, the Essential Data Tables, the Modular Framework Guide, the HIV and TB Information Notes and the Technical Briefs on human rights and gender equality for the two diseases. Additional resources that may be useful are listed at **Annex C**.

Beyond the specific requirements of the funding application, conducting an assessment improves knowledge and understanding more generally across all stakeholders in national HIV and TB responses of the presence of human rights-related barriers and opportunities to strengthen and scale-up efforts to reduce or remove them.³ This information can inform the revision or development of new, national strategic plans for HIV or TB, particularly to strengthen their human rights and gender-related components, or for the development of costed action plans, such as a TB Community Rights and Gender (CRG) Action Plan, for example.

Purpose and objectives of conducting a rapid assessment

The general **purpose** of conducting a rapid assessment is to gain an overview or 'snap shot' of where human rights-related barriers are present in the country, which individuals or groups they most affect in terms of access to HIV or TB services, what programs exist to reduce, monitor or remove such barriers, and what opportunities are available for scaling up

³ Information gathered through the rapid assessment could also help country stakeholders track progress towards attaining the goals and targets of the *Global AIDS Strategy 2021-2026: End Inequality, End AIDS*; the *2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030*; the *WHO's End TB Strategy 2016-2035*; the *Stop TB Partnership's Global Plan to End TB 2023-2030*; and the *2018 Political Declaration of the UN General-Assembly High-Level Meeting on the Fight Against Tuberculosis*

these programs towards a more comprehensive response.⁴ The more specific **objectives** for conducting a rapid assessment may include the following:

- a. To gather and assess information on human rights-related barriers to HIV and TB services and which individuals or groups are most affected by the barriers.
- b. To map current programs or interventions attempting to reduce, monitor or remove the barriers.
- c. To gather and assess information on human rights-related program essentials for country responses to HIV and TB.
- d. To identify opportunities to strengthen and scale up current programs in order to achieve more comprehensive responses.

Expected results

Conducting a rapid assessment can lead to some or all of the following results depending on the amount of information that is needed, the resources and time available, and the broader aims of countries for conducting an assessment in the first place.

For all applicants:

- Having sufficient information at hand to complete the program essentials sections of the Essential Data Tables.
- Having sufficient information at hand to complete relevant sections of the Funding Request template where human rights or equity-related information is requested or recommended.

For countries eligible for human rights matching funds:

- Having sufficient information to inform the scoring of current state of programs, to establish a baseline during the country dialogue for the funding request development, and to assess progress on annual basis.⁵

For all applicants where there is sufficient time and resources available:

- A concisely written analysis (5-8 pages) of the state of human rights-related barriers to HIV and TB services and current efforts to reduce or remove the barriers that can accompany the funding request, and priority actions for scaling-up programs towards comprehensive responses that can further strengthen and scale-up collective efforts to reduce or remove barriers to services.

⁴ A explanation for the importance of aiming for 'comprehensive responses' in programs to reduce barriers is given in the [Technical Brief: Removing Human Rights Related Barriers to HIV](#).

⁵ These requirements are explained in more detail in forthcoming guidance for selected countries on KPI E1.

Who should conduct a rapid assessment?

Like all Global Fund processes, conducting a rapid assessment should be participatory and inclusive, particularly of representatives of those key and vulnerable populations which are most affected by human rights-related barriers to services. Assessments should also be fully inclusive of those community actors who are often the most engaged in programming to reduce or remove barriers. Given its importance to the funding application, the Country Coordinating Mechanism will have the primary role to determine whether a rapid assessment should be conducted. National HIV/AIDS programmes, national TB programmes and other relevant stakeholders should be involved in this deliberation. The discussion should consider which modalities could be used, such as an existing national structure (a Human Rights Technical Working Group or National Human Rights Steering Committee, for example) or by engaging external technical support. Countries are encouraged to consult their Global Fund Country Teams, the Community Rights and Gender (CRG) Department at the Global Fund, as well as with technical partners such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) or the Stop TB Partnership, to determine the best approach.

How long will the process take and what will it cost?

The rapid assessment process described in this guide is meant to be completed using existing sources of data and information from documents or specific country stakeholders with knowledge regarding human rights-related barriers. It can be a **two-to-three-week** process, or it may be longer or shorter depending on the country context and the amount of information that may already be available. The process largely relies on desk review methods and virtual engagement so that it can be completed rapidly and efficiently, as well as be integrated with other processes for preparing funding request submissions, including programme reviews, revising national strategic plans, preparing costed actions plan such as a TB CRG Action Plan, or as part of Country Dialogue processes. The costs associated with the rapid assessment will largely apply to paying for a consultant's time for reviewing documents, conducting interviews and consultations, analyzing information and writing reports.

Getting additional assistance

Some countries and stakeholders may be more advanced than others in their technical capacity to complete a rapid assessment, as well as to plan and implement programs to reduce or remove human rights-related barrier. Additional support is available to better understand human rights-related barriers and the programs needed to reduce or remove them. There are additional resource documents (see **Annex C**). There may also be technical assistance through the CRG Department of the Global Fund, Stop TB Partnership, the UNAIDS Technical Support Mechanism, Expertise France or the GIZ Back Up Initiative, among others.

3. How to Conduct a Rapid Assessment

A rapid assessment can be undertaken by following the **four steps** described in this section. An overview of the steps is shown below:



Step 1: Decide what information needs to be collected

To begin the rapid assessment process, it is important to first identify what information you may need to collect. To do this, consider the following:

- a. **Review the program essentials sections for HIV and TB in the Essential Data Tables, particularly those related to human rights. These are listed below:**

Program essentials for HIV⁶

19. HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers.
20. Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.
21. Legal literacy and access to justice activities are accessible to people living with HIV and key populations.
22. Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.

Program essentials for TB

- 5.5 All TB programming must be human rights-based, gender-responsive and informed by and respond to analysis of inequities; and include stigma and discrimination reduction activities for people with TB and TB-affected populations; legal literacy and access to justice activities; as well as support for community mobilization and advocacy and community-led monitoring for social accountability.

⁶ Program essentials for HIV and TB are described in the respective Information Notes and the Technical Briefs on human rights and gender equality for the two diseases.

For each program essential, the “Data Table requests” answers to two questions (using the optional answers in the drop-down menus provided in the table):

- (i) Are all elements of a supportive environment⁷ for effective operationalization of the program essentials in place?
 - (ii) What is the implementation status? For the planning of the rapid assessment, consider what information is currently available regarding the program essentials and the two questions, and where you can obtain what is needed.
- b. Consider other human rights-related indicators in the data table** that are part of the Global AIDS Monitoring System.⁸ These include indicators on stigma and discrimination, for example, as well as on certain laws and policies.
- c. Review the Funding Request Template, the Instructions, the Applicant Handbook and the Modular Framework Handbook to identify the areas where information on human rights-related barriers is either required or recommended.** Consider how much of this information is currently available and how much may need to be collected through the rapid assessment.
- d. Review the HIV and TB Information Notes, and the Technical Briefs on human rights and HIV and TB.**⁹ Doing this ensures that there is a good understanding of what is meant by human rights-related barriers and programs to reduce or remove barriers. These materials may suggest additional opportunities for scaling up programs to reduce or remove barriers. The rapid assessment can then be used to gather information on these additional barriers and the opportunities to address them that may not be currently included in country responses to HIV or TB.¹⁰

Once these tasks are completed, it should be possible to identify which information gaps should be addressed by the rapid assessment. This will then inform the next step of preparing the data collection plan.

Step 2: Prepare the data collection plan

Information on human rights-related barriers and programs to reduce or remove them can come from three main sources: i) documents, ii) data sets and iii) individuals or key informants with knowledge or experience in these areas.

⁷ These elements are defined as: 1) a recent assessment of human rights-related barriers; 2) a country-owned, costed plan/strategy to reduce barriers; and 3) an oversight mechanism to oversee implementation.

⁸ These data are available at: <https://aidsinfo.unaids.org/>

⁹ For TB, the Stop TB Partnership provides a wealth of resources. These include the Integrated TB CRG Assessment Protocol, the TB Stigma Assessment, the TB CRG Action Plan Guidance and Template, and the TB CRG Investment Packages. You can also review an analysis of barriers that have been most frequently identified across countries including accessibility, availability, acceptability and quality of TB services; stigma and discrimination; privacy, confidentiality and health related freedoms; gender; key and vulnerable populations; participation of TB survivors; and remedies. See **Annex C** for further details.

¹⁰ For example, findings from the rapid assessment support with prioritisation of interventions to be included in the Funding Request or the PAAR. It could be the case, for example, that more investments are needed to address stigma and discrimination in the provision of health services and that such interventions should therefore be prioritised in the funding request process.

The table below gives examples of each of the main sources.

Documents	Data sets	Key informants
<ul style="list-style-type: none"> • National strategic plans • PLHIV Stigma Index reports, TB Stigma Assessment reports, or TB Community Rights and Gender (CRG) Assessment reports • HIV and TB programme reviews or evaluations • Global Fund documents (funding requests, performance update/disbursement requests [PUDRs], other progress reports submitted by Principal Recipients [PRs] or Sub-Recipients [SRs]. • Legal environmental assessments • Previous assessment of human rights and gender-related barriers to services • Donor reports (such as for the Global Fund or PEPFAR) • Program or service guidelines, including those specifically addressing key and vulnerable populations 	<ul style="list-style-type: none"> • Integrated Bio-Behavioral and Surveillance (IBBS) survey reports • Population-based HIV impact assessment (PHIA) reports • Global AIDS Monitoring (GAM) data • UNAIDS key populations atlas (https://kpatlas.unaids.org) • Community-led monitoring [CLM] data, including OnImpact dashboard data for TB • One Impact data for TB • Stop TB Partnership country profiles for national TB responses • WHO country data from World TB Reports • PLHIV Stigma Index survey data • TB Stigma Assessment data • UNHCR or UNOHCA data sets 	<ul style="list-style-type: none"> • Members of human rights working groups, steering committees, or other coordination mechanisms. • Programme managers of HIV or TB programmes. • Human rights focal points in the Ministry of Justice or other relevant ministries. • Human rights, HIV or TB focal points in police or prisons services. • Representatives of key and vulnerable populations. • Representatives from KP-led organizations or networks. • Employees or representatives from networks of people living with or affected by HIV/TB • Employees or representatives from organizations working on human rights priorities. • Employees or representatives from organizations working to address the health and rights of key and vulnerable populations. • Technical partners and donors¹¹

¹¹ A non-exhaustive list of technical partners and donors may include the Global Fund, UNAIDS, UNDP, WHO, UNFPA, Stop TB Partnership, RBM Partnership, UN Women, USAID, CDC, PEPFAR, UNHCR and OHCHR.

Data collection for a rapid assessment involves three main activities:

- **Document collection and review:** All relevant sources are collected and reviewed, and information summarized that addresses the information needs for the rapid assessment. Sometimes whole documents will be relevant and useful, other times it will only be certain sections of documents. It is also useful to look at footnotes and reference lists for any clues on additional sources that may be important. A sample Document Review Guide is included at **Annex A**.
- **Data abstraction:** Some data sets will directly address human rights-related barriers or there may be parts of data sets with this information. IBBS surveys sometimes include questions on experiences of stigma or discrimination in different settings, physical or sexual violence, or other human rights violations. IBBS and PHIA data can provide insights on the degree of inequity (differences in rates of coverage of HIV treatment and viral suppression, for example) between members of key population groups and members of the general population. GAM data also include values for human rights indicators on stigma and discrimination experienced by PLHIV and members of key populations, and on the existence of both problematic laws and policies, such as criminalization, and protective laws and policies, such as legal provisions against HIV-related stigma and discrimination. Finally, there may be CLM data on experiences with health services or the frequency and extent of human rights challenges.
- **Key informant interviews:** Individuals with expertise or experience regarding human-rights-related barriers can be interviewed using an interview guide. Sometimes, individuals can be interviewed together as a group discussion. Interviews can be done face-to-face, virtually, or by email (where an individual provides written responses to a set of questions). A sample Interview Guide is included at **Annex B**. Informed consent is required before individuals are interviewed. A specific consent is required if the interview is to be recorded. Regardless of the type of key informant, being aware of safety and security concerns is essential. Any key informants – especially those from key populations or members of criminalized or highly stigmatized or marginalized groups – should never be placed at personal risk for their participation in the rapid assessment, either through physical threats or through breach of confidentiality.

For a rapid assessment, the primary focus is usually on documents and data sets. Key informants are generally included only to the extent that they can address important gaps in these other two sources of information.

To develop the data collection plan, consider the example below.

Information needed	Potential data sources or key informants	Contact details for documents/data	Schedule
HIV program essential 19 – detail on supportive environment & implementation status	<p>Documents:</p> <ul style="list-style-type: none"> • 2021 HIV National Programme review report • Routine progress updates (from Global Fund and PEPFAR implementers) on implementation of HIV programs for KPs • PEPFAR Country Operational Plans for 2020 & 2021 • PEPFAR annual reports for 20 & 21 <p>Data sets:</p> <ul style="list-style-type: none"> • 2020 IBBS of key populations (MSM, sex workers, PWID) • Quarterly CLM reports for 2020-2021. <p>Key informants:</p> <ul style="list-style-type: none"> • Co-chairpersons of national Technical Working Group on HIV and Key Populations 	<ul style="list-style-type: none"> • Manager, National HIV Programme (program review document, IBBS report) • ED, National KP Consortium (CLM reports) • SR 2: National KP Consortium • SR 3: FHI360 	March 1-15
TB program essential 5.5 – detail on supportive environment & implementation status	<p>Documents:</p> <ul style="list-style-type: none"> • 2021 Programme review report of national TB response • 2019 Legal environmental assessment for TB • 2020 TB CRG Assessment and Costed Action Plan • Global Fund progress reports (status of current activities addressing human rights barriers for TB) <p>Data sets:</p> <ul style="list-style-type: none"> • WHO country profile data 2021 • Stop TB Partnership data 2021 • OnImpact CLM data <p>Key informants:</p> <ul style="list-style-type: none"> • Chairperson, National Coalition of TB Survivors • ED, Network of Lawyers for Human Rights and TB 	<ul style="list-style-type: none"> • Manager, National TB control programme (programme review, legal environmental assessment) • Project Manager, The Union (PR reports) • Community First Responder for CLM 	March 1-15

Step 3: Collect and analyze the data

At this stage, the data collection proceeds according to the plan. Often activities will overlap as the collection of documents or data continues at the same time as the key informant interviews, for example.

To be efficient, data analysis can also begin even though not all data collection activities may be completed. One way to do this is to use the technique called a *data display table*. This technique helps to summarize and organize information according to the main topics or types of information needed. As information is collected, from documents, data sets or interviews, it is summarized in the relevant cells. An example of a data display table is shown below.

Potential information sources			
HIV program essential 19	2021 HIV programme review	2020 IBBS	Interview with Director, National HIV Programme
	Report shows progress made to reach MSM and FSW with HIV interventions (quantitative, qualitative data); however, does not indicate whether any human rights components are included.	Includes data on experiences of stigma & discrimination in health care and reluctance to use health services. Data on other human rights violations (arrests, physical/sexual violence) are also included.	Director noted that only CSOs are providing 'know your rights' and paralegal interventions. The Ministry does not believe it has a mandate to address human rights issues. He was aware that there are challenges with some health workers/facilities and agreed that something should be done.
TB program essential 5.5	2021 TB programme review	TB legal environmental assessment	Interview with Chairperson, Coalition of TB survivors
	Report includes section on addressing TB stigma and discrimination, privacy and confidentiality and psychosocial support, through community engagement led by CSOs. Also describes roll-out of TB patient charter and Declaration of the Rights of People Affected by TB. No progress to revise public health statute regarding involuntary detention. Report does not mention TB in prisons or other closed settings.	Report includes section on efforts to revise public health statute and reasons for delays. Also discusses challenges for health workers to benefit from workplace health and safety provisions. Identifies that no legal provisions exist to address TB-related discrimination. Report states that health regulations in prisons are outdated and the National Prisons Service is slow to update them.	Spoke about work under current Global Fund grant where TB survivors are deployed in communities for community mobilization and stigma and discrimination reduction. Only covers a portion of communities however, and stipends are very low. Stated that National TB Control Programme was committed to address human rights-related barriers but lacked technical capacity to do more, including through developing a national, costed TB CRG Action Plan.

Using a data display table allows for the progress of data collection to be continuously assessed. It can help to show where there may be gaps in information, meaning that additional documents may need to be found or additional individuals to be interviewed. It can also help to show when sufficient data has been collected and new documents or individuals are not bringing new information or perspectives to the analysis.

Once the data display table is complete, it can be analyzed and summarized to bring out key themes and relationships across the different information sources. Here are some questions to help guide the analysis of the data:

- What are the main human rights-related barriers to HIV and TB services? Which groups are most affected by these barriers? How are they affected?
- For each of the program essentials, what interventions have been implemented/are being implemented to address or remove barriers? What is the level of coverage of these interventions and who are the beneficiaries? Who is funding these interventions? What is the evidence that they are effective to reduce or remove barriers?
- What other programs areas and interventions (if any) are being implemented to address human rights-related barriers?
- What are the gaps for programs to address barriers? Are there barriers or populations that are not addressed by current efforts?
- Where are the opportunities to strengthen and scale-up interventions to reduce barriers, including through integration within broader health programs addressing key and vulnerable populations, for example?

There may be other areas to explore as you become more familiar with your data and as your analysis evolves.

Step 4: Prepare and share a summary report

After completing the data analysis, the findings of the rapid assessment can be shared in a summary report (recommended 5-8 pages in length). The findings can be organized under the following headings:

- Summary of the progress of HIV and TB responses and any evidence of inequities (or groups or individuals 'left behind').
- Summary of human rights-related barriers to HIV and TB services and who is affected by the barriers.
- Status of each of the program essentials (addressing both questions from the Essential Data Table, for example).
- Status of other efforts to address and remove barriers.
- Opportunities for strengthening/scaling up effort to reduce barriers (including through introducing new interventions).

- Recommendations.¹²
- List of documents/data sources.
- List of individuals interviewed.

The purpose of sharing the results is to foster full stakeholder engagement in the rapid assessment process, to check that the findings and recommendations are aligned to stakeholder experiences and expectations, and that there are no significant gaps in either the data or the findings.

Ideally, the findings report should present a well synthesized analysis of the main information needs included in the rapid assessment, and in a format accessible to a variety of readers or potential users of the information.

Finally, recommendations should be as specific and as clear as possible, identifying what should be done, by whom and over what time frame.

¹² For tuberculosis, it is important to consider that the *Global Plan to End TB 2023-2030*, which guides countries on how best to achieve the 2018 Political Declaration Targets and Commitments, calls on all countries to: 1) undertake a TB CRG Assessment; 2) develop a TB CRG Action Plan; 3) integrate this plan in the national strategic plan for TB NSP; and, 4) fully fund this plan. These required actions should be considered as recommendations (and for prioritisation in the funding request) if they are not already being addressed.

4. List of Abbreviations and Acronyms

AIDS	Acquired immunodeficiency syndrome
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CLM	Community-led monitoring
CSO	Civil society organization
GAM	Global AIDS Monitoring
HIV	Human immune deficiency virus
IBBS	Integrate bio-behavioral surveillance
KP	Key populations
MSM	Men who have sex with men
OHCHR	United Nations Office for the High Commissioner for Human Rights
PEPFAR	United States President's Emergency Plan for AIDS Relief
PR	Principal Recipient
PUDR	Performance update and disbursement request
PWID	People who inject drugs
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United State Agency for International Development
WHO	World Health Organization

5. Annexes

Annex A: Document review Guide

Date:	Reviewer:
Document Name:	Source:
Barriers/Program Areas/Program essentials: [List which topics areas are addressed by the document/source.]	
Main findings: [Summarize the content of the document, using bullet points, that is related to the topics indicated above. Also indicate key achievements and challenges.]	
Issues/questions for additional investigation: [List any issues raised by the document that should be considered for additional investigation as the rapid assessment proceeds. For example, a document may identify an issue of poor coverage or uptake of services for a specific population but not necessarily explain why this occurs. Or, a document may highlight exceptional performance, and this should be documented in more detail as a potential innovation or best-practice. In either case, it would be helpful to interview someone connected with the document to try to obtain more information.]	

Annex B: Key informant interview guide

[This is sample. Please edit to reflect your country's information.]

The Global Fund program in [Country X], in collaboration with the National HIV/AIDS Control Agency, the National AIDS and STI Control Program, the National TB and Leprosy Control Programme, and other key stakeholders, is supporting a rapid assessment of efforts to address and remove barriers to TB and HIV services for key and vulnerable populations.

The analysis is focusing specifically on human rights-related barriers, such as stigma and discrimination, violence, and the unequal ability to access and benefit from services based on someone's gender. The groups we are most interested are those with the highest risk for HIV or TB infection and the least ability to reduce that risk or to access service for treatment and care. In [this country], these groups include key populations but are not limited only to these individuals. TB and HIV services mean all types of interventions including those focusing prevention as well as those provide treatment and care.

You have been invited to participate in the rapid assessment as someone who has important knowledge and experience to share about human rights and gender-related barriers and responses in the context of HV and TB services in this country. Your participation involves this key informant interview and the sharing of documents or other relevant information to contribute to the assessment. The interview should last approximately 60 minutes. You are free not to answer any of the questions I ask or to end the interview at any time. All the information you share is confidential and kept only by me, a technical consultant engaged by the Global Fund to conduct the mapping.

I am also asking permission to record the interview in order to ease the requirements on my side to document our exchange and to gain the most from the information you share with me.

Do you give your consent to continue with the interview?

Do you give your consent to my recording of the interview? [If NO, clarify that is okay to take notes of the discussion.]

Are there any questions before we proceed?

Interview Questions

1. Please tell me about the role of your organization in the national response to HIV and/or TB? What specific services or programs do you provide? Which groups or individuals are the beneficiaries of your programs?

2. What are the barriers to services that these groups face in your area? What causes these barriers to occur?
3. What is currently being done, by your organization or by others, to address and reduce the barriers you have described? Are these efforts documented anywhere to your knowledge?
4. How effective are these efforts, yours and those of other stakeholders, in reducing or removing the barriers? What are the main strengths or achievements? What are the main challenges and gaps?
5. How is this work to reduce barriers coordinated? Is the coordination effective?
6. How do you monitor and evaluate your work to remove barriers? With whom do you share this information?
7. How are the individuals and communities affected by barriers involved in your organization, particularly how you design, deliver and monitor the programs and services you provide?
8. How do you incorporate a human-rights based and gender-sensitive approach in your organization, including how you design and deliver your programs and services?
9. How can your service users or beneficiaries raise concerns about the quality of services they receive? How are these concerns addressed in your organization? Please give me some examples of issues that have been raised and how you have addressed them?
10. How are you and other organizations held accountable for the results of your work to reduce or remove barriers?
11. Who funds your work to address and remove barriers?
12. What is required (technical, operationally, changes in the program environment, for example) to strengthen your work to address and remove barriers to services? What can be done in the short term (next six months), for example? What can be done in the medium to long term (next 1-2 years)? What will take longer to achieve?
13. What specific investments or other support are needed to ensure that the communities and populations most affected by human rights or gender related barriers are central to programs aiming to reduce the barriers?
14. Whom else would you recommend being interviewed for the rapid assessment?
15. Do you have any questions for me before we conclude?

Annex C: Additional resources

The Global Fund

A. Funding Request Materials

1. Applicant Handbook (2022). Available: https://www.theglobalfund.org/media/4755/fundingmodel_applicanthandbook_guide_en.pdf
2. Frequently Asked Questions. 2023-2025 Allocation Period (2022). Available: https://www.theglobalfund.org/media/12199/core_2023-2025cycle_faq_en.pdf
3. HIV Information Note (2022). Available: https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf
4. Tuberculosis Information Note (2022). Available: https://www.theglobalfund.org/media/4762/core_tuberculosis_infonote_en.pdf
5. Modular Framework Handbook (2022). Available: https://www.theglobalfund.org/media/4309/fundingmodel_modularframework_handbook_en.pdf
6. Technical Brief: Removing Human Rights-Related Barriers to HIV (2022). https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf
7. Technical Brief: Removing Human Rights-Related Barriers to TB (2022) [Forthcoming]
8. KPI E1: Definition and methods. Increase in scale of programs to address Human Rights-related barriers (2022) [Forthcoming]
9. Technical Brief: Gender Equity, 2019. Available: https://www.theglobalfund.org/media/5728/core_gender_infonote_en.pdf

B. Other Important Resources

10. Achieving Quality in Programs to Remove Human Rights- and Gender-Related Barriers to HIV, TB and Malaria Services (2020). Available: https://www.theglobalfund.org/media/9729/crg_programstoremovehumanrightsgenderbarriers_guide_en.pdf
11. Ensuring that programs to remove human rights-related barriers to HIV, TB and malaria services are gender responsive and gender transformative: A guidance document (2021). Available: https://www.theglobalfund.org/media/10826/hhr_human-rights-related-barriers-hm_guidance_en.pdf
12. Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy 2023-2028 (2022). Available: https://www.theglobalfund.org/media/11612/strategy_globalfund2023

13. Human Rights and Gender Programming in Challenging Operating Environments Guidance Brief (2022). Forthcoming.
14. Mid-term Assessment Summary Report. Global Fund Breaking Down Barriers Initiative (2022). Available: https://www.theglobalfund.org/media/12208/core_2022-breaking-down-barriers-mid-term-assessment_summary_en.pdf
15. Thematic Report: Gender Equality (2022). Available: https://www.theglobalfund.org/media/12171/thematic_gender-equality_report_en.pdf
16. Implementing and Scaling Up Programmes to Remove Human Rights Related Barriers to HIV Services. The Global Fund, Frontline AIDS, German Development Corporation (2020). Available: <https://frontlineaids.org/resources/implementing-and-scaling-up-programmes-to-remove-human-rights-related-barriers-to-hiv-services/>

Additional Resource Materials for TB

17. Activating a Human Rights-Based Tuberculosis Response: A Technical Brief for Policymakers and Program Implementers. Global Coalition of TB Activists, Stop TB Partnership, Northwestern Pritzker School of Law Center for International Human Rights, 2020. Available: [https://stoptb.org/assets/documents/communities/Activating%20A%20Human%20Rights%20Based%20Tuberculosis%20Response_Policy%20Brief%20\(2020\).pdf](https://stoptb.org/assets/documents/communities/Activating%20A%20Human%20Rights%20Based%20Tuberculosis%20Response_Policy%20Brief%20(2020).pdf)
18. Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment. Citro, B et al., Health and Human Rights Journal, 2021. Available: <https://www.hhrjournal.org/2021/12/building-the-evidence-for-a-rights-based-people-centered-gender-transformative-tuberculosis-response-an-analysis-of-the-stop-tb-partnership-community-rights-and-gender-tuberculosis-assessment/>
19. Global Plan to End TB 2023-203. Stop TB Partnership, 2022. Available: <https://omnibook.com/embedview/dc664b3a-14b4-4cc0-8042-ea8f27e902a6/en#panel-z-62a>
20. Declaration of the Rights of People Affected by Tuberculosis. Stop TB Partnership. Available: <https://www.stoptb.org/sites/default/files/Declaration%2520of%2520the%2520rights%2520of%2520people%2520affected%2520by%2520TB%2520-%2520A5%2520english%2520version.pdf>
21. TB Stigma Assessment Tool. Stop TB Partnership, 2020. Available: <https://www.stoptb.org/tb-stigma/tb-stigma-assessment-tool>
22. Community Rights and Gender. Stop TB Partnership. Available: <https://www.stoptb.org/prioritize-people-human-rights-gender/communities-rights-and-gender-crg>

23. OneImpact. Stop TB Partnership. Available: <https://stoptbpartnershiponeimpact.org/>
24. Political Declaration of the UN General-Assembly High-Level Meeting on the Fight Against Tuberculosis. UN General Assembly. 2018. Available: <https://www.who.int/publications/m/item/political-declaration-of-the-un-general-assembly-high-level-meeting-on-the-fight-against-tuberculosis><https://www.who.int/publications/m/item/political-declaration-of-the-un-general-assembly-high-level-meeting-on-the-fight-against-tuberculosis>
25. End TB Strategy 2016-2035. World Health Organization, 2015. Available: <https://www.who.int/teams/global-tuberculosis-programme/the-end-tb-strategy>

Other Resource Materials for HIV

26. Community-led monitoring of programs and policies related to HIV, tuberculosis and malaria. A guide to support inclusion of CLM in funding requests to the Global Fund. Differentiated Service Delivery, 2022. Available: <https://www.differentiatedservicedelivery.org/wp-content/uploads/IAS-CLM-Guide-final.pdf>
27. Key Programmes to Reduce Stigma and Discrimination and Increase Access to Justice in National HIV Responses. UNAIDS, 2012. Available: https://www.unaids.org/sites/default/files/media_asset/Key_Human_Rights_Programmes_en_May2012_0.pdf
28. Evidence for eliminating HIV-related stigma and discrimination. UNAIDS, 2020. Available: <https://www.unaids.org/en/resources/documents/2020/eliminating-discrimination-guidance>
29. Global AIDS Strategy 2021-2026: End Inequality. End AIDS. UNAIDS, 2021. Available: <https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy>
30. Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. United Nations General Assembly, 2021. Available: https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf