



**SIERRA LEONE**  
**Mid-term Assessment**  
*Global Fund Breaking Down Barriers Initiative*

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## DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

## Acknowledgements

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## Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Sierra Leone is a rapid assessment.

Mid-term Assessment Type	Countries
<b>Rapid</b>	<ul style="list-style-type: none"><li>• Benin</li><li>• Democratic Republic of Congo (rapid +)</li><li>• Honduras</li><li>• Kenya</li><li>• Senegal</li><li>• Sierra Leone</li><li>• Tunisia</li><li>• Uganda (rapid +)</li></ul>
<b>Program</b>	<ul style="list-style-type: none"><li>• Botswana</li><li>• Cameroon</li><li>• Cote d'Ivoire</li><li>• Indonesia</li><li>• Jamaica</li><li>• Kyrgyzstan</li><li>• Mozambique</li><li>• Nepal</li><li>• Philippines</li></ul>
<b>In-depth</b>	<ul style="list-style-type: none"><li>• Ghana</li><li>• South Africa</li><li>• Ukraine</li></ul>

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# Summary of the Sierra Leone Mid-Term Assessment

## Introduction

The Global Fund's *Breaking Down Barriers* (BDB) Initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Sierra Leone. It seeks to: (a) assess Sierra Leone's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

## *Breaking Down Barriers' Theory of Change*

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services<sup>a</sup> increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.<sup>b</sup> This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

## Methods

To assess progress towards comprehensiveness, quality, and impact of the BDB initiative to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents and remote interviews with key informants. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Sierra Leone was a rapid assessment. It was conducted primarily between December 2019 and January 2020.

## Progress towards Comprehensive Programs

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### ***Creating a supportive environment to address human rights-related barriers***

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<sup>a</sup> The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

<sup>b</sup> **For HIV and TB:** Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy ("know your rights"); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Additional programs for TB:** Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

Over the past three years, Sierra Leone has faced serious challenges in implementing and scaling-up of programs to reduce human rights-related barriers to HIV and TB services, including the heavy burden Ebola placed on an already fragile health system, a weak rule of law, and a weak understanding of human rights. Nevertheless, at mid-term, almost all of the *Breaking Down Barriers* milestones had been successfully completed, with the exception of the finalization and official approval of the draft multi-year plan for comprehensiveness (see Table 1). The process that includes the milestones has contributed to developing a “culture of human rights” that is needed to remove barriers to HIV and TB services. For instance, key informants have described the multi-stakeholder meeting to validate the baseline assessment results as constructive, representative of a broad array of important constituents and important for building country-ownership and leadership. Sustained efforts are needed to ensure that the multi-year plan for comprehensiveness is adopted, with further support in its implementation.

**Table 1: Key milestones towards comprehensive programs**

Milestone	Results	Date
Matching funds	Received US \$1.8 million for programs to reduce human rights-related barriers to HIV services through matching funds, for a combined total of US \$2.3 million with support from the total HIV allocation	January 2018
Baseline assessment	Literature review, key informant interviews and focus groups conducted	June – August 2017
	Report finalized	August 2018
Multi-stakeholder meeting	Participants from government, civil society, technical partners, development partners, key and vulnerable populations, donors, academic experts and the private sector met to validate findings of baseline assessment	March 2019
Multi-year plan steering committee	Country Coordinating Mechanism (CCM), with the guidance of the Global Fund Country Team and Community, Rights and Gender (CRG) staff, established a Steering Group to assist with the multi-stakeholder consultation and guide the development, endorsement and implementation of the five-year plan	February – March 2019
National plan to reduce human rights-related barriers	A draft of the multi-year plan was developed in November 2019 and as of July 2020, was in the process of being refined.	Ongoing

### ***Programmatic Scale-up: Achievements and Gaps***

Sierra Leone has made progress towards achieving comprehensive programming for interventions to remove human rights-related barriers to HIV and TB services (see Table 2). At mid-term, there are now activities being carried out in all seven key program areas for HIV, as compared to only three at baseline. Notably, during the time period reviewed, Sierra Leone implemented a nationwide legal aid program that employs paralegals working with key populations and complaint desk officers, resulting in the speedier resolution of cases, shorter periods of detention, and an apparent reduction in incidences of police abuse against key populations. Despite some progress, however, key gaps remain. For example, key population organizations that deliver human rights programming are largely accessible in only seven of Sierra Leone’s sixteen districts. Moreover, there are few efforts to integrate and institutionalize HIV- and TB- related human rights concerns in the existing programs of other organizations, and sustainability remains a significant concern.

With regard to programs to remove human rights-related barriers to TB services, these remain limited. They are confined to three program areas (stigma and discrimination reduction, training of health care workers, and ensuring confidentiality and privacy), and their scale does not appear to have increased since the inception of the BDB initiative. Limited resources and capacity means programs to address human rights barriers to TB services are far from comprehensive — especially in light of the suspension of the only stand-alone TB community mobilization and empowerment program (i.e. TB support groups). Prisoners are woefully neglected in TB-related human rights programming, although the Legal Aid Board does provide legal assistance to indigent people in prison irrespective of the underlying charge (or TB status). There are also no programs to reduce discrimination against women in the context of TB or programming specific to other key vulnerable populations. There are no reported gender assessments of TB services, and the limited programming that exists is not responsive to TB-specific gender concerns.

**Table 2: Baseline vs Mid-Term Scores of Program Comprehensiveness**

Program Area	HIV		TB	
	Baseline	Mid-term	Baseline	Mid-term
Stigma and discrimination reduction	1.0	<b>3.1</b>	1.0	<b>1.4</b>
Training of health care workers	0	<b>0.8</b>	0	<b>0.6</b>
Sensitization of lawmakers and law enforcement officials	0	<b>1.1</b>	0	<b>0</b>
Legal Literacy	1.0	<b>2.0</b>	0	<b>0</b>
Legal Services	0.7	<b>3.4</b>	0	<b>0</b>
Monitoring and reforming policies, regulations and laws	0	<b>2.3</b>	0	<b>0</b>
Reducing discrimination against women	0	<b>2.2</b>	0	<b>0</b>
Ensuring confidentiality and privacy	N/A <sup>c</sup>		0	<b>1.0</b>
Mobilizing and empowering patient and community groups			1.3	<b>0</b>
Rights and access to services in prisons			0	<b>0</b>
<b>Overall score</b>	<b>0.4</b>	<b>2.1</b>	<b>0.23</b>	<b>0.3</b>

### Key

**0 – no programs present**

**1 – one-off activities**

**2 – small scale**

**3 – operating at subnational level**

**4 – operating at national level (>50% of geographic coverage)**

**5 – at scale at national level (>90% geographic coverage + >90% population coverage)**

**N/A – Not applicable**

*For detailed scorecard key, see Annex II*

### ***Cross-cutting Issues related to Quality Programming and Sustainability***

<sup>c</sup> Note that these programs are built into the other HIV program areas.

To the extent possible, the mid-term assessment reviewed cross-cutting overall indicators of quality.<sup>d</sup> While Sierra Leone has increased its human rights programming since baseline, which has demonstrated some positive results regarding reduction of some barriers (i.e., police abuse), more efforts are needed to achieve overall indicators of quality. Importantly, there is a crucial need to continue to invest in activities to build the human rights capacity of all stakeholders, particularly implementers responsible for delivering human rights programs. On gender responsiveness, though some activities, like the partnerships between the Legal Aid Board and Consortium for the Advancement of the Rights of Key Affected Populations (CARKAP) specifically address issues of concern, including gender-based violence, for female sex workers and men who have sex with men, more work should be done to systematically address these considerations across program areas and to tailor programs to ensure that everyone is reached with effective and appropriate services. In particular, there is limited programming for transgender and other gender diverse people. Moreover, there is an ongoing need for coordination between HIV and TB programs, for program implementers to explore opportunities to integrate and institutionalize HIV- and TB- related human rights concerns in the existing programs of other organizations, and for technical support with implementation. Additionally, more capacity building related to monitoring and evaluation is critical, focusing on the ability to measure the impact of HIV- and TB- related human rights programs on the uptake of services. Finally, given that there is limited domestic and international funding for programs to remove human rights-related barriers, continued support from the Global Fund is essential to ensuring scale-up and increased quality of comprehensive programs.

## Emerging Evidence of Impact

At mid-term, the assessment documented emerging evidence regarding the impact of programming to remove human rights-related barriers to HIV and TB services access in the form of a case study: the establishment of Sierra Leone's first needle and syringe exchange.

### ***Social Linkages for Youth Development and Child Link***

With support from the Global Fund, in 2019, Sierra Leone established its first needle and syringe program. Recognizing the importance of harm reduction to prevent an “explosive epidemic of HIV” among people who inject drugs, Social Linkages for Youth Development and Child Link (SLYDCL) sought to include police from the inception in its efforts to implement a needle and syringe program and to cultivate a good working relationship with them. In 2018, SLYDCL was among those presenting the findings of a harm reduction assessment to the Sierra Leone police management board, during which Sierra Leone's Inspector General of Police expressed the need for police to support a needle and syringe program and also requested collaboration with the National HIV/AIDS Secretariat to develop a harm reduction curriculum for police. That year, the National HIV/AIDS Secretariat also sponsored a study tour of Kenyan harm reduction programs in which SLYDCL and Sierra Leone police participated. Shortly after, in March 2019, SLYDCL launched the country's first needle and syringe program, attended by many stakeholders including the Minister of Internal Affairs, representatives from the Human Rights Commission, Law Reform Commission and the justice sector, and chaired by the Assistant Inspector General (AIG) of Police — exemplifying political leadership and ownership of the program.

Today, all of Sierra Leone's local unit commanders have been informed that SLYDCL is implementing a needle and syringe program. In December 2019, the Legal Aid Board and SLYDCL also organized a stakeholders' meeting on harm reduction interventions in the country, and one key outcome was a

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<sup>d</sup> Linking programs to barriers; Making programs follow and support national plan and strategy; Integrating programs in prevention, treatment, key population programs; Combining programs; Avoiding duplication and gaps; Avoiding one-off activities; Building capacity and sustainability; Using local capacity and build on good existing programs; Making programs gender-responsive; Addressing safety and security; and Building in M&E. Susan Timberlake's Dakar Workshop Presentation (Nov 2019).

collective agreement from participants to support needle and syringe programs. According to National HIV/AIDS Secretariat staff, “We now have police able to recognize people who work with injectors who distribute syringes and needles.... This is breaking ground.”

## Conclusion

The mid-term assessment has demonstrated that though there are important achievements in Sierra Leone, a great deal of work remains to scale up, institutionalize and monitor and evaluate programs to reduce human rights-related barriers to HIV and TB services. Many HIV-related human rights programs are at nascent stages, limited in scope, and require funds to scale-up and sustain. Moreover, there is little capacity among program implementers to monitor and evaluate the outcomes and impact of their work, and consensus among key informants that efforts need to continue to build a “culture of human rights” that will facilitate the sustainability of existing programs and the establishment of new ones. In the coming years, it is imperative that these issues are addressed if Sierra Leone is to make progress towards a comprehensive response to human rights-related barriers to services for HIV and TB.

## Key Recommendations (see Report Annex for a full set of recommendations)

<b>Creating a Supportive Environment</b>
<ul style="list-style-type: none"> <li>• Ensure the adoption of the multi-year plan for comprehensive programs to remove human rights-related barriers to HIV and TB, including the finalization of the costing component, as well as the development of a robust monitoring and evaluation framework for both HIV and TB activities.</li> <li>• Support the Steering Group to continue meeting to support the implementation of the multi-year plan.</li> </ul>
<b>Programmatic Scale-up</b>
<ul style="list-style-type: none"> <li>• Provide resources to expand the geographic coverage of current key population programs to all districts.</li> <li>• Increase support for programs to remove human rights-related barriers to TB services, both in terms of funding and capacity strengthening.</li> </ul>
<b>Programmatic Quality and Sustainability</b>
<ul style="list-style-type: none"> <li>• Continue to invest in activities to build the capacity of all stakeholders, including key populations and women living with and affected by HIV, on human rights and human rights programming, particularly for transgender people and people in prison</li> <li>• Invest in building the capacity of implementers of key population programming and programming to address HIV- and TB- related gender discrimination in relation to M&amp;E, focusing on the ability to measure the impact of HIV- and TB- related human rights programs on the uptake of services.</li> </ul>



## Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* initiative to help 20 countries, including Sierra Leone, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Sierra Leone from November 2019 to January 2020 to: (a) assess Sierra Leone's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

### *Breaking Down Barriers Initiative's Theory of Change*

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services<sup>e</sup> increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The *Breaking Down Barriers* initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria service”, and Global Fund Key Performance Indicator 9 that measures, “the extent to which comprehensive programs are established to reduce human rights barriers to access with a focus on 15-20 priority countries.”<sup>1</sup>

“Comprehensive” programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).<sup>2</sup>

### **Text Box 1: Key Program Areas to Remove Human Rights-related Barriers to HIV and TB Services<sup>3</sup>**

#### **For HIV and TB:**

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases; and
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.<sup>4</sup>

#### **Additional programs for TB:**

<sup>e</sup> The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality; and
- Interventions in prisons and other closed settings.
- Reducing gender-related barriers to TB services (TB).

According to the *Breaking Down Barriers* initiative's theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called "matching funds"), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In November 2019, the Global Fund supported a rapid mid-term assessment examining Sierra Leone's progress towards supporting comprehensive programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones.

### **Methods**

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches involve a desk review of relevant documents. The rapid assessment also comprises remote key informant interviews. The program and in-depth assessments involve country visits to meet with key informants and conduct site visits (where feasible due to the COVID-19 pandemic). The data was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs. (See Annex VI for more information on the methodology used for the assessment, scorecard calculation and relevant limitations.)

The Sierra Leone rapid mid-term assessment was conducted between November 2019 and January 2020 (Table 1). Because the desk review and remote interviews were conducted from November 2019 to January 2020 and prior to the onset of COVID-19, the findings do not take into account the impact of the pandemic. More information on the assessment's methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

### **Limitations**

During the mid-term assessment, the evaluation team sought diverse perspectives from a wide range of key informants conducted remotely by Skype, WhatsApp and Zoom. However, due the limitations in terms of resources (human, time and financial), these findings and recommendations should be understood as being the best measurement possible for a diverse, dynamic and complex initiative influenced by many political, economic and social forces.

While the consultants attempted to validate all of their findings, the scope of the assessment is necessarily constrained by the limited time to verify information from third party sources, conduct interviews, and access non-publicly available information. In some cases, observations were drawn from a single key informant. Though key population heads of organizations were asked about the impact of various programs on access to services, there was no opportunity to interview a broad range of representatives of key populations.

**Table 1: Sierra Leone Mid-Term Assessment Timeline**

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Sandra Ka Hon Chu, Julie Mabilat	November 2019 - December 2019
Key informant interviews conducted remotely with nine stakeholders	Sandra Ka Hon Chu, Julie Mabilat	Dec 2019 – Jan 2020
Presentation of key report findings to GF stakeholders	Sandra Ka Hon Chu	January 2020

## Part I. Background and Country Context

### Epidemiologic Data

According to the latest estimates from UNAIDS (2018), 70,000 adults and children are living with HIV in Sierra Leone, of whom 41% receive antiretroviral therapy.<sup>5</sup> HIV prevalence among adults and adolescents aged 15 to 49 is 1.5%, with higher prevalence among women at 1.8% compared to 1.2% for men.<sup>6</sup> Sierra Leone has a mixed and generalized HIV epidemic, with some districts experiencing a significantly higher HIV prevalence than others.<sup>7</sup> Key populations that face a higher HIV burden include transgender people (15.3%), men who have sex with men (14%), people who inject drugs (8.5%), sex workers (6.7%) and prisoners (8.7%).<sup>8</sup>

As of 2018, the estimated total TB incidence rate (per 100 000 population) in Sierra Leone was 298, the HIV-positive TB incidence rate (per 100 000 population) was 38, the MDR/RR-TB incidence rate (per 100 000 population) was 8.3 and TB treatment coverage was 75%.<sup>9</sup> In addition to key populations (i.e. prisoners and people living with HIV), populations that are highly vulnerable to TB include health care workers, people who are poor and malnourished, and people living in crowded or poorly ventilated housing.<sup>10</sup>

### Legal and Policy Context

Sierra Leone's HIV response is guided by its *National Strategic Plan on HIV and AIDS 2016–2020* (NSP). The country's NSP has as a foundational principle, a “multi-sectoral and human rights and gender-based approach.”<sup>11</sup> This reflects the commitment to health as enshrined in the country's Constitution, which guarantees “adequate medical and health facilities for all persons, having due regard to the resources of the State.”<sup>12</sup> As of July 2020, a new NSP on HIV was being developed, which will include human rights programs. Sierra Leone's TB response is guided by its *National Leprosy and Tuberculosis Strategic Plan (2016-2020)* which also refers to “Human Rights and Social Protection” and in particular the need to build the capacity of health care workers and disseminate materials on human rights in relation to TB.<sup>13</sup>

### Other Key Considerations for the HIV and TB Responses

Sierra Leone's complex social and political context significantly affects program implementation. The Global Fund categorizes Sierra Leone as a “Challenging Operating Environment,” a designation for “countries or regions characterized by weak governance, poor access to health services, and manmade or natural crises.”<sup>14</sup> A 2018 Legal Environment Assessment concluded Sierra Leone functions without significant rule of law<sup>15</sup> — a conclusion affirmed by the 2019 *Rule of Law Index*, which placed Sierra Leone 98<sup>th</sup> out of 126 countries evaluated.<sup>16</sup>

### COVID-19

The global pandemic occurred after the rapid assessment was conducted and did not meaningfully impact the evaluation.

## Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; the development of a working group on human rights, HIV and TB, and the development of a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations. Almost all of these processes or "milestones", with the exception of the finalization and official approval of the draft multi-year plan for comprehensiveness have been achieved in Sierra Leone.

**Table 2 – Key milestones towards comprehensive programs**

Milestone	Results	Date
Baseline assessment	Literature review, key informant interviews and focus groups conducted	June – August 2017
	Report finalized	August 2018
Matching human rights funds	Received US \$1.8 million for programs to reduce human rights-related barriers to HIV services through matching funds, for a combined total of US \$2.3 million with support from the total HIV allocation	January 2018
Multi-stakeholder meeting	Participants from government, civil society, technical partners, development partners, key and vulnerable populations, donors, academic experts and the private sector met to validate findings of baseline assessment	March 2019
Multi-year plan steering committee	Country Coordinating Mechanism (CCM), with the guidance of the Global Fund Country Team and Community, Rights and Gender (CRG) staff, established a Steering Group to assist with the multi-stakeholder consultation and guide the development, endorsement and implementation of the five-year plan	Feb – March 2019
National plan to reduce human rights-related barriers to HIV and TB services	A draft of the multi-year plan was developed in November 2019 and as of July 2020, was in the process of being refined.	Ongoing

### *Baseline Assessment (2017)*

In 2017, a Baseline Assessment was conducted to identify the key human rights-related barriers to HIV and TB services in Sierra Leone; describe existing programs to reduce such barriers and identify gaps, challenges, best-practices; indicate what a comprehensive response to existing barriers would comprise in terms of the types of programs, their coverage and costs; and identify the opportunities to bring these to scale. The work involved a desk review, focus group discussions and key informant interviews with representatives from key or vulnerable populations covering all four regions of the country, and financial data collection via interviews, surveys and secondary data analysis.

### ***Matching Funds (2018)***

In 2018, Sierra Leone applied for, and received, matching funds in the amount of \$1.8 million USD under the module “Programs to remove human rights-related barriers to HIV services”. It failed to match this with an equal amount of funding from within Sierra Leone’s allocation from the Global Fund, instead only contributing \$500,000 for a total amount of \$2.3 million USD for programs to remove human rights-related barriers to HIV services over three years, including domestic funding.<sup>17</sup> As of January 2020, the human rights-related activities of the HIV grant were performing at 59% on KP absorption rate (i.e. the rate of expenditure of the grant).<sup>18</sup>

### ***Multi-stakeholder Meeting (2019)***

A multi-stakeholder consultation to develop a five-year plan for scaling up programs to address human rights barriers to HIV and TB services took place in March 2019. As part of this process, the Country Coordinating Mechanism (“CCM”), with the guidance of the Global Fund Country Team and Community, Rights and Gender (“CRG”) staff, established a Steering Group to assist with the multi-stakeholder consultation and guide the development of the five-year plan.<sup>19</sup> The results of the baseline assessment were validated at the multi-stakeholder meeting. Key informants described the meeting as constructive, representative of a broad array of important constituents and important for building country-ownership and leadership.

### ***National Plan (2019-2020)***

With the support of technical assistance from the Breaking Down Barriers Initiative, the Steering Group drafted a multi-year plan. It outlines specific interventions; specific activities; location and/or coverage; expected results; indicators; timeline; responsibility; cost; and potential sources of funding. The proposed activities in the draft multi-year plan largely align with the activities proposed in the baseline assessment,<sup>20</sup> reflecting interventions from within all key program areas to reduce human rights-related barriers to HIV and TB services — with TB-related human rights programs integrated into HIV-related human rights programs, where appropriate. The plan calls for national coverage in all districts for the bulk of the interventions.

Proposed implementers of programs to remove human rights-related barriers to services include the National HIV/AIDS Secretariat (“NAS”), the National AIDS Control Programme (“NACP”), Ministry of Health, Sierra Leone Human Rights Commission, Legal Aid Board, Law Reform Commission, National Leprosy and Tuberculosis Control Program, universities, civil society implementers who are already engaged in current HIV- and/or TB- related human rights programming, and regional and international NGOs.

A draft M&E framework for the multi-year plan exists. The framework was developed by an M&E specialist from the National HIV/AIDS Secretariat. The draft framework so far only concerns HIV, and there are no indicators for TB yet, although there are plans to incorporate these. For each of the seven HIV program areas, there are 1-5 indicators drawing from data sources, such as the HIV Stigma Index, program data, health facility surveys and the Integrated Biological and Behavioural Surveillance Survey (“IBBSS”).

As of July 2020, a draft of the multi-year plan had been developed and was being refined with the assistance of a national and international consultant. The costing of the draft multi-year plan had yet to be finalized and a number of costs were not determined.

### ***Recommendations***

- Ensure the adoption of the multi-year plan for comprehensive programs to remove human rights-related barriers to HIV and TB, including the finalization of the costing component, as well

as the development of a robust monitoring and evaluation framework for both HIV and TB activities.

- Support the Steering Group to continue meeting to support the implementation of the multi-year plan.

## Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards comprehensiveness of programs to remove human rights-related barriers to HIV and TB services, as measured against the scale of programs found at baseline. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary Report above (see also Annex II for a full explanation of the scorecard calculations).

### *Programs to remove human rights-related barriers to HIV services*

While Sierra Leone has made progress with regard to the scale-up and implementation of programs to remove human rights-related barriers to HIV services, numerous human rights-related barriers to HIV services persist. In 2019, Sierra Leone's second *HIV Stigma Index* was launched (an activity recommended in the baseline assessment),<sup>21</sup> and two key preliminary findings are pervasive stigma amongst health care workers, and increased self-stigma among key populations, including men who have sex with men, sex workers, prisoners and people who inject drugs.

To address these barriers, several programs have been introduced or seen increased uptake since the launch of the BDB Initiative, including under the auspices of the "Consortium for the Advancement of the Rights of Key Affected Populations" or "CARKAP" — comprised of civil society organizations implementing programs for female sex workers, people who inject drugs and men who have sex with men, networks representing people living with HIV and/or TB, and women, youth and faith-based organizations. Among other activities, CARKAP members manage and deliver health services, provide social and legal support for key populations, advocate for the rights of key populations including in relation to access to quality health services and broader determinants of health, and advocate for an enabling legal and policy environment.

HIV Program Areas	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	1	3.05
Legal literacy	1	2.04
HIV-related legal services	0.67	3.38

Beginning in 2017, the Legal Aid Board, established pursuant to the country's first national legal aid program, which mandates the provision of "accessible, affordable, credible and sustainable legal aid services to indigent persons,"<sup>22</sup> partnered with six CARKAP organizations to provide legal assistance to key populations who continue to work within their respective host organizations. This partnership has facilitated gender responsiveness, through the engagement of female sex workers and men who have sex with men as peer navigators and as targets of programming, as well as through a focus on addressing gender-based violence.

Increased funding has considerably enhanced the breadth of legal services that can now be provided since baseline. Case reports are documented on a quarterly basis and 5-10 complaints are now received per month, as a result of the collaboration with the Legal Aid Board and the involvement of paralegals and peer navigators, who are recruited from trained peer educators to act as community outreach workers to address human rights abuses and also tasked with mobilizing key populations to access HIV



testing and prevention commodities and with supporting access to treatment and treatment adherence for key populations who test positive for HIV.

Interventions by Legal Aid Board paralegals has meant key populations — in most cases female sex workers and people who inject drugs — are no longer detained for lengthy periods, as paralegals are able to negotiate their bail or the withdrawal of charges, settle matters via an alternative dispute resolution mechanism, or ensure the case is quickly referred to court, where Legal Aid Board defence counsel are able to represent indigent accused. In particular, the option of alternative dispute resolution has allowed paralegals (supported by legal counsel) to assist with the expedited resolution of cases. Strikingly, key informants have indicated that police are now less likely to harass and arrest key populations with the knowledge that Legal Aid Board paralegals and defence counsel are available to assist.

CARKAP members also carry out legal literacy programs in collaboration with the Legal Aid Board targeting key populations, lawmakers and law enforcement, local community and religious leaders, and other community members. Legal Aid Board staff partner with key population organizations to deliver this training throughout the country, raising awareness of issues concerning key populations and emphasizing the need to “accept” key populations and to adopt a “public health approach” to the provision of services to key populations.

Key to the success and gender responsiveness of this program is the partnership between the Legal Aid Board defence counsel and paralegals and CARKAP members, made possible with additional human rights funding: without the support of the Legal Aid Board, CARKAP staff and volunteers did not have the capacity to challenge law enforcement arrests, detentions and charges, while CARKAP members act as a critical liaison between key populations and Legal Aid Board staff.

### Recommendations

- Publish and disseminate main findings from Sierra Leone’s second *HIV Stigma Index* to key population organizations, health care workers and law enforcement and develop or refine national and sector-specific campaigns (e.g. targeting priority audiences including health care workers, law enforcement and key populations) against stigma and discrimination.
- Scale up geographic coverage of legal literacy programs to reach all key populations and women living with and affected by HIV in all districts, informed by the results of the 2020 IBBSS survey, including by exploring opportunities to integrate HIV- and TB- related human rights concerns in existing legal literacy programs.
- Scale up geographic coverage of legal services programs to reach all key populations and women living with and affected by HIV in all districts, informed by the results of the 2020 IBBSS survey, by providing resources to the Legal Aid Board to train key populations and women living with and affected by HIV, including those currently acting as peer navigators, to act as community paralegals and by exploring opportunities to integrate HIV- and TB-related human rights concerns in existing community paralegal programs.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	0	1.06

At mid-term, there has been an increase in activities to work with lawmakers and law enforcement (see table 5). Sensitization activities are more routinely delivered by the Legal Aid Board and CARKAP members, including via newly-established “crisis response teams.” The delivery of sensitization activities by CARKAP members focused on issues of concern to key populations including female sex workers and



men who have sex with men, and on topics such as gender-based violence, has ensured the consistency of gender responsive content. Key informants observed a positive, attitudinal difference from law enforcement in recent years, resulting in less harassment of key populations.

**Table 3 - Examples of Sensitization of Lawmakers and Law Enforcement**

Description of Activities	Organization	Location/Reach
Trainings for law enforcement agencies on key population issues (with a special focus on those related to stigma and discrimination) conducted on a quarterly basis for 50 participants, providing an opportunity to educate law enforcement as well as to cultivate relationships	Legal Aid Board	Nationwide in Legal Aid Board offices
Trainings, meetings and peer support groups to sensitize youth groups, women's groups, local community leaders, local governments, law enforcement, religious leaders, tribal heads, private employers, service providers, public media, and key populations themselves on HIV, gender-based violence and human rights	CARKAP members, including Dignity Association	Freetown, Waterloo, Makeni, Kono, Kenema and Bo
Crisis response teams comprised of key population members, religious stakeholders, primary health care providers, an HIV counsellor, the complaint desk officers in that particular area, peer navigators, police, government actors and the media. Members of the group are trained and sensitized on issues related to key populations, HIV, TB and human rights in order to empower team members to intervene and provide a coordinated response to cases of stigma and discrimination against key populations and gender-based violence within the community and to promote their access to justice and to health services	CARKAP members	14 districts

### Recommendations

- Institutionalize HIV, TB and human rights training (e.g. how to support HIV and TB prevention, treatment, care and support, and human rights of key and vulnerable populations) for law enforcement by integrating such training in pre-service curriculum (e.g. at the police academy) and in-service professional development opportunities.
- Institutionalize HIV, TB and human rights training (e.g. human rights of key and vulnerable populations) for judges via ongoing professional development opportunities.
- Conduct an assessment of the HIV- and TB- related rights and needs of prisoners, in partnership with prisoner-focused organizations, and based on the findings, sensitize prison health personnel and related staff in all districts about human rights and medical ethics issues related to HIV and TB and actions to ensure the right to health.

HIV Program Area	Score	
	Baseline	Mid-term
Training of Health Care Workers in human rights and medical ethics	0	0.83

There has been noteworthy progress in this program area since the baseline assessment was conducted, when no programming existed to train or support health care workers regarding human rights and medical ethics related to key and vulnerable populations and HIV. Beginning in 2018, and made possible via human rights matching funds, the National AIDS Control Programme in conjunction with the Ministry

of Health has held “mentorship and support” sessions with health care workers at health facilities to discuss their perceptions and attitudes in dealing with people living with HIV and/or TB and key populations, stigma and discrimination, including in relation to the need to create a welcoming environment, patient confidentiality, and the importance of patient interactions and how this intersects with the willingness of people to disclose their status and initiate or continue treatment. As of January 2020, the program had targeted health care facilities in 11 “high-burden” districts, with the goal of reaching 200 health care facilities in the country (out of a total of 1350) by the end of 2020.

Staff from the National HIV/AIDS Secretariat believe this program has led to a marked improvement in health care workers’ attitudes towards key populations, based on improved interactions between key populations and counsellors from the National AIDS Control Programme (who lead the clinical implementation of HIV services across the country) as well as with the police (informed by the fact that there are fewer complaints of police abuse) in the districts where these sessions have been conducted. The fact that the program provides ongoing mentorship and support may also help reinforce changes in attitudes and behaviour and foster sustainability, as health care workers will ostensibly maintain attitudinal and behavioural change even if they are transferred to other health facilities.

### **Recommendations**

- Continue scale-up delivery of “mentorship and support” sessions with health care workers to reach all 1350 health care facilities in Sierra Leone and provide for periodic measuring of attitudes of health care staff to monitor and evaluate impact
- Provide resources to heads of Sierra Leone’s health care facilities to assess potential structural changes to improve rights-related issues in health care settings, including (a) development of protocols and policies regarding ethical, gender-sensitive, non-discriminatory provision of HIV and TB care and in administration; (b) posting/distribution of HIV/TB patients’ rights materials in health settings; (c) review of the modalities of delivery of care; (d) establishment of a complaints procedure with redress; and (4) follow up monitoring by community-based organizations offering patient support.
- Develop/revise pre-service and in-service curricula with the engagement of organizations that represent patients, ensuring that these materials address gender-based violence and other issues that are relevant to key populations, including non-conforming genders.
- Provide technical assistance to community-based organisations of key and vulnerable populations (e.g. via CARKAP) to offer community-based patient support and monitoring of quality of care, as a strategy for increasing quality and accessibility of health care.

HIV Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws	0	2.32

Sierra Leone has significantly increased activities in this program area since baseline. Beginning in 2018, the Legal Aid Board, National HIV/AIDS Secretariat and CARKAP members have hosted annual “advocacy meetings” or “orientation sessions” with stakeholders such as the police, parliamentarians and other policymakers to understand key population issues and promote access to services. For the past two years, for example, the Legal Aid Board has trained parliamentarians on issues concerning human rights, stigma and discrimination and key populations, while also advocating with the Sierra Leone Law Reform Commission for a “public health approach” to law reform and to strengthen laws regarding key populations. As with other programs in which CARKAP has partnered with the Legal Aid Board, issues concerning key populations are prioritized at such trainings, touching on the realities and needs of women, men and gender-diverse populations. The meetings are attended by between 50-70 parliamentarians who are members of relevant parliamentary committees (e.g. Health Committee,

Human Rights Committee or Legal Committee) and are able to further disseminate their learning to their constituents.

This program is at a nascent stage and law or policy reform has yet to occur. Nevertheless, key informants believe that these meetings and trainings will facilitate their broader advocacy and education work in the long term.

### Recommendations

- Continue to hold advocacy meetings and training with key stakeholders including parliamentarians, with a focus on both (a) specific law reform objectives in line with recommendations of the 2017 Legal Environment Assessment and (b) incremental policy reforms that advance the rights of key and vulnerable populations (e.g. moratorium on police arrests of key populations and individuals distributing HIV prevention commodities, policy reforms facilitating access to opioid agonist therapy, policy reforms facilitating the distribution of HIV prevention commodities in prison, reform of remand and sentencing laws to reduce the prison population, including the number of people in prison who have yet to be charged or convicted).
- Collaborate with existing legal advocacy groups on advocacy opportunities and to mobilize broader support for and contributions to law and policy reform efforts, including the possibility of strategic public interest litigation to reform discriminatory laws.
- Provide resources for key population organizations to develop and implement plan to document and compile human rights violations of key populations for advocacy efforts (e.g. campaigns to raise community awareness, public interest litigation, submissions to National Human Rights Commission, UN treaty body advocacy).

HIV Program Area	Score	
	Baseline	Mid-term
Programs to reduce HIV-related gender discrimination	0	2.15

At mid-term, several programs to reduce HIV-related gender discrimination are operational within Sierra Leone (see table 6). While far from comprehensive, the development of these programs via CARKAP members and the Legal Aid Board represent a significant improvement from the Baseline Assessment, when no such programming existed, specifically in the context of HIV. The rapid assessment indicated that CARKAP members value the work of peer educators and peer evaluators.

**Table 4 - Examples of Programs to Reduce HIV-related Gender Discrimination**

Description of Activities	Organization	Location/Reach
Peer educator and peer navigator program for female sex workers – since 2016, 47 peer navigators provided trainings for 1000+ peer educators to reach 6400 female sex workers in “hot spots” every quarter, sensitizing them on HIV, prevention of gender-based violence and intimate partner violence. <sup>23</sup>	SWAASL, CARKAP member	3 districts (Western Area Urban, Western Area Rural, Kenema districts)
A complaint desk officer and peer navigators are able to negotiate with the police in all instances of arrests for female sex workers’ release on bail, or connect female sex workers in detention with paralegals to negotiate their release or represent them in court	RODA, CARKAP member	Northern Bombali district
Support for legal cases involving claims for maintenance and other supports when women have been abandoned by their partners due to their HIV status	Legal Aid Board	Nationwide

Volunteer peer educators provide HIV education, referrals for HIV prevention and treatment, and support in relation to intimate-partner violence for men who have sex with men and trans people	Dignity Association, CARKAP member	Four regions where the organization has an office
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### **Recommendations**

- Fund a community organizer and an educator with experience of key and vulnerable populations and HIV and TB to work at leading women's organizations in Sierra Leone to help integrate and mainstream HIV and TB issues into broader work on gender equality.
- Scale up geographic coverage of CARKAP and Legal Aid Board programs to reduce HIV-related gender discrimination to cover all districts.
- Develop and produce public campaigns on gender-related barriers to HIV, TB and other health services, including content related to key populations.
- Continue plans (already underway) to integrate safe places/havens for key populations at Drop-In Centres and for survivors of sexual- and gender-based violence to receive psychosocial services and support.

### **Programs to reduce human rights-related barriers to TB services**

At mid-term, only three of 10 programs to address human rights-related barriers to TB services exist. Current resources to address barriers to TB services are still considerably less than what is devoted to HIV, and come almost entirely from the Global Fund — resulting in correspondingly less human rights programming in TB. The sole entity in Sierra Leone working on human rights-related barriers for key and vulnerable populations to TB services is the Civil Society Movement Against Tuberculosis in Sierra Leone (“CISMAT”) — a coalition with a broader mandate to advance the TB response for all populations.<sup>24</sup> While CISMAT is a member of CARKAP, thus facilitating the integration of TB concerns into some materials and activities to reduce stigma and discrimination against people living with HIV and key populations, this does not appear to be systematically done and there is an ongoing need to further integrate TB-specific human rights barriers into programs to address human rights-related barriers to HIV services.

TB Program Areas	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	1	1.4

CISMAT regularly engages the media to educate them about TB and to address TB-related stigma. To measure TB-related stigma in Sierra Leone, CISMAT was among the stakeholders that launched in December 2019 a “TB Stigma Index Assessment Toolkit,” a set of data collection tools to assess and measure TB stigma, accompanied by an implementation handbook. The new Toolkit will enable the assessment of stigma among health care workers and law enforcement officers, which can in turn inform their training needs.

Staff from the National HIV/AIDS Secretariat also indicated that the “mentorship and support” sessions with health care workers described above include topics related to TB, such as perceptions and attitudes towards TB patients and patient confidentiality. However, these sessions do not cover TB-related gender concerns, such as the need to address greater social isolation and vulnerability among women who have TB compared to men, in order to promote their access to treatment.

CISMAT’s work on Community-Based Monitoring and Feedback has also resulted in some activities to address TB-related stigma. While the tool does not directly inquire about human rights concerns,<sup>25</sup> a number of human rights issues have been observed, including the significant impact of TB-related

stigma, which has resulted in abandonment of TB patients and challenges with treatment adherence; this is amplified for women who face greater social exclusion as a consequence of stigma. Reduced access to TB care was also observed as a result of patients' limited financial resources to travel to "Directly Observed Treatment" or "DOT" centres.

### Recommendations

- Disseminate TB Stigma Index Assessment Toolkit to health care workers and law enforcement officers and provide resources for (a) recipients to measure and document TB stigma and (b) implementer to analyze results and produce report of findings.
- Based on outcome of TB Stigma Index and key findings from CISMAT's Community-Based Monitoring and Feedback program, develop national and sector-specific campaigns (e.g. targeting priority audiences including health care workers, law enforcement and key and vulnerable populations) against stigma and discrimination.
- Conduct community sensitization meetings across at least 40 high-TB-burden locations to increase awareness and develop strategies and actions to reduce stigma and discrimination at a structural level, institutional level, and community and individual level.

TB Program Areas	Score	
	Baseline	Mid-term
Mobilizing and empowering patient and community groups	1.33	0

To address TB-related stigma and social isolation, CISMAT ran TB support groups in 14 districts in which 490 TB survivors, including patients co-infected with TB and HIV, participated. Every quarter in 2017-2018, members of TB support groups acted as TB ambassadors in communities by addressing stigma and sharing their personal experiences, educating communities about TB (including TB prevention, referral and treatment) and human rights, and providing social support to TB patients, reaching more than 1000 people (and more than 4000 people annually). Due to limitations in the available budget, the TB support groups are no longer active, though there is a desire to resurrect the groups through current Global Fund budget reprogramming.

### Recommendations

- Increase funding to re-start the TB support groups.

TB Program Area	Score	
	Baseline	Mid-term
Training of health care workers	0	0.6
Sensitization of lawmakers and law enforcement officials	0	0
Legal literacy	0	0
Legal services	0	0
Monitoring and reforming laws, policies and regulations	0	0
Reducing discrimination against women	0	0
Ensuring privacy and confidentiality	0	1
Rights and access to services in closed settings	0	0

Limited resources and capacity means programs to address human rights barriers to TB services are far from comprehensive — especially in light of the suspension of the only stand-alone TB community mobilization and empowerment program (i.e. TB support groups). Prisoners are woefully neglected in TB-related human rights programming, although the Legal Aid Board does provide legal assistance to indigent people in prison irrespective of the underlying charge (or TB status), and there are also no programs to reduce discrimination against women in the context of TB or programming specific to other

key vulnerable populations. There are no reported gender assessments of TB services, and the limited programming that exists is not responsive to TB-specific gender concerns.

As discussed in the HIV program area above, training of health care workers integrated some TB-related concerns including patient confidentiality, and therefore reflects some progress in these program areas since the Baseline Assessment. In terms of sustainability, CISMAT largely operates on a volunteer basis, so program sustainability is a live concern. Another challenge, relative to HIV, is that human rights is a newer concept in the sphere of TB, and an ongoing challenge remains the lack of capacity around TB-specific human rights and gender issues, as well as a lack of capacity among sub-recipients to engage in M&E resulting in the absence of a systematic M&E system for TB programs.<sup>26</sup>

In terms of programmatic gaps, Sierra Leone does not have a national, integrated HIV/TB strategic plan despite the high proportion of patients co-infected with TB and HIV. While CISMAT has adopted a strategy of working in close alliance with organizations funded for work on HIV and key populations, more efforts are needed to advance integrated services.<sup>27</sup>

### **Recommendations**

In addition to the recommendations identified in the HIV program areas above (where HIV/TB programming can be integrated), as well as recommendations identified in the baseline assessment (the majority of which have yet to be implemented):

- Continue to integrate TB concerns in HIV-related human rights programs including those addressing gender-related barriers to services by working with fellow CARKAP members to incorporate these concerns in human rights programming, and further synchronize the work of community health workers who work on HIV with those who work on TB, including by reviewing and harmonizing HIV- and TB community-based monitoring and feedback tools.
- Invest in building the capacity of implementers of key population programming (e.g. existing human rights programs, legal aid programs, programs for prisoners, programs directed at people living in crowded or poorly-ventilated housing) and programming to address gender discrimination in human rights of key and vulnerable populations and human rights-related barriers to TB services.
- Invest in building the capacity of implementers of key population programming and programming to address gender discrimination in relation to M&E, focusing on the ability to measure the impact of TB- related human rights programs on the uptake of services.

### **Cross-cutting Issues related to Quality Programming and Sustainability**

This section looks at several cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programs to remove human rights-related barriers.

#### **Donor Landscape and Costing Considerations**

The Global Fund is the main funder of programs to reduce human rights-related barriers to access for HIV and TB services. In addition, OSF currently funds legal empowerment programs and several key informants also described the possibility of future PEPFAR funding for key population programming. However, the current funding landscape for programs to remove human rights barriers to accessing HIV and TB services in Sierra Leone is limited, with scant domestic funding and few other international donors.

On costing, according to the Baseline Assessment, costs for the recommended interventions for the five-year HIV comprehensive program for Years 1-3 are \$7,056,943 USD and for Years 1-5 are \$10,380,965 USD.<sup>28</sup> The shortfall between the estimated three-year cost in the Baseline Assessment of roughly \$7 million USD and the Global Fund Matching Fund of \$1.8 million USD is approximately \$5.2 million USD; taking into account the \$500,000 USD investment on programs to address human rights-related barriers

in the HIV allocation, the shortfall is approximately \$4.7 million USD. This is a significant funding gap and while the draft multi-year plan identifies potential funding sources, it is unclear how much funding can be secured.

### ***Coordination, Monitoring and Evaluation and Other Considerations***

A great deal of work remains to scale up, institutionalize and monitor and evaluate HIV- and TB- related human rights programs, and the challenges are amplified for programs relevant to TB. While existing programs align with the current NSP, and CARKAP has developed as a coordinating body to facilitate the 'bundling' of some programs to address human rights-related barriers to HIV services (and to a lesser extent, TB services) and to avoid duplication, there is an ongoing need for coordination between HIV and TB programs, for program implementers to explore opportunities to integrate and institutionalize HIV- and TB- related human rights concerns in the existing programs of other organizations, and for technical support with implementation. Midway through the BDB, it may be worth exploring the establishment of a 'focal point' for human rights programs in the country, responsible for coordinating the above.

There is also a crucial need to continue to invest in activities to build the human rights capacity of all stakeholders, and particularly implementers responsible for delivering human rights programs for transgender people and people in prison, as well as to develop capacity in relation to M&E, focusing on the ability to measure the impact of HIV- and TB- related human rights programs on the uptake of services. As all key informants stressed, there is little coordinated effort to collect and assess data on indicators. Geographic coverage of current programs also needs to be expanded so there is coverage of human rights programming for key populations across all districts and in prison.

### ***Recommendations***

- Establish a 'focal point' for human rights programs, responsible for providing technical support, coordinating, and monitoring and evaluating HIV- and TB- related human rights programs.
- Continue to invest in activities to build the capacity of all stakeholders, including key populations and women living with and affected by HIV, on human rights and human rights programming, particularly for transgender people and people in prison.
- Invest in building the capacity of implementers of key population programming and programming to address HIV- and TB- related gender discrimination in relation to M&E, focusing on the ability to measure the impact of HIV- and TB- related human rights programs on the uptake of services.



## Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the *Breaking Down Barriers* initiative, there is emerging evidence of impact of programming that removes human rights-related barriers, as illustrated by the case study below. Addressing these barriers, in turn, creates a more enabling environment that promotes access to services.

### *Social Linkages for Youth Development and Child Link*

Several remarkable developments are worth highlighting in relation to the development of human rights programming to address barriers to HIV services for people who inject drugs in Sierra Leone. In 2016, Social Linkages for Youth Development and Child Link (SLYDCL), received funding from the Global Fund to address HIV among people who inject drugs — the sole organization providing this service — and began conducting outreach at “hideouts” (i.e. areas known to people who inject drugs).

Through working with law enforcement and parliamentarians, in 2019, Sierra Leone established its first needle and syringe program. Recognizing the importance of harm reduction to prevent an “explosive epidemic of HIV” among people who inject drugs, SLYDCL sought to include police from the inception in its efforts to implement a needle and syringe program and to cultivate a good working relationship with them. In 2018, SLYDCL was among those presenting the findings of a harm reduction assessment to the Sierra Leone police management board, during which Sierra Leone’s Inspector General of Police expressed the need for police to support a needle and syringe program and also requested collaboration with the National HIV/AIDS Secretariat to develop a harm reduction curriculum for police. That year, the National HIV/AIDS Secretariat also sponsored a study tour of Kenyan harm reduction programs in which SLYDCL and Sierra Leone police participated. Shortly after, in March 2019, SLYDCL launched the country’s first needle and syringe program, attended by many stakeholders including the Minister of Internal Affairs, representatives from the Human Rights Commission, Law Reform Commission and the justice sector, and chaired by the Assistant Inspector General (AIG) of Police — exemplifying political leadership and ownership of the program.

Today, all of Sierra Leone’s local unit commanders have been informed that SLYDCL is implementing a needle and syringe program. In December 2019, the Legal Aid Board and SLYDCL also organized a stakeholders’ meeting on harm reduction interventions in the country, and one key outcome was a collective agreement from participants to support needle and syringe programs. According to National HIV/AIDS Secretariat staff, “We now have police able to recognize people who work with injectors who distribute syringes and needles.... This is breaking ground.”

Advocacy with parliamentarians is another pivotal part of supporting the establishment of harm reduction services. SLYDCL has worked with the Ministry of Health to advocate for the inclusion of harm reduction in its policies, and has spoken in media and with parliamentarians, including members of the Internal Affairs Committee (responsible for drug control in the country), about people who use drugs and the need to review Sierra Leone’s *National Drug Control Act, 2008* with a human rights and public health lens. Continued resources are needed to sustain and intensify advocacy efforts.



## Annex I. Summary of Recommendations

To reach comprehensiveness and achieve impact, the mid-term assessments makes the following recommendations.

### Key Recommendations

Creating a Supportive Environment	
	<ul style="list-style-type: none"> <li>• Ensure the adoption of the multi-year plan for comprehensive programs to remove human rights-related barriers to HIV and TB, including the finalization of the costing component, as well as the development of a robust monitoring and evaluation framework for both HIV and TB activities.</li> <li>• Support the Steering Group to continue meeting to support the implementation of the multi-year plan.</li> </ul>
Programmatic Scale-up	
	<ul style="list-style-type: none"> <li>• Provide resources to expand the geographic coverage of current key population programs to all districts.</li> <li>• Increase support for programs to remove human rights-related barriers to TB services, both in terms of funding and capacity strengthening.</li> </ul>
Programmatic Quality and Sustainability	
	<ul style="list-style-type: none"> <li>• Continue to invest in activities to build the capacity of all stakeholders, including key populations and women living with and affected by HIV, on human rights and human rights programming, particularly for transgender people and people in prison</li> <li>• Invest in building the capacity of implementers of key population programming and programming to address HIV- and TB- related gender discrimination in relation to M&amp;E, focusing on the ability to measure the impact of HIV- and TB- related human rights programs on the uptake of services.</li> </ul>

### Comprehensive Recommendations

Cross-cutting	
Creating a supportive environment	<ul style="list-style-type: none"> <li>• Ensure the adoption of the multi-year plan for comprehensive programs to remove human rights-related barriers to HIV and TB, including the finalization of the costing component, as well as the development of a robust monitoring and evaluation framework for both HIV and TB activities.</li> <li>• Support the Steering Group to continue meeting to support the implementation of the multi-year plan.</li> </ul>
Programmatic quality and sustainability	<ul style="list-style-type: none"> <li>• Establish a 'focal point' for human rights programs, responsible for providing technical support, coordinating, and monitoring and evaluating HIV- and TB- related human rights programs.</li> <li>• Continue to invest in activities to build the capacity of all stakeholders, including key populations and women living with and affected by HIV, on human rights and human rights programming, particularly for transgender people and people in prison</li> <li>• Invest in building the capacity of implementers of key population programming and programming to address HIV- and TB- related gender discrimination in relation to M&amp;E, focusing on the ability to measure the impact of HIV- and TB- related human rights programs on the uptake of services.</li> <li>• Provide resources to expand the geographic coverage of current key population programs to all districts.</li> </ul>

HIV-related recommendations by program area	
Stigma and discrimination reduction; Legal literacy; and Legal Services	<ul style="list-style-type: none"> <li>Disseminate main findings from Sierra Leone's second <i>HIV Stigma Index</i> to key population organizations, health care workers and law enforcement and develop or refine national and sector-specific campaigns (e.g. targeting priority audiences including health care workers, law enforcement and key populations) against stigma and discrimination.</li> <li>Scale up geographic coverage of legal literacy programs to reach all key populations and women living with and affected by HIV in all districts, informed by the results of the 2020 IBBSS survey, including by exploring opportunities to integrate HIV- and TB- related human rights concerns in existing legal literacy programs. Scale up geographic coverage of legal services programs to reach all key populations and women living with and affected by HIV in all districts, informed by the results of the 2020 IBBSS survey, by providing resources to the Legal Aid Board to train key populations and women living with and affected by HIV, including those currently acting as peer navigators, to act as community paralegals and by exploring opportunities to integrate HIV- and TB-related human rights concerns in existing community paralegal programs.</li> </ul>
Training of health care workers on human rights and ethics	<ul style="list-style-type: none"> <li>Institutionalize HIV, TB and human rights training (e.g. how to support HIV and TB prevention, treatment, care and support, and human rights of key and vulnerable populations) for law enforcement by integrating such training in pre-service curriculum (e.g. at the police academy) and in-service professional development opportunities.</li> <li>Institutionalize HIV, TB and human rights training (e.g. human rights of key and vulnerable populations) for judges via ongoing professional development opportunities.</li> <li>Conduct an assessment of the HIV- and TB- related rights and needs of prisoners, in partnership with prisoner-focused organizations, and based on the findings, sensitize prison health personnel and related staff in all districts about human rights and medical ethics issues related to HIV and TB and actions to ensure the right to health.</li> </ul>
Sensitization of lawmakers and law enforcement agents	<ul style="list-style-type: none"> <li>Institutionalize HIV, TB and human rights training (e.g. how to support HIV and TB prevention, treatment, care and support, and human rights of key and vulnerable populations) for law enforcement by integrating such training in pre-service curriculum (e.g. at the police academy) and in-service professional development opportunities.</li> <li>Institutionalize HIV, TB and human rights training (e.g. human rights of key and vulnerable populations) for judges via ongoing professional development opportunities.</li> <li>Conduct an assessment of the HIV- and TB- related rights and needs of prisoners, in partnership with prisoner-focused organizations, and based on the findings, sensitize prison health personnel and related staff in all districts about human rights and medical ethics issues related to HIV and TB and actions to ensure the right to health.</li> </ul>
Monitoring and reforming laws, regulations and policies related to HIV	<ul style="list-style-type: none"> <li>Continue to hold advocacy meetings and training with key stakeholders including parliamentarians, with a focus on both (a) specific law reform objectives in line with recommendations of the 2017 Legal Environment Assessment and (b) incremental policy reforms that advance the rights of key and vulnerable populations (e.g. moratorium on police arrests of key populations and individuals distributing HIV prevention commodities, policy reforms facilitating access to opioid agonist therapy, policy reforms facilitating the distribution of HIV prevention commodities in prison, reform of remand and sentencing laws to reduce the prison population, including the number of people in prison who have yet to be charged or convicted).</li> <li>Collaborate with existing legal advocacy groups on advocacy opportunities and to mobilize broader support for and contributions to law and policy reform efforts, including the possibility of strategic public interest litigation to reform discriminatory laws.</li> <li>Provide resources for key population organizations to develop and implement plan to document and compile human rights violations of key populations for advocacy efforts (e.g. campaigns to raise community awareness, public interest litigation, submissions to National Human Rights Commission, UN treaty body advocacy).</li> </ul>
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	<ul style="list-style-type: none"> <li>Fund a community organizer and an educator with experience of key and vulnerable populations and HIV and TB to work at leading women's organizations in Sierra Leone to help integrate and mainstream HIV and TB issues into broader work on gender equality.</li> <li>Scale up geographic coverage of CARKAP and Legal Aid Board programs to reduce HIV-related gender discrimination to cover all districts.</li> <li>Develop and produce public campaigns on gender-related barriers to HIV, TB and other health services, including content related to key populations.</li> <li>Continue plans (already underway) to integrate safe places/havens for key populations at Drop-In Centres and for survivors of sexual- and gender-based violence to receive psychosocial services and support.</li> </ul>

TB-related recommendations by program area	
Reducing stigma and discrimination	<ul style="list-style-type: none"> <li>Disseminate TB Stigma Index Assessment Toolkit to health care workers and law enforcement officers and provide resources for (a) recipients to measure and document TB stigma and (b) implementer to analyze results and produce report of findings.</li> <li>Based on outcome of TB Stigma Index and key findings from CISMAT's Community-Based Monitoring and Feedback program, develop national and sector-specific campaigns (e.g. targeting priority audiences including health care workers, law enforcement and key and vulnerable populations) against stigma and discrimination.</li> <li>Conduct community sensitization meetings across at least 40 high-TB-burden locations to increase awareness and develop strategies and actions to reduce stigma and discrimination at a structural level, institutional level, and community and individual level.</li> </ul>
Mobilizing and empowering patient groups	<ul style="list-style-type: none"> <li>Increase funding to re-start the TB support groups.</li> </ul>
<p>Missing TB Program Areas:</p> <p>Training of health care workers on human rights and ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy; Legal services; Monitoring and reforming policies, regulations and laws that impede TB services; Reducing gender-related barriers to TB; Ensuring privacy and confidentiality; Programs in prisons and other closed settings</p>	<ul style="list-style-type: none"> <li>Continue to integrate TB concerns in HIV-related human rights programs including those addressing gender-related barriers to services by working with fellow CARKAP members to incorporate these concerns in human rights programming, and further synchronize the work of community health workers who work on HIV with those who work on TB, including by reviewing and harmonizing HIV- and TB community-based monitoring and feedback tools.</li> <li>Invest in building the capacity of implementers of key population programming (e.g. existing human rights programs, legal aid programs, programs for prisoners, programs directed at people living in crowded or poorly-ventilated housing) and programming to address gender discrimination in human rights of key and vulnerable populations and human rights-related barriers to TB services.</li> <li>Invest in building the capacity of implementers of key population programming and programming to address gender discrimination in relation to M&amp;E, focusing on the ability to measure the impact of TB- related human rights programs on the uptake of services.</li> </ul>

## Annex II. Detailed Methodology

### Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

- 1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
- 2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
- 3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.”<sup>29</sup>

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments. Sierra Leone is a rapid assessment.

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. Rapid assessments included a limited number of key informant interviews conducted remotely.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

Assessing specific BDB programs	
Dimension	Questions
<b>Scope</b>	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
<b>Scale</b>	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
<b>Sustainability</b>	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?

	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
<b>Integration</b>	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
<b>Quality</b>	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

The assessment was begun in November 2019 and completed in January 2020. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Sierra Leone Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Sandra Ka Hon Chu, Julie Mabilat	November - December 2019
Key informant interviews conducted remotely with nine stakeholders	Sandra Ka Hon Chu, Julie Mabilat	Dec 2019 – Jan 2020
Presentation of key report findings to GF stakeholders	Sandra Ka Hon Chu	January 2020

### Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
4	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
N/A	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
Unk	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

### Annex III. List of Key Informants

1. Amara Lebbie, Global Fund Grant Manager, National HIV/AIDS Secretariat
2. Kemoh Mansaray, Program Officer, National HIV/AIDS Secretariat
3. Marie Benjamin, Program Coordinator, The Society for Women and AIDS in Africa, Sierra Leone Chapter (also Vice-chair of the CCM & Current chair of CARKAP)
4. Alhaji Mohammad B. Jalloh, Chief Executive Officer, Focus 1000 (also Country Coordinating Mechanism & Steering Committee member)
5. Sallu Jusu, Monitoring and Evaluation Officer, Legal Aid Board (also Steering Committee member)
6. Habib T. Kamara, Executive Director, Sierra Leone Youth Development Child Link
7. Abdulai Abubakarr Sesay, Executive Director, Civil Society Movement Against Tuberculosis-Sierra Leone
8. Hudson Tucker, Dignity Association (also Steering Committee member)
9. Christian Tshimbalanga, International Consultant – Health and Human Rights

## Annex IV: List of Sources and Documents Reviewed

### Global Fund Repository

#### Documents related to BDB Initiative:

- *Comprehensive Programmes to Reduce Human Rights-Related Barriers to HIV and TB Services in Sierra Leone: 2019-2023 – DRAFT*
- *Comprehensive Programs to Reduce Human Rights-Related Barriers to HIV and TB Services in Sierra Leone: 2019-2023* [7 June 2019 Updated matrix]
- *Draft M&E framework for the 5year Plan* [Excel sheet]
- The Global Fund, *Baseline Assessment: Sierra Leone* (2019)
- Jurgens R., *Breaking Down Barriers: Baseline findings for Sierra Leone* (2019) [PowerPoint]
- *Multi-stakeholder consultation to develop a five-year plan for scaling up programs to address human rights barriers to HIV and TB services: Objectives, key questions for consideration, and process recommendations*

#### Global Fund Internal Documents:

- The Global Fund, *Budget of the National HIV/AIDS Secretariat (NAS)*
- The Global Fund, *Country Case Study – Sierra Leone* (2019)
- The Global Fund, *Grant Management Data* [PDFs]
- The Global Fund, *NAS. Monitoring and Evaluation Plan for Programme Continuation Request (PCR) 2018-2020* (2017)
- Sierra Leone Ministry of Health and Sanitation, *National AIDS Control Program (NACP), Health Sector HIV Accelerated Response Plan 2019-2020* (2019)

### Relevant Third-Party Resources

- AMPG Health, *Strengthening the Harm Reduction Response in Sierra Leone* (2017)
- *Rule of Law Index: Sierra Leone*
- *Sierra Leone GAM* [Excel sheet]
- Sierra Leone National HIV/AIDS Secretariat and UNDP, *Assessment of Legal Environment for HIV and AIDS in Sierra Leone* (2018)
- Sierra Leone National HIV/AIDS Secretariat, *National Strategic Plan on HIV/AIDS 2016-2020* (2015)
- Soyoola M., International Treatment and Prevention Coalition Unit Civil Society Movement Against Tuberculosis (CISMAT) Sierra Leone Support for the Assessment of CISMAT Community Based Monitoring and Feedback Approach Miniratu Soyoola. Health Partners International (2018)
- Stop TB Partnership, *TB Stigma Assessment - Implementation Handbook*. Stop TB Partnership, Geneva (2019)
- UNAIDS, *Global AIDS Monitoring 2018: Country progress report – Sierra Leone*
- UNAIDS, *Sierra Leone Country factsheets* (2018)
- Thumath M, Weekes S, Falkenberry H, Parsons D, Park J, Burrows D, *Assessment of HIV Service Packages for Key Populations in Sierra Leone*. APMG Health, Washington, DC (2018)
- World Health Organization (WHO). *Global Tuberculosis Report, 2019*. Geneva (2019)

### Relevant Online Resources

- U.S. Department of State, Bureau of Democracy, Human Rights, and Labor (USDOS) (2019), 2018 Country Reports on Human Rights Practices: Sierra Leone:  
<https://www.state.gov/report/custom/d0c6a1e6c3-3/>
- Freedom House. Freedom in the World 2019 – Sierra Leone:  
<https://freedomhouse.org/report/freedom-world/2019/sierra-leone>



- UNAIDS Laws and Policies Analytics: <http://lawsandpolicies.unaids.org/country?id=SLE>
- World Health Organization (WHO), *Tuberculosis country profile – Sierra Leone, 2019*:  
[https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO\\_HQ\\_Reports%2FG2%2FPR  
OD%2FEXT%2FTBCountryProfile&ISO2=SL&LAN=EN&outtype=html](https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPR<br/>OD%2FEXT%2FTBCountryProfile&ISO2=SL&LAN=EN&outtype=html)

## References

- <sup>1</sup> See Strategic Objective 3 in the Global Fund Strategy. Global Fund. *The Global Fund Strategy 2017-2022: Investing to End Epidemics*. [https://www.theglobalfund.org/media/2531/core\\_globalfundstrategy2017-2022\\_strategy\\_en.pdf](https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf)
- <sup>2</sup> This definition was developed by the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. Paper available on request from the Global Fund
- <sup>3</sup> For HIV: Global Fund. (2019). *Technical Brief: HIV, Human Rights and Gender Equality*. [https://www.theglobalfund.org/media/6348/core\\_hivhumanrightsgenderequality\\_technicalbrief\\_en.pdf?u=637166001220000000](https://www.theglobalfund.org/media/6348/core_hivhumanrightsgenderequality_technicalbrief_en.pdf?u=637166001220000000); For TB: Global Fund. (2020). *Technical Brief: Tuberculosis, Gender and Human Rights*. [https://www.theglobalfund.org/media/6349/core\\_tbhumanrightsgenderequality\\_technicalbrief\\_en.pdf?u=637181442000000000](https://www.theglobalfund.org/media/6349/core_tbhumanrightsgenderequality_technicalbrief_en.pdf?u=637181442000000000)
- <sup>4</sup> “Reducing Discrimination against Women” which is why the report uses those headings for HIV and TB program areas
- <sup>5</sup> UNAIDS. (2018). *Sierra Leone Country factsheets*. <https://www.unaids.org/en/regionscountries/countries/sierraleone>
- <sup>6</sup> UNAIDS. (2018). *Sierra Leone Country factsheets*. <https://www.unaids.org/en/regionscountries/countries/sierraleone>
- <sup>7</sup> UNAIDS. (2018). *Sierra Leone Country factsheets*. <https://www.unaids.org/en/regionscountries/countries/sierraleone>
- <sup>8</sup> UNAIDS. (2018). *Sierra Leone Country factsheets: HIV Sero-Prevalence Study for Key Populations May 2015*. See also UNAIDS. (2018). *Sierra Leone Country factsheets: HIV tests conducted by jails, prisons and other closed settings, 2018*.
- <sup>9</sup> WHO Tuberculosis country profile – Sierra Leone (has current data on TB burden estimates, as well as financing information): [https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO\\_HQ\\_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=SL&LAN=EN&outtype=html](https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=SL&LAN=EN&outtype=html)
- <sup>10</sup> Global Fund. (2018). *Baseline Assessment: Scaling Up Programs to Reduce Human Rights-related Barriers to HIV Service – Sierra Leone*. [https://www.theglobalfund.org/media/9776/crg\\_humanrightsbaselineassessmentsierraleone\\_report\\_en.pdf?u=637278309970000000](https://www.theglobalfund.org/media/9776/crg_humanrightsbaselineassessmentsierraleone_report_en.pdf?u=637278309970000000)
- <sup>11</sup> See *Sierra Leone National Strategic Plan on HIV/AIDS 2016-2020*, November 2015 and UNDP. (2018). *Assessment of Legal Environment for HIV and AIDS in Sierra Leone Validated Report*.
- <sup>12</sup> *Sierra Leone Constitution*, Act No. 6 of 1991.
- <sup>13</sup> Government of Sierra Leone, Ministry of Health and Sanitation, National Leprosy and Tuberculosis- Strategic Plan (2016-2020) Core Plan, May 2016.
- <sup>14</sup> [https://www.theglobalfund.org/media/4220/bm35\\_03challengingoperatingenvironments\\_policy\\_en.pdf](https://www.theglobalfund.org/media/4220/bm35_03challengingoperatingenvironments_policy_en.pdf)
- <sup>15</sup> UNDP. (2018). *Assessment of Legal Environment for HIV and AIDS in Sierra Leone Validated Report*.
- <sup>16</sup> The Index classified Sierra Leone 15/30 relative to other countries in sub-Saharan Africa. See World Justice Project, *Rule of Law Index 2019*, 2019.
- <sup>17</sup> R. Jurgens, *Breaking Down Barriers: Baseline findings for Sierra Leone*, March 2019.
- <sup>18</sup> Global Fund, *Country case study – Sierra Leone*, 2019.
- <sup>19</sup> The Steering Group consists of representatives from the CCM, Ministry of Health, National HIV/AIDS Secretariat, UNAIDS, Ministry of Youth Affairs, Legal Aid Board, Human Rights Commission and civil society organizations CISMAT, KITE, Dignity Association and SOLTHIS.
- <sup>20</sup> Based on review by consultants of all the interventions and activities listed under each HIV Program Area in the *Baseline Assessment* and the *June Updated Matrix Comprehensive Programs to Reduce Human-Rights-related Barriers to HIV* [on file with MTA team].
- <sup>21</sup> The study was supported by UNAIDS, NETHIPS and SOLTHIS, reached 800 people living with HIV in 14 districts and employed new assessment tools that disaggregate responses by key population. At the time of the rapid mid-term assessment, the survey had yet to be published.
- <sup>22</sup> Sierra Leone, *The Legal Aid Act, Being an Act to provide for the establishment of the Legal Aid Board, to provide accessible, affordable, credible and sustainable legal aid services to indigent persons and for other related matters*, 2012.
- <sup>23</sup> Three other organizations that work with female sex workers in different regions of the country (Women in Crisis Movement, RODA and Kakua Hospice) carry out similar outreach.
- <sup>24</sup> See *Civil Society Movement Against Tuberculosis in Sierra Leone*. (n.d.), Civil Society Movement Against Tuberculosis in Sierra Leone. Retrieved Sept. 21, 2020. <https://cismatsierraleone.weebly.com/> and *Civil Society Movement Against Tuberculosis-Sierra Leone*. (n.d.) Global Health Workforce Alliance. Retrieved Sept. 21, 2020. [https://www.who.int/workforcealliance/members\\_partners/member\\_list/cismats/en/](https://www.who.int/workforcealliance/members_partners/member_list/cismats/en/)
- <sup>25</sup> Health Partners International, *International Treatment and Prevention Coalition Unit Civil Society Movement Against Tuberculosis (CISMAT) Sierra Leone Support for the Assessment of CISMAT Community Based Monitoring and Feedback Approach*, February 24, 2018.
- <sup>26</sup> CISMAT’s Community-Based Monitoring and Feedback program was the subject of an assessment commissioned by the Global Fund, which recommended, among other things, that the data collection tool be revised to better reflect the vision and objectives of the program, and that the program be strengthened to “improve promotion of rights, address gender issues, promote social inclusion and equity.” See Health Partners International, *International Treatment and Prevention Coalition Unit Civil Society Movement Against Tuberculosis (CISMAT) Sierra Leone Support for the Assessment of CISMAT Community Based Monitoring and Feedback Approach*, February 24, 2018.

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<sup>27</sup> Global Fund. (2018). *Baseline Assessment: Scaling Up Programs to Reduce Human Rights-related Barriers to HIV Service – Sierra Leone*.  
[https://www.theglobalfund.org/media/9776/crg\\_humanrightsbaselineassessmentsierraleone\\_report\\_en.pdf?u=637278309970000000](https://www.theglobalfund.org/media/9776/crg_humanrightsbaselineassessmentsierraleone_report_en.pdf?u=637278309970000000)

<sup>28</sup> Calculated by consultant based on Global Fund. (2018). *Baseline Assessment: Scaling Up Programs to Reduce Human Rights-related Barriers to HIV Service – Sierra Leone*.  
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<sup>29</sup> Global Fund. RFP TGF-19-050: Mid-term Assessments of Programs to Reduce Human Rights-related Barriers to HIV, TB and Malaria services in 20 countries. July 2019.