



SENEGAL
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.

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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. Senegal's was a rapid assessment.

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

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Summary

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 HIV-related human rights programs in Senegal. TB-related human rights programs are only emerging now in Senegal; these were not addressed by the initial baseline assessment nor are they included in this mid-term assessment. This report seeks to: (a) assess Senegal's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV 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 services¹ 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.² 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 and quality of programming, as well as the impact the *Breaking Down Barriers* Initiative has had in Senegal 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 Senegal was a rapid assessment focusing on HIV-related programs. It was conducted primarily between June and October 2020, with completion of the draft report in December 2020 and final revisions in April 2021.

¹ 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).

² **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).

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.

Progress towards Creating a Supportive Environment to address Human Rights-related Barriers

At mid-term, all the milestones necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV services have been achieved and there is agreement, among stakeholders that the overall BDB process has been inclusive and participatory and has contributed to further cement commitments towards removing human rights-related barriers to HIV programs in Senegal. (See Table 1)

Table 1: Key milestones

Milestone	Results	Date
Baseline assessment	Literature review, key informant interviews and focus groups conducted.	July 2017 to February 2018
	Report finalized.	June 2018 (costing analysis finalized in November 2018)
Matching funds	Senegal applied for EUR 1,090,775 million so-called matching funds for programs to reduce human rights-related barriers to HIV services, for a combined total of EUR 2,290,132 million for such programs, including the amount dedicated to them within Senegal's main funding request to the Global Fund.	Approved in December 2018 (grants signed in May 2019)
Multi-stakeholder meeting	Participants from government, civil society, technical partners, key and vulnerable populations, the Global Fund, health professionals and the private sector met to start the process of elaborating a 5-year plan.	February 2020
Working group on human rights, HIV and TB	A Working Group dedicated to the development of the 5-year plan was established at the multi-stakeholder meeting under the leadership of the National AIDS Council (Conseil national de lutte contre le SIDA). It included different government ministries (including Justice and Interior), representatives of HIV and TB national programs, representatives of the CCM, ANCS (HIV civil society principal recipient), ENDA (a civil society organization implementing HIV related human rights programs and working with key populations), representatives of networks of people living with HIV and of key populations, technical and financial partners (UNAIDS and PEPFAR) as well as Plan International (TB civil society principal recipient) and a representative of TB patients.	February 2020
National plan to reduce human rights-related barriers	The Working Group validated the draft of the national 5-year plan, which was then further validated and approved at another multi-stakeholder meeting.	July 2020 October 2020

Scale-up of Programs: Achievements and Gaps

Senegal has made progress towards achieving comprehensive programming for interventions to remove human rights-related barriers to HIV services (see Table 2). At mid-term, activities continue to be implemented in all seven key program areas for HIV and there has been progress in each of the seven areas. Notably, during the time period reviewed, Senegal has been ramping up efforts to systematically measure and document stigma, discrimination and other abuses against people living with HIV and other key populations. Initiatives in several program areas are strengthening community capacity not only for such documentation, but also to engage key stakeholders (such as health care workers, law enforcement, lawmakers and community and other religious leaders) in dialogue and training regarding human rights, as well as to advocate for changes to laws, policies

and practices. This includes the training of community mediators and paralegals, such as the impressive cadre of sex worker paralegals that now exists. In addition, as the assessment was being completed, country stakeholders approved a national five-year plan (2021-2025) for further scale-up toward comprehensive programming, which involves both government and civil society implementers, and envisions national coverage for the bulk of the interventions, including for key populations and includes a specific emphasis on women and young people within those populations. Finally, it is welcome that the new five-year plan now also includes programs to reduce human rights-related barriers to TB services, a new development in Senegal. Efforts were made to align these programs with the TB-related new funding request to the Global Fund (NFM 3).

However, gaps and barriers naturally remain. Concerns remain about ensuring implementation of the activities in the five-year plan. While the *Breaking Down Barriers* initiative has, importantly, led to the sensitization and engagement of some important government stakeholders regarding addressing human rights-related barriers to HIV services, key populations still face a challenging political and social environment overall, including violence. This underscores the importance of investments in community capacity for advocacy to ultimately make that environment more supportive and enabling of effective responses to HIV. There is a need for greater and sustained attention to gender-related barriers to HIV services, to barriers facing transgender people, to the rights and needs of prisoners, and of women and young people within key populations. Sustainability of the agreed-upon programs to reduce human rights-related barriers to HIV services remains a concern.

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

Program areas	HIV	
	Baseline	Mid-Term
Stigma and discrimination reduction	1.5	3.6
Training for health care providers on human rights and medical ethics	3	3.6
Sensitization of law-makers and law enforcement agents	2	3
Legal literacy (“know your rights”)	1.5	3
Legal services	2.5	3
Monitoring and reforming laws, regulations and policies	1	2.5
Reducing discrimination against women	2.3	3
Ensuring confidentiality and privacy	N/A ³	
Mobilizing and empowering patient and community groups		
Programs in prisons and other closed settings		
Overall score	1.9	3.1

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

³ Note that these programs are built into the other HIV program areas.

Cross-cutting Issues related to Quality Programming and Sustainability

To the extent possible, in examining programs, the mid-term assessment reviewed cross-cutting indicators of quality programming⁴ and sustainability. The assessment includes some observations regarding (i) the integration of human rights programs, (ii) political and community engagement in addressing human rights-related barriers to services, and (iii) the donor landscape.

Achieving Quality

Human rights programs in Senegal appear to be generally well integrated with other HIV-related interventions, and at least in the new five-year national plan, efforts have been made to ensure programs in all seven key program areas complement one another and reflect a logical theory of change. For example, interventions in different program areas aim to ultimately contribute to reducing police discrimination, harassment and abuse against key populations and equip key populations to document and respond to abuses. Efforts have also been made to ensure that the five-year plan is consistent with other relevant plans existing at a national level, such as the National Strategic Plan against AIDS, as well as strategic plans of key national actors. Key and vulnerable populations, especially through different community organizations and networks, are usually involved in human rights programs, although their contribution, including to the design of interventions, could and should be strengthened. Enhancing the quality of programs would also mean paying greater attention to sub-populations, including young people and women among key populations, as well as to transgender people. Additional inquiries are recommended to get a better understanding of the needs of, and programs for, people in prison. Finally, robust monitoring and evaluation, using clear indicators, is needed to assess the quality of programs on an ongoing basis, as part of implementing the five-year strategic plan.

Political and community engagement

At mid-term, it can be observed that funding and commitments to human rights interventions have increased as a result of Global Fund catalytic funds and regional grants over the past few years, and have also become more structured. Human rights issues are better embedded in the national response to HIV, including in Senegal's *National Strategic Plan against AIDS (2018-2022)* and interventions for key populations are prioritized. The justice sector is among the key stakeholders endorsing the five-year plan. The plan's implementation will be supported by the Conseil National de Lutte Contre le SIDA (CNLS), which is one of the main implementers and coordinates the technical working group in charge of overseeing the plan's implementation (*Comité de pilotage*), which was previously the group that helped developed the plan. CNLS is a governmental institution presided over by the Prime Minister. Programs consciously intended to reduce human rights-related barriers to TB services have yet to be put in place, but the five-year plan and dedicated funding that have been secured, with the support of the Breaking Down Barriers initiative, should create a new dynamic that better integrates human rights into the TB response. Senegal is also participating in the *Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination*, offering an opportunity for further strengthening the country's commitment to reducing HIV related stigma and discrimination in various settings. The national plan should reinforce the human rights capacity of the two Principal Recipients (one governmental, one community-based), and that of key populations, including via the national network of key population organizations which is now a sub-recipient. Implementation of human rights programs has been delayed for various reasons (funding delays, challenging political environment and then the COVID-19 pandemic), and violence and harassment of key population remains a major challenge. Additionally, there is a need for greater

⁴ 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 robust M&E systems.

coordination of human rights programs and ensuring greater transparency in the implementation of programs, which monitoring and evaluation should help address.

Donor landscape

PEPFAR is a significant actor in the HIV response in Senegal, but is not involved in human rights interventions and, although it was included in the Working Group, PEPFAR did not contribute to the development of the five-year national plan to reduce human rights-related barriers to the HIV services that are their focus. Other international donors include the Netherlands (e.g., funding for sex worker programs via Mama Cash), Expertise France (with a focus on sexual and reproductive health), and Médicos del Mundo (e.g., support to key populations, including support for advocacy). This rapid assessment was not able to determine whether international funding for human rights programs in relation to HIV has increased in Senegal in the past few years. However, it was indicated that a growing number of community organizations are developing their own partnerships with international donors, including for such programs.

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, the assessment in Senegal (which looked only at HIV services) documented emerging evidence related to the removal of barriers that facilitates access and uptake of HIV services in the form of two case studies. The first involves the training of more than 100 sex worker paralegals from across the country on conducting “know your rights” educational activities with sex workers, documenting human rights violations and providing support in seeking redress and in accessing services. A second instance of emerging impact is the expansion of dialogues between police and community organizations representing key populations (Gay, Bisexual, Men who have sex with men, sex workers and people who use drugs). These are opportunities to identify concerns with police practices (e.g., challenging police use of condoms as evidence of criminal activity) and identify focal points among local police forces who can help resolve conflicts in individual cases of arrest and support effective HIV programs more generally. For example, in December 2019, one district’s prefect issued an order to all police authorities to facilitate, rather than impede, HIV-related outreach interventions; this excellent example of a positive change offers a useful precedent on which to build other guidance for police nationally. Key population stakeholders have been firmly supportive of these initiatives to reduce harassment, violence and arrests by police.

Conclusion

In recent years, there has been notable progress in Senegal toward a comprehensive response to human rights-related barriers to HIV services; the *Breaking Down Barriers* initiative has built significantly on some important, more ad hoc initiatives on human rights issues that had previously been implemented, with support from both the Global Fund and other donors. Greater political engagement in this effort has been observed, although the political environment remains challenging, especially with regards to the LGBTI community. Community engagement, knowledge and capacity for addressing human rights-related barriers among key stakeholders, including principal recipients, key population organizations and other actors such as health care professionals and some police forces, have also increased. Moving forward, greater attention to gender-related barriers, to the rights and needs of women and young people within key populations, and to populations such as transgender people and prisoners will be important. Finally, it is important that the technical working group, and the two principal recipients, ensure effective oversight, transparency, coordination, and monitoring and evaluation of the programs to be implemented under the new five-year national strategic plan, including with Global Fund support.

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

Creating a Supportive Environment
<ul style="list-style-type: none">• The Government of Senegal, together with international donors, should support governmental institutions and civil society to implement the five-year national plan through funding of human rights-related activities and the corresponding human resources needed.• Principal recipients, government and international donors should ensure transparency, coordination and information-sharing in relation to funding approved for activities related to HIV, TB and human rights in Senegal. This includes supporting the technical working group in charge of overseeing the implementation of the five-year plan, including its regular meetings.• Key populations must be meaningfully engaged in the design, implementation and oversight of activities related to HIV and human rights in Senegal. Their involvement in the HIV response must be further valued, including by government.
Programmatic Scale-up
<ul style="list-style-type: none">• The involvement of community mediators, leaders, trainers and paralegals based in key and vulnerable populations, as well as other community actors such as “Bajenu Gox” and “mother mentors” should be strengthened and expanded, given their central roles in all seven key human rights program areas related to HIV.• The government and international donors should take and support further steps to protect HIV community actors against violence and harassment in relation to their activities.
Programmatic Quality and Sustainability
<ul style="list-style-type: none">• Principal recipients, government and international donors should enhance the quality of programs by paying greater attention to sub-populations, including young people and women among key populations, as well as to transgender people and people in prisons.• Principal recipients, program implementers and the technical working group should ensure robust monitoring and evaluation of activities related to HIV and human rights.• Principal recipients, program implementers, the technical working group, government and international donors should support efforts by local stakeholders to get additional technical and financial partners – including country-level partners – involved in the implementation of the five-year plan.

Introduction

In 2017, the Global Fund launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Senegal 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 Senegal from June 2020 to September 2020 on behalf of the Global Fund to Fight AIDS, TB and Malaria (Global Fund), to: (a) assess Senegal's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective. This report focuses on HIV-related human rights programs in Senegal. Programs to reduce human rights-related barriers to TB services are only emerging in Senegal. They were not included in the initial baseline assessment and are not covered by the mid-term assessment.

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 services⁵ 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 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 services”,¹ and Global Fund Key Performance Indicator 9 that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

“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).²

Box 1: Key Program Areas to Remove Human Rights-related Barriers to HIV

For HIV:

- 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 HIV-related laws, regulations and policies; and

⁵ 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.

- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.

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).

Over the period June to September 2020, the Global Fund supported a rapid mid-term assessment examining Senegal's progress towards supporting comprehensive programs to remove human rights-related barriers to HIV, 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 include a desk review of relevant documents. In the case of Senegal, as a country selected for a rapid assessment, the assessment also included remote key informant interviews. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered on the question of the comprehensiveness of programs.

The Senegal mid-term rapid assessment was conducted primarily between June and September 2020 (Table 1). More information on the assessment's methods, including a list of key informants and more in-depth explanation of the country scorecard, is provided in Annex II.

Limitations

During the mid-term assessment, the evaluation team sought diverse perspectives from a range of key informants through interviews conducted remotely (by Zoom and WhatsApp) or in writing. 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 several cases, observations were drawn from a single key informant. Though heads of organizations representing key populations 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 or other beneficiaries of human rights programs. Nonetheless, by carefully selecting and interviewing a diverse set of key stakeholders, the team has tried to overcome these limitations as much as possible and hopes that the information contained in this report provides an accurate snapshot and basis for further development of programs seeking to remove human rights-related barriers to HIV services. The mid-term assessment also benefited from knowledge and information acquired through different missions of technical assistance supported by the Global Fund's Community, Rights and Gender Department (CRG) in Senegal in the context of the matching funds application in 2018 and the development of the National Plan to reduce human rights-related barriers to services in 2020.

Table 1: Senegal Mid-Term Assessment Timeline

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Cécile Kazatchkine Julie Mabilat	June-July 2020
Key informant interviews conducted remotely with 14 people representing 9 stakeholders	Cécile Kazatchkine Julie Mabilat	July – September 2020
Presentation of key report findings to Global Fund	Cécile Kazatchkine Richard Elliott	December 2020
Review and finalization of report, submission to Global Fund	Cécile Kazatchkine Richard Elliott	January – April 2021

Part I: Background and Country Context

Epidemiological Context

According to the latest estimates from UNAIDS, approximately 41,500 people are living with HIV in Senegal, of whom 70% receive antiretroviral therapy.³ However, specifically with respect to children, only 38% of those living with HIV receive treatment.⁴ HIV prevalence among adults and adolescents aged 15 to 49 is 0.4%, with higher prevalence among women at 0.5% compared to 0.4% for men.⁵ HIV prevalence varies across regions: prevalence in Kolda and Ziguinchor (1.5%), Kaffrine (0.9%), Tambacounda (0.8%) and Kédougou (0.6%) is above the national average HIV prevalence (0.5%).⁶ Senegal has a concentrated HIV epidemic, with increasing prevalence among gay, bisexual and other men who have sex with men (with a national average of 27.6%), especially in the cities of Dakar (49.6%), Diourbel (34.8%), Mbour (32.7%), Saint-Louis (30.3%) and Louga (29.3%). HIV prevalence is particularly high among gay, bisexual and other men who have sex with men between the ages of 30-39 (45.2%) and the ages between 25-29 (37.3%).⁷ On the contrary, HIV prevalence among sex workers (5.82%)⁸ has significantly decreased since 2010. HIV prevalence among people who use drugs was estimated in the region of Dakar at 5.2% in 2011, with a significant difference between men (3%) and women (13%).⁹ An ongoing study confirms a prevalence of 2% among prisoners.¹⁰ Again, prevalence is higher among women (4.5%) than men (1.7%) in prison.¹¹ Information on HIV prevalence among transgender people is not available. A study to estimate the size of the transgender population in Senegal was planned in 2020. Data on HIV prevalence are expected to be available by the end of 2023.

Legal and Policy Context

The Government of Senegal was among the first countries in sub-Saharan Africa to endorse and support early and broad access to treatment for people living with HIV. In 2010, Senegal adopted a national HIV law protecting the rights of people living with HIV.¹² However, access to HIV prevention, care and treatment remains hampered by legal and policy barriers faced by key populations, including sex workers, people who use drugs and men who have sex with men. Men who have sex with men are highly stigmatized in Senegal and penal provisions prohibiting “indecent” or “unnatural” acts between people of same sex have been used to criminalize them. Sex work is not illegal *per se* in Senegal, but the law penalizes certain activities related to sex work (e.g., provisions against soliciting, etc.). In addition, sex workers are required to officially register and carry a health card. These regulations marginalize “clandestine” (i.e., unregistered) sex workers and can be used by police to pressure “official” (registered) sex workers. Drug use is criminalized in Senegal, where people who use drugs are frequently arrested. In terms of HIV-related policies, the HIV response in Senegal is guided by the *National Strategic Plan* (2018-2022). Guiding principles of the National Plan include putting people living with HIV and the most affected at the center of the response. Removing human rights-related and gender-related barriers is one of the main objectives of the plan.

Other Key Considerations for the HIV Response

Homophobia represents an important challenge to the HIV response in Senegal. In 2019, following violent and stigmatizing public attacks by religious leaders as well as in the media and on social media, HIV-related programs serving gay, bisexual and other men who have sex with men were suspended for up to four months and some activities, such as HIV testing, had to be entirely reorganised to ensure some continuity of services.¹³ Several people had to flee the country or hide resulting in interruption of HIV treatment and ruptures in connections with community organizations. RENAPOC (the network for key populations) had to close and relocate its headquarters. It was able to do so with the support of one of Global Fund’s principal recipients (PRs). At the multi-stakeholder meeting in February 2020, the National Community Alliance for Health (*Alliance Nationale des Communautés pour la Santé* – ANCS) (Global Fund civil society PR) discussed the difficulties of working in such complex environment when partners are stigmatized in relation to

their activities. They affirmed their commitment to promoting human rights in the context of HIV and asked for additional public support from the government. For key populations' representatives, it is essential that their involvement in the HIV response be further valued and fully recognized at a national level to increase acceptance and understanding of their interventions and demands including the right to equal access to health.

Finally, a growing number of actors, including within the justice sector, have begun recognizing the need for human rights to be a central element in the fight against HIV in Senegal, but commitment and leadership on these issues at a high political level is still lacking. The country does, however, benefit from a rich and solid community of civil society organizations and a well-established multi-sectoral and inclusive approach to the fight against HIV on which it can build. For several years, the National AIDS Council (*Conseil National de Lutte contre le Sida – CNLS*) has had agreements with different ministries to implement HIV-related programs. HIV focal points located within different ministries play important roles in both facilitating HIV-related interventions (including programs to reduce human rights-related barriers to services) and maintaining dialogue between different stakeholders. HIV focal points for police authorities and the prison administration are, for instance, especially active in the HIV response. Of note, the HIV focal point of the prison administration benefited from training organised in Kenya with the support of the Global Fund's 2017-2019 regional grant on human rights and HIV. This training contributed to strengthen his capacity and commitment towards HIV, including protecting human rights and key populations.¹⁴ The Global Fund's regional grant and the *Breaking Down Barriers* initiative also facilitated bringing new actors into the HIV response, including the national prison observatory (*Observateur national des lieux de privation de liberté*).¹⁵

COVID-19

In March 2020, Senegal took steps to respond to the COVID-19 pandemic, including by proclaiming a state of emergency and imposing a national curfew,¹⁶ as well as other measures including the closure of mosques (in the Dakar region), schools and some businesses, and a prohibition on travel between regions.¹⁷ To support vulnerable populations, the government of Senegal created "a response and solidarity fund" with millions of euros dedicated to urgent food support.¹⁸ Actors dedicated to the fight against HIV also mobilized in response to COVID-19. Part of CNLS's Global Fund funding was redirected to the national action plan against COVID-19.¹⁹ While many HIV-related interventions were interrupted or delayed, community organizations including the national network of people living with HIV took action to distribute treatment to people living with HIV with the support of the CNLS,²⁰ as well as food kits for some of the most vulnerable populations.²¹ Organizations of sex workers such as And Soppeku raised funding to distribute food and hygiene kits to its members in three regions of Senegal.²² Support through community WhatsApp groups as well as hotlines were also put in place to reduce the isolation of key populations and provide information on the pandemic.²³ Community organizations and networks also relayed the needs of their populations to local authorities during the crisis and advocated for continuous access to treatment.²⁴ Sex worker organizations in francophone Africa, including in Senegal, mobilized to collectively denounce increased violence and police harassment as well as lack of support to sex workers in the face of the pandemic by publishing an open letter and sending it to organizations such as UNAIDS.²⁵ These efforts demonstrate the fundamental role community organizations involved in the HIV response can play in facilitating access to treatment and other vital support to key and vulnerable populations as well as monitoring and denouncing human rights violations, including at a time of crisis. In addition to HIV prevention, treatment and care related interventions, COVID-19 affected human rights programs. For example, a number of community dialogues and human rights legal literacy activities were interrupted during the crisis and the development of the national five-year plan to remove human rights-related barriers to services was delayed as a result of both new

demands on local stakeholders at a time of crisis and the impossibility of members of the working group and supporting consultants to meet in person.

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 seeks to create a supportive environment for addressing human rights-related barriers within Senegal through a number of foundational steps to strengthen understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps have included the conduct of a **baseline assessment** to identify barriers, populations affected, existing programs and a comprehensive response, as well as to estimate the cost of its implementation; applying for **matching funds** from the Global Fund to support programs to address human rights-related barriers to services; a **multi-stakeholder meeting**; and the participatory development of a **national plan** to remove human rights-related barriers. Together, these steps are intended to contribute to 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 in Senegal.

Table 2: Key milestones

Milestone	Results	Date
Baseline assessment	Literature review, key informant interviews and focus groups conducted.	July 2017 to February 2018
	Report finalized.	June 2018 (costing analysis finalized in November 2018)
Matching funds	Senegal applied for EUR 1,090,775 million so-called matching funds for programs to reduce human rights-related barriers to HIV services, for a combined total of EUR 2,290,132 million for such programs, including the amount dedicated to them within Senegal's main funding request to the Global Fund. ²⁶	Approved in December 2018 (grants signed in May 2019)
Multi-stakeholder meeting	Participants from government, civil society, technical partners, key and vulnerable populations, the Global Fund, health professionals and the private sector met to start the process of elaborating a 5-year plan.	February 2020
Working group on human rights, HIV and TB	A Working Group dedicated to the development of the 5-year plan was established at the multi-stakeholder meeting under the leadership of the National AIDS Council (Conseil national de lutte contre le SIDA). It included different government ministries (including Justice and Interior), representatives of HIV and TB national programs, representatives of the CCM, ANCS (HIV civil society principal recipient), ENDA (a civil society organization implementing HIV related human rights programs and working with key populations), representatives of networks of people living with HIV and of key populations, and technical and financial partners (UNAIDS and PEPFAR) as well as Plan international (TB civil society principal recipient) and a representative of TB patients.	February 2020
National plan to reduce human rights-related barriers	The Working Group validated the draft of the national 5-year plan, which was then further validated and approved at another multi-stakeholder meeting.	July 2020 October 2020

Baseline Assessment

In 2017 and 2018, a Baseline Assessment was conducted to identify the key human rights-related barriers to HIV services in Senegal; 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 (with costing consisting of a retrospective analysis of figures from 2016); and identify the opportunities to bring these programs to scale. The work involved a desk review, focus group discussions and key informant interviews with representatives from key or vulnerable populations in five regions of the country, and financial data collection via interviews, surveys and secondary data analysis. The extent to which local stakeholders ended up taking ownership of the lengthy baseline assessment is unclear, but the assessment's identification of human rights-related barriers, and recommendations for a comprehensive response to those barriers, were helpful in informing both Senegal's application for matching funds in 2018 and the development of the national multi-year strategic plan in 2020.

Matching Funds

In late 2018, with the support of technical assistance provided from the BDB Initiative, Senegal submitted a matching fund application to the Global Fund for EUR 1,090,775 million for programs to remove human rights-related barriers to HIV services. The grant was approved in December 2018 but only signed in May 2019, with implementation by the Principal Recipients (CNLS and ANCS) starting in June 2019 (i.e., 18 months before the end date of the main allocation grant). The matching fund grant focused on: strengthening documentation of human rights violations and crisis responses in relation to HIV; increasing the capacity of community organizations to monitor and reform laws, policies and regulations; increasing legal literacy and access to legal services for key populations; and engaging and sensitizing police forces and health care professionals to reduce stigma, discrimination and violence against key populations. The matching fund application was meant to complement programs to reduce human rights related-barriers within the already-approved general allocation of the Global Fund grant, including programs with religious leaders, members of the judiciary and the media, as well as ongoing work undertaken in Senegal to improve the legal environment. Part of that work was also supported by Global Fund regional grants on harm reduction²⁷ and on human rights.²⁸ Other relevant regional grants included a grant on access to treatment²⁹ as well as HIV and disability.³⁰ In total, between the main allocation and the matching funds approved, EUR 2, 290,132 million were allocated specifically for programs to remove human rights-related barriers to HIV services over three years (2018-2020) through Senegal's national Global Fund grant.³¹ Despite delays in implementation,³² the matching funds have supported some enhancement of HIV-related human rights interventions in some areas and with some populations,, but some stakeholders have not necessarily noticed a significant increase in human rights programs.³³ Some stakeholders do not seem to have a complete understanding of what was planned or achieved through the current matching funds and who has benefited from the funds.³⁴ Finally, it is important to note that at the time of writing, Senegal had successfully applied for additional funds to implement human rights programs during the new funding cycle (NFM3). However, this mid-term assessment does not include a review of that new funding request development process.

Multi-Stakeholder Meeting

A multi-stakeholder consultation to develop a five-year plan for scaling up programs to address human rights barriers to HIV took place in February 2020. Participants included representatives of the government, not only from the health sector but also participants such as the "*Direction Droits Humains*" of the Ministry of Justice, members of civil society, technical partners such as UNAIDS, key and vulnerable populations, health professionals and the private sector, including consultancy firms involved in program implementation. The Global Fund was the only international donor present at the meeting. The priority areas for the national multi-year strategic plan, as well as concrete recommendations for interventions to be included in the plan, were identified during the meeting through discussions in working groups and plenary sessions. Efforts were made to ensure that representatives of key populations could present their recommendations and priorities for human rights programming. At the meeting a Working Group was put in place to develop a five-year national strategic plan. It was agreed that the plan would not be limited to addressing barriers to HIV

services but also include interventions to remove human rights-related barriers to TB services. Overall, stakeholders indicated that the meeting was inclusive and participatory, reflecting Senegal's multi-sectoral approach to HIV.

Technical Working Group on Human Rights

The Working Group dedicated to the development and oversight of the five-year national strategic plan to remove human rights-related barriers to HIV (and TB) services was established at the multi-stakeholders meeting, under the leadership of the CNLS (the National AIDS Council). It includes different ministries beyond health (e.g., Justice and Interior), HIV focal points within the police and prison administrations, representatives of HIV and TB national programs, people living with HIV as well as members of different key populations (sex workers, Gay, bisexual and men who have sex with men, and people who use drugs), representatives of the Country Coordinating Mechanism (CCM), of ANCS (the civil society Principal Recipient for HIV-related funds) and of ENDA Santé (an organization that implements HIV-related human rights programs and works with key populations). UNAIDS and PEPFAR were also part of the Working Group. Overall, 45 people were included in the Working Group's e-mail list and invited to contribute to the development of the five-year national strategic plan. In order to account for the inclusion of TB-related programs in the plan, the Working Group was extended to Plan International (the civil society Principal Recipient for TB-related funds) and a representative of TB patients. The mandate of the Working Group was to (i) review recommendations made at the multi-stakeholder meeting; (ii) develop a five-year plan for a comprehensive response to remove human rights-related barriers to HIV and TB services, with the support of an international and a national consultant hired by the Community, Rights and Gender (CRG) department at the Global Fund; and (iii) coordinate the endorsement of the five-year plan by key governmental institutions and stakeholders, as well as oversee its implementation.

Because of COVID-19, the Working Group was not able to meet in person and its work was delayed. New priorities related to COVID-19 and later the need to prioritize the development of the new funding application to the Global Fund, further delayed the group's work. Nevertheless, drafts of the plan were developed by the national and international consultants and submitted to the Working Group via email and then discussed through a series of video conferences. A questionnaire was circulated to members of the Working Group and one-to-one interviews were organized with some selected stakeholders (including outside the group) such as HIV and TB principal recipients, representatives of key populations, service providers and researchers to facilitate the collection of feedback on the plan, as well as the collection of additional information on existing human rights programs and initiatives related to HIV and TB in Senegal. With the help of an international consultant, UNAIDS played a major role, providing extensive feedback in writing and during conference calls. However, PEPFAR was not active on the working group and no other international donors participated in the group. Overall, stakeholders indicated that the process was inclusive and participatory.

National Plan

With the support of technical assistance from the BDB initiative, the Working Group drafted a five-year national strategic plan to remove human rights-related barriers to HIV and TB services. The plan outlines specific objectives and specific interventions to achieve those objectives; location and/or coverage of those activities; the expected results and indicators of results; timeline and responsibility for implementation; projected costs; and potential sources of funding. The proposed interventions in the multi-year plan include key program areas in relation to both HIV and TB and reflect priorities identified through each of the baseline assessment, Senegal's 2018 legal environment assessment (LEA) and consequent action plan (supported by Global Fund's regional grant on human rights), and the theory of action elaborated to inform the development of the NFM 2 matching funds application to the Global Fund. The strategic plan was developed at the same time

Senegal applied for new funding to the Global Fund. Efforts were made to align activities included in the new funding application with the strategic plan in development.

The strategic plan includes both HIV and TB-related interventions, which is an important step forward given the lack of TB-related human rights interventions to date in Senegal. The plan aims for national coverage for the bulk of the interventions and targets key and vulnerable populations that encounter specific human rights-related barriers, including attention to women and young people from key populations. The main proposed implementers of programs to remove human rights-related barriers to services include the CNLS, the Ministry of Health (Division against AIDS and other STIs), the National program against TB, and the ANCS. Additional implementers include civil society organizations, including national networks of people living with HIV and key populations, as well as international technical partners. The Working Group in charge of developing the plan is coordinated by the CNLS and will monitor the implementation of the plan.

The working group approved the final draft of the five-year plan via conference call in July 2020. The CNLS then costed the plan and led the development of a monitoring and evaluation (M&E) framework. The plan was successfully submitted to a broader validation process at a new, in-person meeting in October 2020. At the meeting, stakeholders, including the representative of the Ministry of Justice, welcomed the alignment of the five-year plan with other relevant strategic plans in place in Senegal. Representatives of key populations in particular welcomed a plan that is consistent with their recommendations. Stakeholders expressed concerns about the challenges of implementation and highlighted the importance of the Working Group's monitoring role in making sure activities are indeed implemented.

Recommendations

- The Government of Senegal, together with international donors such as the Global Fund, should support governmental institutions and civil society to implement the five-year national plan through funding of human rights-related activities and the corresponding human resources needed.
- Government, Principal Recipients, international donors and technical partners such as UNAIDS should ensure implementers of the plan, whether from governmental institutions or civil society, have a sufficient set of technical capacities to implement the plan, including a solid understanding of HIV, TB, human rights and key populations.
- Principal Recipients, international donors and government should ensure greater transparency and information-sharing in relation to funding approved for activities related to HIV, TB and human rights in Senegal, including budgets, work plans, and details of implementation of grants. They should support the technical working group in charge of overseeing the implementation of the five-year plan, including its regular meetings.
- Additional efforts should be made to further value the involvement of civil society, including members of the LGBTI community, in the HIV response. This is especially important coming from governmental institutions. Communication campaigns by community organizations on their action in the HIV response should also be supported. Reporting on the implementation of the strategic plan and the sharing of best practices are also essential.

Scale-Up of Programs: Achievements and Gaps

This section reports the findings of the mid-term assessment regarding the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV overall are discussed in the section below on “Ensuring Quality Programming.”

Programs to Remove Human Rights-related Barriers to HIV

In Senegal, programs exist in all seven key program areas to remove human rights-related barriers to HIV services. Some areas have seen marked scale-up in activities since the baseline assessment, most notably in relation to stigma and discrimination reduction, the sensitization of law enforcement and health care professionals, and legal literacy. There are solid foundations and a commitment to expand human rights programs as illustrated by Senegal’s five-year plan and recent funding requests to the Global Fund and other donors. There are also good practices and promising programs in place that the country can build on, including community dialogues with police officers and transformative sensitization sessions for health care workers.

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	1.5	3.6

At baseline, activities related to stigma and discrimination reduction activities consisted mostly of small components of limited peer education and support activities, as well as some community mobilization activities, in a limited number of locations.

Since baseline, efforts to systematically measure and document stigma, discrimination and other abuses against people living with HIV and other key populations have been ramping up, illustrating a growing willingness to denounce and address human rights violations in relation to HIV, through the regular conduct of the *Stigma Index* (in 2012, 2017 and 2020),³⁵ the implementation of a community treatment observatory led by people living with HIV, and the promising upcoming implementation across the country of REAct (a system for organizations to document and respond to human rights-related barriers experienced in accessing HIV services). These interventions will complement existing community and research initiatives focusing on men who have sex with men and sex workers.³⁶ These efforts are strengthening community capacity in Senegal to report on violations and advocate for changes. Importantly, measures are also being taken to better address human rights violations, including through emergency funds for at-risk members of key populations and the expected revival of a multi-sectoral monitoring committee to structure rapid crisis responses and long-term advocacy.

At a community level, interventions to tackle self-stigma among people living with HIV and build self-esteem are being implemented across the country through members of the national network of people living with HIV and integrated into their “Positive Prevention” interventions. Self-esteem interventions for people living with HIV were also supported by catalytic funds from the Global Fund.³⁷ A sex worker representative further highlighted the impact of “know your rights” (legal literacy) activities conducted in recent years with sex workers, including “clandestine” (i.e., unregistered) sex workers, on their self-esteem and sense of dignity. Key informants also highlighted the organization of “Looking In, Looking Out” (LILO) sessions with key populations that have

contributed to reinforce self-esteem and are generally welcomed by community organizations.³⁸ Others pointed out that LILO sessions on key population identity did not speak to them because they felt associated with other key populations in a way that was not adequate (e.g., “being MSM is not a job”). They suggested programs be further adapted to each population.³⁹

Finally, and with the support of Expertise France and the recent KORA-DUB project, a number of young people from key populations have been trained, including on advocacy to become new community leaders in Senegal. Notably, this resulted in a specific session being organized in the context of the latest country dialogue to collect their recommendations for the new Global Fund funding application (NFM3).⁴⁰

Table 3: Examples of Programs to Remove HIV Stigma and Discrimination		
Description of Activities	Organization	Location/Reach
Pioneered by ITPC, a community treatment observatory (CTO) is a mechanism that systematically collects data to monitor trends on treatment access along the HIV cascade to be used for targeted action. Monitoring of health systems by communities increases government accountability and informs targeted advocacy actions that can improve HIV treatment, particularly for key populations. The CTO does not specifically collect data on stigma and discrimination, but does ask about access to services and whether people are treated with respect; stigma is among the reasons some people identify for not accessing testing, and respecting confidentiality is among the recommendations aimed at increasing access to services.	RNP+ with ITPC and Treatment Access Watch	15 active sites in 3 of the 14 regions of Senegal (Dakar, Kaolack et Ziguinchor). The observatory is to be extended to 6 new sites in 3 additional regions. People living with HIV, MSMS, SW, IDUs, pregnant women, young men and young girls. Insufficient representation of MSM, SW and IDUs among survey participants, according to report.
REAct is a human rights monitoring and response system. Community organizations use REAct to record data about human rights violations; provide and refer people to health, legal and other public services; and use this data to inform human rights-based HIV programming, policy and advocacy at national, regional and global levels. <i>[NB: This initiative has not been scored, as it was not yet implemented at mid-term.]</i>	ANCS with 25 community organizations across the country	To be deployed in the 14 regions of Senegal. People living with HIV, MSM, SW, IDUs. Training of data collectors to start in last months of 2020.
Community dialogues: Thoughtfully and carefully organized, small, closed dialogues between trained representatives of key populations, mediators or “Bajenu Gox” and local community and religious leaders (neighbourhood chiefs, women leaders, imams) increase influential leaders’ understanding of HIV-related interventions and challenges encountered by key populations, as well as of their role and responsibility as influential leaders in the HIV response. These interventions help secure HIV programs at a local level and improve influential leaders’ capacity to mediate and respond to conflicts arising within their community. They also reinforce key populations’ confidence and capacity to engage in advocacy. These dialogues are usually conducted by people living openly with HIV. Sex workers are also involved in these dialogues. While GBMSM have also been involved, they have not necessarily disclosed their status to avoid backlash in their community. The overall impression is that these dialogues have been fruitful and	ANCS	25 dialogues per year in each of Senegal’s 14 regions, reaching and involving people living with HIV, sex workers and other members of key populations. These dialogues were interrupted during the first months of the COVID-19 crisis but have since resumed.

are unique opportunities to discuss very difficult and sensitive issues. ⁴¹		
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While important efforts are underway to reduce stigma and discrimination, they need to be further strengthened. Community members have repeatedly expressed the need for greater autonomy and for greater protection and support, including against homophobic violence and other abuses. This requires concrete measures of protection for members of key populations but also greater effort to communicate with and to other community actors about the importance of key populations' engagement in the HIV response. Governmental representatives have a role to play in challenging misconceptions about programs related to HIV and human rights, building a broader, common understanding that these are aimed at safeguarding public health and ensuring human rights for all. Strong connections within the HIV sector and some allies - especially internationally - have proved vital to protect endangered individuals forced to flee during recent waves of homophobic violence.

There is some support for community "mediator" activities for people who use drugs, but resources are limited and coverage is largely confined to Dakar. There is little information regarding measures to strengthen community capacity to document and respond to human rights violations experienced by transgender people and by people in prison.

Similarly, closed dialogues between trained representatives of key populations, community and religious leaders have helped secure HIV programs and must be maintained and expanded. Interventions targeting media and religious leaders have been identified as crucial to reduce stigma and discrimination within the broader community. However, they need to be improved to effectively reduce stigma and violence against key populations. The same interventions tend to be repeated over the years without necessarily reaching the most influential journalists or religious leaders. Efforts need to be made to renew these important activities that are crucial in Senegal, given the impact of religious and media discourses on the HIV response, including through greater involvement of key populations in the design and delivery of these interventions targeting these key audiences. Key informants have also highlighted persisting pervasive stigma and discrimination against key populations within families. Family mediation is part of the package of regular interventions offered by a number of organizations in Senegal working with key populations,⁴² but additional efforts are needed to respond to that reality, especially with gay, bisexual, men who have sex with men, for which family mediation may have limited results.⁴³ The *Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination* (Global Partnership) represents an opportunity in that regard. Action has been prioritized in household, health care and justice settings. Country stakeholders were expected to identify interventions, informed by the five-year plan on reducing human rights-related barriers.

Finally, as per the baseline recommendations, important support has been provided to strengthen and consolidate networks of people living with HIV and key populations, including by other donors such as Médicos del Mundo. The national network of key populations, the Réseau national des Associations de Populations Clé (RENAPOC), is now a sub-recipient of the Global Fund, which illustrates not only the growth and importance of the network in the HIV response but also represents a tremendous opportunity for greater involvement of key populations in innovative and ambitious human rights programming.

Recommendations

- Principal recipients, other civil society organizations and government, with support from donors, should take further steps to protect HIV community actors, including outreach workers and community leaders working with key populations, against violence and harassment in relation to their activities (gay, bisexual men who have sex with men, sex workers and people who use drugs).

- Collective responses, including communication from key stakeholders involved in the fight against HIV, in case of attacks against members of key populations should be strengthened.
- Principal recipients together with key populations and technical partners should rethink and strengthen interventions with media and religious leaders in order to reach new leaders and influencers and engage them more effectively.
- Principal recipients, government and international donors, should continue to support strengthening of community responses to HIV, including by strengthening community organizations and the involvement of key populations in both the design and implementation of human rights programs, including those related to the sensitization of religious and other community leaders as well as media.
- Strategic community dialogues at local and provincial levels to sensitize influential leaders and local authorities, help reduce stigma and discrimination within the broader community, and secure HIV programming should be expanded and renewed.
- Interventions to reduce stigma and discrimination within family settings, including by supporting members of key populations that have experienced discrimination or rejection within their home should be expanded.
- Principal recipients and international donors should ensure implementation of programs documenting and addressing stigma, discrimination and other abuses against people living with HIV and key populations across the country.

HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers on human rights and medical ethics	3	3.6

At baseline, it was observed that a number of initiatives to reduce human rights-related barriers in the healthcare setting exist in Senegal, including stigma reduction trainings related to all key populations for health care providers and staff. Such efforts have continued in the past years with some reported improvement in the attitude of health care workers.⁴⁴

A specific approach called “Looking In, Looking Out” (LILO) has been used by ANCS to reduce stigma and discrimination in health care settings, with very positive feedback from both health care professionals and members of key populations who participated. To date, 13 (of the 14) LILO sessions of 40 participants each, including health care workers, to be organized with support of the matching funds, have been organized in 13 (of 14) different regions of Senegal. One concrete example of a positive result, identified by a key informant, includes the recent shift in attitude of a doctor who now accepts and is fully committed to the provision of services to gay, bisexual men who have sex with men.⁴⁵ However, both the cost and the length of the intervention (ideally five days) limit its potential in terms of coverage and have forced organizers to do lighter sessions which, according to some participants, has affected the quality.⁴⁶

With the support of Expertise France, initiatives are also underway to increase the capacity of service providers working with young key populations.⁴⁷ However, more training are still needed to reach all professionals involved in care provision and improve care for key populations. Some training initiatives tend to be limited to chief doctors⁴⁸ and key populations – especially men who have sex with men – continue to face challenges in accessing specific and adapted care.⁴⁹ Trainings for health care workers should integrate human rights related issues and be regularly renewed. Key populations should be meaningfully engaged in the design and delivery of these trainings.⁵⁰ Training sessions on human rights and medical ethics should also be expanded to other personnel, such as receptionists and guards working in health settings, to improve access to health services. This has been identified as a priority by key informants but has not been implemented yet due to insufficient

funding. In addition, broad multisectoral “advocacy” sessions bringing together members of the judiciary, law enforcement and health care professionals, intended to be organized with the support of matching funds, were postponed due to 2019 challenging context.⁵¹

Efforts are currently underway to further systemize trainings of health care workers by integrating HIV and human rights into educational modules in health schools. This activity has been delayed and reprogrammed by the Ministry of Health (Division against AIDS and other STIs), which is working with the relevant authorities to agree to such integration. The development of educational modules as part of the NFM3 grant, as well as the inclusion of this intervention in the five-year national plan, should facilitate the Ministry’s efforts to have these modules integrated into the curriculum of health workers’ training in universities and other education institutions.

In addition to trainings, interventions supported by the Global Fund regional grant on human rights have allowed sex workers to meet in 2017 and 2018 with the Ministry of Health as well as representatives of medical regions in several provinces of Senegal to improve access to health services for sex workers and combat stigma and discrimination.⁵² These meetings contributed to the enrollment of a local health structure in Guédiawaye as officially providing services for sex workers. The meetings were also an important opportunity to build sex workers’ capacity related to human rights and advocacy and contributed, in part, to the increased presence of sex worker mediators in health care facilities in Senegal.⁵³ With the support of Global Fund matching funds, community dialogues have also been conducted by organizations of people living with HIV at maternity wards and with midwives to combat stigma, discrimination and violence against pregnant women living with HIV.⁵⁴ In addition, projects such as the Stigma Index and the community treatment observatory offer good opportunities to monitor access to care and quality of services in the country as recommended at baseline, even if their reach remains limited.

Finally, community “mediators” located within health care facilities have been unanimously recognized as playing a crucial role in ensuring that the rights of patients are respected. While coverage could be further increased, there are already 200 mediators across the country. It is essential that they receive the support they need in terms of equipment, capacity strengthening, supervision, protection and recognition to do their work, including promoting patients’ human rights. Some mediators in different regions of Senegal, including in Kaolack and Dakar, have received nametags that, according to them, have facilitated their access to health care facilities and their interventions on the ground (where police may intervene and create barriers). Nametags can also contribute to greater recognition of mediators within health care facilities and should be generalized as notably recommended for harm reduction interventions during the Global Fund-supported regional project on harm reduction in West Africa entitled *Programme régional de Réduction des risques VIH/TB et autres comorbidités et promotion des droits humains auprès des consommateurs de drogues injectables* (PARECO).⁵⁵

Overall interventions with health care workers are seen as improving access to care. Some sex workers specifically say treatment of sex workers in health facilities have improved and other key informants described significant progress regarding the reduction of stigma and discrimination within health care facilities.⁵⁶ But more needs to be done. In addition to fear of stigmatization and discrimination, lack and poor quality of services specific to key populations have been identified as important barriers to care. Only 53% of men who have sex with men living with HIV had been diagnosed in 2019 and only 42% received treatment, while only 34% of sex workers living with HIV had been diagnosed and 28% received treatment.⁵⁷ (While testing rates are low, we note that 80% of diagnosed men who have sex with men and 83 % of diagnosed sex workers living with HIV have received treatment)⁵⁸ Trainings on stigma and discrimination need to be regularly renewed and expanded to all people working in health care settings, not just health care workers. And, even

where trainings having been conducted, identifying friendly health workers remains key as treatment of people living with HIV (PLHIV) and key populations can greatly depend on the personality and openness of particular personnel.⁵⁹

Recommendations:

- Government and international donors should increase funding for comprehensive human rights trainings of health care workers and other personnel working in health care settings, such as guards and receptionists, to ensure comprehensive coverage and ongoing trainings.
- Government, donors and principal recipients should ensure human rights trainings cover health care workers working with pregnant women.
- Government and principal recipients should ensure HIV and human rights modules are effectively integrated in health schools' curriculum for a wide range of professionals including doctors, nurses, midwives and social workers.
- Government and principal recipients should ensure comprehensive coverage and ongoing trainings to increase capacity of health care workers to serve all key populations, including men who have sex with men.
- Government and principal recipients together with donors should ensure community mediators have the support they need to do their work in health care facilities as well as on the ground (e.g., regular training and supervision, name tags for official recognition, etc.).
- Government and principal recipients together with donors should ensure health professionals are equipped to better protect the rights of their clients through the development of tools and supporting materials for health care workers, including with regard to HIV testing, confidentiality, counselling and responding to gender-based violence.
- Principal recipients together with international donors and technical partners should support key population representatives' capacity to directly engage in dialogues with health care workers and health authorities at local, provincial and national levels.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement	2	3

At baseline, it was observed that different training and sensitization initiatives had previously been undertaken in Senegal with police forces – including some training sessions in 2016 across the country – but that there was no systematic, sustainable program at a national scale.

Current efforts to sustain these interventions have allowed the CNLS to secure the integration of HIV and human rights into educational modules in police training institutions. With the support of catalytic funds from the Global Fund, pilot programs have been implemented in both police schools of Senegal (in Thiès and Dakar). Efforts are also underway to expand dialogues between police and community organizations (Gay, bisexual men who have sex with men, sex workers, people who use drugs) in localities where HIV programs are implemented. At the time of writing, multiple dialogues had been organized in most police stations of the city of Dakar as well as in Thiès and Ziguinchor with support from the catalytic funds. While these dialogues with police forces have yet to be evaluated, key stakeholders, including members of key populations, are unanimous that they help police understand HIV-related interventions and their role in supporting these programs. This, in turn, helps prevent police harassment and arrests.⁶⁰ Such interventions with law enforcement are not yet fully operative across the country, and efforts remain largely one-off activities and are not often integrated with a broader advocacy agenda aimed at improving the legal environment, including on the ground.

Working with security forces, ministerial authorities and the interministerial committee against drugs (*Comité interministeriel de lutte contre la drogue*) has also been a key component of activities to secure harm reduction programs in Senegal including through the PARECO regional grant. While additional work is required to further crystallize and sustain efforts undertaken with law enforcement forces and authorities, recent example of successful advocacy efforts include the adoption in December 2019 of an order by the Prefect, covering the department of Mbour, that requires police authorities to facilitate HIV-related outreach interventions by identified mediators, including at night.⁶¹ Such an order could be further generalized by the adoption of guidelines for police as described in the five-year national strategic plan to reduce human rights-related barriers to HIV and TB services.

Sessions with lawmakers, judges, prosecutors and other relevant authorities have been taking place in Senegal for years. Some sessions have been supported by the Global Fund's regional grant on human rights.⁶² As previously noted, broad multisectoral advocacy sessions with members of the judiciary, law enforcement and health professionals to be organized with the support of matching funds had to be delayed due to 2019 challenging context.⁶³ These sessions – although largely still one-off events – have the potential to not only increase the understanding of HIV, human rights and the realities of key populations on the part of judges, law enforcement personnel, parliamentarians and policy makers, but also support ongoing efforts to improve the legal environment as experienced directly by key populations, given the role of law enforcement authorities in applying the law on the ground. For example, focused engagement of policy makers and civil society on harm reduction through the PARECO project has resulted in increased commitment, from multiple stakeholders, to work towards the removal of legal barriers to services for people who use drugs as well as a reduction in imprisonment. There is important momentum and work on which to build; it should not be lost. Members of key populations must be fully engaged in meetings with policy and lawmakers.

Finally, it should be noted that the literature review and limited number of interviews conducted during the mid-term assessment did not allow the collection of detailed information on human rights programs specifically dedicated to people in prisons. While dialogues on human rights and HIV were meant to be organized with prison guards and correctional authorities, additional inquiries are warranted to gain a better understanding of what is being done, or may be lacking, with respect to this population.

Table 4: Examples of Programs to Sensitize Law Makers and Law Enforcement		
Description of Activities	Organization	Location/Reach
Dialogues with police forces and key populations community organizations.	ANCS RENAPOC	40 dialogues per year have been planned under catalytic funding across the country. At the time of writing, dialogues have been organized in the cities of Dakar, Thiès and Ziguinchor. Dialogues have involved GBMSM, sex workers and people who use drugs.
Dakar Call for Action: In September 2018, ANCS and the West Africa Commission on Drugs (WACD) organized a high- level regional consultation to launch the Model Drug Law for West Africa. Stakeholders seized that opportunity to launch the call of Dakar to strengthen commitment from both community	ANCS	Regional in scope. Involved the following: Governmental representatives from countries included in PARECO project West Africa Commission on Drugs Global Commission on Drugs

and governmental stakeholders to work towards removing legal barriers to treatment and harm reduction services for people who use drugs and reduce incarceration. ⁶⁴	UNAIDS ECOWAS Civil society organizations Journalists
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Recommendations

- Government and international donors should increase support and funding for human rights and sensitization interventions with police at all levels. Dialogues at local levels must be implemented in every locality where HIV programs are being implemented and should be renewed regularly due to high turnover in police personnel.
- Government and principal recipients should ensure HIV and human rights modules are effectively integrated in police training institutions' curriculum.
- Efforts by community organizations, governmental institutions and police authorities to improve police practices on the long term, including through the development of guidelines to police officers in relation to HIV programs and key populations should be supported.
- Strong connection between advocacy for an improved legal environment and engagement with policy and lawmakers, including through preparation work and follow-up by advocates should be ensured.
- Principal recipients, international donors and technical partners should support key population representatives to engage with policy and lawmakers on an ongoing basis.
- Additional inquiries on human rights programs in prisons are recommended.

HIV Program Area	Score	
	Baseline	Mid-term
Legal literacy	1.5	3

At baseline, it was observed that legal literacy ("know your rights") programs existed in Senegal but needed to be expanded and tailored to each key population, including people living with HIV.

Efforts to improve these programs have since included a series of trainings across the country, building on the important role peer educators and community mediators can play in relaying human rights information in their community and further integrating human rights into community-based HIV services. Two national, multi-day "training of trainers" sessions were planned with 40 community leaders from across the country and representing all key populations including people living with HIV. These leaders later were to train other peer educators and community mediators in the different regions of Senegal, equipping them to deliver and animate dialogues on human rights with key populations. According to ANCS's workplan for activities to be carried out with matching funding during the period 2018-2020, each year 720 small group discussions among members of key populations are to be organized, representing an important opportunity to scale up legal literacy activities in Senegal as part of HIV services. These capacity-building and legal literacy activities have started, but the extent of implementation is somewhat unclear. Note that all dialogues were interrupted in 2020 because of COVID-19.⁶⁵ RENAPOC, the national network of organizations of key populations, will now be in charge of implementing these activities. Community members have highlighted the importance of these trainings to strengthen individuals' capacity to defend their rights and also to improve self-esteem in a context of high stigma and discrimination. There is a general impression – at least among key informants from key populations from whom information could be obtained – that key populations' understanding and knowledge has increased in the past three years.⁶⁶ A tool was recently developed to assess the level of knowledge of participants in such training; this should assist in gathering additional information on their impact and any need for improvement.

In addition to specific sessions dedicated to legal literacy, community members have called for tools and supports to conduct these legal literacy sessions.⁶⁷ It is important that support for information be available on a wide range of issues relevant to each key population in a way that is accessible to those who cannot read or do not speak French. Illustrated resources were used by ENDA Santé to animate sessions on human rights with key populations conducted in 2017, 2018 and 2019.⁶⁸ Additional resources currently being developed by ANCS with the support of the Global Fund catalytic funds, and new digital platforms put in place to reach young people, should further facilitate dissemination of human rights related information to key populations.

Recommendation

- Government, international donors and principal recipients should ensure wide coverage and continuity of legal literacy training sessions for all key and vulnerable populations, including young people belonging to key populations, people in prisons, people with disabilities and women who are pregnant.
- Programs implementers including principal recipients should ensure training sessions provide concrete information on a range of topics relevant to all groups of key and vulnerable populations in Senegal, including young people belonging to key populations, people in prisons, people with disabilities and women who are pregnant. Materials developed in support of these trainings should be available in different languages when needed, but also in formats accessible to those lacking literacy.

HIV Program Area	Score	
	Baseline	Mid-term
Legal services	2.5	3

At baseline, access to legal services appeared best developed for PLHIV and sex workers, but still on a limited scale. Legal services for some key populations were already provided at baseline by Association des Juristes Sénégalaises (AJS) in their legal clinic in five regions of the country; these have expanded since baseline. ANCS, in collaboration with AJS, currently supports two AJS legal clinics in Kolda and Ziguinchor focusing on sexual violence against key and vulnerable populations, especially sex workers. Through Global Fund programs and other donors' projects, a total of 118 sex worker paralegals from across the country have been trained and are acting in at least 5 regions of Senegal. RENAPOC has also benefited from the services of one lawyer per week.

Through catalytic funding from the Global Fund, ANCS will integrate legal services into three of their community health clinics in the north, center and south regions of Senegal as well as in their headquarters in Dakar. However, the legal clinics provided for in the matching funds had yet to be implemented at the time of this mid-term assessment. Integrating legal services in community HIV services represents a good opportunity to increase access to such services for all key populations, including gay, bisexual and other men who have sex with men; available information suggests this key population has access to one lawyer available at RENAPOC and funded by Médicos del mundo. Additionally, with the support of other donors and the PARECO Global Fund regional grant, some people who use drugs have received legal support – but with the end of the PARECO regional Global Fund grant, the sustainability of such services for this key population is in doubt.

While resource people exist, access to justice remains extremely limited and key populations are often reluctant to seek support because of the high level of stigma and discrimination in the community even when support is available. Paralegals trained among key populations, and increased sensitization of local community leaders, have the potential to also improve access to informal but

helpful alternatives for addressing stigma, discrimination or other abuses outside the formal legal system.

Table 5: Examples of Programs of Legal services		
Description of Activities	Organization	Location/Reach
Legal clinics	AJS ANCS	AJS coordinates legal clinics in Thiés, Médina (Dakar Region), Pikine (Dakar region), Kolda, Ziguinchor, Kaolack, Sédhiou and Kébémér (Louga region), covering 7 regions of Senegal. These programs reach women who have experienced sexual and other gender-based violence and sex workers.
Sex worker paralegals: In 2017, 33 paralegal sex workers from the 14 regions of Senegal were trained with funding from Mama Cash; 30 additional paralegals from across the country were trained with the support of ENDA Santé and the Global Fund. In 2018, 55 other sex worker paralegals were trained with financial support from Foundation for a Just Society (FJS). Trainings were conducted in partnership with AJS. Paralegals can refer cases to AJS for support. ⁶⁹	And Soppeku AJS	Accross the country (14 regions): Kaolack, Kolda, Sédhiou, Dakar and Thiés, with possible extension to the north of the country in the coming years.
Social and legal support for people who use drugs has been provided in Pikine and Dakar in complement to treatment services through the interventions of friendly lawyers, mediations with police and security forces as well as interventions in prisons. ⁷⁰ This has allowed preventing harmful incarceration of people who use drugs and interruptions in treatment.	ANCS CEPIAD Centre Jacques Chirac Association des Jeunes pour le Développement "Pasteef" (AJD)	Dakar Pikine People who use drugs

Recommendations

- Principal recipients should integrate legal services within HIV community clinics to ensure geographical coverage and access for all key populations to legal services as well as sustainability of the program.
- Government and international donors should increase funding for training and support of paralegals within key and vulnerable populations and sensitization of local community leaders engaged in mediations.

HIV Program Area	Score	
	Baseline	Mid-term
Monitoring laws and policies	1	2.5

Activities to improve Senegal's legal environment were already in place at baseline with the involvement of the CNLS, which conducted a number of activities with parliamentarians. These one-off activities, not necessarily specific to a particular issue, were further boosted by regional grants. For instance, a national legal environment assessment (LEA) in relation to HIV was conducted in 2018 and followed by consultations to develop an action plan in 2019. Some of the information

collected through such exercises was later used in the development of the five-year national strategic plan to reduce human rights-related barriers to HIV services.

The regional PARECO project supported by the Global Fund regional grant provided space and resources for focused advocacy in relation to drug policy and harm reduction, which, in Senegal, directly contributed to the drafting of legislative and regulatory reform proposals to secure access to harm reduction (it is our understanding that these proposals have yet to be adopted).⁷¹ Ongoing research supported by international donors and Global Fund catalytic funds are currently exploring (or about to begin examining) barriers created by the current policy requiring official registration of sex workers. These research initiatives create an opportunity for evidence-based law and/or policy reforms on sex work.

However, as was already observed at baseline, there is a need for greater involvement of key and vulnerable populations in law and policy reform efforts, as well as a need to move beyond one-off broad consultations on human rights-related barriers affecting the HIV response to more focused and strategic advocacy to advance legal and policy reforms to reduce those barriers. This requires increased financial, human and technical support dedicated to advocacy and community mobilization. This is essential to ensure that research and other advocacy related activities do not remain *ad hoc* interventions, sometimes covering territory previously explored, but are instead continuous, evidence-based, focused efforts that can lead to concrete and helpful changes on specific identified strategic areas. As illustrated by recent consultation on the LEA action plan, broad meetings on HIV and the law may sometimes lead to uninformed or potentially problematic recommendations for change.⁷² As such, the recent recruitment of advocacy officers by ANCS located in community clinics and placed under the supervision of their new “Référént droits humains” offer a good opportunity for more strategic, sustained and coordinated advocacy.

Table 6: Examples of Monitoring Laws and Policies		
Description of Activities	Organization	Location/Reach
The Legal Environment Assessment (LEA) in 2018 was followed by consultations for an action plan in June 2019.	UNDP ENDA Santé	National
Analysis of legal barriers to harm reduction in 5 countries including Senegal (2018). The review included a model of drafted legislation and regulation to secure harm reduction services, which was used to inform proposed reforms in Senegal.	ANCS	Regional
Staff dedicated to human rights advocacy: Four advocacy officers located in community clinics under the supervision of ANCS’s new human rights officer.	ANCS	Dakar, plus the North, Central and South regions of Senegal

Recommendations

- International donors, technical partners should increase support for sustained, dedicated work on law and policy reform, including by key populations. In addition to human resources dedicated to advocacy, funding should support the development and implementation of advocacy strategies, including through small grants programs for community organizations. Key populations should receive both financial and technical support to meaningfully engage in law and policy reform efforts.
- International donors and technical partners should support focused initiatives on specific, identified and strategic law and policy reforms, in particular in areas where efforts are already under way, where there is urgent need for change and possibilities for success.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	2.3	3

As described at baseline, some efforts have been made in Senegal for many years to reduce gender-related barriers to HIV services, including through the development of different tools and policies on HIV, gender and gender-based violence, as well as some community sensitization activities. While it is difficult to have a clear and comprehensive picture of all efforts made in this broad HIV program area, it should be noted that some legal services exist for women victims of violence, including women involved in sex work.

The legislation on sexual violence was amended in December 2019 to recognize rape as a “crime” (rather than a “délit,” which is a less serious offence).⁷³ In addition, a number of initiatives are emerging with the support of technical and financial partners to improve the sexual and reproductive health of women and girls. For example, the strategy “All-in,” developed with the CNLS and the support of UNICEF, is currently being rolled out to increase access of young people and adolescents to HIV prevention and treatment services as well as other sexual and reproductive health services. The strategy includes interventions related to gender-based violence, as well as advocacy against early marriage and legislative reform to allow access to HIV testing for minors under the age of 15.

A number of programs to address gender-related barriers have also been recently implemented with the support of *Initiative 5%* (among others), including capacity strengthening of young leaders on issues related to sexuality, promotion of peer education in schools, and interventions to adapt HIV, malaria and TB services to the needs of marginalized children.⁷⁴ It is unclear whether these different interventions are properly coordinated to ensure maximum impact and avoid duplication. With support of the Global Fund catalytic funds, 30 young leaders have been trained on HIV, gender and gender-based violence across the country and dialogues have been organized by these leaders with their peers in most regions of Senegal.⁷⁵ Some 420 sex worker peer educators were meant to be trained on issues related to gender-based violence and sexual and reproductive health. Outreach interventions were also meant to be organized to reach out to young people and women who use drugs in Dakar, Mbour and Kaolack. At the time of conducting mid-term review, it was not clear if these interventions have been implemented. However, we know efforts have been made by the Integrated Addictions Management Center of Dakar (*Centre de prise en charge intégrée des addictions à Dakar – CEPIAD*), the first medical centre to provide methadone in west Africa, to increase services for women who use drugs, including through the provision of gynaecological services at a mobile clinic (although now interrupted by COVID-19), outreach interventions at night for women who use drugs and who do sex work, recruitment of women community mediators, and the organization of discussion groups related to HIV and human rights specifically for women.⁷⁶ However, these efforts remain insufficient and greater support is needed, including through funding, to increase services for women who use drugs as reflected in CEPIAD’s strategic plan 2020-2024.

Generally, there is agreement among stakeholders on the need to increase gender-responsive services for key and vulnerable populations in Senegal, including young people within key populations, “clandestine” (i.e., unregistered) sex workers, women who use drugs, women in prisons as well as women living with disability, as reflected in the five-year national strategic plan to remove human rights-related barriers to services.⁷⁷ Pregnant women, including members of key populations, in particular require strong attention given the high mortality rates and lack of access to HIV treatment among very young children in Senegal.

Finally, interventions for transgender people in Senegal have yet to be put in place. A specific study on transgender people in Senegal was meant to be conducted in 2019 with the support of catalytic funds from the Global Fund but it has been delayed. Estimates of the size of the transgender population in Senegal were meant to be available by the end of 2020. Data on HIV prevalence are expected in 2023. And while stakeholders have noted improvements among health professionals related to stigma and discrimination against key populations (see section above), they also indicated a need for health professionals to be trained and better equipped to respond to gender-based violence experienced by women and members of key populations, including trauma-informed care and referrals.⁷⁸

Recommendations

- Program implementers, technical partners, government and international donors should ensure multiple initiatives implemented in Senegal to reduce gender-related barriers to HIV services are known by local stakeholders involved in the HIV response and are coordinated.
- Increase focused interventions for the benefit of women from key and vulnerable populations including women who use drugs, women in prison, sex workers (“official” and “clandestine”), young women, transgender women, women who are pregnant, and women living with disability to ensure access to HIV and reproductive health services.

Cross-Cutting Issues related to Quality Programming and Sustainability

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

The Global Fund’s definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening human rights capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

Achieving Quality

Human rights programs in Senegal appear to be generally well integrated with other HIV-related interventions. As illustrated by programs supported by the matching funds and more recently by interventions included in the five-year national strategic plan, efforts have been made to ensure that programs to remove human rights-related barriers to HIV services complement one another and reflect a logical theory of change. According to this theory of change (as described in the five-year national plan):

“stigma, discrimination, violence, and gender inequalities are barriers to HIV and TB testing, prevention, and care, particularly for members of key and vulnerable populations. The fight against HIV and TB in Senegal requires the strengthening of programs aimed at removing these obstacles through the establishment of a coordinated and valued multi-sectoral response, endowed with both financial and human resources to implement comprehensive and sustainable programs at the national level. The primary objective of these programs is to

ensure that the communities concerned, and in particular key populations, are informed of their rights so that they can better defend and claim them, are protected against abuse and discrimination and are sufficiently equipped to be true agents of change and to participate fully in the response to HIV. The second objective is to ensure that through community involvement and the implementation of specific awareness sessions, training and dialogues, all actors involved in the HIV response and interacting with key and vulnerable populations are sensitized, held accountable and committed to the protection of human rights in relation to HIV. This is essential to fight against discrimination and stigmatization in health care, guarantee services adapted to the needs of key and vulnerable populations, fight against arbitrary arrests and police violence, protect the rights of communities affected by HIV and ensure the effective implementation of HIV interventions, particularly among key populations. Finally, specific programs must be implemented to address the gender-based inequalities and violence that increase vulnerabilities related to HIV.”

Following the logic of this theory of change, programs have been put in place in all seven key program areas related to HIV and human rights. Examples of integration and complementarity include the implementation of programs with law enforcement at different levels including in police schools, at regional and higher levels with police authorities and on the ground, at police stations in localities where HIV-related interventions are being implemented. Similarly, the involvement of mediators, peer educators and community leaders – including women community leaders such as *bajenu gox (marraine de quartier)* – in human rights programs illustrate efforts to ensure that these programs are indeed connected, benefit from, and rest upon the structures put in place to respond to HIV in Senegal. The same logic applies with the upcoming implantation of legal services and advocacy officers within ANCS community health clinics. Efforts have also been made to ensure that the five-year plan is consistent with other relevant plans existing at a national level, such as the National Strategic Plan against AIDS, as well as strategic plans of key national actors such as the CEPIAD, a leader in the provision of services and advocacy for people who use drugs in Senegal (and a regional leader). It also provides for integration of efforts across HIV and TB.

While this rapid assessment did not allow us to evaluate specific programs in greater detail, we observe that several interventions have been described by different stakeholders as helpful to reduce stigma, discrimination and violence against key and vulnerable populations by police and health care professionals. Helpful interventions include meetings between key population representatives and police officers at police stations, the organization of LILO sessions to sensitize health care workers, and deploying a network of mediators in health care facilities across the country. Stakeholders have also reported general increased knowledge and understanding of human rights as it related to HIV, including among key populations. Key and vulnerable populations, especially through different community organizations and networks, are usually involved in human rights programs, although their contribution, including to the design of interventions, could and should be strengthened as expressed by key informants. Quality of programs is also expected to improve with increased capacity, including more human resources, dedicated to human rights and to advocacy. This should help guarantee greater supervision and coordination of human rights programs, as well as more sustained and strategic advocacy for law and policy reform.

Enhancing the quality of programs would also mean paying greater attention to sub-populations, including young people and women among key populations, as well as to transgender people and people in prison. Transgender people are not included in the current National Strategic Plan against AIDS and the baseline assessment identified gaps in the provisions of services for transgender women. Studies to collect data on transgender people have since been planned in Senegal. Additionally, transgender people have been identified as a key population in the five-year national plan on reduced human rights-related barriers to HIV and TB services. The five-year plan also

provides for interventions in prisons and for people working with prisoners, as well as greater involvement of the national prison observatory. Nonetheless, additional inquiries are recommended to get a better understanding of existing programs for, and the needs of, people in prison. Finally, the quality of programs will need to be assessed through robust monitoring and evaluation and the development of clear indicators. This appears to be lacking right now in Senegal, but should be improved as part of implementing the five-year strategic plan.

Political and Community Engagement

At mid-term, important progress has been made towards a comprehensive response in Senegal to remove legal barriers that limit access to HIV services. Funding and commitments to human rights interventions have increased with Global Fund matching funds and regional grants over the past few years. Some programs have also been supported by other international donors to support key populations as well as to promote sexual and reproductive rights. As described by one of the key informants, the Global Fund human rights regional grant provided initial platforms at the national level for dialogues on HIV and human rights on which partners could build with the support of the BDB initiative. "While human rights programs existed before 2016, the response is now more structured, and the issue of human rights is truly embedded in the response to HIV".⁷⁹

Human rights considerations are included in Senegal's National Strategic Plan against AIDS (2018-2022) as well as in other relevant recently developed strategic plans such as the above-mentioned strategic plan by the CEPIAD, and interventions for key populations are prioritized. The country has met the programmatic and financial conditions to access new matching funds within the Global Fund's new grants cycle (NFM3). These funds will support, in part, the implementation of an ambitious five-year national strategic plan to remove human rights-related barriers to not only HIV services but also TB services. TB-related human rights programs have yet to be put in place in Senegal; the five-year plan and dedicated funding should create a new dynamic that integrates human rights into the TB response.

The five-year plan has been endorsed by a variety of stakeholders involved in the HIV and TB responses, including the justice sector, and will be coordinated under the leadership of the National AIDS Council (CNLS) which is a governmental institution presided over by the Prime Minister of Senegal.

Senegal is also participating in the *Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination* co-convened by UNAIDS, UN Women, the United Nations Development Programme and the Global Network of People Living with HIV (GNP+). Senegal's participation in that partnership may further strengthen the country's commitment to human rights in the HIV response and, hopefully, help ensure interventions from different national and international actors are better coordinated. Importantly, there is recognition of the need to dedicate well-informed human resources to human rights programs related to HIV, including for the coordination of the five-year strategic plan. Both the Principal Recipients of Global Fund funding have competent and dedicated staff for the implementation of human rights programs (although the strategic plan recommends further strengthening CNLS's team, especially if it is meant to play a key role in the implementation of the plan). With the support of matching funds from the Global Fund, ANCS hired a human rights officer who has been working with the organization for a long time on human rights-related programs. They also recruited four advocacy officers to be located in ANCS community clinics.

Key populations have also been reinforced. RENAPOC – the national network of key populations associations – is becoming a sub-recipient of the Global Fund's grant and several stakeholders, including among key populations, have indicated that key populations are better informed about their rights and are better equipped to defend them. Stakeholders have also observed an increased understanding of human rights and how it relates to HIV more generally, including among police

forces and health professionals. Despite such improvements, members of key populations; especially in the LGBTI community continue to face violence and harassment. Community actors, including representatives of key populations, expressed the need for further recognition, support and acknowledgement of their work and contribution to the HIV response, including from the government. They also need to be better protected against violence and harassment as essential actors of the fight against HIV.

While the BDB initiative had overall positive impact on the HIV response in Senegal, we also note that changes brought by the BDB initiative have yet to be felt by partners who do not necessarily see an increase in human rights programs, especially when they are not directly involved in implementation. Interventions addressing human rights supported by the Global Fund represented less than 1% of HIV grant budgets for 2018,⁸⁰ and both the negotiation and the implementation of matching funds for human rights programs were delayed. As a result, positive developments on paper have not always translated yet into concrete activities on the ground (although by the time this rapid assessment report was completed after interruptions occasioned by the first wave of COVID-19, we observed some progress with implementation).

There are several reasons why the implementation of human rights programs was delayed. First, the application for human rights matching funds in 2018 was delayed and programs' implementation only started in June 2019.⁸¹ As described by one of the Principal Recipients and in the Global Fund Prospective Country Evaluation, this has significantly affected implementation. In addition to that, the social context was extremely sensitive in 2019, with a wave of violent, homophobic public rhetoric by religious leaders, in the media and on social media. This has caused further delays in implementation, including in the development of the five-year strategic plan. (We can observe that spending related to Global Fund-supported human rights activities was less than the budgeted amount that period).⁸² In March 2020, the COVID-19 pandemic forced stakeholders to interrupt a number of activities.⁸³ The fact that ENDA Santé, a key implementer of human rights interventions and programs for key populations under previous Global Fund grants (including under the regional grant on human rights), is no longer a sub-recipient of ANCS may also have affected implementation. ENDA Santé was involved in the baseline assessment and Senegal's legal environment assessment in 2018, but they were not actively engaged in the development of the Global Fund matching funds application in 2018 and they did not contribute to the development of the matching fund application in 2020.⁸⁴ ENDA was a member the Working Group that developed the five-year strategic plan in 2020.

Generally, greater efforts need to be made to ensure transparency and coordination of human rights programs. Several stakeholders, including UNAIDS, some representatives of key populations and consultants retained to support the development of the five-year national plan, have previously noted that it is clear that community is now actively engaged in country dialogues and the development of funding proposals, but it remains difficult to have a good understanding of what activities end up being approved and funded (including under Global Fund matching funds) and what interventions have been implemented and at what scale. Some also shared concerns regarding duplication or insufficient coordination between different human rights initiatives. There is a risk of creating fatigue through the organization of multiple consultations on HIV and human rights programming (country dialogues, baseline assessment, legal environment assessment and corresponding action plan, multi-stakeholder meeting etc.). This is something both local stakeholders and international donors including the Global Fund need to consider. Similarly, it is important to acknowledge, when assessing progress under the BDB initiative, that local stakeholders, especially Principal Recipients, are regularly asked, including by the Global Fund, to provide information, including for reporting on funding, and this also affects the already-strained capacity that can be dedicated to implementation of programs.

Donor Landscape

PEPFAR is a significant actor in the HIV response in Senegal. Their interventions focus on providing HIV services to key and vulnerable populations, but they do not include human rights interventions. Some limited activities related to human rights supported by PEPFAR include a new Stigma Index study in 2020,⁸⁵ the collection of data on informal costs related to HIV services, and communication campaigns that promote the message “undetectable = untransmittable” (U=U) with a view to helping reduce stigma and discrimination against people living with HIV.⁸⁶ PEPFAR, although included in the Working Group, did not contribute to the development of the five-year national strategic plan to reduce human rights-related barriers to HIV (and TB) services.

Other international donors mentioned by key stakeholders include the Netherlands (see for example, trainings for sex worker paralegals funded by Mama Cash), French donors, including Expertise France with different programs related to sexual and reproductive health, and Médicos del Mundo that has provided important support to RENAPOC including, most recently, through the help of a lawyer and of a psychologist available for key populations and through support for advocacy. While this assessment does not allow us to determine whether international funding for human rights programs in relation to HIV has increased or not in Senegal in the past few years, it was indicated that more and more community organizations are developing their own partnerships with international donors, including for such programs.

Recommendations

- Principal recipients and other program implementers should strengthen the involvement of key and vulnerable populations, especially through different community organizations and networks, in the design, implementation and oversee of interventions.
- Take advantage of increased capacity, including more human resources dedicated to human rights and to advocacy, to ensure quality, and greater supervision and coordination, of human rights programs as well as continuous and strategic advocacy in support of law and policy reform.
- Principal recipients, government and international donors should enhance the quality of programs by paying greater attention to sub-populations, including young people and women among key populations, as well as to transgender people and people in prisons.
- Principal recipients, programs implementers and the technical working group should ensure robust monitoring and evaluation, including the development of clear indicators, as part of implementing the new five-year plan to reduce human rights-related barriers to HIV and TB services and implementation of the 2021-2023 Global Fund Grants.
- Efforts by local stakeholders to get additional technical and financial partners – including domestically - involved in the implementation of the five-year plan to ensure both implementation of the plan in its entirety and coordination of interventions related to HIV and human rights in Senegal are recommended and should be supported including by international donors.

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 the mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers – the programs described in the two case studies below have increased sex workers’ knowledge about their rights and self-esteem as well as police officers’ understanding of HIV interventions which is to reduce police violence and harassment.

Case study #1: Legal support through sex worker paralegals

Since the beginning of the initiative in 2017, a total of 118 sex worker paralegals from across the country have been trained with the support of the Global Fund, the Foundation for a Just Society (FJS) and Mama Cash. The project is run by a sex worker organization called And Soppeku in collaboration with AJS and has received support from ENDA Santé. Through trainings in 2017 and 2018, paralegals have received legal information on a series of themes relevant to sex workers (sex work-related legislation, sexual violence, civil status etc.). They learnt how to document violations and provide support to their peers, including by making a complaint to the police and/or referring them to one of AJS’ legal clinics. They had an opportunity to understand and challenge the current legal environment as it applies to sex work and share lived experiences of violence against sex workers, including from police forces. Training participants have reported increased understanding of sex workers’ rights and recommended that trainings be expanded, including being held in the north and center of the country and touching on additional legal areas.

Despite a lack of funding to renew or expand trainings, paralegals are still in place today and continue to provide legal information to their peers as well as support and referral to legal clinics including in relation to access to health services; registrations of births, weddings and deaths; police extortion; and gender-based violence. Paralegal services are fully integrated in And Soppeku’s package of services provided to sex workers in relation to HIV. Paralegals’ interventions are perceived as reinforcing sex workers’ legal literacy and autonomy and as preventing abuses. Thanks to paralegals’ interventions, sex workers are supported through administrative procedures. They also know when to complain to the police and where to go when their rights have been violated. Paralegals also relay information from legal clinics to their peers. In the long term, sex workers’ representatives believe that these interventions will reduce violence and human rights violations against sex workers by increasing knowledge about their rights and supporting them to take action to defend those rights. They also believe that these interventions, especially when they result in formal complaints and trials, will raise awareness among law enforcement authorities about human rights violations and other abuses experienced by sex workers in Senegal. Ultimately, these interventions provide sex workers with stronger self-esteem and have the potential to facilitate access to care by building trust in services if sex workers can also obtain support in seeking redress in the case of rights violations. A major challenge is to sustain and further expand these services across the country for comprehensive coverage and renewal of paralegal trainings. Additionally, a need for national coordination has been identified to follow up on cases, document implemented activities and monitor their impact in individual cases and over time.

Case study #2: Dialogues with local police

Efforts are also underway to expand dialogues between police and community organizations (representing gay, bisexual and men who have sex with men, sex workers and people who use drugs) at police stations in localities where HIV programs are implemented. These interventions, although not new in Senegal, must be constantly renewed due to high turn-over among police personnel; ideally, they should also benefit all key populations. The Global Fund catalytic funding supported 40 dialogues per year across the country. At the time of writing this report, conversations have been

organized in most police stations of the city of Dakar as well as in Thiès and Ziguinchor, with support from the catalytic funds. During these dialogues, representatives of key populations together with ANCS staff exchange with police officers about their respective concerns. One issue that has been discussed during these dialogues is the use by police, against gay, bisexual and men who have sex with men, of the possession of condoms as evidence of criminal activity, and the adverse impact of this police practice on HIV prevention. These dialogues are also an opportunity to identify focal points among police forces. Such focal points can help in case of conflicts, including when a community member is arrested or a victim of violence. Plans for outreach interventions are also shared with some police forces to prevent police interference and harassment with those HIV services. The adoption in December 2019 in Mbour of a prefect's order requiring police authorities to facilitate, rather than impede, HIV-related outreach interventions is an excellent example of a positive change facilitated by such dialogues and offers a useful precedent on which to build other guidance for police nationally. While dialogues with police forces have yet to be evaluated, key stakeholders, including members of key populations, were unanimous that they help police understand HIV-related interventions and thus help prevent police harassment and arrests.⁸⁷ Sex worker representatives reported having observed a reduction in police violence.⁸⁸

Annex I: Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessment makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

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

Key Recommendations

Creating a Supportive Environment
<ul style="list-style-type: none">• The Government of Senegal, together with international donors, should support governmental institutions and civil society to implement the five-year national plan through funding of human rights-related activities and the corresponding human resources needed.• Principal recipients, government and international donors should ensure transparency, coordination and information-sharing in relation to funding approved for activities related to HIV, TB and human rights in Senegal. This includes supporting the technical working group in charge of overseeing the implementation of the five-year plan, including its regular meetings.• Key populations must be meaningfully engaged in the design, implementation and oversight of activities related to HIV and human rights in Senegal. Their involvement in the HIV response must be further valued, including by government.
Programmatic Scale-up
<ul style="list-style-type: none">• The involvement of community mediators, leaders, trainers and paralegals based in key and vulnerable populations, as well as other community actors such as “Bajenu Gox” and “mother mentors” should be strengthened and expanded, given their central roles in all seven key human rights program areas related to HIV.• The government and international donors should take and support further steps to protect HIV community actors against violence and harassment in relation to their activities.
Programmatic Quality and Sustainability
<ul style="list-style-type: none">• Principal recipients, government and international donors should enhance the quality of programs by paying greater attention to sub-populations, including young people and women among key populations, as well as to transgender people and people in prisons.• Principal recipients, program implementers and the technical working group should ensure robust monitoring and evaluation of activities related to HIV and human rights.• Principal recipients, program implementers, the technical working group, government and international donors should support efforts by local stakeholders to get additional technical and financial partners – including country-level partners – involved in the implementation of the five-year plan.

Comprehensive Recommendations

Cross-cutting	
Creating a supportive environment	<ul style="list-style-type: none"> • The Government of Senegal, together with international donors such as the Global Fund, should support governmental institutions and civil society to implement the five-year national plan through funding of human rights-related activities and the corresponding human resources needed. • Government, Principal Recipients, international donors and technical partners such as UNAIDS should ensure implementers of the plan, whether from governmental institutions or civil society, have a sufficient set of technical capacities to implement the plan, including a solid understanding of HIV, TB, human rights and key populations. • Principal Recipients, international donors and government should ensure greater transparency and information-sharing in relation to funding approved for activities related to HIV, TB and human rights in Senegal, including budgets, work plans, and details of implementation of grants. They should support the technical working group in charge of overseeing the implementation of the five-year plan, including its regular meetings. • Additional efforts should be made to further value the involvement of civil society, including members of the LGBTI community, in the HIV response. This is especially important coming from governmental institutions. Communication campaigns by community organizations on their action in the HIV response should also be supported. Reporting on the implementation of the strategic plan and the sharing of best practices are also essential.
Programmatic quality and sustainability	<ul style="list-style-type: none"> • Principal recipients and other program implementers should strengthen the involvement of key and vulnerable populations, especially through different community organizations and networks, in the design, implementation and oversee of interventions. • Take advantage of increased capacity, including more human resources dedicated to human rights and to advocacy, to ensure quality, and greater supervision and coordination, of human rights programs as well as continuous and strategic advocacy in support of law and policy reform. • Principal recipients, government and international donors should enhance the quality of programs by paying greater attention to sub-populations, including young people and women among key populations, as well as to transgender people and people in prisons. • Principal recipients, programs implementers and the technical working group should ensure robust monitoring and evaluation, including the development of clear indicators, as part of implementing the new five-year plan to reduce human rights-related barriers to HIV and TB services and implementation of the 2021-2023 Global Fund Grants. • Efforts by local stakeholders to get additional technical and financial partners – including domestically - involved in the implementation of the five-year plan to ensure both implementation of the plan in its entirety and coordination of interventions related to HIV and human rights in Senegal are recommended and should be supported including by international donors.

HIV-related recommendations by program area	
Stigma and discrimination reduction	<ul style="list-style-type: none"> • Principal recipients, other civil society organizations and government, with support from donors, should take further steps to protect HIV community actors, including outreach workers and community leaders working with key populations, against violence and harassment in relation to their activities (gay, bisexual men who have sex with men, sex workers and people who use drugs). • Collective responses, including communication from key stakeholders involved in the fight against HIV, in case of attacks against members of key populations should be strengthened. • Principal recipients together with key populations and technical partners should rethink and strengthen interventions with media and religious leaders in order to reach new leaders and influencers and engage them more effectively. • Principal recipients, government and international donors, should continue to support strengthening of community responses to HIV, including by strengthening community organizations and the involvement of key populations in both the design and implementation of human rights programs, including those related to the sensitization of religious and other community leaders as well as media. • Strategic community dialogues at local and provincial levels to sensitize influential leaders and local authorities, help reduce stigma and discrimination within the broader community, and secure HIV programming should be expanded and renewed.

	<ul style="list-style-type: none"> Interventions to reduce stigma and discrimination within family settings, including by supporting members of key populations that have experienced discrimination or rejection within their home should be expanded. Principal recipients and international donors should ensure implementation of programs documenting and addressing stigma, discrimination and other abuses against people living with HIV and key populations across the country.
Training of health care workers on human rights and ethics	<ul style="list-style-type: none"> Government and international donors should increase funding for comprehensive human rights trainings of health care workers and other personnel working in health care settings, such as guards and receptionists, to ensure comprehensive coverage and ongoing trainings. Government, donors and principal recipients should ensure human rights trainings cover health care workers working with pregnant women. Government and principal recipients should ensure HIV and human rights modules are effectively integrated in health schools' curriculum for a wide range of professionals including doctors, nurses, midwives and social workers. Government and principal recipients should ensure comprehensive coverage and ongoing trainings to increase capacity of health care workers to serve all key populations, including men who have sex with men. Government and principal recipients together with donors should ensure community mediators have the support they need to do their work in health care facilities as well as on the ground (e.g., regular training and supervision, name tags for official recognition, etc.). Government and principal recipients together with donors should ensure health professionals are equipped to better protect the rights of their clients through the development of tools and supporting materials for health care workers, including with regard to HIV testing, confidentiality, counselling and responding to gender-based violence. Principal recipients together with international donors and technical partners should support key population representatives' capacity to directly engage in dialogues with health care workers and health authorities at local, provincial and national levels.
Sensitization of lawmakers and law enforcement agents	<ul style="list-style-type: none"> Government and international donors should increase support and funding for human rights and sensitization interventions with police at all levels. Dialogues at local levels must be implemented in every locality where HIV programs are being implemented and should be renewed regularly due to high turnover in police personnel. Government and principal recipients should ensure HIV and human rights modules are effectively integrated in police training institutions' curriculum. Efforts by community organizations, governmental institutions and police authorities to improve police practices on the long term, including through the development of guidelines to police officers in relation to HIV programs and key populations should be supported. Strong connection between advocacy for an improved legal environment and engagement with policy and lawmakers, including through preparation work and follow-up by advocates should be ensured. Principal recipients, international donors and technical partners should support key population representatives to engage with policy and lawmakers on an ongoing basis. Additional inquiries on human rights programs in prisons are recommended.
Legal literacy	<ul style="list-style-type: none"> Government, international donors and principal recipients should ensure wide coverage and continuity of legal literacy training sessions for all key and vulnerable populations, including young people belonging to key populations, people in prisons, people with disabilities and women who are pregnant. Programs implementers including principal recipients should ensure training sessions provide concrete information on a range of topics relevant to all groups of key and vulnerable populations in Senegal, including young people belonging to key populations, people in prisons, people with disabilities and women who are pregnant. Materials developed in support of these trainings should be available in different languages when needed, but also in formats accessible to those lacking literacy.
Legal services	<ul style="list-style-type: none"> Principal recipients should integrate legal services within HIV community clinics to ensure geographical coverage and access for all key populations to legal services as well as sustainability of the program. Government and international donors should increase funding for training and support of paralegals within key and vulnerable populations and sensitization of local community leaders engaged in mediations.
Monitoring and reforming laws, regulations and policies related to HIV	<ul style="list-style-type: none"> International donors, technical partners should increase support for sustained, dedicated work on law and policy reform, including by key populations. In addition to human resources dedicated to advocacy, funding should support the development and implementation of advocacy strategies, including through small grants programs for community organizations. Key populations should

	<p>receive both financial and technical support to meaningfully engage in law and policy reform efforts.</p> <ul style="list-style-type: none"> • International donors and technical partners should support focused initiatives on specific, identified and strategic law and policy reforms, in particular in areas where efforts are already under way, where there is urgent need for change and possibilities for success.
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	<ul style="list-style-type: none"> • Program implementers, technical partners, government and international donors should ensure multiple initiatives implemented in Senegal to reduce gender-related barriers to HIV services are known by local stakeholders involved in the HIV response and are coordinated. • Increase focused interventions for the benefit of women from key and vulnerable populations including women who use drugs, women in prison, sex workers (“official” and “clandestine”), young women, transgender women, women who are pregnant, and women living with disability to ensure access to HIV and reproductive health services.

Annex II: 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.”⁸⁹

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 (see chart below). Senegal was a rapid assessment.

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

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. This rapid assessment also 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
Scope	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?
Scale	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?
Sustainability	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?
Integration	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)
Quality	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?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in June 2020 and completed in October 2020. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund CRG

Human Rights Team and Senegal 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	Cécile Kazatchkine Julie Mabilat	June-July 2020
Key informant interviews conducted remotely with 14 people representing 9 stakeholders	Cécile Kazatchkine Julie Mabilat	July – October 2020
Presentation of key report findings to Global Fund	Cécile Kazatchkine Richard Elliott	December 2020
Review and finalization of report, submission to Global Fund	Cécile Kazatchkine Richard Elliott	January – April 2021

Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-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. Mame Mor Fall, Programs Manager, Alliance Nationale des Communautés pour la Santé (ANCS)
2. Famara Mane, Evaluation and Research Officer, ANCS
3. Abdoulaye Ka, Human Rights Officer, Conseil National de Lutte contre le SIDA (CNLS)
4. Diadji Diouf, President, Réseau National des Association des Populations Clés (RENAPOC)
5. Seynabou Ndour, Président, Moytou; Membre du comité directeur, Réseau National des Association des Populations Clés (RENAPOC)
6. Nguissali Turpin, Deputy Director, ENDA Santé
7. Lala Maty Sow, President, And Soppeku
8. Soukeye Ndyiane, President, RNP+
9. Demba Kone, Country Director (Senegal), UNAIDS
10. Marie Engel, Senior Regional Program Advisor (West Africa), UNAIDS
11. Vanessa Rousselle, Fund Portfolio Manager (Senegal), Global Fund to fight AIDS, Tuberculosis and Malaria

Annex IV: List of Sources and Documents Reviewed

Documents related to the Breaking Down Barriers initiative

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Baseline Assessment: Senegal* (revised draft 22 June 2018).
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Retrospective Costing: Senegal* (November 2018).

Global Fund Internal Documents

(all documents on file with the Global Fund and the MTA research team)

3. *Grant Management DnA – General Information: Senegal* (data retrieved 2019).
4. *Grant Management DnA – Programmatic Performance: Senegal* (data retrieved 2019).
5. *Grant Management DnA – Health Financing Dashboard: Senegal* (data retrieved 2019).
6. *Budget for ANCS – Grant cycle 01 January 2018 – 31 December 2020* (revised 8 February 2019).
7. *Performance Framework for ANCS Grant* (19 September 2018).
8. *Budget for CNLS – Grant cycle 01 January 2018 – 31 December 2020*.
9. *Performance Framework for CNLS Grant*.
10. *Matching Funds Review and Recommendation Form* (22 November 2018).
11. *Prospective Country Evaluation: Senegal* (Final Draft, 7 January 2019).
12. Global Fund, *Multicountry Western Africa ANCS (Burkina Faso, Cabo Verde, Côte d'Ivoire, Guinea-Bissau, Senegal), 2017-2019*.
13. Global Fund, *Africa Regional Grant – Removing Legal Barriers (Botswana, Côte d'Ivoire, Kenya, Malawi, Nigeria, Senegal, Seychelles, Tanzania (United Republic), Uganda, Zambia), 2017-2019*.
14. Global Fund, *Multicountry West Africa ITPC - HIV - International Treatment Preparedness Coalition (Benin, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Senegal, Sierra Leone, Togo), 2017-2019*.
15. Global Fund, *Multicountry Western Africa HI - HIV - Handicap International Federation (Burkina Faso, Cabo Verde, Guinea-Bissau, Mali, Niger, Senegal), 2017-2019*.

Country Documents

16. *Senegal Funding Request, 2018-2020*.
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18. *Plan Stratégique National de lutte contre le SIDA 2018-2022*
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20. *Les grandes lignes de l'atelier multipartite pour l'élaboration et l'adoption de Plan quinquennal Sénégal (pour une réponse globale aux obstacles liés aux droits humains qui entravent l'accès aux services VIH et tuberculose)* (5-6 February 2020, Dakar).
21. *Plan quinquennal Sénégal pour une réponse globale aux obstacles liés aux droits humains qui entravent l'accès aux services VIH et tuberculose 2021-2025* (2020).
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Relevant Third-Party Resources

23. Étude MdM Abidjan, *Santé des personnes usagères de drogue à Abidjan en Côte d'Ivoire* Prévalence et pratiques à risque d'infection par le VIH, les hépatites virales, et autres infections, 2014 (2014).
24. Conseil National de Lutte Contre le SIDA, *Enquête Nationale de Surveillance Combinée de 2015 - 2019: Rapport de synthèse* (CNLS/APAPS/MSAS/DLSI-MST, 2016).
25. ENDA Santé, *Rapport de l'atelier: Atelier national de plaidoyer pour un environnement favorable aux populations vulnérables dans le cadre de la lutte contre le VIH/SIDA et la tuberculose* (19-20 décembre 2017).
26. Agence nationale de la statistique et la démographie, *Enquête démographique et de Santé continue (EDS-Continue) 2017* (septembre 2018).
27. I. Dione et al, *Évaluation du cadre juridique de la riposte au VIH – Senegal* (UNDP, October 2018).
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30. CEPIAD, *Plan Stratégique 2020-2024 du Centre de Prise en Charge Intégrée des Addictions de Dakar* (October 2019).
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34. Conseil National de Lutte Contre le SIDA, *Rapport Final: Mission de Suivi-Évaluation des Fonds Catalytiques, Phase 1-Phase 2* (August – September 2020) (Draft).
35. UNAIDS, *Rapports d'avancement nationaux – Sénégal* (2020), available at https://www.unaids.org/sites/default/files/country/documents/SEN_2020_countryreport.pdf.
36. "Sénégal : état d'urgence et couvre-feu", *au-senegal.com*, 24 mars 2020.
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