

BENIN

Mid-term Assessment

Global Fund Breaking Down
Barriers Initiative

September 2021

Geneva, Switzerland

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. Benin is a rapid assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

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Summary

Introduction

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

Breaking Down Barriers Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services 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.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.

Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in Benin by mid-2021 the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents, remote interviews, and country visits to meet with key informants and conduct site visits. 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 Benin was a rapid assessment. It was conducted between October 2020 and August 2021.

¹ **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 By mid-2021, all of the milestones that are key to creating a national landscape that can successfully deliver on comprehensive programs to remove human rights-related barriers to HIV services had been achieved. These were to: (a) gather sufficient data through a Baseline Assessment on rights-related barriers to services, existing programs to overcome them and possible costed comprehensive programs; (b) reach national consensus and ownership through an expanded CCM meeting which reviewed the Baseline Assessment's findings; (c) develop a National Plan towards scaling up to comprehensive response, and (d) create a structure for movement forward and sustainability by setting up a Working Group on Human Rights and HIV (see Table 1 for more details on the milestones, their dates and results).

Table 1: Key milestones

Milestone	Results	Date
Baseline assessment	Inception meeting for the Breaking Down Barriers initiative held. Literature review, key informant interviews and focus groups conducted	June 2017
	Report finalized and presented to country	July 2019
Matching human rights funds	US\$1.4 million of matching funding allocated to programs to reduce human rights-related barriers into general Global Fund grant. Benin obtained an exemption from the 1:1 matching requirement to ensure essential prevention and treatment service would be met. Its match, just US\$8 thousand from within the HIV allocation, is the lowest of all countries in the Breaking Down Barriers initiative cohort	Fall 2018
Working group on human rights and HIV	CCM established a committee to develop a five-year plan to remove human rights-related barriers to HIV. The working group, however, has not met since the adoption of the five-year plan.	July 2019
Expanded CCM meeting	An estimated 25 participants, including officials, national and international experts, program implementers, and members from key and vulnerable population communities discussed and validated the baseline assessment report	July 2019
National plan to reduce human rights-related barriers	The working group developed the Five-Year Plan Human Rights and HIV of Benin (2020-2024) "Removing Human Rights-Related Barriers to HIV Services," aligned with Benin's national HIV, TB, malaria and hepatitis strategy (PSNIE 2019-2023).	March 2020

Scale-up of Programs: Achievements and Gaps

Compared to the 2018 baseline, Benin has scaled-up activities in six of seven program areas, with the overall HIV scorecard score improving from 0.7 to 1.9. Activities in two areas—legal literacy and legal services—evolved from small, one-off, time-limited programs to operating at subnational level in multiple regions. Programs to reduce gender-based discrimination, which were the most developed at baseline, however, have stagnated, and programs to monitor and reform laws, regulations and policies both remain very weak. In terms of populations, attention to transgender people, which had lagged behind, has grown significantly.

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

Program areas	HIV	
	Baseline	Mid-Term
Stigma and discrimination reduction	0.8	1.5
Training for health care providers on human rights and medical ethics	0.5	2.0
Sensitization law-makers and law enforcement agents	0.5	1.5
Legal literacy (“know your rights”)	0.5	3.0
Legal services	0.8	3.0
Monitoring and reforming laws, regulations and policies relating	0	0.5
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	1.5	1.5
Average score	0.7	1.9

Key

0 – no programs present

1 – one-off activities

2 – small scale

3 – operating at subnational level

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

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

N/A – Not applicable

For detailed scorecard key, see Annex II

Cross-cutting Issues related to Quality Programming and Sustainability

In examining programs, the mid-term assessment reviewed cross-cutting indicators of quality programming² and sustainability.

Considerations related to achieving quality of programs to remove human rights-related barriers to HIV

Benin is making progress toward creating the conditions required to put in place high quality programs to remove human rights-related barriers to HIV. The MTA identified good alignment with national infectious disease control policies and the linking of legal literacy and legal services with health services as good practices. More effort is needed, however, to institutionalize human rights programs in, for example, training for health workers and law enforcement officials; to strengthen human rights capacity among implementers; and implement a strong monitoring and evaluation framework.

Political engagement and community involvement

While the ministry of health and the Conseil National de Lutte contre le SIDA have been closely involved in the design and implementation of human rights programs, the ministries of justice and interior have not—a significant weakness given that many challenges key and vulnerable populations face are outside the health sector. Stakeholders also expressed concern that community organizations do not receive enough support to develop their own organizational capacity, thus limiting the ability to realize their full potential in countering human rights-related barriers to HIV services.

Donor landscape

The Global Fund remains by far the largest donor to support programs to reduce human rights-related barriers in Benin. While a few other donors have funded activities that are closely aligned with the Breaking Down Barriers initiative, coordination between these funders to avoid duplication and generate synergies appears to be lacking. No efforts have been taken to date to use the five-year plan to mobilize additional funds.

² 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. See <https://www.theglobalfund.org/en/updates/other-updates/2020-06-15-removing-human-rights-barriers-to-health-findings-and-lessons/>

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 time of the assessment, stakeholders spoke of emerging evidence of impact of programming to reduce human rights-related barriers, noting improved treatment of key populations in a limited but growing number of health centers; improved media coverage of key populations; and anecdotal evidence that legal assistance services are preventing people who faced discrimination or stigmatizing treatment from abandoning treatment services.

The legal assistants' program was almost uniformly described as a significant success. Six legal assistants, selected from peer educators and covering twelve regions, sensitize members of key and vulnerable populations on rights and responsibilities on human rights and gender issues and assist them resolve specific human rights challenges. In close collaboration with health workers and peer educators, legal assistants have amicably resolved numerous cases of human rights violations and have helped bring three cases to court, two of which have resulted in convictions of the perpetrators of human rights abuses. Plan Benin has documented multiple cases where people living with HIV had dropped out of care as a result of stigmatizing treatment but resumed HIV treatment following the intervention of legal assistants.

Conclusion

The mid-term assessment found that Benin started from very limited programs to remove human rights-related barriers and has put in place programs in several program areas with significant reach, although the COVID-19 pandemic slowed down this progress. The legal assistants' program, which combines legal literacy, legal accompaniment, and sensitization of health workers and law enforcement officers, provides a strong basis to expand good quality and impactful human rights programs in Benin. Progress, however, has been uneven as some program areas, especially monitoring and reforming law, policies and practices, remain underdeveloped. Further investments, including from domestic budgets, are needed to scale up successful programs, address program areas that have been fallen behind, and strengthen the overall quality of programs.

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

Creating a Supportive Environment

- The CNLS and human rights working group should identify opportunities to bring stakeholders that do not generally work on health issues, such as law enforcement and justice officials, into the Breaking Down Barriers process to ensure a coordinated and cohesive all-of-government approach to removing human rights-related barriers to HIV services, including by inviting them to join the working group
- The working group should meet regularly to coordinate efforts and programs, implement the M&E framework, jointly identify gaps and weakness, and employ a consensus-based and coordinated approach to the implementation of the five-year plan
- Knowledge of and engagement in the multi-year plan should be promoted among government agencies/ministries, donors, civil society, and technical partners

Programmatic Scale-up

- A more holistic approach to fighting stigma and discrimination should be implemented that focuses not just on self-stigma but engages societal stigma in its different forms and settings, including communities, educational institutions, and health care setting beyond HIV service delivery point
- Expand the number of legal assistants from 6 to at least 12 and, ideally, 22 as the multi-year plan proposes. These legal assistants should continue to work with key and vulnerable population communities, organizations and KP peer educators to improve legal literacy, document cases of violations report them to the observatory, and link victims to legal and other services as needed
- Strengthen the monitoring and advocacy components of the five-year plan, particularly interventions related to the HIV law, criminalization of drug use and possession, and other legal provisions that pose barriers to key and vulnerable populations

Programmatic Quality and Sustainability

- The Global Fund and other donors should work to strengthen the capacity of community-based organizations in the conceptualization, design, implementation, monitoring and evaluation of programs to remove human rights-related barriers
- Build on experiences with legal assistants to date to strengthen efforts to integrate programs to remove human rights-related barriers into prevention, treatment and retention services and to link legal literacy and assistance to community monitoring, sensitization of health workers and law enforcement officers
- The CNLS, PRs, and members of the human rights working group and implementers should use the baseline report, multiyear plan and mid-term assessment to raise awareness among donors and seek funding from other donors to fund a comprehensive effort to remove human rights-related barriers to HIV and TB services. The Global Fund should consider organizing a meeting of donors to facilitate this process.

Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Benin, 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 between October 2020 and August 2021 to: (a) assess Benin’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 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 services³ 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”, * and Global Fund Key Performance Indicator 9a that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in the 20 countries part of the initiative.

“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).[†]

³ 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).

Text Box 1: Key Program Areas to Remove Human Rights-related Barriers to HIV services[‡]

- 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.[§]

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).

The Global Fund supported a program mid-term assessment examining Benin’s progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV services, as measured against the baseline assessment and through achievement of the milestones.

Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. Benin as a rapid assessment included interviews with 11 key informants conducted remotely as a result of the COVID-19 pandemic. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

The Benin mid-term program assessment was conducted between October 2020 and August 2021 (Table 3). More information on the assessment’s methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

Limitations

Measuring increases in the scope, scale, quality, impact and potential for sustainability of programs after only a short period of time is a challenge. Measuring change in a short period of time for programs that seek to overturn human rights barriers that are embedded in institutions, attitudes and laws is even more challenging. Successfully assessing this amidst the most severe global health pandemic in a century speaks to the willingness and dedication of the many people who provided interviews and reports of their work.

During the mid-term assessment, the evaluation team sought diverse perspectives from a wide range of key informants. Benin features a significant number of actors operating in the field of HIV, posing challenges to comprehensively mapping programs to remove human rights-related barriers to HIV services. This report may not fully reflect regional diversity as the team was unable to interview key informants from many regions of Benin. 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 trusts 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.

At the time of the mid-term assessment, the COVID-19 epidemic had impacted the implementation of programs to remove human rights-related barriers to services in various ways. To the extent possible, the mid-term assessment adapted to the new country realities and documented programmatic impact.

Table 3: Benin Mid-Term Assessment Timeline

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Cecile Kazatchkine, Julie Mabilat	April 2020
Key informant interviews conducted remotely with 37 people	Diederik Lohman, Cecile Kazatchkine	October 2020; May 2021
Follow-up with relevant key informants	Diederik Lohman	May and August 2021

Part I. Background and Country Context

Epidemiologic Context

Benin has a mixed HIV epidemic with prevalence among adults in the general population estimated at 1.0% in 2019** and considerably higher among key populations: 8.5% among sex workers; 7.0% among men-who-have-sex-with-men; and 2.2% among injecting drug users. Among prisoners, HIV prevalence was estimated at 4.1%.†† In 2020, an estimated 2300 people in Benin were newly infected with HIV, with women 15 years and older making up about 51.4% and children under 15 less than 14% of new cases.†† An estimated 2 thousand people died of HIV-related causes, with about 48% occurring among adult males 15 years and older and less than 22% in children.§§

In 2019, 72% of people living with HIV were estimated to know their status; 91% of people who knew their status were estimated to be on treatment; and 73% of people on treatment were virally suppressed.*** Benin's performance on the two of these 90-90-90 indicators is slightly better than the average for Western and Central African countries; it is slightly worse for the third indicator.

Legal and Policy Context

Benin's constitution provides for a right to equal access to health services and non-discrimination. The country's 2005 HIV law, which was in the process of being amended in August 2021, likewise prohibits discrimination against people living with HIV or other sexually transmitted disease. The law, however, may allow for unauthorized disclosure of a person's HIV status and criminalizes HIV transmission in certain cases. According to the baseline report, enforcement of the law's protective provisions for people living with HIV is weak.††† Sexual relations between people of the same sex are not criminalized in Benin although the baseline report notes that homosexuality remains "incredibly stigmatized."†††† Possession and use of drugs remains a criminal offense criminalized, and sex workers face frequent police harassment, even though sex work is not criminalized. The National Strategic Plan for HIV provides the framework for the country's HIV response.

COVID-19

Unlike other countries in the region, Benin never imposed a national lockdown to prevent the spread of COVID-19. Instead, after the first cases were identified in the country, the government imposed *cordons sanitaires* in twelve—and subsequently fifteen—towns affected by COVID, prohibiting travel between those towns and the rest of the country.§§§ The *cordon sanitaire* was lifted on May 11, 2020. As of August 2021, Benin avoided the worst of the pandemic with about 15,000 cases and 130 deaths.

Other Key Considerations for the HIV Response

Long one of the more stable democracies in sub-Saharan Africa, Benin's political environment has been uncharacteristically turbulent in recent years. Moreover, attacks by extremist groups have caused security concerns in the northern provinces.

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 Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers within Benin through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; the development of a working group on human rights, HIV and TB, and the development of a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

Table 4 – Key milestones

Milestone	Results	Date
Baseline assessment	Inception meeting for the Breaking Down Barriers initiative held. Literature review, key informant interviews and focus groups conducted	June 2017
	Report finalized and presented to country	July 2019
Matching human rights funds	US\$1.4 million of matching funding allocated to programs to reduce human rights-related barriers into general Global Fund grant. Benin obtained an exemption from the 1:1 matching requirement to ensure essential prevention and treatment service would be met. Its match, just US\$8 thousand from within the HIV allocation, is the lowest of all countries in the Breaking Down Barriers initiative cohort	Fall 2018
Working group on human rights and HIV	CCM established a committee to develop a five-year plan to remove human rights-related barriers to HIV. The working group, however, has not met since the adoption of the five-year plan.	July 2019
Expanded CCM meeting	An estimated 25 participants, including officials, national and international experts, program implementers, and members from key and vulnerable population communities discussed and validated the baseline assessment report	July 2019
National plan to reduce human rights-related barriers	The working group developed the Five-Year Plan Human Rights and HIV of Benin (2020-2024) "Removing Human Rights-Related Barriers to HIV Services," aligned with Benin's national HIV, TB, malaria and hepatitis strategy (PSNIE 2019-2023).	March 2020

Baseline Assessment (2019)

In 2017, a Baseline Assessment was conducted to identify the key human rights-related barriers to HIV services in Benin; describe existing programs to reduce such barriers and identify gaps, challenges, best-practices; indicate what a comprehensive response to existing barriers would comprise in terms of the types of programs, their coverage and costs; and identify the opportunities to bring them to scale. The assessment resulted in the publication of a lengthy report in 2019. While key informants welcomed the report as an important resource, some expressed concern that they had not been part of the development of the report and others noted that some facts presented in it were dated as a result of the lengthy preparation process.

Matching Funds (2018)

Benin received US\$1.4 million in catalytic funding from the Global Fund for programs to remove human rights-related barriers. It received an exemption from the 1:1 matching requirement in order to allow sufficient funding for essential prevention and treatment services. Benin's match of US\$8000 from the HIV allocation was the lowest of all 20 countries in the Breaking Down Barriers initiative cohort. The implementation of programs supported by the matching funds was subject to some initial delays due to start up challenges. Plan Benin, the principal recipient of these funds estimated, however, that 99.7% of human rights matching funds had been absorbed by May 2021.

Some key informants from key and vulnerable populations criticized the process of preparing the matching funding request in 2018 as insufficiently inclusive. One said that his organization had not had any information on the matching funds at the time and contrasted that with the process in 2020 when, he said, key populations were heavily involved. Another key informant, who said he was consulted in 2018, noted a lack of subsequent information on implementation, saying "as often happens, there is progress in participation in the country dialogue but, afterwards, a lack of follow up, a lack of information on negotiations with the Global Fund and implementation for key populations representatives."

Expanded Country Coordinating Mechanism Meeting (2019)

While in all other countries in the *Breaking Down Barriers* cohort, baseline assessment reports were presented and validated at multi-day multi-stakeholder meetings with broad participation, in Benin the Global Fund decided to support an expanded Country Coordinating Mechanism meeting and a civil society consultation instead. The expanded CCM meeting, with about 25 participants, featured a presentation of the baseline assessment findings, a discussion of the findings' validity, and the creation of a human rights working group to develop a multi-year plan to remove human rights-related barriers. A subsequent civil society meeting, with about 40 participants, involved lively discussion of different types of human rights barriers, programs to address them, and the development of a multi-year plan.

While key informants described the expanded CCM meeting in positive terms, it did not provide the same benefits as multi-stakeholder meetings have in other countries, such as high-profile attention to human rights barriers to build momentum and political will; sensitization of government officials beyond the health sector about key and vulnerable populations issues; and the opportunity for communities to engage directly with government officials, technical partners and donors. This was a lost opportunity.

Working Group on Human Rights and HIV (2019-2020)

At its expanded meeting in July 2019, Benin's CCM created a working group to develop a multi-year plan to remove human rights barriers. The working group, presided by the deputy chair of the CCM, consisted of representatives of the ministry of health, Plan Benin (the principal recipient), technical partners, and community organizations, and was supported by an international and national consultant in the development of the multi-year plan. It met several times in late 2019 and early 2020 to develop and cost a draft plan, which was eventually finalized and adopted by the CCM in March 2020.

Coordination of the implementation of the plan was entrusted to the Conseil National de Lutte contre le SIDA, a decision that concerned some key informants because of CNLS' limited human rights credentials and heavy administrative processes. The CCM also decided that the working group would monitor implementation of the plan, but by September 2021 this had not yet happened.

Multi-year Plan (2020)

The working group developed a 63-page multi-year human rights plan entitled "Five-Year Plan Human Rights and HIV of Benin (2020-2024): Reducing Human Rights-related Barriers to HIV Services" that is aligned with Benin's national HIV, TB, malaria and hepatitis strategy (PSNIE 2019-2023). The plan outlines broad interventions; specific activities; location and/or coverage; expected results; indicators; timeline; responsibility; cost; and potential sources of funding. The plan calls for national coverage in all districts for the bulk of the interventions. The proposed activities in the draft multi-year plan largely align with the activities proposed in the baseline assessment and are organized according to UNAIDS' key program areas for removing human rights-related barriers to HIV. One area of the plan that is decidedly weak are interventions to influence laws, policies and practices.

Key informants described the working group as very engaged. A stakeholder from a key population said that the proceedings were an opportunity to sensitize the authorities on key populations' issues and human rights, and that the deliberations had involved lively discussions and push and pull between community organizations and government agencies. The national and international consultants observed that the working group members had strong views on the kinds of activities that should be included in the multi-year plan, reflecting a high degree of local ownership. At the same time, however, working group members tended to be protective of their own activities and constituents and a number of proposed activities for third parties were rejected.

A significant number of activities from the plan were included in the Resilient & Sustainable Systems for Health funding request as part of the NFM-3 funding cycle of the Global Fund in August 2021. Grant making will commence in the first quarter of 2022.

Recommendations

Benin has made important progress toward achieving the milestones that are critical to rolling out comprehensive programs to remove human rights-related barriers to HIV services. The country has a generally robust plan to address barriers and designated a government agency and working group to ensure coordination and monitoring of its implementation. The following steps could help strengthen Benin's efforts to remove human rights-related barriers to HIV services:

- The CNLS and human rights working group should identify opportunities to bring stakeholders that do not generally work on health issues, such as law enforcement and justice officials, into the Breaking Down Barriers process to ensure a coordinated and cohesive all-of-government approach to removing human rights-related barriers to HIV services, including by inviting them to join the working group
- Strengthen the advocacy component of the five-year plan, particularly interventions related to the HIV law, criminalization of drug use and possession, and other legal provisions that pose barriers to key and vulnerable populations
- The working group should meet regularly to coordinate efforts and programs, implement the M&E framework, jointly identify gaps and weakness, and employ a consensus-based approach to addressing them.
- Knowledge of and engagement in the multi-year plan should be promoted among government agencies/ministries, donors, civil society, and technical partners
- Map donor interventions to remove human rights-related barriers to HIV services so as to improve donor coordination, avoid duplication and generate synergies
- When a new national HIV, TB, malaria and hepatitis strategy start is developed in 2022 or 2023, the human rights plan should be updated and incorporated into it to ensure full integration of activities to address human rights barriers with the broader infectious diseases strategy

Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV and TB services. 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 and TB overall are discussed in the section below on “Ensuring Quality Programming”.

Programs to Remove Human Rights-related Barriers to HIV

Compared to the 2018 baseline, Benin has scaled-up activities in six of seven program areas, with activities in three areas evolving from one-off, time-limited programs to operating at subnational level in multiple regions. Efforts to train health workers and legal assistance programs are particularly well developed, while programs to reduce gender-based discrimination, which were the most developed at baseline, have stagnated. Programs for transgender populations have improved significantly.

While programs have grown in scale and scope, Benin has only made limited progress toward institutionalizing interventions to remove human rights-related barriers and their integration with service delivery programs. This negatively affects the quality, impact, reach and, especially, sustainability of these programs and more effort is needed to ensure these activities become a standard component of the HIV response. There is also an urgent need to strengthen monitoring and evaluation, which is currently not conducted in a structured fashion, of these programs. We were unable to assess the gender-responsiveness of individual programs

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	0.8	1.5

At baseline, limited progress had been made in rolling out interventions to reduce stigma and discrimination. The baseline assessment identified some interventions for peer educators and media that had a stigma and discrimination component, but most types of interventions recommended by UNAIDS to reduce stigma and discrimination were non-existent. At mid-term, Benin had strengthened its engagement of peer educators in activities to reduce self-stigma and improve legal literacy among key and vulnerable populations and had significantly increased its focus on transgender populations. But it did not significantly broaden the types or settings of interventions to address stigma and discrimination. Community mobilization activities, public engagement with opinion leaders on HIV, and efforts to address stigma and discrimination in educational and employment settings largely remained non-existent. Moreover, Benin has not conducted a stigma index study in years.

Plan Benin developed picture guides to sensitize and train specific target groups, such as adolescents, young woman and men, MSM, transgender individuals and people who inject drugs, on HIV prevention, treatment, human rights and gender-based violence. These resources were used to address both self-stigma and improve legal literacy among key and vulnerable populations. Between 2018 and 2020, Plan Benin trained peer educators from each of these groups (64 MSM, 20 transgender individuals, 40 people who use drugs and 200 mediators) using the picture guides and these peer educators, in turn, have used them to conduct sensitization sessions with peers. Plan Benin estimates that per year the picture guides are used to sensitize 5300 unique men who have sex with men, 1200 unique transgender individuals, and 4800 unique people who use drugs, as well as almost 40,000 people living with HIV (although some may attend multiple sessions in a year).

concerted effort was made to address stigma and discrimination against transgender populations, with trainings for transgender networks and association on human rights and gender-based violence; the development of training modules for transgender peer educators that cover stigma and discrimination; inclusion of transgender issues in sensitization activities for police and judicial agents, and legal support to transgender individuals who experience rights violations.

An activity with media outlets was highlighted by one key informant as particularly important. Organized by OCAL, a regional organization involved in the HIV response in five coastal nations in West Africa, in 2018, the activity brought together a group of journalists and members of key and vulnerable populations for a sensitization session which resulted in the creation of a WhatsApp group through which journalists and representatives of key populations regularly discuss incidents of violence against key populations, provide information on events, and get commentary from key populations representatives for media

Recommendations

- A more holistic approach to fighting stigma and discrimination should be implemented that focuses not just on self-stigma but engages societal stigma in its different forms and settings, including communities, educational institutions, and the workplace
- Carry out a stigma index study focused on all key and vulnerable populations and develop and implement a plan of action based on that study’s findings
- Increase funding for stigma and discrimination interventions, including from national or local budgets

HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers in human rights and medical ethics	0.5	2.0

The baseline assessment identified no ongoing activities to train healthcare providers on human rights and medical ethics although it noted that a good training manual had been developed. The mid-term assessment found that Plan Benin and ABDD had started conducting training sessions for healthcare providers. Plan Benin had trained 200 healthcare workers, social

assistants, and treatment literacy workers at sites that frequently attend to key and vulnerable populations. ABDD conducts five sensitization sessions per month through legal assistants, bringing together healthcare workers and members of key and vulnerable populations to discuss stigma, discrimination and available legal services.

Two key informants from a key population organization felt that the activities were bearing fruit. One noted that while stigma had been widespread previously health structures now “know how to accommodate key populations and listen to them.” Plan Benin said that it had observed that several health facilities, including some regional public hospitals, have become particularly welcoming to key and vulnerable populations. Another key informant, however, noted that sensitization sessions were focused on a limited number of service providers that often serve key and vulnerable populations but that such training for the general healthcare system remained very limited. The mid-term assessment did not identify any activities that sought to integrate training on human rights and medical ethics into standard pre-service or in-service training curricula for healthcare workers.

Recommendations

- Existing training and sensitization sessions should be continued on a regular basis and should be expanded healthcare providers that focus on key and vulnerable populations in other regions of Benin
- Integrate stigma, discrimination, human rights, gender-based violence and ethics modules into all in-service training for HIV services
- Engage the ministries of higher education and health to ensure that instruction on HIV, TB, key populations, stigma, discrimination, human rights and ethics become a standard part of pre-service curricula in nursing and medical schools

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	0.5	1.5

Sensitization of law enforcement and law makers was minimal and ad hoc at baseline. At mid-term, such interventions had become more frequent and structured although they had not yet become institutionalized.

Key informants described a number of different types of engagement with law enforcement officials. In 2019 and 2020, Plan Benin organized sensitization meetings with mayors’ offices, law enforcement agents, judges and prosecutors about key and vulnerable populations, stigma, discrimination and human rights. ABDD has brought together police officials of different ranks with peer educators, members of key and vulnerable populations and health workers for sensitization sessions as well as “proximity” meetings in several regions. Moreover, police were engaged in the context of a pilot needle exchange program and a study on methadone maintenance treatment for injecting drug users.

Key informants said that feedback from police officials indicated that these sessions were valued for providing police a better understanding of common complaints such as domestic violence, expulsion of an HIV-positive spouse, or rejection of HIV-positive children. A key

informant from an LGBTI organization noted that police departments had agreed to LGBTI groups visiting various precincts to discuss reducing violence against LGBTI populations.

The closure of OCAL, a regional initiative that no longer receives Global Fund support, resulted in the disruption of some activities focused on sensitization of law enforcement officials, including “proximity” meetings that facilitated exchanges between police officials and key and vulnerable populations.

No activities focused on sensitizing law makers or prison guards were identified.

Recommendations

- Sensitization activities should be scaled up so that most law enforcement officers, judges and lawyers in at least high burden areas are reached and prison officials should be included in these activities. Key and vulnerable population communities should play a key role in these activities
- Proximity meetings—meetings that facilitated exchanges between police officials and key and vulnerable populations—should be restarted using the model OCAL had developed
- A strategy should be developed and implemented to engage law makers on HIV, key populations and human rights issues, and to sensitize law makers to harmful impact of criminalization on public health goals
- Modules on HIV, key populations and human rights should be developed and integrated into curricula of the police academy and other training institution for law enforcement officers, prosecutors and judges

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy (“know your rights”)	0.5	3.0

Some legal literacy materials had been developed at baseline but legal literacy programs were few and had unclear reach. By mid-term, Benin had made significant progress improving awareness of key and vulnerable populations on their rights. Six legal assistants had conducted 162 sensitization sessions with key and vulnerable populations between 2018 and 2020, reaching 3128 people with information on people’s rights and obligations, and on legal assistance programs. A training module for transgender peer educators was developed that integrates basic information on HIV prevention and treatment with basic facts on human rights, stigma and discrimination and gender-based violence. As of May 2021, 48 transgender peer educators had been trained using the module. Moreover, human rights issues had been integrated into picture guides that are used to train peer educators from various key and vulnerable populations and that peer educators use to raise awareness among peers, reaching many thousands of people each year.

Recommendations

- Support continued scale up of legal literacy programs with emphasis on outreach to LGBT and rural populations.
- Legal literacy activities should be linked more directly to legal assistance and community monitoring programs to ensure that members of key and vulnerable populations whose right have been violated

can access redress and that their cases are adequately documented. This can be achieved by linking peer educators to legal assistants and the human rights observatory

- Expand the legal assistant program so all twelve regions have a legal assistant to improve geographic coverage
- Ensure that legal literacy materials are easily accessible to key and vulnerable populations, including through distribution at community organizations, health facilities, websites, and social media platforms

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	0.8	3.0

At baseline, there were a few legal services initiatives, but they were of unclear scale and reach, and only focused on people living with HIV. At mid-term, six legal assistants had been recruited—each responsible for two regions—trained, as well as ten psychological support providers. Based on the terms of references of legal assistants, Plan Benin estimates that legal assistants have conducted more than 5,500 consultations with key and vulnerable populations. Actual numbers and a breakdown of consultations by population are not available. Key informants generally described the legal assistants’ program as very successful and described various cases where people who were at risk of dropping out of treatment were retained as a result of the interventions of legal assistants (see case study below for more information).

Key informants noted several challenges. First, they said that legal assistants are overworked and that it is not realistic for one legal assistant to cover multiple regions. Second, the beneficiaries are primarily people living with HIV to date because legal assistance services are mostly provided through healthcare delivery sites and because key populations are often reluctant to involve the authorities. Third, Plan Benin noted that it had not been able to contract with a law office to provide formal legal services to people whose rights had been violated because of insufficient budget but that under NFM3 one or more lawyers from the ABDD network will be retained. Fourth, some key informants noted that the handover of the legal assistant programs from OCAL to Plan and then ABDD had caused some disruption.

Recommendations

- Expand the number of legal assistants from 6 to at least 12 and, ideally, 22 as the multi-year plan proposes. These legal assistants should continue to work with key and vulnerable population communities to improve legal literacy, document cases of violations report them to the observatory, and link victims to legal and other services as needed.
- Engage one or more lawyers familiar with HIV and key populations to provide professional legal services as needed.
- Strengthen collaboration between legal assistants and peer educators from key populations to bring legal assistance services to key populations and overcome existing reticence toward utilizing these services.
- Explore the possibility of using strategic litigation to challenge problematic legal and regulatory provisions that interfere with the rights to health and other rights of key and vulnerable populations

HIV Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws	0.0	0.5

At baseline, Benin had almost no monitoring or advocacy programs. By mid-term, this had improved only slightly. In 2018 and 2019, bi-annual meetings were organized with the drug authority to ensure HIV prevention programs for people who inject drugs, such as a needle exchange pilot and a planned substitution treatment pilot, could operate without police interference. (The COVID pandemic, however, disrupted these activities in 2020.) On other issues, such as confidentiality of HIV diagnosis and criminalization of HIV transmission, advocacy was largely non-existent. Despite broad consensus that the HIV law needs to be revised, little movement occurred due to a lack of funds. Several key informants noted that advocacy with the ministry of interior and justice had been lacking. The multi-year plan proposes the development of advocacy strategy but offers few details or resources to effectively advocate for legal, policy and practice changes.

No country-wide monitoring system existed to document cases of stigma, discrimination, gender-based violence or other HIV-related human rights violations. Cases documented by legal assistants are not currently centrally collected. With the legal assistant program operational, however, Benin has the basis for building an human rights observatory that systematically collects reports of rights violations, as is proposed in the multi-year plan.

Recommendations

- Develop a robust and detailed advocacy strategy to address key legal, policy and practice barriers, including criminalization of HIV transmission, HIV-status confidentiality, gender identity, criminalization of drug use and possession for personal use, needle exchange and substitution treatment, pretrial detention, etc. Development and implementation of this strategy should be led by civil society and community organizations.
- Set up a national human rights observatory to collect data on human rights violations documented by legal assistants as well as encountered by peer educators, community and other civil society organizations. Analysis of data collected should be published annually and should inform policy and practice reform aimed at removing causes of rights violations.
- Strengthen the capacity of the community-based and led organizations to lead the community-led monitoring on the service quality as well as human rights violations.
- Where possible, integrate community-based monitoring with service delivery programs through peer educators, legal assistants and community volunteers working in health facilities.

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	1.5	1.5

Benin has made mixed progress in addressing gender-based discrimination. The baseline assessment only identified a few pilot programs focused on gender-based discrimination. Plan Benin has sought to mainstream a gender component into its work, integrating gender-based violence into its regular bi-annual consultations with local stakeholders in all 12 regions; it has also integrated gender-based violence into sensitization sessions with law enforcement and

judicial officials (described above). Benin has also made promising progress in addressing barriers to services for transgender populations. A minimum package of services was developed which in addition to activities related to HIV prevention and treatment includes legal literacy, legal assistance, sensitization of law enforcement, and gender-based violence components.

However, the mid-term assessment identified few activities specifically focused on removing gender discrimination as a barrier to HIV services. Women's and girls' organizations seemed to have a limited role; in fact, a planned collaboration between Plan Benin and ROAFEM on gender issues was discontinued for reasons that are not clear to the MTA researcher. It also appeared that little action has been taken to date to implement the recommendations from a 2017 report on gender-based violence and HIV in Benin.

Recommendations

- Make a concerted effort to implement the recommendations from the 2017 report on gender-based violence and HIV.
- Involve and support community-based organizations working with women and girls, including women's networks and organizations in legal literacy and service activities, monitor of gender-based violence, and advocacy for legal, policy and practice changes.
- Strengthen the capacity of women's networks or youth-led organizations/networks to implement programs to remove human rights-related barriers to HIV services.

Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV and TB 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 and TB.^{****} 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 rights human 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

While programs to remove human rights-related barriers in Benin are still young, the country has made progress on several areas that are key to ensuring the quality of such programs:

- **Aligned with national strategies.** The five-year plan is clearly aligned with Benin's national HIV, TB, malaria and hepatitis strategy (PSNIE 2019-2023).
- **Integration of legal literacy and legal services through service delivery programs.** Benin's legal assistants program bridges multiple human rights program areas, linking legal literacy with legal assistance, sensitization of health providers and law enforcement officials, and potentially community monitoring. The fact that legal assistants operate out of health institutions is potentially precursor to integration of legal literacy and legal accompaniment into delivery of testing and treatment services.

The MTA also identified a number of key quality challenges. These include:

- **Limited human rights expertise at key institutions.** As the institution in charge of the implementation of the five-year plan the principal recipient of human rights catalytic funding, the CNLS and Plan Benin play critical roles in the implementation and coordination of programs to remove human rights-related barriers. However, being institutions traditionally focused on public health, humanitarian and development, neither has a history of engagement in human rights or much in-house human rights expertise. Plan Benin's focal point for gender-based violence and human rights receives technical support from Plan Canada's Gender and Human Rights Specialist.
- **Lack of institutionalization of human rights programs.** To date, few efforts have been made to institutionalize human rights programs as part of routine operating processes. No significant steps have been taken to integrate training on human rights and medical

ethics related to HIV into pre-service curricula for healthcare workers or to ensure that human rights and HIV are part of training offered law enforcement training institutions. Such institutionalization is essential to ensure national reach and sustainability.

- **Monitoring and evaluation remains weak.** The MTA was unable to identify clear mechanisms to collect data to monitor and evaluate programs to remove human rights-related barriers. Some implementers struggled to even provide clear data on outcome indicators. At present, no efforts are made to collect and analyze data that covers all of the five-year plan although the plan sets out a monitoring and evaluation framework.

Community Involvement

For programs to remove human rights-related barriers to be successful, community organizations need to be at the center of designing and implementing them. While community organizations have participated in the development of the five-year plan and play a role in the implementation of human rights programs, some groups expressed concern that while they participated in program implementation they did not receive support to develop their own organizational capacity, thus locking them long term into the role of junior partner. A concerted effort should be made to empower community organizations and strengthen their capacity to conceptualize, design and implement programs themselves.

Political Engagement

Multiple stakeholders noted that political engagement from the government in efforts to remove human rights-related barriers to HIV services is too narrow. While the ministry of health has been an integral part of discussions around the Breaking Down Barriers initiative and the Conseil National de Lutte contre le SIDA (CNLS), which is part of the presidential administration, is leading on the implementation of the five-year plan, critical government agencies, such as ministries of justice and interior, have not been involved in the conceptualization, planning or execution of these programs (and are not part of the Country Coordinating Mechanism). One community organization expressed concern about CLNS' lack of engagement with key populations.

COVID-19

COVID-19 caused significant disruptions to key components of human rights programs. In person meeting with key populations communities around stigma and discrimination, sensitization sessions with police, judges and prosecutors on human rights and HIV, and sensitization sessions with police around harm reduction and substitution treatment had to be canceled because Benin did not allow in-person meetings above a certain size. Funds for these activities—a total of about 40,000 Euros—were reprogrammed to supply peer educators, mediators, psychologists and legal assistants with personal protective equipment and info materials about COVID-19.

The pandemic also caused disruptions of prevention and treatment services as members of key and vulnerable populations faced challenges accessing services delivery points. A key informant from an LGBTI organization mentioned that the community became more closed as some blamed LGBTI communities for the virus which led to increase stigma and discrimination.

Donor Landscape

While the Global Fund is the largest single donor to support programs to reduce human rights-related barriers in Benin, the mid-term assessment identified a few other donors that fund activities that are closely aligned with the *Breaking Down Barriers* initiative. The Netherlands, for example, has funded a project focused on the rights of trans populations; USAID has supported OCAL projects in Togo and Benin with important human rights components; and Expertise France has supported REBAP+ for its flagship programs related to the rights of people living with HIV. However, coordination between these funders to avoid duplication and generate synergies appears to be lacking. The Conseil National de Lutte contre le SIDA, which is responsible for implementation of the five-year plan to remove human rights-related barriers to HIV services, has not yet used the plan to seek additional funding from donors to ensure its full implementation.

Recommendations

- A concerted effort should be made to ensure efforts to remove human rights-related barriers is a multi-sectorial undertaking in which the ministries of justice and interior play a clearly defined role, especially in training of law enforcement officers, prison guards, and facilitating access to justice
- Strengthen the capacity of community-based organizations in the conceptualization, design, implementation and evaluation of programs to remove human rights-related barriers
- Build on experiences with legal assistants to date to strengthen efforts to integrate programs to remove human rights-related barriers into prevention and treatment services and to link legal literacy and assistance to community monitoring, sensitization of health workers and law enforcement officers
- The CNLS, PRs, and members of the human rights working group and implementers should use the baseline report, multiyear plan and mid-term assessment to raise awareness among donors and seek funding from other donors to fund a comprehensive effort to remove human rights-related barriers to HIV services. The Global Fund should consider organizing a meeting of donors to facilitate this process.

Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, stakeholders spoke of emerging evidence of impact of programming to reduce human rights-related barriers, noting improved treatment of key populations in a limited but growing number of health centers; improved media coverage of key populations; and anecdotal evidence that legal assistance services are preventing people who faced discrimination or stigmatizing treatment from abandoning treatment services.

The Legal Assistants Program

Since the baseline assessment, Benin has developed a legal assistants program that, in principle, covers the entire country. Six legal assistants were hired from among peer educators and each are responsible for providing legal assistance in two regions. Among the responsibilities of the legal assistants are: provision of information to and sensitization of members of key and vulnerable populations on rights and responsibilities; consultations on human rights issues; opening of case files in case of violations; mediation to remedy violations or referral to professional lawyers; following cases up to the point of resolution; etc.

Legal assistants conduct sensitization sessions at both health centers and community organizations, often organizations by peer educators, at which they provide a group of attendants with basic information about their human rights, including about Benin's HIV law, confidentiality of HIV status, gender-based violence, and stigma and discrimination in communities. Following these sessions, legal assistants provide one-on-one consultations to participants to discuss individual questions or concerns. In these individual consultations, legal assistants may examine specific examples of human rights violations, provide clients with options for mediation and legal steps, and offer support in pursuing different remedies to restore their rights.

One key informant described these consultations as exchanges where the "objective is for the person to regain confidence and subsequently to organize a meeting with the other party to the issue. For example, a husband who has rejected his wife after a prenatal HIV test came back positive. [The legal assistant might assist with] mediation." A legal assistant said that after her intervention the former spouse of a client had started paying alimony allowing her to carry out an income-generating activities. According to key informants, the vast majority of cases brought to the attention of legal assistants are resolved amicably; a total of three cases have gone to court and two have resulted in convictions of the perpetrators of human rights abuses.

Key informants said that legal assistants collaborate closely with psychologists, health center-based and community-based peer educators operate, and healthcare workers and that relationships between them have been positive. Likewise, several stakeholders spoke of legal assistant developing positive working relationships with local law enforcement agencies and government.

While the relative newness of the program and a lack of data make it hard to assess the impact of the legal assistants program on the treatment cascade, Plan Benin noted that it had documented multiple cases where people living with HIV had dropped out of care as a result of stigmatizing treatment but resumed HIV treatment following the intervention of legal assistants.

The legal assistants program also provides numerous opportunities to link different human rights programs together and create synergies. Legal assistants are well positioned to play a key role in activities to train and sensitize health workers and law enforcement and engage them long term to change treatment of toward key and vulnerable populations. Similarly, legal assistants could play a central role in the realization of the human rights observatory that is planned under NFM3.

Annex I. Summary of Recommendations

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

Key Recommendations

Creating a Supportive Environment

- Identify opportunities to bring stakeholders that do not generally work on health issues, such as law enforcement and justice officials, into the Breaking Down Barriers process to ensure a coordinated and cohesive all-of-government approach to removing human rights-related barriers to HIV services
- Strengthen communication on implementation, coordination and monitoring of the multi-year plan to ensure that all stakeholders know what implementation activities have been undertaken, understand their role, and feel ownership of the process
- The working group should meet regularly to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approach to addressing these

Programmatic Scale-up

- A more holistic approach to fighting stigma and discrimination should be implemented that focuses not just on self-stigma but engages societal stigma in its different forms and settings, including communities, educational institutions, and the workplace
- Expand the number of legal assistants from 6 to at least 12 and, ideally, 22 as the multi-year plan proposes. These legal assistants should continue to work with key and vulnerable population communities to improve legal literacy, document cases of violations report them to the observatory, and link victims to legal and other services as needed
- Strengthen the advocacy component of the five-year plan, particularly interventions related to the HIV law, criminalization of drug use and possession, and other legal provisions that pose barriers to key and vulnerable populations

Programmatic Quality and Sustainability

- Strengthen the capacity of community-based organizations in the conceptualization, design, implementation and evaluation of programs to remove human rights-related barriers
- Build on experiences with legal assistants to date to strengthen efforts to integrate programs to remove human rights-related barriers into prevention and treatment services and to link legal literacy and assistance to community monitoring, sensitization of health workers and law enforcement officers
- Ensure that the baseline report and multiyear plan are used to raise awareness among and seek funding from other donors to fund a comprehensive effort to remove human rights-related barriers to HIV and TB services

Comprehensive Recommendations

Cross-cutting	
Creating a supportive environment	<ul style="list-style-type: none">• Identify opportunities to bring stakeholders that do not generally work on health issues, such as law enforcement and justice officials, into the Breaking Down Barriers process to ensure a coordinated and cohesive all-of-government approach to removing human rights-related barriers to HIV services• Strengthen communication on implementation, coordination and monitoring of the multi-year plan to ensure that all stakeholders know what implementation activities have been undertaken, understand their role, and feel ownership of the process• Strengthen the advocacy component of the five-year plan, particularly interventions related to the HIV law, criminalization of drug use and possession, and other legal provisions that pose barriers to key and vulnerable populations• The working group should meet regularly to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approach to addressing these.• Knowledge of and engagement in the multi-year plan should be promoted among government agencies/ministries, donors, civil society, and technical partners• Map donor interventions to remove human rights-related barriers to HIV services so as to improve donor coordination, avoid duplication and generate synergies• When a new national HIV, TB, malaria and hepatitis strategy start is developed in 2022 or 2023, the human rights plan should be updated and incorporated into it to ensure full integration of activities to address human rights barriers with the broader infectious diseases strategy
Programmatic quality and sustainability	<ul style="list-style-type: none">• A concerted effort should be made to ensure efforts to remove human rights-related barriers is a multi-sectorial undertaking in which the ministries of justice and interior play a clearly defined role, especially in training of law enforcement officers, prison guards, and facilitating access to justice• Strengthen the capacity of community-based organizations in the conceptualization, design, implementation, monitoring and evaluation of programs to remove human rights-related barriers• Build on experiences with legal assistants to date to strengthen efforts to integrate programs to remove human rights-related barriers into prevention and treatment services and to link legal literacy and assistance to community monitoring, sensitization of health workers and law enforcement officers• The CNLS, PRs, and members of the human rights working group and implementers should use the baseline report, multiyear plan and mid-term assessment to raise awareness among donors and seek funding from other donors to fund a comprehensive effort to remove human rights-related barriers to HIV services. The Global Fund should consider organizing a meeting of donors to facilitate this process.

HIV-related recommendations by program area

Stigma and discrimination reduction

- A more holistic approach to fighting stigma and discrimination should be implemented that focuses not just on self-stigma but engages societal stigma in its different forms and settings, including communities, educational institutions, and the workplace
- Carry out a stigma index study focused on all key and vulnerable populations and develop and implement a plan of action based on that study's findings
- Increase funding for stigma and discrimination interventions from national or local budgets

Training of health care workers on human rights and ethics

- Existing training and sensitization sessions should be continued on a regular basis and should be expanded healthcare providers that focus on key and vulnerable populations in other regions of Benin
- Integrate stigma, discrimination, human rights, gender-based violence, and ethics modules into all in-service training for HIV services
- Engage the ministries of higher education and health to ensure that instruction on HIV, TB, key populations, stigma, discrimination, human rights and ethics become a standard part of pre-service curricula in nursing and medical schools

Sensitization of lawmakers and law enforcement agents

- Sensitization activities should be scaled up so that most law enforcement officers, judges and lawyers in at least high burden areas are reached and prison officials should be included in these activities
- Proximity meetings should be restarted using the model OCAL had developed
- A strategy should be developed and implemented to engage law makers on HIV, key populations and human rights issues, and to sensitize law makers to harmful impact of criminalization on public health goals
- Modules on HIV, key populations and human rights should be developed and integrated into curricula of the police academy and other training institution for law enforcement officers, prosecutors and judges

Legal literacy

- Legal literacy activities should be linked more directly to legal assistance and community monitoring programs to ensure that members of key and vulnerable populations whose right have been violated can access redress and that their cases are adequately documented. This can be achieved by linking peer educators to legal assistants and the human rights observatory
- Expand the legal assistant program so all twelve regions have a legal assistant to improve geographic coverage
- Ensure that legal literacy materials are easily accessible to key and vulnerable populations, including through distribution at community organizations, health facilities, websites, and social media platforms

Legal services	<ul style="list-style-type: none"> • Expand the number of legal assistants from 6 to at least 12 and, ideally, 22 as the multi-year plan proposes. These legal assistants should continue to work with key and vulnerable population communities to improve legal literacy, document cases of violations report them to the observatory, and link victims to legal and other services as needed. • Engage one or more lawyers familiar with HIV and key populations to provide professional legal services as needed. • Strengthen collaboration between legal assistants and peer educators from key populations to bring legal assistance services to key populations and overcome existing reticence toward utilizing these services. • Explore the possibility of using strategic litigation to challenge problematic legal and regulatory provisions that interfere with the rights to health and other rights of key and vulnerable populations
Monitoring and reforming laws, regulations and policies related to HIV	<ul style="list-style-type: none"> • Develop a robust and detailed advocacy strategy to address key legal, policy and practice barriers, including criminalization of HIV transmission, HIV-status confidentiality, gender identity, criminalization of drug use and possession for personal use, needle exchange and substitution treatment, pretrial detention, etc. Development and implementation of this strategy should be led by civil society and community organizations. • Set up a national human rights observatory to collect data on human rights violations documented by legal assistants as well as encountered by peer educators, community and other civil society organizations. Analysis of data collected should be published annually and should inform policy and practice reform aimed at removing causes of rights violations. • Strengthen the capacity of the community-based and led organizations to lead the community-led monitoring on the service quality as well as human rights violations. • Where possible, integrate community-led monitoring with service delivery programs through peer educators, legal assistants and community volunteers working in health facilities.
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	<ul style="list-style-type: none"> • Make a concerted effort to implement the recommendations from the 2017 report on gender-based violence and HIV. • Involve and support community-based organizations working with women and girls in legal literacy and service activities, monitor of gender-based violence, and advocacy for legal, policy and practice changes. • Strengthen the capacity of women's networks or youth-led organizations/networks to implement programs to remove human rights-related barriers to HIV services.

Annex II. Methods

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.”^{††††}

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). Benin is a rapid assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	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. In-depth assessments were also envisioned to include site visits and a limited number of key informant interviews conducted during a two-week country trip. Originally, in-depth assessments were also to include a one-week follow-up trip to present the assessment findings to country stakeholders. However, due to the COVID-19 pandemic, this was not possible.

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 for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in August 2020 and completed in February 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Benin 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	Cecile Kazatchkine, Julie Mabilat	April 2020
Key informant interviews conducted remotely with 37 people	Diederik Lohman, Cecile Kazatchkine	October 2020; May 2021
Follow-up with relevant key informants	Diederik Lohman	May and August 2021

Detailed Scorecard Calculations and Key

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

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

Annex III. List of Key Informants

1. Rodrigue Agossou, Borne and CCM
2. Nassirou Akakpo Abito, ABDD
3. Kamal-Deen Bankole, BESYP
4. Medesse Bruno Dossouh, national consultant
5. Diederik Lohman, international consultant
6. Margarete Molnar, UNAIDS
7. Achille Odoko, UNAIDS
8. Odile Sodoloufo Ogoundele, Plan Benin
9. Augustin Tokou, CNLS-TP
10. Pilar Velasquez, Global Fund country team
11. Zariatou Daba, legal assistant

Annex IV: List of Sources and Documents Reviewed

Documents related to Breaking Down Barriers Initiative

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria (2018), Baseline Assessment: Benin
2. Summary email on the extended CCM meeting from Diederik Lohman to the Global Fund country team (July 2019)
3. Global Fund, Achieving Quality in Programs to Remove Human Rights- and Gender-Related Barriers to HIV, TB and Malaria Services (June 2020)
4. Global Fund. RFP TGF-19-050: Mid-term Assessments of Programs to Reduce Human Rights-related Barriers to HIV, TB and Malaria services in 20 countries (July 2019)
5. Plan International Benin, Document de stratégies des interventions de la phase de reconduction de la subvention VIH du Fonds Mondial 2021 2023
6. Plan International Benin (2018), Atelier de plaidoyer aupres des autorites en charge de la lutte contre les drogues et les stupefiants rapport general
7. Plan International Benin (undated), Boite a images: Les UDIs
8. Plan International Benin (undated), Boite a images: Les HSH
9. Plan International Benin (undated), Boite a images: Les jeunes
10. Plan International Benin (undated), Boite a images: Les transgenres
11. Plan International Benin (2018), Manuel du pair éducateur transgenre
12. Plan International Benin (2017), Etude sur les violences basees sur le genre en lien avec le VIH et la stigmatisation/discrimination
13. Plan International Benin (2019), Rencontre d'échanges et de plaidoyer avec les OPJ, les greffiers, les juges et les procureurs sur les questions de stigmatisation et de discrimination et les stratégies de renforcement des interventions en faveur des populations clés basées sur une approche transformatrice en genre, inclusive et sur les droits de la personne

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

14. *Grant Management General Information: Benin* (data retrieved 2019)
15. *Grant Management Health Financing: Benin* (data retrieved 2019)
16. *Grant Management Programmatic Performance: Benin* (data retrieved 2019)
17. *Budget of the Programme Sante de Lutte contre le SIDA du Benin – Grant BEN-H-BEN* (undated)
18. *Performance Framework Cameroon – CMR_H_MOH*
19. *Performance Framework Cameroon – CMR-H-CMF*
20. *Performance Framework for All-Ukrainian Network of People Living with HIV/AIDS Grant* (19 February 2018)

Country Documents

21. Plan Quinquennal Droits Humains et le VIH du Benin 2020-2024
22. Plan Stratégique National intégré orienté vers l'Élimination du VIH/SIDA, la Tuberculose, le Paludisme, les Hépatites virales, les IST et les Maladies à Potentiel Epidémique 2019-2023

Relevant Third-Party Resources

23. APMG Health, *Assessment of HIV Service Packages for Key Populations in Benin* (2018)

24. Cheikh Traore, *Stratégie pour le plaidoyer en faveur des droits des minorités de genre et de sexe au Bénin*, April 2019
25. Global AIDS Monitoring: Benin (2019), available at <https://aidsinfo.unaids.org/>
26. Rule of Law Factsheet: Benin
27. ICF, *Résumé de l'étude "Comprendre le système de financement de la santé et documenter les types de frais d'utilisation (formels et informels) affectant l'accès aux services de VIH, tuberculose et paludisme en Afrique de l'Ouest et centrale"*
28. Initiative 5% Sida, Tuberculose, Paludisme – Expertise France. *Rapport d'activité 2018*
29. Freedom House (2020), *Freedom in the World – Benin Country Report*

References

* See Strategic Objective 3 in the Global Fund Strategy. Global Fund. *The Global Fund Strategy 2017-2022: Investing to End Epidemics*. https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf

† This definition was developed by the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. Paper available on request from the Global Fund

‡ For HIV: The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *Technical Brief: HIV, Human Rights and Gender Equality*.

https://www.theglobalfund.org/media/6348/core_hivhumanrightsgenderequality_technicalbrief_en.pdf?u=637166001220000000; For TB: The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2020). *Technical Brief: Tuberculosis, Gender and Human Rights*. https://www.theglobalfund.org/media/6349/core_tbhumanrightsgenderequality_technicalbrief_en.pdf?u=637181442000000000

§ “Reducing Discrimination against Women” which is why the report uses those headings for HIV and TB program areas

** UNAIDS. (2019). *Benin Country Factsheet*. <https://www.unaids.org/en/regionscountries/countries/benin>

†† Ibid.

‡‡ Ibid.

§§ Ibid.

*** UNAIDS. (2020). *UNAIDS DATA 2020*, 2nd edition.

https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

††† The Global Fund to Fight AIDS, Tuberculosis and Malaria (2018), Baseline Assessment: Benin

‡‡‡ Ibid.

§§§ Issideen Ayinla Ossen, *Benin responds to covid-19: sanitary cordon without generalized containment or lockdown?*, Trop Med Health 2020, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7293962/>

**** Global Fund, *Achieving Quality in Programs to Remove Human Rights- and Gender-Related Barriers to HIV, TB and Malaria Services* (June 2020).

†††† Global Fund. RFP TGF-19-050: Mid-term Assessments of Programs to Reduce Human Rights-related Barriers to HIV, TB and Malaria services in 20 countries. July 2019.