THE GLOBAL FUND

BENIN

Progress Assessment

Global Fund Breaking Down Barriers Initiative

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DISCLAIMER

Towards the operationalization of the Global Fund Strategy 2023-2028, this progress 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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The Benin Progress Assessment was conducted under a grant to Drexel University. The research team was comprised of Diederik Lohman, MA, MPH, independent health and human rights consultant, Joe Amon PhD, MSPH of Drexel University, and Médessè Bruno DOUSSOH, independent consultant.

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1. Exective Summary

Since 2018, Benin has received funding from the Global Fund to remove rights-related barriers to health services, participating as part of the *Breaking Down Barriers* cohort. *Breaking Down Barriers* provides funding for "comprehensive" programs to remove rights-related barriers, based upon scaling up a set of internationally recognized human rights programs. Countries are also supported to create enabling environments to advance comprehensive responses.

This assessment examines progress on HIV-related barriers since the September 2021 mid-term assessment (MTA). The assessment examined human rights programs within the country and was conducted between January 2022 and October 2023, approximately one year and a half since the start of the GC6 grant.[1] It finds that despite a slow start in implementation, Benin has made modest progress in scaling up programs to remove human rights-related barriers to HIV services. In particular, the assessment found several positive developments:

- HIV treatment sites provide integrated, non-stigmatizing services to key and vulnerable populations. The integration of peer mediators, psychologists and legal service providers ('Assistants Juristes') into HIV services has been expanded and led to integrated, holistic and supportive HIV services for Key and Vulnerable populations.
- Strengthened legal literacy, redress and assistance programs: The number of Assistants Juristes has increased from 6 to 17, covering a total of more than 50 healthcare sites. The Assistants Juristes routinely sensitize patients at these sites on their human rights and redress options, and have started conducting some legal literacy sessions at community level.
- "Looking in – Looking out" (LILO) anti-stigma trainings conducted to train trainers, including representatives from key and vulnerable groups, have demonstrated impact on civil society and government participants. Trainers are now training various target populations.
- Plan International Benin has opened Benin's first methadone clinic with integrated, holistic medical and psycho-social care combined with peer outreach. While not technically part of the Breaking Down Barriers initiative, the clinic, which is just starting operations, has strong potential for removing human rights-related barriers to HIV services for people who use drugs. The government supports provision of Opioid Substitution Therapy services for injecting drug users.

Nevertheless, significant challenges remain as Benin continues building a comprehensive response to removing rights-related barriers. These include:

[1] The Benin GC6 grant began in the first quarter of 2021 for the HIV grant and on July 1st, 2022 for the RSSH grant.

- Significant delays in implementation of many human rights activities.
- Decreasing, but still significant, community stigma and discrimination against PLHV, KPs, and high rates of GBV as well as reported self-stigma.
- Limited capacity for mediation of human rights violations and significant barriers to accessing the Benin justice system for survivors of GBV - including high cost for medical certificates and pressure from family for non-judicial resolution.
- Police targeting and abuse of key populations including the criminalization of drug use/possession and slum clearance/raids targeting PWUD and high rates of abuses reported by sex workers.
- Need to strengthen capacity of KP/VP CSOs to manage activities and funds directly, and more resources are needed for the engagement of peer educators in community activities and in training to be able to work as legal services providers and peer paralegals.
- Monitoring and evaluation is uneven and KP/VP CSO need support in documenting cases which could serve as the basis for advocacy related to the impact of rights violations as a barrier to access to health care.

The goal of the assessment is to help identify priorities for the next phase of programming where Benin in GC7 is receiving €603,900 in human rights matching funds. Benin's funding request was prepared before this assessment could be conducted; some recommendations will therefore need to be implemented through reprogramming of funds during the grant implementation period.

2. Overview

Since 2017, the Global Fund has provided more than US$85 million in Matching Funds to scale up evidence-based programming to reduce human rights-related barriers to HIV, TB and malaria services through *Breaking Down Barriers*, catalyzing countries to commit additional financial support from within their allocations. To track progress in each of the 20 countries, the Global Fund has commissioned baseline and mid-term assessments in 2017 and 2019, respectively. In 2022, it commissioned a second progress assessment to examine further progress and inform further investments in this area, a continuing objective of the Global Fund's Strategy for 2023-2028.

Breaking Down Barriers aims to support countries to have "comprehensive" programs to remove rights-related barriers. "Comprehensive" programs are those 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). In Benin, funding is provided to address only HIV-related barriers.

Text Box 1: Programs to Remove Human Rights-related Barriers to HIV Services

- Eliminating stigma and discrimination in all settings
- Ensuring non-discriminatory provision of health care
- Ensuring rights-based law enforcement practices
- Legal literacy ("know your rights")
- Increasing access to justice
- Improving laws, regulations and polices relating to HIV and HIV/TB
- Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity
- Community mobilization and advocacy for human rights

2.1 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[2] 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

[2] The Benin Progress Assessment focuses only on HIV.

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 purpose of the assessment is to assess the impact of the human rights interventions on uptake, access, and retention of HIV services, with attention to the quality, scale-up and sustainability of programmatic implementation. It also aims to capture lessons learned related to human rights program implementation.

Specifically, the Benin Progress Assessment focused on the following three priority areas:

- Assess programmatic progress and impact on services since January 2022;
- Assess the current national HIV policy landscape and its impact on programs to reduce human rights-related barriers to access to health services; and
- Inform the GC7 funding process.

2.2 Methods

This Benin Progress Assessment addresses HIV-related human rights programs and activities, supported by Global Fund and other donors during the period October 2021 through October 2023.

Benin is categorized as a "focused assessment" country in the overall 20 country Progress Assessment. While the methods used are the same between focused and in-depth assessments – i.e., they all included document review, key informant interviews and case study analysis, focused assessments include a smaller number of interviews with implementors, stakeholders and beneficiaries than in-depth evaluations.

The assessment began with a desk review of relevant documents from the Global Fund and other key stakeholders, including government policies, strategic plans and guidelines (see Annex 3). Interviews were conducted in Cotonou, Bohicon, and Porto-Novo in October 2023. Overall, the research team interviewed more than 65 key implementers, government agencies, technical partners and beneficiaries.

Stakeholder validation of key findings and recommendations was conducted in October and November 2023 with the goal of helping stakeholders with measurement of Global Fund Key Performance Indicator E1 for GC7. Where the team found differences in views on the degree of progress, types of barriers, or other issues, we have tried to reflect that difference in the report. Pseudonyms are used for beneficiary interviewees to protect confidentiality and privacy.

Table 1: Benin Progress Assessment Timeline

Assessment Component	Dates

Desk review of available program reports, epidemiological information, and other background documents	September 2023
Key informant interviews	October 2023
Follow-up with relevant key informants	October-November 2023
Presentation of key report findings to Global Fund	November 2023

2.3 Overview of scorecard results

As part of Breaking Down Barriers, progress in countries is assessed on a 0-5 scale, with 0 demonstrating no programs present and 5 indicating that programs are operating at scale (national level), covering over 90% of the target populations. Please see key below (and Annex 1) for full scale.

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)

Since mid-term, scores for programs to remove human rights-related barriers to HIV have mostly been positive, with the greatest increase noted for ensuring non-discriminatory provision of health care. Five other program areas (eliminate stigma and discrimination in all settings, ensure rights-based law enforcement practices, legal literacy, improve access to justice, and reduce HIV-related gender discrimination) increased slightly. One program area - monitoring and reforming laws and policies - saw no change. While there is still a significant way to go in achieving comprehensiveness in all program areas, with the support of Plan Benin as the lead implementer of human rights activities there is increased activity and momentum towards achieving greater scale-up of rights-based programs.

Program Area	Baseline (2018)	MTA (2021)	Progress (2023)
Eliminate stigma and discrimination in all settings	0.8	1.5	2.0
Ensure non-discriminatory provision of health care	0.5	2.0	3.5
Ensure rights-based law enforcement practices	0.5	1.5	2.0
Improve legal literacy ("know your rights")	0.5	3.0	3.5
Improve access to justice (HIV-related legal services)	0.8	3.0	3.8
Improve laws, regulations and policies related to HIV and HIV/TB	0	0.5	0.5
Reducing HIV-related gender discrimination	1.5	1.5	2.0

Community mobilization and advocacy for HIV/TB	*	*	2.0
Average Score	**0.7**	**1.9**	**2.5[#]**

[#]: Note that the average scores only consider the first seven indicators to ensure consistency with the baseline and MTA.

3. Background and Country Context

3.1 HIV epidemiological context

Benin has a mixed HIV epidemic with prevalence among adults in the general population estimated at 0.8% in 2022[3] and considerably higher among key populations: 21.9% among transgender people; 7.2% among sex workers; 8.3% among men who have sex with men (MSM); and 2.1% among people who inject drugs. Among prisoners, HIV prevalence was estimated at 1.2%.[4] In 2022, an estimated 1,500 adults and children (range from 1,000-2,300) in Benin were newly infected with HIV. Of new infections among adults and children >15 years, two-thirds were estimated to occur among women and girls.[5] An estimated 1,900 people died of HIV-related causes.[6]

Progress towards the 95-95-95 target indicators in 2022 compared to 2020 found overall improvements: The percentage of those living with HIV who knew their status increased from 73% to 85%; the percentage of those who know their status and who were on ART increased from 92% to 96%; and the percentage of those on ART who were virally suppressed increased from 81% to 82%.[7] Compared to the West and Central African region as a whole, Benin's performance in 2022 on the first two of these 95-95-95 indicators is similar (85% vs 82% for the first and 96% vs 96% for the second). However, for the third, Benin reported a lower rate than the region (82% vs 90%). As the range overlaps for all of these indicators, however it is possible that these differences are misleading, or that there are specific barriers to retention in HIV care and consistent ART that make viral suppression difficult (Table).

Percent of People Living with HIV who Know their HIV Status			
	2020	**2021**	**2022**
Benin	**73** [61 - 85]	**78** [65 - 91]	**85** [71 - 98]

[3] UNAIDS. (2022). *Benin Country Factsheet*. https://www.unaids.org/en/regionscountries/countries/benin
[4] Ibid.
[5] Ibid.
[6] Ibid.
[7] UNAIDS (2024). AIDSinfo (website). Available at: https://aidsinfo.unaids.org/ . UNAIDS. (2020). *UNAIDS DATA 2020*, 2nd edition. https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

West & Central Africa	**68** [60 - 79]	**75** [66 - 87]	**82** [72 - 94]
Percent of those who Know their HIV Status on ART			
	2020	**2021**	**2022**
Benin	**92** [77 - 98]	**96** [80 - 98]	**96** [80 - 98]
West & Central Africa	**92** [81 - 98]	**95** [83 - 98]	**96** [84 - 98]
Percent of those on ART who are Virally Suppressed			
	2020	**2021**	**2022**
Benin	**81** [68 - 95]	**79** [66 - 93]	**82** [68 - 97]
West & Central Africa	**83** [73 - 96]	**89** [78 - 98]	**90** [79 - 98]

3.2 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 still in the process of being amended as of December 2023, 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.[8] Sexual relations between people of the same sex are not criminalized in Benin although the baseline report notes that homosexuality remains "incredibly stigmatized."[9] Possession and use of drugs remains a criminal offense criminalized, and sex workers face frequent police harassment, even though sex work is not.. The National Strategic Plan for HIV provides the framework for the country's HIV response.

Effects of the COVID-19 Pandemic on HIV Responses

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.[10] The *cordon sanitaire* was lifted on May 11, 2020. As of July 2023, Benin reported 28,014 confirmed cases of COVID-19 and 163 deaths. As of December 2022, a total of 4,232,541 vaccine doses have been administered. While the COVID-19 pandemic initially slowed the

[8] The Global Fund to Fight AIDS, Tuberculosis and Malaria (2018), Baseline Assessment: Benin
[9] Ibid.
[10] Issideen Ayinla Osseni, *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/

implementation of programs, the overall impact on BDB initiative-funded activities during the current review period was limited.

3.3 Financial investment

In 2018, Benin received EUR 1.2 million in catalytic funding from the Global Fund for programs to remove human rights-related barriers for the period 2018-2020. It received an exemption from the 1:1 matching requirement in order to allow sufficient funding for essential prevention and treatment services. Under GC6, Benin requested EUR 1,087 million in catalytic matching funds to remove human rights barriers related to HIV, and matched it with EUR 609,577.60 from its main allocation for the grant period 2021-2023. These funds were included in two grants: The RSSH grant, for which SPRS (the health system strengthening arm of the Ministry of Health) was the PR, contained the catalytic funds and the HIV grants, with Plan Benin as PR, contained the match from the general HIV allocation. These funds were distributed across the key program areas the Global Fund has identified as essential to removing human rights-related barriers to HIV services.

Table 2 shows how the matching funds were distributed across these areas in GC6. Stigma and discrimination reduction interventions received the largest share of funds, followed by legal literacy programs and programs to sensitize lawmakers and law-enforcement agents. Smaller amounts went to training of health workers, legal services, and interventions to reduce gender discrimination. The program area for improving the legal and normative context did not receive any funding under this grant.[11] The RSSH grant does not allow for a similar breakdown of the catalytic funds as it did not use the human rights module to categorize interventions. However, this grant included interventions in these same areas, with a significant focus on stigma and discrimination reduction and on legal literacy and access to legal services.

Table 2: Catalytic matching funds for HIV human rights interventions in the Plan International Benin HIV grant, GC6 (2021-2023)

Intervention	Amount (Euro)
Stigma and discrimination reduction (HIV/TB)	253,657.16
Human rights and medical ethics related to HIV and HIV/TB for health care providers	33,255.23
Sensitization of lawmakers and law-enforcement agents	73,495.67
Legal literacy	92,803.34
HIV and HIV/TB related legal services	18,141.43
Improving laws, regulations and policies related to HIV and HIV/TB	0
Reducing HIV-related gender discrimination, harmful gender norms and violence against women	25,843.16

[11] Note that these budget figures are from approved grants in 2020. Actual expenditures may look different than the initial budgets. The specifics of budget tracking and costing are beyond the scope of the progress assessment, but budgets are provided to demonstrate the areas of investment from the Global Fund in GC6.

Community mobilization and advocacy (HIV/TB)	112,381.60
Total	**609,577.60**

The total amount represented approximately 2.2% of the total HIV and RSSH grant budget of EUR 78,732,541 and included two Principal Recipients: the Ministry of Health (through PSLS/SRPS) and Plan International Benin in GC6.[12] In GC7, Benin is eligible for €603,900 in human rights matching funds for HIV.

3.4 Funding landscape

In Benin, the Global Fund is the primary funder for programs to remove rights-related to access HIV services. The US government, primarily through USAID, does support some related projects, through the Ending AIDS in West Africa (EAWA) program, managed by FHI360. The program primarily focuses on HIV testing, treatment and care services. While initially focusing on key populations, the success of the program, according to FHI360's webpage, led it to expand its work to the general population.

USAID funding through PEPFAR in Benin started in December 2021 with an annual investment of $6 million, and a focus on 18 "priority intervention sites" including clinics and laboratories in four high burden departments, Atlantique, Littoral, Couffo, and Mono, with the goal of ensuring continuity of treatment and viral load (VL) suppression and providing HIV prevention services and interventions against stigma and discrimination. In December 2022, the US Ambassador Brian Shukan acknowledged the importance of addressing human rights barriers, saying that: "Marginalization, human rights violations, and discrimination are some of the barriers to accessing HIV care services." The Netherlands funded a multi-year program supporting LGBT organizations.

3.5 National ownership and the enabling environment

As part of the matching fund requirements for *Breaking Down Barriers*, all countries are required to develop national plans for removing rights-related barriers to HIV and TB services, as well as establish or designate a body to coordinate the plan.

In 2020, Benin developed a five-year 63-page human rights plan aligned with Benin's national HIV, TB, malaria and hepatitis strategy (PSNIE 2019-2023). The plan outlined broad interventions; specific activities; location and/or coverage; expected results; indicators; timeline; responsibility; cost; and potential sources of funding. The plan called for national coverage in all districts for the bulk of the interventions. The proposed activities were organized according to UNAIDS' key program areas for removing human rights-related barriers to HIV, however interventions to influence laws, policies and practices were little emphasized. A significant number of activities from the plan were included in the RSSH and HIV grants under the GC6 funding cycle

[12] Where amounts were reported in US dollars in source materials, the average dollar-euro exchange rate for 2023 (0.9241) was used to convert the amounts to euros.

of the Global Fund; while some other donors support HIV-related human rights programs the plan was not specifically used for fund raising purposes. However implementation of human rights activities under the RSSH grant were stalled until responsibility for implementation of these activities was transferred to Plan Benin in early 2023.

The five-year plan was developed by a human rights working group with representation from government, civil society and technical partners. This working group, however, has not met over the assessment period. There is thus no standing body that oversees the implementation of the five-year plan or the human rights programs funded through the GC6 grant. In November 2022, a consultation with a broad array of stakeholders was held to reprogram human rights activities under the RSSH grant but it has not met since.

The government has been supportive of efforts to reduce human rights-related barriers to HIV services engagement but it has not been proactive in program implementation. Although the health systems strengthening department of the Ministry of Health is the principal recipient of the RSSH grant, implementation of the human rights programs in that grant faced long delays and was, ultimately, transferred to Plan Benin. Civil society, including community organizations, is well represented on the CCM, providing an opportunity for engagement and advocacy with government stakeholders.

Key Recommendations for HIV Program Governance and Implementation

- The human rights working group should be reactivated or reconstituted, perhaps as a sub-group of the HIV working group, and meet regularly to discuss and coordinate ongoing implementation of the five-year plan and of programs to remove human rights-related barriers to HIV services. Resources should be reprogrammed to support these meetings.
- The human rights working group should be tasked with reviewing the five-year plan, which currently ends December 31, 2024, to decide whether to extend and/or update it, or develop a new plan.
- Government agencies should closely engage with civil society organizations on the implementation of the five-year plan. Government agencies should, in particular, commit to advancing the institutionalization of training on stigma and discrimination into pre- and in-service curricula for health workers, police and justice officials.
- Global Fund should provide technical support for implementation of human rights programs, including to support the PR and human rights SR, as necessary

4. Impact of Programs to Remove Rights-Related Barriers on Health Services and the Enabling Environment

The impact of the Breaking Down Barriers initiative in Benin was measured through an assessment of the scale-up of comprehensive human rights programs, through an evaluation of progress in establishing an enabling environment for rights-based HIV responses, and through in-depth case studies of the impact of specific interventions drawn from interviews with more than 65 key implementers, government agencies, technical partners and beneficiaries. More information on the specific progress in each area is in the section on scale up of programs ("Towards Comprehensiveness") below.

4.1 Providing integrated, non-stigmatizing services to key and vulnerable populations

Plan Benin, the lead implementer for Global Fund human rights investments described the integration of legal service providers, peer mediators, psychologists, and clinical health care providers as critical to achieving impact with key and vulnerable populations. Plan's staff said that with an integrated, holistic and supportive strategy for key and vulnerable populations, as well as survivors of sexual and gender-based violence, they were able to see increased access to HIV services and retention in care.

In interviews in two cities in Benin, Bohicon and Porto Novo, hospital staff spoke about the importance of holistically addressing the needs of key and vulnerable populations using peer educators and mediators for pre- and post-test counseling and linkage to care. Hospital staff also spoke about the importance of these personnel in identifying individuals "lost to follow-up" and finding strategies to re-engage them in care. Assistants Juristes and psychologists were also incorporated into the program to address human rights-related barriers that they faced as well as barriers related to transportation, nutrition, and other health concerns, such as malaria.

At the health clinic "Racines", clinical staff said that the integration of attention to rights barriers made distinct progress in their clinical work and in their "visibility" in the community:

> "*We used to do activities without talking about it. But now, we are much more open and we see that our work with patients makes them more open and more accepting of themselves. We have also found it much easier to work with Ministries. It's a circle – we find ways to help people break down the stigma and discrimination they face and that in turn makes it easier for the next person to come get tested, get linked to care and stay in treatment.*"

With support from Plan Canada, Plan Benin also developed a guide and training for health workers and HIV test peer counselors on legal issues and stigma and

discrimination and conducted advocacy to address issues of stigma and discrimination with the police and judicial officials, journalists, health workers, religious leaders, and key population representatives (including LILO training as described below).

Another example of integrated services for key populations is the development by the Ministry of Health of a medical clinic (CPIAC) for people who use drugs which provides HIV testing and treatment for drug dependency. The clinic, supported by the UN Office on Drugs and Crime and Plan Benin, includes peer educators (in partnership with the CSO Borne), psychologists, social workers, pharmacists, physicians, nurses, and addiction treatment specialists. The clinic plans to also provide women who use drugs with reproductive and sexual health care, and treatment for gender-based violence, although these services are not yet operational. At the time of the field visit, methadone was not yet available but enrollment in a pilot program was underway and negotiation with police was ongoing.

4.2 "Looking in – Looking out" (LILO) anti-stigma training.

The LILO (Look In, Look Out) program was initially developed by the International HIV/AIDS Alliance (now known as Frontline AIDS) as a tool to combat self-stigmatization among people living with HIV. Subsequently, the methodology was adapted to address stigma related to key population groups, including LGBT+ people, sex workers and drug users, and to focus on values, engaging other stakeholders, such as healthcare providers, police and religious leaders. The uniqueness of the "LILO" approach lies in the notion that personal and social transformation begins with the self. It's not about "training" or "awareness-raising" in the conventional sense. These workshops lead professionals from organizations and institutions - who need to engage effectively with key populations (KPs), but who have reservations about them, lack information or are reluctant to do this work (for cultural, religious or other reasons) - to confront and overcome their own prejudices and question their attitudes towards these populations.

Starting in 2023, Benin has conducted around 30 trainings for various audiences: health professionals, law enforcement, social workers, key populations, NGOs, government representatives, and religious and community leaders. The LILO approach has been widely cited by stakeholders, including communities, as a game-changing approach to the perception and attitudes of health providers and law enforcement agents taking the training, as well as an empowering experience for members of key populations participating, increasing their self-esteem and providing a network for key populations among legal service providers, police, religious leaders and others who are often inaccessible or who were previously unresponsive to key population communities and concerns. These connections help these populations to break out of their isolation and develops important allies in the defense of their rights. In our interviews, participants in the LILO training used glowing terms such as "transformative" to describe the changes they felt in terms of their self-perception and in terms of the relationships it built among participants. Participants universally

recommended that the program be expanded and that efforts be made to support follow-up to foster long-term ties between group participants.

5. Towards Comprehensiveness: Achievements and Gaps in Scope, Scale and Quality

This section examines progress towards a comprehensive response to programs to remove rights-related barriers for HIV in Benin. It provides an in-depth analysis of each HIV program area, then moves on to a discussion of Benin's progress in achieving the human rights-related HIV program essentials.

Benchmarks on assessing progress within program areas

The program areas below compare the status of programming in Q4 2023 with the results of the Mid-term assessment. To assess progress, the following terms are used:

- **No progress**: no activities identified for the program areas and no plans identified for future activities
- **Delayed progress**: activities on-going, but mostly in planning stages
- **Some progress**: small-scale or pilots of specific activities
- **Progress**: activities in the process of being implemented beyond pilot or small-scale phases
- **Significant progress**: activities systematically implemented; advancing towards scale up of geographic coverage

Comparing the Mid-Term Assessment results to the 2018 baseline, researchers found that Benin had 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 were particularly well developed, while programs to reduce gender-based discrimination, which were the most developed at baseline, had stagnated. Human rights programs targeting transgender populations had improved significantly.

Despite this progress, the Mid-Term Assessment noted that Benin had only made limited progress toward institutionalizing interventions to remove human rights-related barriers and their integration with service delivery programs, negatively affecting the quality, impact, reach and, especially, sustainability of programs. The report recommended greater efforts to ensure these activities become a standard component of the HIV response. In addition, the report noted an urgent need to strengthen monitoring and evaluation of all human rights programs.

Overall, the current assessment found that since Mid-Term Assessment, scores for programs to remove human rights-related barriers to HIV have mostly increased, with the greatest increase noted for ensuring non-discriminatory provision of health care. Five other program areas (eliminate stigma and discrimination in all settings, ensure rights-based law enforcement practices, legal literacy, improve access to justice, and reduce HIV-related gender discrimination) increased slightly. One program area - monitoring and reforming laws and policies - saw no change. While there is still a significant way to go in achieving comprehensiveness in all program areas, with the

support of Plan Benin as the lead implementer of human rights activities there is increased activity and momentum towards achieving greater scale-up of human rights programs.

5.1 Implementation status of programs to reduce human rights-related barriers to services

(a) Eliminate stigma and discrimination in all settings

HIV program area	Score[13]		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Eliminate stigma and discrimination in all settings	0.8	1.5	2.0

In its assessment of stigma and discrimination interventions in the Mid-Term Assessment, researchers noted that Benin had, since the baseline assessment, strengthened its engagement of peer educators in activities to reduce self-stigma and improve legal literacy among key and vulnerable populations including its focus on transgender populations. At the same time the assessment noted that activities were still limited in scope: Community mobilization activities, public engagement with opinion leaders on HIV, and efforts to address stigma and discrimination in educational and employment settings were reported to be non-existent. The Mid-Term Assessment report also noted that Benin had not conducted a stigma index study since 2016.

Recommendations in the mid-term for addressing stigma and discrimination included for implementors to take a more holistic approach to fighting stigma and discrimination that engages societal stigma in its different forms and settings, including communities, educational institutions, and the workplace. Additional recommendations included to carry out a stigma index survey, and to increase funding for stigma and discrimination interventions.

Key informants told the Progress Assessment team that levels of stigma are decreasing, especially in health services, but that stigma and discrimination against PLHV and KPs in communities remains a significant challenge, as does self-stigma. The 2021 Stigma Index reported significant improvements in several key areas compared to the 2016 Stigma Index study. For example, experiences of stigma and discrimination within the family had dropped dramatically, from more than 50% of study participants reporting incidents of stigma in 2016 to fewer than 5% for most categories in 2021. The study also found significant, although less dramatic, reductions in behavior related self-stigma although, counterintuitively, self-stigmatizing views had increased. For example, where in 2016, 18.8% of participants said that they had not participated in social events in the previous twelve months because of their HIV status,

[13] See **Annex 1** for the interpretation of the scores.

in 2021 that was the case for 11.8% but many more participants felt “dirty” or guilty because of their HIV status.[14] The study also found that fewer participants disclosed their HIV status to their partners, from 61.9% in 2016 to 36.5% in 2021.

During the assessment period, Benin has implemented several key interventions to address societal bias and stigma. After initial delays, the implementation of LILO (see case study 2) started in 2023. By December 2023, 34 LILO trainings had taken place, including training of 24 trainers, among whom many of the stakeholders interviewed for this assessment had participated. Trainings for various populations, including police (around 90 officers), health care providers (around 90), and faith leaders (around 90), were carried out by the end of the year. LILO trainings were widely praised both for their impact on those individuals participating in the training and for transforming the discussion towards values and shared beliefs. Participants from key and vulnerable populations noted that the training had significantly shifted their perceptions of themselves and of other key vulnerable populations.

Benin also expanded the integration of peer educators, mediators, psychologists and Assistants Juristes at HIV service sites, adding 11 new Assistants Juristes and expanding HIV service site coverage from 23 to 49. This holistic approach was praised as having helped reduce stigma and discrimination in health settings (see also next program area) but also providing a vehicle for addressing community stigma. For example, in several health settings visited by the Assessment team, Assistants Juristes spoke about their efforts to support disclosure of HIV status and to mediate within families when conflict erupted around a positive diagnosis. Similarly, peer educators provided support to individuals seeking HIV testing or experiencing challenges to getting access or staying on treatment, including referring individuals for legal support, psychosocial or pastoral counseling, as well as helping individuals with broader health and legal concerns, including child custody issues. In group interviews, key and vulnerable population members spoke about how this support led to greater acceptance in their family or community. Finally, some members of the LGBT community said that police trainings, organized by Plan Benin, had been helpful for reducing stigma towards LGBT populations, and that it had made it easier for them to report abuses.

Despite this reported progress, ongoing harassment and abuse by police and stigma from community was reported by sex workers and PWUD. MSM and transgender individuals also reported experiencing severe community stigma. Compared to the resources provided to address stigma and discrimination in health care settings (see below), relatively few programs specifically focused on reducing HIV-related stigma in the community and self-stigma continued to be identified as a significant barrier to accessing HIV services. The issue of self-stigma is also being addressed in the PEPFAR-funded FHI/EAWA Project, but it was noted by some program staff that little coordination or sharing of lessons occurred between programs. Both PLWH and

[14] Rapport de L’Enquete Index de la Stigmatisation (INDEX STIGMA) 2.0 des Personnes Vivant avec le VIH au Benin (2021). https://www.stigmaindex.org/wp-content/uploads/2022/04/Benin-SI-2.0-Report-2021_French.pdf

health workers interviewed mentioned the reluctance among many people living with HIV simply coming to the hospital for fear of being seen by neighbors or relatives and identified as seeking HIV services.

BESYP, a network of LGBT organizations, also identified community and self-stigma and discrimination as an ongoing concern. To address it, BESYP emphasized the importance of both education – through peer educators, psychologists, Assistants Juristes – and through documentation of abuses in their Human Rights Observatory. BESYP described work with magistrates and conducting "know your rights" campaigns with community members, partly with Global Fund support and with support from the government of Ireland. BESYP also conducts "accompaniment" with LGBTI individuals testing positive for HIV to support their linkage to treatment.

A peer educator from BESYP, reflecting on progress since the Mid-Term Assessment, said:

> *"There's been a real change in the last few years. But we're not there yet. People feel more free to speak out about who they are. But not everywhere."*

A woman working as a peer educator with REBAP+ (Benin Network of Associations of People Living with HIV (REBAP+)) echoed the sentiment that stigma had decreased but that there were still significant challenges.

> "*When I tested positive I didn't know what to do. REBAP+ gave me life and hope. There's less stigma on the radio and TV, but in your family, it's hard – there's suspicion of prostitution, of sleeping around. With treatment, being healthy, that can help reduce stigma but being in a sero-discordant relationship brings suspicion, confusion, and fear.*"

Key informants also spoke of the need to engage religious leaders more – both to speak to their constituencies about accepting people living with HIV and because they are often turned to first by couples after one tests positive for HIV. At the same time, religious leaders were seen as perpetuating stigma at times. In one example provided to researchers, religious schools tested all staff for HIV without consent and in another case pastors divulged the HIV status of parishioners to family members.

Although broad anti-stigma and discrimination legislation appears to be out of reach in Benin for now due to a lack of government support and lack of capacity among CSOs to develop and implement a strategy for legislative advocacy, expanding the number of key and vulnerable population peer educators and peer paralegals with a community (rather than health clinic) focus would support the broader goal of reducing and eliminating community stigma and discrimination. In addition, trained peer educators and peer paralegals could support broader documentation/CLM of rights abuses, which currently has little support.

Recommendations

- Expand LILO trainings, ensuring that members of key and vulnerable populations participate in all of them and develop relationships with other participants.
- Expand number of Assistants Juristes working with health centers and with Key Population CSOs to allow for greater engagement in the community (as opposed to only at health centers)
- Introduce peer paralegals among peer educators to work in communities with their peers to improve legal literacy, intervene in cases of stigma, discrimination and GBV at community level, link clients to legal services, and reduce self-stigma.
- Support stronger CSO documentation of rights abuses in the populations they serve and build capacity to use documented findings to advocate for structural changes.

(b) Ensuring non-discriminatory provision of health care

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Ensure non-discriminatory provision of health care	0.5	2.0	3.5

The Mid-Term Assessment noted some small-scale activities related to ensuring non-discriminatory treatment in health care, which was an improvement over the baseline report. For example, Plan Benin and the Association Béninoise de droit du Développement/Benin Association for Law and Development (ABDD) had started conducting training sessions for healthcare providers, with Plan Benin training 200 healthcare workers, social assistants, and treatment literacy workers at sites that frequently attend to key and vulnerable populations, and ABDD conducting five sensitization sessions per month through Assistants Juristes with healthcare workers and members of key and vulnerable populations.

Recommendations in this area from the Mid-Term report focused upon expanding and continuing training and sensitization sessions, and integrating stigma, discrimination, human rights, gender-based violence and ethics modules into all in-service training for HIV services. Also recommended was the incorporation of training in pre-service curricula in nursing and medical schools.

During the current assessment, the assessment team found that this program area had achieved the most significant increase in quality and scale up. In health centers visited in Cotonou, Bohicon and Porto-Novo, it found that the integration of Assistants Juristes, psychologists and mediators alongside clinical teams has helped to create a more welcoming environment, increasing access to testing and care for key and vulnerable populations. With the expansion of the Assistants Juristes program, this integrated model is now operational in all of Benin's departments (provinces) and covers most major hospitals that provide HIV services.

The important role of Assistants Juristes, mediators and peer educators was highlighted by both clinical staff in terms of ensuring that patients were supported in accessing and staying on treatment following a positive HIV test and by individuals living with HIV who described the benefits of comprehensive care that addressed both immediate needs as well as psychosocial and family concerns. The Assistants Juristes also play an important role in raising awareness around stigma, discrimination and gender-based violence among service providers at the different hospitals and health centers where they operate.

Reseau SIDA, a network of LGBTI civil society organizations, described community HIV testing events to complement clinic-based testing. These sessions, which included psychologists and Assistants Juristes, were also designed to address gender-based violence. Racines, an HIV organization which started working on HIV prevention in 2002 and clinical care in 2005, highlighted the needs of key population youth as a particular challenge for health centers, particularly when they are in conflict with their families, and the role of Assistants Juristes as critical to ensuring access to care.

While not a human rights program per se, another notable advance was the development of a dedicated center for PWUDs to access methadone and broader health care (including, in the future, maternal health care for female PWUDs). The center was not yet operational during the field visit but was fully renovated and staffed with peer educators, social workers, psychologists and clinical staff and will significantly improve access to quality, non-discriminatory care for this population. This center is likely to become an important site for implementation of human rights interventions geared toward people who use drugs, a population that faces significant stigma, discrimination and abuse from both police and society more broadly.

Several limitations were mentioned by key stakeholders and beneficiaries, including that there was limited training of health care workers who were not engaged in HIV care on non-discrimination. At the same time, some key informants said that the broader attention to stigma and discrimination and greater acceptance of PLWHIV within health centers was also experienced by MSM who felt that their treatment in health settings had improved over the last few years. Nonetheless, more training for health care workers, especially related to health services for transgender individuals and expanded access to affordable STI services was needed, and recruitment of key population representatives for roles as mediators and Assistants Juristes—at present none of the Assistants Juristes come from key or vulnerable populations—was identified as important to increase acceptance and impact.

It was also clear that despite a new center for PWUDs, scaling up and integration of services for PWUD will continue to be needed. Stronger reporting mechanisms within health centers for incidents of discrimination are also needed and can be integrated into the responsibilities of Assistants Juristes. As mentioned above, both PLWH and health workers interviewed mentioned the difficulty people face simply coming to the

hospital for fear of being seen by neighbors or relatives and identified as seeking HIV services.

The 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

- Implement strategies to ensure privacy for patients seeking HIV testing and care in health centers.
- Ensure that training on stigma and discrimination is integrated into health worker education programs, including pre- and in-service trainings to allow for KP friendly service provision. This should include material related to people who use drugs and transgender people.
- Strengthen reporting mechanisms for incidents of discrimination in health settings.
- Recruit Assistants Juristes among members of key populations whenever possible.

(c) Ensuring rights-based law enforcement practices

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Ensuring rights-based law enforcement practices	0.5	1.5	2.0

Few programs focused on the sensitization of law enforcement and law makers were found during the baseline and Mid-Term assessments. 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. In addition, ABDD 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. No activities focused on sensitizing law makers however were noted in the Mid-Term Assessment.

Recommendations made in the Mid-Term assessment included scaling up sensitization activities, meetings between police and key and vulnerable population representatives, as well as the development of a strategy to engage lawmakers on the harmful impact of criminalization on public health goals. It was also recommended that 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.

In the current assessment, some progress was noted in this program area, including regular engagement with law enforcement related to key populations and LILO training which included police. The impact of LILO trainings on police interaction with key and vulnerable populations is not yet known, as these training had only just started at the time of this assessment but around 90 police officers had gone through LILO trainings by the end of 2023. Trainings for prosecutors and judges that were implemented under GC5 continued with 5 workshops held for legal professionals, with a total of around 40 participants. The assessment did not identify any progress toward integrating modules on HIV, key and vulnerable populations and human rights into pre- and in-service training curricula for law enforcement officers.

In discussions with various stakeholders, including the sex worker organization Solidarite, Trans Benin, the harm reduction group Bornes, and the interlocutors at the methadone clinic CPIAC, police were cited repeatedly as a barrier to ensuring access to HIV prevention and care. This was especially true for people who use drugs. A peer educator at the methadone clinic in Cotonou said: "*The last 6 months there's been a strong police presence, practically every day. There have been 20 "ghettos" cleared. These are people's homes and they are just leveled. People who are suspected of using drugs are held for a couple of days and those who are believed to be selling drugs get 2-3 months. It's difficult for peer educators because we can be suspected of being users or even dealers. Some police will listen to you, most will not. If you have educational materials with you, it's easier to argue if you are stopped, but if you are in the middle of a ghetto you are just assumed to be a drug user. If you object, the police just say 'I have to do my job. My job is repression'*."

In an interview, the Police Commissioner of Bohicon, expressed a degree of frustration with trainings on stigma and discrimination which he did not feel were effective at changing attitudes or practices. By contrast, he said that what was needed was leadership by police officers in positions of authority to make it clear that discrimination was untenable. The Commissioner spoke about one instance where a sex worker was turned away by a desk officer from filing a complaint related to theft and sexual violence, saying:

> *"The most important thing is the first interaction with police – the desk officer. If the desk officer is judging people and not listening to what the complaint is they shouldn't be on the desk, and when I see that, or hear about that, I have no problem bumping them back down to patrol. Address the crime not the person. Everything begins with that first interaction."*

A more positive, but fragile, view of progress on ensuring rights-based law enforcement that was identified by many different stakeholders was the development of personal relationships with individual officers, developed via LILO trainings or through engagement by Assistants Juristes. Stakeholders at Arc-en-Ciel, Reseau SIDA, and peer educators from Trans Benin and Bornes mentioned the positive potential from developing connections between members of key and vulnerable populations communities and law enforcement officers. A key informant from the sex

worker group Solidarite mentioned, for example, approaching the police on behalf of women who had been victimized, asking “is this a case you can take?” to assess and facilitate the filing of a formal legal complaint. At the same time, a key informant from Trans Benin said bluntly, “there’s still a lot of police that harass us, all the time. There are a lot of trans people who live in rural areas where police are not trained. There’s a lot more work that needs to be done.”

Nonetheless, based upon interviews with key and vulnerable populations, police abuse, including physical violence and refusal to address KVP complaints, remains common, even as some improvement has been seen, especially around the ability of women and MSM to report gender-based violence. In addition to inviting police officers to trainings such as LILO, the testimony of the Police Commissioner above highlights the need also to engage police leadership and to have officers speak to each other, and challenge each other, on discriminatory acts and policies.

Recommendations

- Support improved governmental engagement and buy-in for human rights-related training for law enforcement, the judiciary and law and policymakers (including LILO).
- Consider working with selected police precinct/site (for example, where there is a lot of drug use and/or sex work) to develop relationships and focal points for KP communities in each region.
- Engage health care providers in advocacy with police to convey the negative public health impacts on the HIV epidemic of abusive policing (e.g., CEPIAC on how police actions can harm efforts to provide HIV and methadone treatment for PWUDs).
- Build evidence base of impact of abusive police actions on access, uptake and adherence to HIV services by improving documentation of police activity on key and vulnerable populations.
- Work with police training institutions towards institutionalization of standardized, human rights and HIV curricula in pre- and in-service training curricula for police.

(d) Legal Literacy (“know your rights”)

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Legal literacy (“know your rights”)	0.5	3.0	3.5

Benin made notable progress in developing legal literacy programs between baseline and mid-term assessments, where it was reported that 162 sensitization sessions with key and vulnerable populations had taken place between 2018 and 2020, reaching 3128 people with information on rights and obligations, and on legal assistance programs. A training module for transgender peer educators was also developed that

integrated basic information on HIV prevention and treatment with basic facts on human rights, stigma and discrimination and gender-based violence.

In the current assessment, the assessment team found that legal literacy and "know your rights" programs are effectively integrated with the provision of HIV services via Assistants Juristes and mediators at health centers, linked to legal services when necessary. At a hospital in Porto Novo, for example, all new patients at the HIV clinic meet with the legal assistant to receive information on their rights and on remedies in case of violations. Linking legal literacy activities more directly to legal assistance was a key recommendation from the mid-term assessment, which has thus been implemented. Peer educators are also expected to discuss human rights, gender-based violence and legal assistance in all outreach activities that they conduct in their communities (one session per month for MSM and TG peer educators, two per month for peers working with people who use drugs); basic legal literacy information thus reaches significant numbers of community members.

That Mid-Term Assessment also observed that no country-wide monitoring system existed to document cases of stigma, discrimination and other abuses. It recommended that such a system be created so that cases documented through legal literacy and legal services programs would be captured comprehensively. Progress on this recommendation has been less successful, with the exception of the human rights observatory. Arc-en-Ciel, a member of the LGBTI network Benin Synergy Plus (BESYP), reported that they conducted monthly "know your rights" sessions led by an Assistants Juristes in multiple sites in both groups and in 1 on 1 counseling sessions. However, several other Assistants Juristes told us that they are not conducting such legal literacy sessions in the communities. Several community organizations said that they were unaware of such sessions happening.

As a result, Assistants Juristes tend to reach people who are living with HIV and already seeking care and support their retention in services. The Assistants Juristes at Arc-en-Ciel, for example, said that their work was mostly with female PLWHIV, often around issues of domestic issues including spousal abuse and abandonment and child custody disputes once HIV disclosure had been made. While these interventions are likely to support the second two 95s of the AIDS targets, Assistants Juristes are unlikely to reach people who are not testing and/or not reaching health facilities, for whom stigma and discrimination may be significant obstacles to seeking testing or treatment services. In particular, legal literacy interventions with PWUD is not commensurate to the need, especially given increasing raids by police on sites where drugs are used. Statistics provided by Plan Benin for the first half of 2023, for example, clearly show how the interventions of Assistants Juristes primarily reach people living with HIV. During that period, Assistants Juristes provided consultations to a total of 1704 people, of whom 1591 (93%) were people living with HIV, 56 (3%) were identified as sex workers, 41 (2%) as MSM, and 7 (less than 0.5%) as transgender. None were identified as people who use drugs. The numbers for 2022 were very similar.

Consultations by Assistants Juristes per Population in 2022 and the first half of 2023				
Population	**2022**	**%**	**First half of 2023**	**%**
Overall	3847	100	1704	100
People living with HIV	3598	93.5	1591	93.3
MSM	99	2.6	41	2.4
Transgender	6	<0.3	7	<0.5
Sex workers	81	2.1	56	3.3
People who use drugs	6	<0.1	0	0

It is essential that Benin find ways to reach key populations in their communities with legal literacy and access to justice interventions. It is these populations who often face the greatest barriers to services due to stigma and discrimination. If programs to remove human rights-related barriers to HIV services do not address their plight, they will not contribute to the first pillar—the percentage who people who know their HIV status.

The progress assessment team recommends that Benin introduce peer paralegals to address this capacity gap. In countries where this model has worked successfully, peer paralegals have generally been selected from peer educators and provided with basic paralegal training to develop skills to do legal literacy sensitization, identify and document human rights violations, support clients in pursuing remedies for abuses, and link clients to professional legal support where needed. These peer paralegals could operate in their communities and would complement the Assistants Juristes and create greater community-based capacity for legal literacy and access to justice programs.

Recommendations

- Assistants Juristes should increase their presence in communities of key and vulnerable populations by conducting regular legal literacy sessions for different population groups, including for people who use drugs. These sessions should be organized in collaboration with community-led organizations.
- Introduce peer paralegals as an additional tool to reach hard-to-reach populations. These peer paralegals should work in communities to conduct legal literacy trainings and facilitate mediation and access to justice for peers whose rights have been violated.
- Provide greater support to CSO peer educators to enable them to become skilled at doing basic legal literacy work, identifying cases of human rights violations, and referring cases to Assistants Juristes (e.g., trainings and collaborative work with AJ).
- Increase funds for legal literacy activities with people who use drugs. This population faces widespread human rights violations, yet appeared to benefit the least from legal literacy and access to justice activities at the time of the assessment.

(e) Increasing access to justice

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Increasing access to justice	0.8	3.0	3.8

The Mid-Term assessment noted a significant expansion of access to justice programs compared to the baseline report when there were few legal services initiatives with limited reach in place. By contrast the mid-term assessment reported that six Assistants Juristes, each responsible for two regions, were working. Plan Benin estimated that Assistants Juristes had conducted more than 5,500 consultations with key and vulnerable populations and key informants described the Assistants Juristes' program as very successful, including cases where people who were at risk of dropping out of treatment were retained as a result of the intervention.

During the assessment period, the number of Assistants Juristes went from 6 to 17, significantly improving coverage and accessibility, especially for people living with HIV. The new Assistants Juristes were trained in 2023 and mostly operational now. In the first half of 2023, Plan Benin reported that more than 1,700 people had received support from Assistants Juristes, a significant increase from the numbers reported in the previous funding cycle. As noted, with the expansion of the program, Assistants Juristes are now operational in all of Benin's departments (provinces) and cover most major hospitals that provide HIV services although Assistants Juristes continue to be stretched across multiple health facilities. Plan Benin has engaged a law office to support Assistants Juristes and take cases that require formal legal representation through proceedings.

Because Assistants Juristes are embedded in health centers and do not usually operate in communities, this program has significantly improved access to justice for key and vulnerable populations who engage with the healthcare system. However, many of the most marginalized members of these populations—especially key populations such as people who use drugs and transgender people—are less likely to seek health services, and therefore, at present, have little opportunity to benefit from these interventions. For the first half of 2023, for example, Plan Benin reported that it had registered 28 cases of human rights violations. 26 of them concerned people living with HIV, one was an MSM, and the final case was unspecified. For 2022, 18 total cases were registered, 15 of which concerned people living with HIV and 3 MSM. While providing legal support to people living with HIV is very important—and contributes to Benin's achievement of objectives related to treatment and viral load suppression—it is essential that this program find ways to ensure these services are available also to key populations in their communities and support progress toward the first 95 target. As described above, we recommend that this be done through peer paralegals operating in their communities.

The cases registered in the first half of 2023 were reported by 19 women and 8 men (for one case gender was not included); in 2022, it was 12 and 6 respectively. Many of the cases reported by women were described to researchers as instances where women tested positive for HIV and faced rights abuses by their families – including, physical violence, being thrown out of their home, and/or having their children taken away from them. Among the 2023 cases, in 13 survivors of abuse opted for mediation; in another 13 formal judicial proceedings were started. In 2 cases, the survivors did not want to take further action. Outcomes for many of the judicial cases were pending although a few had advanced through the legal process with positive results for the plaintiffs.

Various stakeholders noted in interviews that navigating the justice system remains difficult, with significant costs for individuals whose rights have been violated, especially those who have experienced gender-based violence, to access medical records and to issue orders to appear of perpetrators that are necessary to present their case formally. In addition to cost, fear of stigma, discrimination, loss of privacy and retaliation remain formidable barriers to seeking justice. Some Assistants Juristes also mentioned their workload (which can be more than 40 clients) as a challenge.

Training workshops with judges and lawyers had been conducted during the review period by REBAP+, which emphasized that there was a need to expand the trainings and ensure that all judges were trained. Commenting on the challenges of the judicial system and the frequent use of mediation as an alternative, an individual with REBAP+ highlighted the importance of privacy and encouraged closed hearings as a way to see the completion of more judicial cases. In one case he noted that the male partner of a woman living with HIV took a picture of her HIV test result and circulated it within her community. Having already lost her privacy, the woman agreed to seeking redress through the judiciary but the process took three months and more than 300,000 cfa (US$500).

In contrast to their experience with female PLWHIV facing domestic issues, Arc-en-Ciel said key populations were more likely to seek redress via the judiciary, although cases were still relatively uncommon. An Assistants Juristes from the organization said that: “It can be difficult, and people are afraid to bring a case. There’s a lot of fear of the justice system”.

As the case data for the first half of 2023 shows—and consistent with the situation in other BDB countries—many key and vulnerable populations prefer mediation to formal legal proceedings. Indeed, in some cases, mediation may also be a better option for ensuring continued access to HIV services than lengthy judicial proceedings (for example, a woman who has been evicted from her house due to a positive HIV test needs an urgent solution to ensure she has shelter and income, something that mediation is often more likely to provide than a formal legal complaint). Yet, Assistants Juristes told the assessment team that they are not specifically trained to provide mediation services. One said that he had been reading up on mediation in his spare time. It is essential that Assistants Juristes are able to offer the full spectrum of

services to remedy human rights violations so their clients can make an informed choice about the remedy they prefer.

The assessment team concludes that documentation on cases and their outcomes needs to be strengthened so that access to justice efforts can be more fully evaluated and analysis of these cases can be used to engage government and other actors to address structural issues that emerge from them. Stronger evidence of outcomes in formal judicial cases favoring key and vulnerable populations could also in turn compel participation and compliance with mediation for those who choose that route. In addition, further training is needed with magistrates and judges on HIV and the rights of key populations.

Recommendations

- Expand support for access to justice through increasing the number of Assistants Juristes working with KP/VP CSOs and in communities.
- Introduce peer paralegals to work in communities to increase legal literacy, provide paralegal consultations, conduct basic mediation, and link clients to Assistants Juristes where formal legal services and more advanced mediation may be needed.
- Ensure that Assistants Juristes and peer paralegals receive training to develop knowledge on mediation and mediation skills.
- Provide support for improved data collection on outcomes of access to justice initiatives (including mediation and litigation) and impact on health care outcomes
- Increase training with support from Ministry of Justice of police and judicial officers, including participation in LILO and other trainings.

(f) Improving laws, regulations and policies relating to HIV and HIV/TB

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Improving laws, regulations and policies relating to HIV and HIV/TB	0	0.5	0.5

The baseline and mid-term assessments noted limited activities associated with monitoring and reforming laws, regulations and policies related to HIV and relatively little has changed in the current assessment. For example, both the baseline and Mid-Term assessments noted problematic aspects of the country's HIV law, including related to lack of confidentiality of HIV diagnosis and criminalization of HIV transmission. Amendments to the law are still pending.

One clear positive outcome was the opening of a methadone maintenance treatment facility in November 2023. This effort can be traced back to steps taken in 2018 and 2019 when the health ministry initiated bi-annual meetings with the country's 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. With the opening of the facility should come opportunities for closer engagement and education of police and discussion of the need for further services, including facilities in other parts of the city and country, and of the possibility of take-home methadone supplies. Additional legal frameworks may be needed to support methadone distribution – including for take home doses. UNODC is currently working on a model law in Burkina Faso that may provide a model for Benin.

Further development of this program area is limited by few specific resources in the Global Fund grant for policy advocacy despite clear legal and policy challenges affecting key populations, including the criminalization of drug use. Although there is no specific law that criminalize LGBTI populations, lack of gender identity recognition laws impedes access to services.

Community-led organizations also lack capacity and training on monitoring rights abuses and conducting advocacy and should be supported with additional resources in future grants, with the goal of more clearly identifying structural barriers to access to HIV services (e.g., linking data on increase in police raids of communities of PWUD to advocacy).

Recommendations

- Consider focus on Cotonou, as part of UNAIDS' "Fast Track" cities initiative to be a model for piloting new regulations and policies respecting rights of key and vulnerable populations
- Use catalytic funds to support legal and policy advocacy initiatives by community-led organizations.
- Support community-led organizations to develop and implement joint advocacy efforts and provide them with advocacy training.
- Build on documentation efforts by BESYP and others to more systematically collection data on incidents of rights abuses, and use that data to inform policy advocacy. Collecting detailed documentation of police abuses against people who use drugs, in particular, should be a priority.

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

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	1.5	1.5	2.0

Both baseline and Mid-Term assessments found limited efforts related to addressing gender-based discrimination, and no change between the two periods. The Mid-Term report highlighted that Plan Benin had 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 and integrating gender-based violence into sensitization sessions with law enforcement and judicial officials. It also noted that Benin had made progress in addressing barriers to services for transgender populations. However, the Mid-Term assessment identified few activities specifically focused on removing gender discrimination as a barrier to HIV services.

In the current assessment, it was clear that Assistants Juristes play a key role in supporting individuals experiencing GBV to navigate health and legal systems, and can mediate, when appropriate, with family members to ensure that the rights of survivors of GBV rights are respected. Other positive outcomes in relation to reduced HIV-related gender discrimination were seen in terms of increased acceptance of MSM in the healthcare system and some progress with police. Among women who inject drugs, the methadone clinic, CEPIAC recognizing the barriers women who use drugs face seeking reproductive health care at many health centers and plan to introduce maternity services for women who use drugs.

In 2021, the ministry of social affairs and microfinancing and the CLNS-TP, with support from UNAIDS, conducted an HIV gender assessment, which concluded that “gender issues and challenges are not well reflected in the national response to HIV.” Among others, it noted that “the socio-cultural context is strongly marked by attitudes unfavorable to women, with low school enrolment rates for girls, lower incomes, a high incidence of physical and psychological violence, an inheritance and matrimonial system governed by customary law that puts women at a disadvantage, and lack of access to land. These factors keep women dependent on men, creating a breeding ground for the spread of HIV/AIDS.” It also concluded that “[h]omosexuality, sex work and injecting drug use are categories of practices that are not accepted by society and considered to be vectors of HIV, leading to stigmatization and discrimination against HIV carriers.” It recommended a series of steps to address these challenges, including revitalizing the educational context and the specific dimensions of gender mainstreaming. Plan Benin and the HIV program at the Ministry of Health are developing of a holistic national action plan for the prevention and management of gender-based violence and human rights violations. Plan Benin has conducted a systematic gender analysis across all of its programs in order to ensure that they are gender-transformative and that gender perspectives are fully mainstreamed.

Several limitations were also seen in relation to addressing HIV-related gender discrimination, including the need for more community engagement and attention to needs of adolescent girls, including holistic sexual and reproductive health services, instead of addressing gender discrimination and gender-based violence after the fact.

Key populations, including MSM and transgender individuals, need greater support and inclusion in training including in health centers as mediators and Assistants Juristes. One animatrice from Trans Benin said “Trans organization are not as strong as they could be. There’s not enough opportunity for leadership.” The animatrice also highlighted the need for support for hormone therapy as a strategy to both increase self-esteem and to reduce self- and community stigma.

Recommendations

- Adopt and implement the national plan on the prevention of gender-based violence.
- Take advantage of ongoing HIV community and media activities to reinforce and support anti-GBV messages
- Expand holistic sexual and reproductive health services for adolescent girls
- Expand inclusion of qualified MSM and Transgender individuals in health centers as mediators, Assistants Juristes, and peer paralegals
- Establish one stop centers for the management of gender-based violence which includes legal services and the provision of HIV and sexual and reproductive health services

(h) Community mobilization & human rights advocacy

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Community mobilization and human rights advocacy	*	*	2.0

Support for community mobilization and human rights advocacy is a new program area for the Breaking Down Barriers assessments, hence there are no baseline or Mid-Term scores to compare with the current Progress Assessment. In the current assessment, while a range of community mobilization and human rights advocacy activities were noted, considerably more attention could be focused on this program area.

Identified as strengths in this area is the fact that each key and vulnerable population has one or more community-led organizations representing them, and that community-led organizations play important roles in the implementation of various key human rights activities, including training of police and magistrates and LILO. In addition, various community-led organizations work closely with health service providers through mediators, training activities, and referral services to reduce stigma and discrimination at testing and treatment sites.

However, community-led organizations implement few, if any, programs supported through catalytic human rights funds. They generally play a supporting role to activities that are implemented by Plan Benin, which limits their ability to grow as leaders in the

HIV response. None of the Assistants Juristes participating in the program were from key and vulnerable populations, and inclusion of community-led organizations for PWUD and TG appears significantly weaker than that of MSM and SW organizations.

Community-led organizations seemed insufficiently aware of, and unlikely to participate in, strategic decision-making by Plan Benin and the Benin CCM regarding activities to remove human rights-related barriers. As a result, the knowledge and insights of these organizations is not reflected in decisions around programming. The specific needs and perspectives of the transgender population are often not adequately represented in some activities or decision-making processes where other broader LGBT groups are present.

Recommendations

- Provide direct support to KP/VP CSOs to develop and implement their own activities and interventions.
- Provide technical support to community-led organizations to ensure that develop their capacity to implement programs and develop further as leaders in the HIV response.
- Ensure that, whenever possible, Assistants Juristes are representatives of key and vulnerable populations. In recruitment decisions, preference should be given to hiring people from key and vulnerable populations.
- Recruit, train and implement a peer paralegal component, including representatives from each key and vulnerable population to work in communities to improve legal literacy, provide basic mediation services, and refer cases that require more complex interventions to Assistants Juristes.
- Ensure that LILO trainings for police, health workers, religious leaders, etc. always include multiple representatives of key and vulnerable populations. LILO trainings are known to forge strong connections between participants. Diverse and consistent KVP participation will help build relationships that community-led organizations will be able to use for mediation, advocacy, and other key interventions.
- Clearly differentiate between MSM and TG so that both populations are represented in interventions and in decision-making processes where appropriate. MSM and TG have different needs and interests so representation of TG by MSM is often not appropriate.
- Continue support for CLM initiatives. The Human Rights Observatory should be managed, as much as possible, by community-led organizations and should be used to address human rights issues on a case-by-case basis but also to identify and address structural challenges that negatively impact on the treatment cascade.
- Support improved communication of CLM findings to community members and ensure meaningful participation in development of response and recommendations.

5.2 Implementation status of program essentials

Starting with GC7, countries are required to report on the implementation status of program essentials for HIV, TB and malaria. Program essentials are a set of standards for the delivery of services by Global Fund-supported programs. All applicants are required, as they fill out the Essential Data Tables to support their funding requests, to provide an update on their country's status towards achieving program essentials. HIV applicants from Core and High Impact countries are also asked to describe in their funding request narrative any plans to address program essentials that are not fulfilled. In addition, the conditions for countries qualifying for the human rights matching fund requires funding requests to not only consider the findings of the most recent assessment of progress made in scaling up programs to reduce human rights-related barriers, but also to ensure the full implementation of all human rights program essentials.

HIV and human rights-related program essentials are:

- Prevention and treatment programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers to these programs.
- Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.
- Legal literacy and access to justice activities are accessible to people living with HIV and key populations.
- Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.[15]

The tables below present the progress assessment team's summary analyses of Benin's progress on the program essentials for HIV.

Human rights	Are all elements of a supportive environment[16] for effective operationalizatio n of the program essentials in place?	Implementation Status

[15] "Technical Brief: Removing Human Rights-related Barriers to HIV Services," The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf

[16] 1. a recent assessment of human rights-related barriers; 2. a country-owned, costed plan/strategy to reduce barriers; 3. an oversight mechanism to oversee implementation

19. HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers.	Yes	Some programs[17]
20. Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.	Yes	Some programs[18]
21. Legal literacy and access to justice activities are accessible to people living with HIV and key populations.	Yes	Activities/programs at sub-national level[19]
22. Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.	Yes	Some support[20]

Benin has made some progress toward fully implementing the HIV program essentials, but many challenges remain. In terms of the integration of interventions to reduce human rights- and gender-related barriers for key and vulnerable populations (#19 and #20), Benin has targeted specific health facilities as regional leaders in the implementation of integrated and comprehensive support, using psychosocial, legal and peer educators working alongside clinical staff. This approach should be justly recognized as a significant advance in ensuring that KVPs can access care and stay in treatment without disruption from discrimination and stigma. Having been shown to be feasible and effective, it should be scaled up nationally.

Legal literacy and access to justice activities (#21) similarly remain in need of further resources to ensure that all PLWH and key populations can benefit. Limitations in terms of community engagement hinder broader efforts to ensure that KPs are

[17] Response options include: No or few programs integrate such interventions; Some programs; Many or all programs

[18] Response options include: No or one-off activities/programs; Small-scale activities/programs in health care and at last one other setting; Activities/programs in health care and at least two other settings at sub-national level (less than 50% national coverage); Activities/programs in health care and three or more other settings at national level (more than 90% national coverage)

[19] Response options include: No or one-off legal literacy and access to justice activities/programs; Small-scale activities/programs; Activities/programs at sub-national level (less than 50% national coverage); Activities/programs at national level (more than 90% national coverage)

[20] Response options include: No support; Some support; Comprehensive support (including to community-led efforts)

exposed to know your rights campaigns and will require training of more peer educators and resources for their mobilization and linkage to Assistants Juristes and other legal services providers. Barriers to access to justice, such as costs for medical records and orders to appear, as well as trainings of jurists and magistrates, need to be addressed and scaled-up nationally. Finally, support for community-led analysis and advocacy related to harmful laws, policies and practices requires significant new investment. All of these activities require continued support for community-led organizations to lead in these efforts.

5.3 Cross-cutting observations

Overall, though the programs to remove rights-related barriers to HIV services in Benin remain less than comprehensive in scale, the current assessment found robust civil society organizations capable of expanding their current efforts and keen to directly manage trainings, interventions and community-led monitoring activities, rather than serve as a resource for larger international organizations. Supporting these organizations is critical to their growth and professionalization and to the sustainability of Benin's progress to date.

Although CLM activities have been minimal, a key informant from UNAIDS cited their support for REBAP+ and ITPC to harmonize an overall CLM strategy and guide, and trainings in 19 sites.

Community-led organizations however need particular support in terms of stronger monitoring and evaluation (M&E) and financial management skills. The assessment was made more difficult by a lack of documentation about program activities and outputs, outcomes and purported impact. Building this type of M&E system is essential to understand if the human rights activities are reducing barriers and influencing access to services. If needed, implementers should be encouraged to access technical assistance on M&E issues through the Global Fund's Human Rights Strategic Initiative.

Recommendations

- The human rights working group should be reactivated or reconstituted and meet regularly to discuss and coordinate ongoing implementation of the five-year plan and of programs to remove human rights-related barriers to HIV services. Resources should be reprogrammed to support these meetings.
- The human rights working group should be tasked with reviewing the five-year plan, which currently ends December 31, 2024, to decide whether to extend and/or update it, or develop a new plan.
- Government agencies should closely engage with civil society organizations on the implementation of the five-year plan. Government agencies should, in particular, commit to advancing the institutionalization of training on stigma and discrimination into pre- and in-service curricula for health workers, police and justice officials.

- Global Fund should provide technical support for implementation of human rights programs, including to support the PR and human rights SR, as necessary.

Key Recommendations

Aligned with findings in this report, the following recommendations are prioritized for support from the program areas and cross-cutting themes described above:

Program Area	Recommendations
Eliminate stigma and discrimination in all settings.	• Expand LILO trainings, ensuring that members of key and vulnerable populations- networks participate in all of them and develop relationships with other participants. • Expand number of Assistants Juristes working with health centers and with Key Population CSOs to allow for greater engagement in the community (as opposed to at health centers) • Introduce peer paralegals among peer educators to work in communities with their peers to improve legal literacy, intervene in cases of stigma, discrimination and GBV at community level, and reduce self-stigma. • Support stronger CSO documentation of rights abuses in the populations they serve and build capacity to use documented finding to advocate for structural changes.
Ensure non-discriminatory provision of health care	• Implement strategies to ensure privacy for patients seeking HIV testing and care in health centers. • Ensure that training on stigma and discrimination is integrated into health worker education programs, including pre- and in-service trainings to allow for KP friendly service provision. This should include material related to people who use drugs and transgender people. • Strengthen reporting mechanisms for incidents of discrimination in health settings. • Recruit Assistants Juristes among members of key populations whenever possible.
Ensure rights-based law enforcement practices	• Support improved governmental engagement and buy-in for human rights-related training for law enforcement, the judiciary and law and policymakers (including LILO). • Consider working with selected police precinct/site (for example, where there is a lot of drug use and/or sex work) to develop relationships and focal points for KP communities in each region. • Engage health care providers in advocacy with police to convey the negative public health impacts on the HIV epidemic of abusive policing (e.g., CEPIAC on how police actions can harm efforts to provide HIV and methadone treatment for PWUDs). • Build evidence base of impact of abusive police actions on access, uptake and adherence to HIV services by improving documentation of police activity on key and vulnerable populations.

	• Work with police training institutions towards institutionalization of standardized, human rights and HIV curricula in pre- and in-service training curricula for police.
Improve legal literacy	• Assistants Juristes should increase their presence in communities of key and vulnerable populations by conducting regular legal literacy sessions for different population groups, including for people who use drugs. These sessions should be organized in collaboration with community-led organizations. • Introduce peer paralegals as an additional tool to reach hard-to-reach populations. These peer paralegals should work in communities to conduct legal literacy trainings and facilitate mediation and access to justice for peers whose rights have been violated. • Provide greater support to CSO peer educators to enable them to become skilled at doing basic legal literacy work, identifying cases of human rights violations, and referring cases to Assistants Juristes (e.g., trainings and collaborative work with AJ). • Increase funds for legal literacy activities with people who use drugs. This population faces widespread human rights violations, yet appeared to benefit the least from legal literacy and access to justice activities at the time of the assessment.
Improve access to justice	• Expand support for access to justice through increasing the number of Assistants Juriste working with KP/VP CSOs and in communities. • Introduce peer paralegals to work in communities to increase legal literacy, provide paralegal consultations, conduct basic mediation, and link clients to Assistants Juristes where formal legal services and more advanced mediation may be needed. • Ensure that Assistants Juristes and peer paralegals receive training to develop knowledge on mediation and mediation skills. • Provide support for improved data collection on outcomes of access to justice initiatives (including mediation and litigation) and impact on health care outcomes • Increase training with support from Ministry of Justice of police and judicial officers, including participation in LILO and other trainings.
Improving laws and policies relating to HIV and HIV/TB	• Consider focus on Cotonou, as part of UNAIDS' "Fast Track" cities initiative to be a model for piloting new regulations and policies respecting rights of key and vulnerable populations • Use catalytic funds to support legal and policy advocacy initiatives by community-led organizations. • Support community-led organizations to develop and implement joint advocacy efforts and provide them with advocacy training.

	• Build on documentation efforts by BESYP and others to more systematically collection data on incidents of rights abuses, and use that data to inform policy advocacy. Collecting detailed documentation of police abuses against people who use drugs, in particular, should be a priority.
Reduce HIV-related gender discrimination	• Adopt and implement the national plan on the prevention of gender-based violence. • Take advantage of ongoing HIV community and media activities to reinforce and support anti-GBV messages • Expand holistic sexual and reproductive health services for adolescent girls • Expand inclusion of qualified MSM and Transgender individuals in health centers as mediators, Assistants Juristes, and peer paralegals • Establish one stop centers for the management of gender-based violence which includes legal services and the provision of HIV and sexual and reproductive health services
Community mobilization and advocacy for HIV/TB	• Provide direct support to KP/VP CSOs to develop and implement their own activities and interventions. • Provide technical support to community-led organizations to ensure that develop their capacity to implement programs and develop further as leaders in the HIV response • Ensure that, whenever possible, Assistants Juristes are representatives of key and vulnerable populations. In recruitment decisions, preference should be given to hiring people from key and vulnerable populations. • Recruit, train and implement a peer paralegal component, including representatives from each key and vulnerable population to work in communities to improve legal literacy, provide basic mediation services, and refer cases that require more complex interventions to Assistants Juristes. • Ensure that LILO trainings for police, health workers, religious leaders, etc. always include multiple representatives of key and vulnerable populations. LILO trainings are known to forge strong connections between participants. Diverse and consistent KVP participation will help build relationships that community-led organizations will be able to use for mediation, advocacy, and other key interventions. • Clearly differentiate between MSM and TG so that both populations are represented in interventions and in decision-making processes where appropriate. MSM and TG have different needs and interests so representation of TG by MSM is often not appropriate. • Continue support for CLM initiatives. The Human Rights Observatory should be managed, as much as possible, by community-led organizations and should be used to address human rights issues on a case-by-case basis but also to

	identify and address structural challenges that negatively impact on the treatment cascade. • Support improved communication of CLM findings to community members and ensure meaningful participation in development of response and recommendations.
Cross-cutting Recommendations	• The human rights working group should be reactivated or reconstituted and meet regularly to discuss and coordinate ongoing implementation of the five-year plan and of programs to remove human rights-related barriers to HIV services. Resources should be reprogrammed to support these meetings. • The human rights working group should be tasked with reviewing the five-year plan, which currently ends December 31, 2024, to decide whether to extend and/or update it, or develop a new plan. • Government agencies should closely engage with civil society organizations on the implementation of the five-year plan. Government agencies should, in particular, commit to advancing the institutionalization of training on stigma and discrimination into pre- and in-service curricula for health workers, police and justice officials. • Global Fund should provide technical support for implementation of human rights programs, including to support the PR and human rights SR, as necessary.

Annex 1: Scorecard Methodology

A key component of the progress assessment is the review of specific programs and the preparation of key performance indicator scores for the Global Fund. Drawing upon the data collected from program reports and key informant interviews, in addition to the descriptive analysis of findings for each program area, the assessment team also developed a quantitative scorecard to assess scale up of HIV, TB and, where applicable, malaria programs engaged in removing human rights barriers.

Criteria/Definitions

Scoring is based on the following categories measuring achievement of comprehensive programs. First, researchers should determine the overall category with integers 0-5 based upon geographic scale:

Rating	Value	Definition[21]
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.
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale)
4	Operating at national level	Operating at national level (>50% of national scale)
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.

Next, researchers can adjust scores within the category based upon reach of relevant target populations:

Additional points	Criteria
+0	Limited scale for some target populations (reaching <35%)
+0.3	Achieved scale to approximately half of target populations (reaching between 35 - 65% of target populations)

[21] The definition of the term "comprehensive" has been developed through extensive consultation, internally within CRG and MECA as well as externally, with the research consortia carrying out the baseline assessments and the members of the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. UNAIDS and WHO have been consulted as a member of the Working Group.

+0.6	Achieved widespread scale for most target populations (reaching >65% of target populations)

Additionally, where a score cannot be calculated the following can be noted:

Notation	Meaning	Explanation
N/A	Not applicable	Used when the indicator cannot be logically assessed
*	Unable to assess	Used when researchers were unable to determine a score.
**	Not a program area at the time of scoring	Program area did not exist at the time of the calculation of the scorecard at either baseline, mid-term or both

Annex 2: Key Informants, Site Visits, Beneficiary Interviews and Validation Meeting Participants

Key informants

#	Name	Organization	Type of meeting
1.	Plan International Benin	SODOLOUFO Odile, Chef Projet UCFM	Plan International Benin
2.	Dr AHOUDA Carin, Épidémiologiste interniste, Responsable		Dr AHOUDA Carin, Épidémiologiste interniste, Responsable
3.	Partenariat et Spécialiste Santé		Partenariat et Spécialiste Santé
4.	TESSY Lustre, Juriste		TESSY Lustre, Juriste
5.	SRPS	Dr AVIANSOU Annonciat, Coordonnatrice SRPSS	SRPS
6.	IDRISSOU Mouniratou, Responsable santé communautaire et mobilisation sociale		IDRISSOU Mouniratou, Responsable santé communautaire et mobilisation sociale
7.	Arc en Ciel	ZOMASSI Larissa, Assistante Juriste	Arc en Ciel
8.	PNT	DEDEHOUANOU Sessi, Responsable Suivi évaluation PNT	PNT
9.	ODOUNLAMI Evelyne, Assistante sociale/SCMS/PNT		ODOUNLAMI Evelyne, Assistante sociale/SCMS/PNT
10.	GNONLOFOUN Clément, Spécialiste Promotion de la santé/SCMS/PNT		GNONLOFOUN Clément, Spécialiste Promotion de la santé/SCMS/PNT
11.	FHI360/EAWA (PEPFAR)	Dr TOHON Dorcas, Responsable technique offres de service	FHI360/EAWA (PEPFAR)
12.	BESYP	BANKOLE Kamal Deen, Directeur Exécutif	BESYP
13.	HOUESSOU Jeannot, Chargé de Programmes		HOUESSOU Jeannot, Chargé de Programmes
14.	KPAKPO Gaétan, Responsable Suivi Evaluation		KPAKPO Gaétan, Responsable Suivi Evaluation

15.	Réseau Sida Bénin	DOUKPO Maurès, Directeur Exécutif RSB	Réseau Sida Bénin
16.	GANMOU Euphrem, Chargé de programmes		GANMOU Euphrem, Chargé de programmes
17.	CHAGAS Elyoth, PCA/RSB		CHAGAS Elyoth, PCA/RSB
18.	AKLOBO Salomon, Animateur RSB		AKLOBO Salomon, Animateur RSB
19.	RéBAP+	HOUNGBO Rock, Directeur Exécutif	RéBAP+
20.	NASSARA Valentin, PCA/RéBAP+		NASSARA Valentin, PCA/RéBAP+

Focus Group Discussions (FGD) (Organization facilitating the FGD and number of participants)

Cibles	Number of participants
Focus group RéBAP	
# of participants PLHIV	7
Focus group Solidarité	
# of participants Sex Workers	7
Focus group RSB	
# of participants MSM	8
Focus group Bornes	
# of participants PWUD	7
Focus group Transgenres	
# of participants Transgender	7
Total participants	**36**

Annex 3: Documents reviewed

ASSAP-TB/Benin, PNLT Benin, Plan d'Action TB CRG et cadre de responsabilite du Benin 2024-2026, 2022

CNLS-TP et al, Rapport de l'enquete index de la stigmatisation (Index Stigma) 2.0 des personnes vivant avec le VIH au Benin, 2021

CNLS-TP, National Strategic Plan to Reduce Human Rights-related Barriers to HIV, TB and Malaria Services Benin 2020-2024

CNLS-TP, PSLS, Plan International Benin, Manuel de formation integre sur le VIDH/Sida, les IST, les questions de Stigmatisation, Discrimination, Droits humains, Violence basees sur le Genre prenant en compte les specificites de chaque populations cle et vulnerale, November 2023

CNLS-TP, Etude sur l'evaluation de la protection sociale sensible au VIH au Benin, 2022

CNLS-TP, Evaluation du genre liee au VIH au Benin, 2021

Funding Request 2021-2023

Global Fund detailed budget CNLS-TP grant GC6

Global Fund detailed budget Plan International Benin grant GC6

Global Fund detailed budget C19RM grant

Global Fund, Benin allocation letter 2021-2023

Plan International Benin, Data base legal cases 2022

Plan International Benin, Data base legal cases, first half 2023

Plan International Benin, Rapport monitoring, Annee 2022, February 2023

Plan International Benin, Rapport semestrial 1, 2023

Plan International Benin, Rapport Semestriel 1, 2022

Plan International Benin, Role and qualities of the peer educator, no date

Plan International Benin, Peer educator contract 2021-2023

Plan International Benin, List of Assistants Juristes

Plan International Benin, Document de Strategies d'Appui Juridique dans le Cadre de la Lutte contre le VIH/SIDA au Benin, 2021

Plan International Benin, Rapport mensuel de gestion de cas VBG

UNAIDS, Index de la stigmatization et de la discrimination des PVVIH au Benin, 2016