

# Responding to HIV and AIDS in Somalia

## Quarter 1 Report, 2016

<b>Reporting Period</b>	January to March 2016
<b>Government Counterpart</b>	Somali National AIDS Commission (SNAC); Puntland AIDS Commission (PAC) and Somaliland AIDS Commission (SOLNAC).
<b>PSG</b>	Cross Cutting – across all PSGs Development
<b>PSG priority</b>	Cross Cutting – across all PSGs Development
<b>Focus Locations:</b>	Federal Level (Mogadishu and Dollow in Gedo Region); Somaliland (Berbera, Boroma, Burao and Hargeisa); Puntland (Garowe and Bosaso)
<b>AWP Budget</b>	54,616
<b>Available Funds for year</b>	40,533
<b>Expenditure to date</b>	37,779

### CONTRIBUTING DONORS:

1. UNDP
2. GLOBAL FUND

### 3. ABBREVIATIONS AND ACRONYMS

AMISOM	African Union Mission in Somalia
AWP	Annual Work Plan
CSO	Civil Society Organization
CCE-CC	Community Capacity Enhancement through 'Community Conversations'
DFID	Department for International Development
EU	European Union
FGS	Federal Government of Somalia
GF	Global Fund
GROL	Governance and Rule of Law Programme
ISF	Integrated Strategic Framework
IPTCS	Integrated Prevention Treatment Care and Support
JP	Joint Programme
MIA	Mogadishu International Airport
MCG	Micro-Capital Grant
MoF	Ministry of Finance
MoLSA	Ministry of Labor and Social Affairs
MoPIC	Ministry of Planning and International Cooperation
MPTF	Multi Partner Trust Fund (UN)
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
NAC	National AIDS Commission
OPM	Office of the Prime Minister
PREP	Poverty Reduction and Environment Programme
PSGs	Peacebuilding and Statebuilding Goals
PAC	Puntland AIDS Commission
RBM	Results-Based Management
RoL	Rule of Law
SDRF	Somalia Development and Reconstruction Fund
SIDA	Swedish International Development Agency
SNAC	Somali National AIDS Commission (SNAC)
SOLNAC	Somaliland AIDS Commission (SOLNAC)
TA	Technical Assistance
TOR	Terms of Reference
UNDP	United Nations Development Programme
UNSOM	UN Special Political Mission for Somalia
USAID	United States Agency for International Development
WB	World Bank

## SECTION 1 – KEY DEVELOPMENTS DURING THE REPORTING PERIOD

- During Quarter 1 of 2016 UNDP developed an HIV Proposal for the Global Fund, which was approved in March. The total proposal is for \$680,200.40, covering a period of 20 months, from 1<sup>st</sup> May 2016 to 31<sup>st</sup> December 2017. The proposal activities and budgets will allow UNDP to support the 3 AIDS Commissions in Somalia with the following work:

### **HIV Prevention Project**

- i. Peer Education to support for Key Populations in Somalia
- ii. Prevention with Positives (PwP)
- iii. Mainstreaming HIV in Line Ministries
- iv. Human Rights and medical ethics training for Health Providers
- v. Regional and District Sensitisation
- vi. Mid-cycle Review of National Strategic Plan 2015-2019 and M & E Plan 2015-2019
- vii. World AIDS Day support
- viii. Participation in International AIDS Conference
- ix. Ministry of Health and National AIDS Commission exposure visit on the following:

A significant amount of time in Quarter 1 of 2016 was dedicated to finalizing UNDP's proposal for the Global Fund, and preparing the necessary paper work to support the transfer of funds from UNICEF (Principal Recipient for the Global Fund in Somalia) to UNDP.

- Having secured additional funding to support HIV related activities from the Global Fund for 2016 and 2017, UNDP will no longer be closing the HIV Project (as was envisaged in December 2015).

**SECTION 2 – PROGRESS AGAINST OUTPUTS & PLANNED ACTIVITIES IN ANNUAL WORK PLAN**

**OUTPUT 1 – Support mainstreaming HIV into other sectors** i.e. Rule of law, JPLG, Uniformed service, Police and Youth at Risk groups, prisoners.).

Narrative update on Progress towards Output			
In Quarter 1 the HIV Project was successful in mainstreaming HIV into several UNDP Project Documents. This included the Gender and Rule of Law Projects.			
Output Indicators	Baseline	Annual Target	Progress to date
<ol style="list-style-type: none"> <li><i># of districts supporting HIV prioritises increased from 2 districts to 7 districts.</i></li> <li><i># of uniformed services/police trained on basic HIV and AIDS</i></li> </ol>	<p><i>Baseline: 2 Districts supported HIV under district funds</i></p> <p><i>Baseline: 140 police officers attended basic HIV training in 2014</i></p>	<ol style="list-style-type: none"> <li><i>5 Districts develop HIV and AIDS action plans</i></li> <li><i>120 Police trained on HIV basics</i></li> </ol>	<ol style="list-style-type: none"> <li>HIV mainstreamed into Berbera District Development Plan for 2016</li> <li>68 male Police Officers received training on HIV in Q1 of 2016 in Somaliland.</li> </ol>
Planned Activities as per Annual Work Plan		Progress Against Activities	
<ol style="list-style-type: none"> <li>HIV mainstreamed into the work of other sectors e.g. Ministry of Local Government, Ministry of Women, Ministry of Information, Ministry of Planning</li> </ol>		<ol style="list-style-type: none"> <li>UNDP together with other UN Agencies (including WHO and UNAIDS) is discussing how best HIV can be integrated into the <b>National Development Plan 2017-2019</b>, currently being developed for Somalia.</li> <li>HIV Mainstreamed into the Joint Rule Of Law Project Document for 2016</li> <li>HIV Mainstreamed into Gender Project Document for 2016</li> </ol>	
Sources of Evidence for Results Progress and Achievements			
<ul style="list-style-type: none"> <li>Training Reports</li> <li>Joint Team on AIDS minutes</li> <li>Revised PRODOCs from Gender and ROLS</li> </ul>			

**Output 2 – Support Governance aspects of HIV response by providing technical assistance to National AIDS Commissions coordinate, to lead multisectoral HIV response in Somalia i.e. finalization of the HIV Policy**

Narrative update on Progress towards Output			
In Quarter 1, UNDP focused on trying to raise resources, to support the 3 AIDS Commissions in leading a multi-sectoral response to HIV in Somalia. This resulted in a proposal for \$680,200.40 being approved by the Global Fund. As a result no activities were undertaken under this output.			
Output Indicators	Baseline	Annual Target	Progress to date
<i>Indicators: Institutional systems strengthened and operational.</i>	<i>Baseline: 3 AIDS Commissions established</i>  <i>SL HIV policy finalised.</i>	<i>Targets: Institutional systems strengthened with HIV policy finalised</i>	i. No results for Q1 2016.
Planned Activities as per Annual Work Plan		Progress Against Activities	
<ol style="list-style-type: none"> <li>1. Technical Assistance provided to strengthen institutional capacity of the three AIDS Commissions.</li> <li>2. HIV Policies at the Federal Level and in Puntland finalised</li> </ol>		i. In Quarter 1 2016, UNDP developed a proposal for the Global Fund which was subsequently approved. This will allow UNDP to continue to support the 3 AIDS Commissions in Somalia in 2016 and 2017. Activities that will be supported include: <ul style="list-style-type: none"> <li>• Mid-cycle Review of National Strategic Plan 2015-2019 and M &amp; E Plan 2015-2019</li> <li>• Mainstreaming HIV in Line Ministries</li> <li>• Human Rights and medical ethics training for Health Providers</li> <li>• HIV Regional and District Sensitisation</li> <li>• Participation in International AIDS Conference</li> <li>• World AIDS Day support</li> <li>• Peer Education to support for Key Populations in Somalia</li> <li>• Prevention with Positives (PwP)</li> </ul>	
Sources of Evidence for Results Progress and Achievements			
<ul style="list-style-type: none"> <li>• HIV Proposal developed by UNDP</li> <li>• HIV Proposal approved by UNICEF (Principal Recipient for the HIV Global Fund Grant for Somalia)</li> </ul>			

### Output 3 – Support Programme Management and Coordination

Narrative update on Progress towards Output			
Draft UNDP 10 Year HIV Project Report outlining Achievements/Impact, Challenges, Key Learning and Future Recommendations developed. This will be finalized in Q2.			
Output Indicators	Baseline	Annual Target	Progress to date
Indicator: UNDP HIV Project is well managed and closed properly in Atlas and reports finalised.	1. High stigma experienced by PLHIV, weak Networks to support PLHIV	1. <b>Target:</b> Production of 10 yrs. HIV project final report.	ii. UNDP 10 Year HIV Project Report outlining Achievements/Impact, Challenges, Key Learning and Future Recommendations currently being finalized.
Planned Activities as per Annual Work Plan		Progress Against Activities	
1. Develop a Final Report on the HIV Project, reflecting on Achievements in 10 years of its implementation, the impact on HIV/AIDS epidemic and response in Somalia as well as lessons learnt		i. Draft UNDP Somalia HIV Project 10 year report in place. This will be finalized in Q2. Reasons for the delay in finalizing this report include time taken to prepare and submit a new UNDP HIV Proposal to the Global Fund in Q1, which was unforeseen and not planned for.	
Sources of Evidence for Results Progress and Achievements			
<ul style="list-style-type: none"> <li>Draft HIV Project 10 Year Report</li> </ul>			

### SECTION 3 – CROSS-CUTTING ISSUES (GENDER, HIV/AIDS, PEACE AND CONFLICT, HUMAN RIGHTS)

- The HIV and Gender Projects continue to implement several joint MCGs with CSO partners to support Community Conversations on HIV and Gender. Both projects have found this to be good practice to bring implementing partners of both projects together, for the sharing of ideas. This also makes sense noting that gender issues such as FGM, GBV and other cultural practices such as polygamy make women more vulnerable to HIV infection.

### SECTION 4 – CHALLENGES / LESSONS LEARNT

- **What approaches worked well—or didn't work well**

As mentioned above, the HIV and Gender Projects at UNDP, that both fall under the Cross Cutting Unit at UNDP continue to look at ways they can complement each other's work, recognizing the close overlaps between HIV and gender issues in Somalia.

By working in close collaboration with the UNAIDS Joint Team on AIDS for Somalia, and the Principal Recipient for the Global Fund HIV Grant for Somalia (UNICEF Somalia), in Quarter 1 UNDP was able to mobilise additional funding to support HIV work at UNDP. This highlights the benefits of working closely with other UN Agencies as ONE UN on a Joint Programme, which in this case is supported by the Global Fund.

#### Changing Approach:

- In order to address the lack of funds to support HIV prevention work in Somalia, UNAIDS together with UNDP and WHO are working with the Technical Working Group on Health to try and ensure that HIV is mainstreamed in the National Development Plan 2017-2019 currently being developed for Somalia.

## SECTION 5 – RISK MANAGEMENT

This section can be used to update or use the risk logs developed during the project development stage and provide any mitigation measures being undertaken by the project.

Type of Risk <sup>1</sup>	Description of Risk	Mitigating Measures
Financial	Due to the reduction in the overall HIV grant from the Global Fund for Somalia for the period 2015-2017 (approximately \$2-3 million less than 2013-2014), there is less funding available to support key areas of work where UNDP is expected to take the lead, as per UN Global Division of Labour. Due to these cuts UNDP will not be able to provide the same level of support to the AIDS Commission, NGOs working on HIV or to the Networks supporting People Living with HIV in Somalia in 2016-2017. This is of great concern to partners in Somalia.	The HIV Project is working with UNAIDS and the UN Joint team on AIDS (JUNTA) to try and raise additional resources for HIV work in Somalia. The HIV Project will also make a concerted effort to strengthen mainstreaming HIV into other UNDP projects where appropriate. This was one of the recommendations of the Assessment of Development Results report from 2014 – <i>‘From a programme efficiency perspective, mainstreaming HIV and AIDS into other programmes has the potential to be very efficient, especially in the context of a relatively low prevalence. Moreover, working with JPLG on including HIV and AIDS issues, and specifically the community conversations, into district plans is an efficient way of undertaking this work’ (page 75; ADR Report, UNDP Somalia 2014)</i>
Capacity of implementing partners	The capacity of implementing partners such as the three AIDS Commissions as well as Networks of People Living with HIV in Somalia and NGO implementing partners continues to be quite weak. For this reason all HIV partners UNDP works with will require on-going support in 2016.	As far as possible (recognizing limited funding), UNDP will endeavor to provide regular capacity building and refresher training for all partners to ensure that all HIV work carried out and supported by UNDP is of a high quality and achieves intended results.
Human Rights Violations	Due to high levels of stigma and discrimination associated with HIV in Somalia, People Living with HIV (PLHIV) continue to face	UNDP will make a concerted effort in 2016 to better support the rights of People Living with HIV (PLHIV) and Key Populations (at

<sup>1</sup> Environmental; Financial; Operational; Organizational; Political; Regulatory; Security; Strategic; Other.



	<p>human rights violations, such as forced evictions from their homes, losing their means of livelihood and being disowned by their family and community.</p>	<p>higher risk of HIV infection). UNDP will also continue to support the 3 Networks of People Living with HIV in Somalia in 2016, and work with the 3 AIDS Commissions to put in place mechanisms to protect the rights of People Living with HIV in Somalia e.g. by finalizing the HIV Policy in Somalia.</p>
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## 6 – MONITORING AND OVERSIGHT ACTIVITIES

Monitoring Activity	Date	Description & Comments	Key Findings / Recommendations
<p>UNDP has engaged a Third party monitoring (TPM) firm to better monitor HIV work supported in Somalia.</p>	<p>Feb 2016</p>	<p>Monitoring visits were undertaken in Q1 of 2016 after the completion of CCEs in Q4 2015. The visits were meant to verify and seek beneficiary feedback on the CCEs that has taken place.</p>	<p>In Puntland, CCE conversations conducted by Badhabo were monitored by third party monitors. 10% of the beneficiaries were contacted.</p> <p>88% of the female respondents and 82% of the male respondents were of the opinion that after CCE people in their village were more likely to get tested for HIV/AIDS.</p> <p>The respondents were asked if they thought that after the CCE sessions people in their area will be more aware of the rights of people living with HIV. All the male respondents and 98% of the female respondents said the people in the area will be more aware of the rights of people living with HIV/AIDS after CCE.</p>
<p>UNDP has engaged a Third party monitoring (TPM) firm to better monitor HIV work</p>	<p>January 2016</p>	<p>Monitoring visits were undertaken in Q1 of 2016 after the completion of CCEs in Q4 2015. The visits were meant to verify and seek beneficiary feedback</p>	<p>In Puntland, CCE conversations conducted by Tadaamun Social Society (TASS) were monitored by third party monitors. 100% of the beneficiaries who</p>

supported in Somalia.		on the CCEs that has taken place.	had attended the CCE sessions were of the opinion that after CCE people in their village were more likely to get tested for HIV/AIDS. This was the same response when they were asked if they thought that after the CCE people in their area will be more aware of the rights of people living with HIV.
UNDP has engaged a Third party monitoring (TPM) firm to better monitor HIV work supported in Somalia.	January 2016	Monitoring visits were undertaken in Q1 of 2016 after the completion of CCEs in Q4 2015. The visits were meant to verify and seek beneficiary feedback on the CCEs that has taken place.	<p>All the female respondents who had attended CCE sessions said that the CCE sessions had increased their knowledge on HIV/AIDS. 89% of the male respondents who had attended CCE sessions interviewed felt their knowledge of HIV/AIDS was increased due to CCE-CC, while 11% felt their knowledge had not increased.</p> <p>All the male respondents said the people in the area are better aware of HIV/AIDS after CCE. 92% of the female respondents who had attended CCE sessions said the people in the area are better aware of HIV/AIDS after CCE, while 8% felt the people in the area are not better aware of HIV/AIDS after CCE.</p> <p>The respondents were further asked to state if they thought that after CCE people in their village were more likely to get tested for HIV/AIDS?. The following were the results: All the beneficiaries interviewed and had attended the CCE sessions were of the opinion that after CCE people in their village were more likely to get tested for HIV/AIDS.</p>

**SECTION 7 – FINANCIAL REPORT**

Donor	Total funds committed	Available resources for the year	Contribution as % of AWP	Expenditure	Balance <sup>2</sup>	% Delivery	Comments
Global Fund	54,616	40,533	74%	37,779	2,754	69%	In March the HIV Project had a proposal for \$680,200.40 approved by the Global Fund. This new project will commence on 1 <sup>st</sup> May 2016-31 <sup>st</sup> December 2017.

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<sup>2</sup> Available resource for the year minus funds disbursed till now.