

# Responding to HIV and AIDS in Somalia - Annual Report 2015

<b>Reporting Period</b>	Annual Report 2015
<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>	756,441
<b>Available Funds for year</b>	772,376
<b>Expenditure to date</b>	731,875

## CONTRIBUTING DONORS:

1. GFATM
2. UNDP

## 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

- In 2015, UNDP HIV project reached approximately 4,113 people (**M: 1148, F: 2965**) through **Community Conversations** on HIV across Somalia. Community conversation sessions on HIV addressed the high levels of stigma and discrimination associated with HIV, key human rights abuses experienced by People Living with HIV and factors that make women most vulnerable to HIV. They also encourage individuals to take advantage of HIV services such as Voluntary Counselling and Testing (VCT) services that are available free of charge.
- To increase access and the utilization of HIV treatment and promote HIV behavioral change, UNDP supported 7 Radio stations across Somalia to **air a total of 1,836 HIV radio messages in 2015**. These messages helped spread accurate information, as well as reduce stigma and discrimination associated with HIV. The overall listenership of these radios is estimated to be between 3 to 5 million people in South Central, Somaliland and Puntland.
- UNDP was informed that the Global Fund (GF) have decided that UNDP will not remain a Sub Recipient for the new HIV Grant which started on 1<sup>st</sup> July 2015. This was a major blow to the project noting the successes UNDP's HIV Project has achieved and means that UNDP will be forced to close down its HIV project in 2016, unless other resources can be mobilized.
- In January 2015, the Global fund Principal Recipient approved a no cost extension for Round 8 HIV Global Fund grant for Somalia to cover the period 1<sup>st</sup> January – 30<sup>th</sup> June 2015. The dates for the original Global Fund grant were 1<sup>st</sup> January 2013 – 31<sup>st</sup> December 2014. All HIV partners were informed that the amount of money available for the no-cost extension would be reduced significantly. In particular all budgets to support the work of the three AIDS Commissions in Somalia were significantly reduced for the no cost –extension period January – June 2015. This was a great concern, as the lack of on-going support for advocacy work and HIV prevention work in general in Somalia is likely to weaken the gains made in the HIV response in Somalia over the last 5 years.
- Funding to support the Community Conversations on HIV project that the Global Fund has supported for the last three years, was also cut in June 2015. UNDP agreed to provide some funding to allow this project to continue until December 2015. However, we do not currently have adequate funding to continue beyond 2015 – noting the success of this project and that stigma associated with HIV in Somalia continues to be extremely high. Indeed, stigma associated with HIV continues to be one of the greatest barriers to access and utilization of HIV and AIDS services in Somalia. Stigma associated with the disease continues to prevent people from going for Voluntary Counselling and Testing (VCT) as well as accessing HIV medication (Anti-Retro Viral Therapy - ART) services even when they may need them. Reducing stigma associated with HIV and trying to create a more supportive environment for all HIV work in Somalia has been one of the main successes of the Community Conversations on HIV project.
- UNDP engaged Third Party Monitoring (TPM) to undertake monitoring visits to verify whether the activities contracted are implemented and obtain independent information about the quality of achieved outputs. Community conversation on HIV were monitored with positive findings reported as outlined below:

- **100% of beneficiaries that were** called by telephone confirmed attending Community Capacity Enhancement (CCEs) on HIV/AIDS
  - **100% of beneficiaries** confirmed that **CCE has increased their knowledge on HIV & AIDS.**
  - **100% of beneficiaries** believe that the **CCE gave them a chance to express themselves.**
  - **100% of beneficiaries** believe **CCE has increased knowledge of HIV/AIDS of people in their areas**
  - **90% of beneficiaries** believe **people in their area are more likely to get tested for HIV/AIDS after attending CCEs** and 10% do not
  - **95% of beneficiaries** think **after CCE people will be more aware of the rights of people living with HIV/AIDS** while 5% did not agree.
- In close collaboration with UNAIDS, and WHO, **UNDP** organized Monitoring and Evaluation training in 2015. Approximately 50 people from AIDS Commissions, Ministry of Health and Civil Society Organizations working under the Global Fund grant participated in a 4 day M&E workshop. Participants were key HIV focal persons, responsible for the implementation of the new national HIV M&E plan for 2015 to 2019. The main objective of the training was for all key HIV stakeholders in Somalia to gain a better understanding of the newly developed and printed **HIV Monitoring & Evaluation Plan 2015-2019 – including outputs and key indicators - as well as their own role to report on these indicators. This training will help to strengthen monitoring and evaluation of HIV data in Somalia**
  - **Recommendation:** There is an urgent need for resource mobilization to be stepped up with National, UN and additional donors, noting cuts to the HIV Prevention budget by the Global Fund for 2015-2017.

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

**OUTPUT 1 – Streamline support received from the Global Fund with on-going capacity building and technical assistance that UNDP will provide to the three AIDS Commissions (Somali National AIDS Commission (SNAC), Somaliland National AIDS Commission (SOLNAC) and Puntland AIDS Commission (PAC).**

**Narrative update on Progress towards Output**

- In March 2015 UNDP supported the Executive Director from Somaliland and Puntland AIDS Commissions to take part in a meeting in Tunisia arranged by UNAIDS, to help countries develop an estimation and projection of the number of people living with HIV (in this case in Somalia). UNAIDS Country Director for Somalia travelled with the participants to support the mission. UNAIDS also sponsored the Executive Director from the AIDS Commission from Mogadishu to attend the event.
- In June UNDP and UNAIDS organized 4 Days Monitoring and Evaluation capacity building training for Key HIV stakeholders in Hargeisa (AIDS Commissions, Ministry of Health and civil society organization and HIV implementers) on data collection, collation, analytical skills and report writing. This training will help government and HIV partner on implementation of national HIV M&E plan for 2015 – 2019. The main objective of the training was for all key HIV stakeholders in Somalia to gain a better understanding of the new **HIV Monitoring & Evaluation Plan 2015-2019 – as well as their own role to help strengthen this area of work in Somalia.**
- HIV Coordination meetings took place on a regular monthly basis throughout 2015 to allow partners working on HIV to share updates on their work, address challenges and keep all partners working on HIV updated on the new HIV Grant that started on 1<sup>st</sup> July 2015.
- In September, Somaliland National AIDS Commission convened Commission Meeting attended by 7 Key ministers in charge of Health, Finance, Social Affairs, Planning, Education, Presidential Affairs and Interior. The Somaliland President chaired the meeting. The main agenda of this meeting was to get national support for HIV and to renew the commitment of government in responding HIV in Somaliland.

Output Indicators	Baseline	Annual Target	Progress to date
1. Institutional systems strengthened and operational	1. 3 AIDS Commissions established in Somalia in 2005.	1. Institutional systems strengthened with:  i. Monthly and quarterly coordination meetings take place on a regular basis.	i. AIDS Commissions received capacity building training in Monitoring & Evaluation to better collect and report HIV & AIDS data in Somalia. M&E team hired by 3 national AIDS commissions carried out monitoring and supervision visits to approximately 20 districts health facilities to ensure

			<p>that people have access to quality health services with particular focus on HIV and AIDS.</p> <p>ii. The 3 National AIDS commissions improved the coordination of multisectoral HIV response in Somalia. National AIDS Commission regularly hosted HIV coordination meetings in all regions of Somalia in 2015, with all key HIV stakeholders, to ensure that HIV prevention, care and treatment services are provided to all that require them.</p>
Planned Activities as per Annual Work Plan		Progress Against Activities	
<ol style="list-style-type: none"> <li>1. Monthly Integrated Prevention Treatment Care and Support (IPTCS) meetings</li> <li>2. Quarterly Communication Meetings and M&amp;E Meeting</li> <li>3. Quarterly Programme Review</li> <li>4. Commissioners Meeting</li> <li>5. Monitoring and Evaluation Capacity Building training for government and civil society HIV implementers on data collection, collation, analytical summarization, report writing and dissemination</li> <li>6. Technical Assistance provided to "Strengthen institutional capacity building" and clarify the different roles of the AIDS Commissions and the Ministry of Health (MOH)</li> <li>7. Copies of the new HIV Strategy and M &amp; E plan for 2015-2019 printed and</li> </ol>			<ol style="list-style-type: none"> <li>1. <b>10</b> Monthly Integrated Prevention Treatment Care and Support (IPTCS) meetings in the three regions took place (SL, FL, PL)</li> <li>2. 2 Quarterly Communication Meetings and M&amp;E Meetings</li> <li>3. Quarterly Programme Review <ol style="list-style-type: none"> <li>a. In Quarter 2, Somali National AIDS Commission (SNAC) organized 1 IPTCS working group meeting and 1 HIV Quarterly program review meeting</li> <li>b. Somaliland National AIDS commission (SOLNAC) hosted 9 Coordination meetings (6 IPTCS , 2 QPR meetings and 1 Quarterly communication meeting)</li> <li>c. Puntland AIDS Commission (PAC) convened 3 meetings (2 IPTCS working group meetings and one HIV review meeting in quarter two</li> </ol> </li> </ol>

- launched to support their implementation
8. Audit for each AIDS Commission completed on 2014 work
  9. HIV mainstreamed into the work of other sectors e.g. Ministry of Local Government, Ministry of Gender, Ministry of Information, Ministry of Planning
  10. Policies at the Federal Level and in Puntland finalized

period)

- a. *4 Quarterly field Monitoring and Supervision visits carried out in PL and SL.*

4. 1 Commissioners meeting took place at the Federal Level and in Somaliland in Quarter 3 of 2015.
5. In Quarter 2 Approximately 50 people from AIDS Commissions, Ministry of Health and civil society organizations in the three zones working under the GF grant received training on HIV M&E skills. These were focal persons responsible for the implementation of the National HIV M&E plan for 2015 to 2019.
6. UNDP provided on-going support to each of the three AIDS Commissions between January – June 2015, and used the new HIV Strategic Plan 2015-2019 to highlight the different roles of the AIDS Commissions and the Ministry of Health in the response to HIV in Somalia.
7. HIV Strategic Plan and M&E plan 2015-2019 printed and distributed across Somalia to facilitate better understanding on
8. It was agreed that UNICEF would carry out an audit of each AIDS Commission. These funds were therefore reallocated to support the CCE.
9. In Quarter 2, the HIV project supported mainstreaming HIV into the following other UNDP projects:
  - a. *Gender*
  - b. *Local Government (JPLG)*
  - c. *ROLS: Police and Youth At Risk*
10. The HIV Project worked with the Somali National AIDS Commission (SNAC) and Puntland AIDS Commission (PAC) to review the 2 HIV Policies in 2015.

#### Sources of Evidence for Results Progress and Achievements

- Minutes of IPTCS, Communication and Quarterly Review meetings
- Reports from M & E supervision visits carried out by Somaliland National AIDS Commission.
- Report from M & E capacity building workshop (4 days) led by an international consultant.
- HIV Strategic Plan
- Revised PRODOCs from Gender, JPLG and ROLS

**OUTPUT 2 –INTENSIFY AND PROMOTE MEANINGFUL COMMUNITY PARTICIPATION AND SUPPORTING ADVOCACY AND BEHAVIOUR CHANGE COMMUNICATION (BCC) TO REDUCE HIV TRANSMISSION IN SOMALIA.**

**Narrative update on Progress towards Output**

**HIV Radio Messages:**

- In Quarter 1 of 2015, a total of **474 HIV messages were aired by 3 radio stations in Somalia** (90 messages aired by Radio Hargeisa, 192 HIV messages aired by Radio SBC in Bosaso, 192 radio messages aired by Radio Garowe).
- In Quarter 2 a total of 1,362 HIV radio messages were aired in Somalia. **270 HIV messages were aired by 2 radio stations in Puntland** (135 messages aired by Radio SBC Bosaso, 135 HIV messages aired by Radio Garowe). 360 messages were aired by Radio Hargeisa in Somaliland. Total number of HIV messages aired exceeded the Global Fund target of airing 180 HIV messages per month
- In 2015, a total of **1,836 HIV messages on HIV were aired by radio stations in Somalia**. Approximately 3-5 million people in Somalia listen to these radio stations and therefore it is estimated received basic HIV information from HIV radio programmes hosted by the 7 Radio stations in Puntland, Somaliland and at the Federal Level

**Community Conversations on HIV:**

- In Quarter 2, (April-June) the HIV and gender projects jointly signed MCGs with three Civil Society Organisations (CSOs) operating in South Central Somalia and Somaliland. These partnership agreements supported **16 Community Conversations** to take place with participation of 745 people (581 women and 164 Men).
- UNDP HIV project supported **22 Community Conversations** on HIV in Gedo and Banadir Regions at the Federal Level and in Berbera (Somaliland) In Quarter 3, which reached **1,108 people of whom 845 were women 263 men**.
- In Quarter 4, Community Conversation sessions on HIV reached 2260 people of whom 70% were women.

<b>Output Indicators</b>	<b>Baseline</b>	<b>Annual Target</b>	<b>Progress to date</b>
<ol style="list-style-type: none"> <li>1. Number of people reached with Behavior Change Communication (BCC), resulting in increase in Voluntary Counselling and testing (VCT)</li> <li>2. Leaders provide support to HIV activities</li> <li>3. Increased awareness and uptake of VCT</li> </ol>	<ol style="list-style-type: none"> <li>1. HIV awareness low</li> <li>2. Key stakeholders are not providing necessary support</li> <li>3. Voluntary Counselling and Testing (VCT) uptake is low due to lack of awareness and stigma associated with HIV</li> </ol>	<ol style="list-style-type: none"> <li>1. Approximately 10,000 people reached with correct information on HIV and AIDS through Community Conversations on HIV being supported in HIV ‘Hot Spots’ and via 3 radio stations in Somalia</li> <li>2. 5% of people targeted through BCC go for VCT testing</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>In 2015</b> 4113 people (Men: 1148, women: 2965) <b>participated and benefited from Community Conversations on HIV</b>. In 2015, a total of <b>1,836 HIV messages on HIV were aired by radio stations in Somalia</b>. The overall listenership of these radios is estimated to be between 3 to 5 million people in South Central, Somaliland and</li> </ol>



			<p>Puntland</p> <p>2. To date, UNDP only has anecdotal evidence from VCT Clinics in areas where Community Conversations on HIV are being rolled out, that numbers of people going for VCT has increased. Third party monitoring results show that in Berbera, (partner: YOVENCO) 90% of the people say they are likely to get tested after the CCEs. In Garowe &amp; Bosaso, the 100% (TASS) and 71% (Badbado) of the people stated the same.</p>
Planned Activities as per Annual Work Plan		Progress Against Activities	
<p>1. A minimum of 500 Radio messages aired by Radio Stations and over 1700 people reached with correct information on HIV to support behaviour change.</p> <p>2. 5,000 people reached with correct information on HIV to support behaviour change through Community Conversations initiative.</p> <p>3. Evaluation of HIV CCE Project completed</p>			<p>1. In 2015, a total of <b>1,836 HIV messages on HIV were aired by radio stations in Somalia</b>. These messages will help spread accurate information, as well as reduce stigma and discrimination associated with HIV. It is estimated approximately 3-5 million people will have heard these radio messages based on the listenership of these 7 radio stations in Somalia.</p> <p>2. <b>In 2015, approximately 4,113 people (Men: 1148, women: 2965) participated and benefited from Community Conversations on HIV</b></p> <p>3. Evaluation of HIV CCE Project did not take place in 2015.</p>
Sources of Evidence for Results Progress and Achievements			

- Radio Station monitoring reports.
- UNDP Somalia ADR Draft report April 2015)
- UNDP HIV Project Officers monitored and participated in CC sessions in Q3 to ensure they were carried out to the highest standards.

### OUTPUT 3 – SUPPORT TO NETWORKS OF PEOPLE LIVING WITH HIV (PLHIV)

#### Narrative update on Progress towards Output

- In 2015, 100 People Living with HIV attended ‘Knowing your Rights’ training, and received information on the provision of Legal Aid Services and Counseling services for members.
- UNDP organized the Executive Director from the Network of People Living with HIV called TALOWADAG in Somaliland to facilitate a workshop to share their experience of setting up a successful Network to support People Living with HIV (PLHIV) in Hargeisa, with members of the Network of People Living with HIV in Mogadishu and Puntland. The main objectives of these workshops was to share lessons learnt, identify strengths and weakness of the Networks of PLHIV in Mogadishu and Puntland to see how these networks can better support their members. For example in relation to providing services such as legal aid and addressing human rights violations they face on a regular basis. The main outcome was that PLHIV networks in Mogadishu and Puntland developed 2 years strategic plan (2016-2017) and asked the Somali government and external donors to support the implementation of this action plan.
- The developed strategic plan will help each network to guide their work in the next few years.

Output Indicators	Baseline	Annual Target	Progress to date
1. Number of PLHIV Networks in Somaliland, Puntland and at the Federal Level that are functional and provide support to their members)	1. High stigma experienced by PLHIV, weak Networks to support PLHIV	1. 3 PLHIV Networks strengthened and their members receive increased services e.g. training on ‘Knowing Your Rights’, Legal Aid, and Counselling support.	1. HIV Project supported capacity building training to help build the capacity of the three Networks of People Living with HIV in Somalia in Mogadishu, Somaliland and Puntland  2. In 2015 the Network of People Living with HIV (PLHIV) in Somaliland received institutional support and financial assistance from UNDP to roll out Community

			<p>conversations in Borama and Hargeisa.</p> <p>3. In Somaliland, 100 People Living with HIV were empowered through 'Knowing your Rights' training, and the provision of Legal Aid Services and Counseling services for members. The objective of legal aid training was to increase the knowledge of PLHIV on the concepts of human rights in the field of HIV and better understand human rights violations relating to HIV &amp; AIDS. The training also encouraged PLHIV to use Legal Aid Services when they need them.</p>
Planned Activities as per Annual Work Plan		Progress Against Activities	
<ol style="list-style-type: none"> <li>1. Institutional support to PLHIV Networks</li> <li>2. PLHIV understand their rights</li> <li>3. Advocacy to address stigma by producing a booklet of 'Positive Stories' from each region</li> </ol>			<ol style="list-style-type: none"> <li>i. UNDP provided capacity building training to strength the PLHIV networks in Mogadishu and Puntland. The two networks developed individual strategic plans that will help guide their work over the next few years.</li> <li>ii. <b>100 People Living with HIV were empowered through 'Knowing your Rights' training</b>, and the provision of <b>Legal Aid Services</b> and Counseling services for members in 2015</li> </ol>

<b>Sources of Evidence for Results Progress and Achievements</b>	
<ul style="list-style-type: none"><li>• TOR to help build the capacity of Networks of People Living with HIV (PLHIV)</li><li>• Notes of discussions with PLHIV</li></ul>	

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

- The HIV and Gender projects implemented several joint MCGs with CSO partners' e.g. CCEs on gender and HIV. Both projects learnt found it to be good practice to bring implementing partners of both projects together, on the same platform, for cross-fertilization of ideas. The two projects also combined project board review meetings which took place in Hargeisa and Mogadishu. This created fresh impetus and a new momentum for joint endeavours towards eradication of HIV and gender inequality. E.g. following up recommendations of the board meeting, the Ministry Of Labour and Social Affairs (MOLSA) and Somaliland National AIDS Commission (SOLNAC) collaborated and convened a high level meeting on HIV &AIDs chaired by the president of Somaliland on 7th September 2015. The meeting discussed HIV concerns and the need for resource mobilization (national and external).
- The HIV project worked closely with UNDP's Gender project to ensure that critical gender issues such as FGM, GBV and other cultural practices such as polygamy, which make women more vulnerable to HIV infections, were included and addressed by this project. To this end, both projects supported the idea to develop joint MCGs with two local implementing partners in order to tackle pressing gender and HIV issues such as GBV, stigma and discrimination against PLHIV and setting up social support to GBV and HIV stigma victims. The joint effort provided an opportunity for communities to reflect on their cultural practices, norms and values. Communities in the targeted villages participated in community conversation awareness-raising sessions on GBV, HIV and AIDS and reproductive health. Discussions during Community Conversations provided opportunities for discussions on "taboo" subjects such as safer sex, gender issues, early marriage and HIV and AIDS stigma and social exclusion targeted to people living with HIV and AIDS.
- In Q3 the HIV Project included training on HIV in Gender training for 25 Journalists from Somalia. This took place in Uganda.
- Community Conversations on HIV and Gender continue to engage communities in raising social issues and advocating for activities to address HIV and gender to be incorporated into municipalities District Development Plans. As a result of this work 5 Districts included activities on HIV in their 2015 plans.

## SECTION 4 – CHALLENGES / LESSONS LEARNT

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

The Assessment of Development Results (independent evaluation carried out in 2014) notes that supporting the development of policy frameworks for addressing HIV and AIDS, as well as raising awareness about the issue, have been relevant for the context of Somalia to support UNDP's mandate within the UNAIDS division of labour among UN agencies. Participants of interviews undertaken during field visits to Puntland and Somaliland thought the community conversations initiative to be highly relevant in a context where dialogue about HIV and AIDS in a very conservative community on a subject regarded as a taboo (HIV) is key to changing the attitudes towards people living with HIV and AIDS.

- The Community Conversations on HIV initiative being rolled out in areas identified as HIV 'Hot Spots' in Somalia, is **according to UNDP Somalia ADR Report 2014 (Report April 2015) and anecdotal sources/beneficiary feedback to UNDP and AIDS Commissions, successfully helping to address critical issues associated with HIV in Somalia**. For example, the HIV Community Conversation Project is helping to:

- a. Reduce stigma and discrimination which remains one of the greatest challenges for all HIV work in Somalia.
- b. Intensify and promote meaningful community participation to reduce HIV transmission in Somalia.
- c. Strengthen the rights of People Living with HIV in Somalia.
- d. Reach a significant number of women and men in Somalia with information about HIV. It also appears the project resonates strongly with Somalis' based on the large number of people that regularly participate in these meetings.
- e. Encourage local government authorities, for example in Berbera, Hargeisa and Boroma to play a more active role in the response to HIV in their communities. Indeed, 5 districts included funds to support HIV activities in their work plans in 2015 for the first time!
- f. The Community Conversations on HIV initiative are also helping to strengthen the capacity of individuals and communities to play a more active role in the response to HIV in Somalia. This is a result of the methodology used for CCs, whereby Facilitators are trained to ask communities particular questions to help them identify root causes to the spread of HIV in their community. These include cultural reasons (e.g. FGM and polygamy) as well as other behavioural practices.

- **Innovation Approach by the Project:**

The HIV Project arranged for the Executive Director from the Network of People Living with HIV called TALOWADAG in Somaliland to facilitate a workshop to share their experience of setting up a successful Network to support People Living with HIV (PLHIV) in Hargeisa, with members of the Network of People Living with HIV in Mogadishu and Puntland. The main objective of these workshops was to share lessons learnt and identify strengths and weakness of the Networks of PLHIV in Mogadishu and Puntland to see how these networks can better support their members. For example in relation to providing services such as legal aid and addressing human rights violations they face on a regular basis.

In July 2015, a new HIV grant for Somalia started. However, funding to support HIV prevention where UNDP plays a critical role to help create a supportive enabling environment for all HIV work in Somalia has been severely reduced by the Global Fund. As a result, UNAIDS have encouraged all UN Agencies to strengthen mainstreaming HIV into all of their work. At UNDP this will mean strengthening work to mainstream HIV into projects such as the Joint Programme on Local Governance (JPLG), Joint Rule of Law Project (working with Uniformed Services one of the high risk

groups in Somalia) to ensure that a supportive legal environment is created to support the rights of People Living with HIV in Somalia as well as with UNDP's Gender and Youth Projects.

- **Changing Approach:**

In order to address the lack in funding for HIV prevention work – an area where UNDP is expected to take the lead, to create an enabling environment for all HIV work in Somalia – UNAIDS and the UN Joint Team on AIDS are trying to mobilize additional resources from other sources to support this area of work. Increased efforts to mainstream HIV in other UNDP projects will be increasingly important for this reason.

## 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, there will be less funding available to support areas of work where UNDP is expected to take the lead as per UN Global Division of Labour from July 2015 onwards. Because of these cuts UNDP will have to close down its HIV Project which partners in Somalia - especially the AIDS Commission and People Living with HIV - are very concerned about.	The HIV Project is working with UNAIDS and the UN Joint team on AIDS 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</i> ’ (page 75; ADR Report, UNDP Somalia 2014)
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 fairly weak. These partner organizations, including various NGOs UNDP works with will require on-going support.	There is a need for UNDP to continue to support regular capacity building and refresher training for all partners to ensure that all work carried out and supported by UNDP is of a high quality and achieves results.
Human Rights Violations	Due to the HIV levels of stigma and discrimination associated with HIV in Somalia, People Living with HIV (PLHIV) continue to face human rights violations, such as forced evictions from their	Despite the successful results achieved in addressing stigma and discrimination through employing community conversation on

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



	homes, losing their means of livelihood and being disowned by their family and community.	HIV; the Coverage of HIV and AIDS services is still very low. Funding of the response is almost solely by one donor (Global Fund) and the new HIV Global Fund grant focuses mainly on HIV treatment and care services. <b><u>Only 10% of the new Global Fund grant on HIV is allocated to support HIV prevention work from 2015-2017. This is a great concern and as a result funding for the CCE project and support to PLHIV which has demonstrated significant results will come to an end in December 2015.</u></b>
--	-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## 6 – MONITORING AND OVERSIGHT ACTIVITIES

Monitoring Activity	Date	Description & Comments	Key Findings / Recommendations
Third party monitoring (TPM) for Community Conversation on HIV		UNDP engaged third party monitoring (TPM) to undertake monitoring visits to verify whether the activities contracted are implemented and obtain independent information about the quality of achieved outputs. Community conversation on HIV was monitored with positive report findings	<p><b>100% of beneficiaries</b> called confirmed attending Community Capacity Enhancement (CCEs) on HIV/AIDS</p> <p><b>100% of beneficiaries</b> confirmed that <b>CCE has increased their knowledge on HIV &amp; AIDS.</b></p> <p><b>100% of beneficiaries</b> believe that the <b>CCE gave them a chance to express themselves.</b></p> <p><b>100% of beneficiaries</b> believe <b>CCE has increased knowledge of HIV/AIDS of people in their areas</b></p> <p><b>90% of beneficiaries</b> believe <b>people in their area are more likely to get tested for HIV/AIDS after the CCEs</b> and 10% do not</p> <p><b>95% of beneficiaries</b> think <b>after CCE people will be aware</b></p>

			<b>of the rights of people living with HIV/AIDS</b> while 5% do not agree.
--	--	--	----------------------------------------------------------------------------

**SECTION 7 – FINANCIAL REPORT**

Donor	Total funds committed	Available resources for the year	Contribution as % of AWP	Disbursed	Balance <sup>2</sup>	% Delivery	Comments
UNDP (TRAC)	300,000	300,000	40%	302,870	(2,870)	40%	
UNAIDS	23,241	23,241	3%	26,235	(2,994)	3%	
IOM	21,354	21,354	3%	5,581	15,773	1%	
Global Fund (UNICEF)	411,846	427,781	57%	397,189	30,592	53%	
<b>TOTAL</b>	<b>756,441</b>	<b>772,376</b>	<b>102%</b>	<b>731,875</b>	<b>40,501</b>	<b>97%</b>	

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

**ANNEX 1: TRAINING DATA –IN 2015**

#	Target Group		Dates	# of participants		Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F			
1.	Local Government Representatives	Civil Society		102	313	Community Conversations on HIV	Berbera	YOVENCO (Somaliland)
2.	Local Government Representatives	Civil Society		83	117	Community Conversations on HIV	Hodan & Hamarweyne Districts - Mogadishu	AAWDO (NGO)
3.	Local Government Representatives	Civil Society		42	301	Community Conversations on HIV	Borama and Hargeisa	Talowadag (PLHIV network)
4.	Local Government Representatives	Civil Society		36	114	Community Conversations on HIV	Bulohawo and Dolow, GEDO Region	HDC (NGO)
	TOTAL			845	263			