Somalia Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:
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Describe the process used for NCPI data gathering and validation:
The data was gathered through zonal consultations that brought together the National AIDS commission and some line ministries , the civil society, and national and international NGOs and the UN agencies. Individual iand technical expertise was sought from a working group formed among the UN joint team on AIDS to provide more insights in key areas of focus.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
No major disagreeements. A video conference involvolving the technical working group and particpants from the national AIDS commissions in the three zones was conducted. Consesus and ratings of key areas of the response was reached.
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
Some of the data is based on contextual and respodents judgements but overall the responses are inclusive. Most questions were well understood and reflect the true situation with minimal bias.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Somaliland National AIDS commission (SOLNAC)	Mohammed Khaire	Yes	Yes	Yes	Yes	Yes	Yes
SOLNAC	Mowlid Ibrahim (National M&E Coordinator)	Yes	Yes	Yes	Yes	Yes	Yes
SOLNAC	keyse Abdi (Regional M&E Officer)	Yes	Yes	Yes	Yes	Yes	Yes
Puntland AIDS commission (PAC)	Sharmake Abdi National M&E officer	Yes	Yes	Yes	Yes	Yes	Yes
Puntland AIDS commission	Mohammed Barre	Yes	Yes	Yes	Yes	Yes	Yes
South Central AIDS Commission	Ahmed Jimaale Executive Director	Yes	Yes	Yes	Yes	Yes	Yes
South Central AIDS commission	Abudarashid Hashi National M&E officer	Yes	Yes	Yes	Yes	Yes	Yes
SOLNAC	Abdurashid Shiekh Hussein	Yes	Yes	Yes	Yes	Yes	Yes
SOLNAC	Deeq Yussuf	Yes	Yes	Yes	No	No	No
Ministry of Labour Somaliland	Amina Aden	Yes	Yes	Yes	Yes	Yes	Yes
SOLNAC	Sahra Adan Gulaid (Director , Integrated Prevention Treatment and Care Centres	Yes	Yes	Yes	Yes	No	Yes
SOLNAC	Ahmed Yussuf Mire (Regional M&E Officer)	Yes	Yes	Yes	Yes	Yes	Yes
SOLNAC	Mahid Jama Nur (Regional M&E Officer)	Yes	Yes	Yes	Yes	Yes	Yes

SOLNAC	Saeed Mohamed	Yes	Yes	Yes	No	No	No
PAC	Abdirizak Hassan (Integrated Prevention , treatment and Care Centers Director)	Yes	Yes	Yes	Yes	Yes	Yes
PAC	Mohamed Kushe (PAC M&E Officer Bossaso)	Yes	Yes	Yes	Yes	Yes	Yes
PAC	Abdukadir Abdi (Regional M&E officer)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Information	Mohammed Hassan	Yes	Yes	Yes	Yes	Yes	Yes
PAC	Abdullahi Mohamoud (Regional M&E officer)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Youth and Sports	Warsame Khalif	Yes	Yes	Yes	Yes	Yes	Yes
PAC	Hashi Samoni	Yes	Yes	Yes	Yes	Yes	Yes
PAC	Fadumo Adan (Regional M&E Officer)	Yes	Yes	Yes	Yes	Yes	Yes
PAC	Saaed Ahmed Yussuf (Regional M&E Officer)	Yes	Yes	Yes	Yes	Yes	Yes
PAC	Khalif Mohammed	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Women Development and Family affairs	Safiyo Geyre	Yes	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No	No
-	-	No	No	No	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
UNAIDS	Japhet Muchai	Yes	Yes	Yes	Yes	Yes
UNDP	Catriona Byrne	Yes	Yes	Yes	Yes	Yes
UNFPA	Ruth Fleiderer	Yes	Yes	Yes	Yes	Yes
IOM	Salmer Taher	Yes	Yes	Yes	Yes	Yes
Handicap International	Lokendra	Yes	Yes	Yes	Yes	Yes
IOM	Hussein Hassan	Yes	Yes	Yes	Yes	Yes
UNICEF	Farhana Zuberi- HIV program Manager	Yes	Yes	Yes	Yes	Yes
UNDP	Hussein Eymoy Program Officer HIV and AIDS	Yes	Yes	Yes	Yes	Yes
UNDP	Ibrahim Ali	Yes	Yes	Yes	Yes	Yes
World on	Abdirahman Osma	Yes	Yes	Yes	Yes	Yes
Progressio	Musinguzi Edward Program Officer	Yes	Yes	Yes	Yes	Yes
Progressio	Dr Abdurhaman Mommed Program Director	Yes	Yes	Yes	Yes	Yes
WHO	Dr Deq Said Jama	Yes	Yes	Yes	Yes	Yes
WHO	Rogers Busulwa Medical officer incharge of HIV and AIDS	Yes	Yes	Yes	Yes	Yes
COOPI	Yussuf Abdurashid	Yes	Yes	Yes	Yes	Yes
WHO	Nawal Momim Dirie	Yes	Yes	Yes	Yes	Yes
IOM	Mubarik M Mohamed	Yes	Yes	Yes	Yes	Yes
TALOWADAG(PLHIV)	Ali Abdi Abdillahi	Yes	Yes	Yes	Yes	Yes
SAHAN	Ahmed Omar Mohamed (Executive Director)	Yes	Yes	Yes	Yes	Yes
HAVOYOCO(PLHIV)	Mohamed Abdurahaman	Yes	Yes	Yes	Yes	Yes
Handicap International	Lokendra Rai (Program manager)	Yes	Yes	Yes	Yes	Yes
WAWA	Zainab Mwasije	Yes	Yes	Yes	Yes	Yes
WAWA	Puntland	Yes	Yes	Yes	Yes	Yes
BAADBADO	Saynab Mohamed	Yes	Yes	Yes	Yes	Yes
GAVO	Halima Abdikadir	Yes	Yes	Yes	Yes	Yes

SOSCO	A Sad Ali	Yes	Yes	Yes	Yes	Yes
TASS	Mohammed Farah	Yes	Yes	Yes	Yes	Yes
SDO	Ali Ismail	Yes	Yes	Yes	Yes	Yes
SOMDA	Yahye Farah	Yes	Yes	Yes	Yes	Yes
SOMDA	Mohamed Harun	Yes	Yes	Yes	Yes	Yes
SYSA	Ali Farah	Yes	Yes	Yes	Yes	Yes
MERLIN	Abdurahman Abdi	Yes	Yes	Yes	Yes	Yes
UNDP	Ahmed Shire	Yes	Yes	Yes	Yes	Yes
KAALO	Abdukadir Khalif	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No
-	-	No	No	No	No	No
-	-	No	No	No	No	No

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was the period covered:
2009-2013
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
NO modification.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Somaliland: in somaliland the national AIDS commission (SOLNAC)has the overall responsibility. However there are 6 line ministries represented in solnac. These ministries include: Education, Health, Youth, Information and family Affairs. Puntland: The Puntland Aids commission(PAC) has the overall responsibility. seven ministries are represented in PAC. These includ; ministry of health, MOWDAFA, MOJRA,MOE,MOI,MOLYS,PA South central: in south central the central AIDS commissions is in charge but its within the Ministry of Health.

1.2. Which sectors are included in the multisectoral strategy with a specifc HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	-
Yes	-
Yes	-
Yes	-
Yes	-
Yes	-
Yes	-

Other [write in]:
-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
South central: 1.SCAC and NGOs with funding from global fund (GFATM) implement specific activities in south central Somalia based on integration prevention treatment care and support.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:
No

Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
No
People who inject drugs:
No
Sex workers:
Yes
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
No
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
Key Populations: Somaliland: 1.FSW 2.Truck Drivers 3.IDPS 4.Port Workers 5.Kat sellers/tea sellers 6.Uniformed services 7.Street children 8.Migrants and mobile populations Puntland: 1.Immigrants 2.Health workers 3.Sex workers 4.Military personnel uniformed services 5.Truck Drivers 6.Drug users 7.IDPs 8.Other poor people. South central: 1. IDPs 2. Truck drivers 3.Port workers 4. Refugees 5. Tea sellers 6. Khat sellers 7.Street children 8.Sea Piracy
1.5. Does the multisectoral strategy include an operational plan?: No

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:
Yes
b) Clear targets or milestones?:
Yes
c) Detailed costs for each programmatic area?:
No
d) An indication of funding sources to support programme implementation?:
No
e) A monitoring and evaluation framework?:
No

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Moderate involvement
IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case:
Somaliland: By coordinating, planning, monitoring and evaluation and decision making of all activities. Puntland: Civil society organizations doesnt have enough capacity to contribute or take active part on development of National strategy plan but they are engaged through out the development proccess in order to capacitate them and make them aware of strategy and its operationalization. South Central: There was no funding facilitation.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:
Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
Yes
National Development Plan:
Yes
Poverty Reduction Strategy:
No
Sector-wide approach:
No
Other [write in]:
-

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

HIV impact alleviation:
No
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes
Reduction of stigma and discrimination:
Yes
Treatment, care, and support (including social security or other schemes):
Yes
Women's economic empowerment (e.g. access to credit, access to land, training):
Yes
Other[write in below]:
-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
No
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
No
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
No
5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current and Future Needs
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
Yes
IF YES, for which population groups?:
Puntland: Truck Drivers, Youth, IDP'S and PLHIV,uniformed services, porters, tea sellers, khat sellers.
Briefly explain how this information is used:
Somaliland: Used resources mobilization and decision making South Central: Prevalence Planning current and the future Puntland: This information is used for planning, reporting purpose and decision making.

(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
Somaliland: ALL the 6 regions South central: Regional level; National level M&E system ; SCAC; Stakeholders /donors/NGOS 's both local and international etc... Puntland: Regional level up to national level.
Briefly explain how this information is used:
Somaliland: For planing, monitoring and evaluation and coordination South Central Prevalence ; planning now and the future Puntland: The information is used for planning, reporting and decision making.

5.4. Has the country developed a plan to strengthen health systems?:
Yes
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
Somaliland: Improving infrasctructures, human resources development (training and incentives), improving supplies and systems of supplies managment. South Central Human resources trained two health campaigns ; VCTs established ; Logistic plans in place to deliver medications Puntland: Though some system is in place the Health system still in process to be developed.
6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:
5
Since 2009, what have been key achievements in this area:
Somaliland: National strategy have been reviewed and national STI, HIV developed, national HIV policy, M&E framework reviewed, implementing partners capacity assessment under completed, operational research has been completed, vulnerability study completed, informative research on MARP's completed, IBBS plans ongoing. South Central: PLWHA, established and trained; .Network provided with cash support for income generation; VCT's established in several facilities in south central somalia; HIV draft policy started and on process. Parliarmentarians trained on HIV and AIDS; Scaling up training for health workers on stigma and discrimination.
What challenges remain in this area:
Somaliland: Lack of costed M&E Operationnal plan Limited resources of funds Limited ownership of the programms Lack of evidence based information South Central: 1. Lack of funding 2. Insecurity 3. Less access due to fewer health facilities 4. HIV policy not finalized/endorsed 5. Government back up limited 6. No M&E framework and less M&E training 7. No equipments for M&E as earlier planned Puntland: The national operational plan has not been developed.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
Somaliland: Somaliland President/Vice President annually make public speech through the media about HIV/AID. South Central: 1. The South Proposed budget plan for 1 year, the prime minister approved and instructed the minister of finance to allocate it to SCAC. 2. The prime minister request food aid for PLHIV, trough the disaster management committee. Puntland: Puntland president has waved stop AIDS sign in World AIDS day.
2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:
Yes
2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:
Yes
Have active government leadership and participation?:
Yes
Have an official chair person?:
Yes
IF YES, what is his/her name and position title?:

Somaliland: The President of Somaliland Ahmed Mohamed Mohamoud, South central: President of TFG Sharif Sheikh Ahmed . Puntland: The president of Puntland Dr. Abdurahman Mohamoud Puntland State president
Have a defined membership?:
Yes
IF YES, how many members?:
Somaliland six line ministries, 2 members of CSO
Include civil society representatives?:
Yes
IF YES, how many?:
Somaliland two.
Include people living with HIV?:
Yes
IF YES, how many?:
In Puntland
Include the private sector?:
No
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
Yes
IF YES, briefly describe the main achievements:
Somaliland: Annual Commission Meetings Quarterly Coordination meetings Monthly working group meetings (Human resource, Communication and IPTCS and M&E working groups) Private sector not included yet South Central: Health Clusters ; Monthly cluster meetings ; SCAC coordination meetings four times a month ; Capacity building; Lobbying and advocacy for PLHIV Puntland: Private sector partners have contributed while raising funds for PLHIV suppport. Some private sectors have offering HIV related services.
What challenges remain in this area:
Somaliland: Delays of the funding Private sector not yet sensitized South Central: Insecurity limited funding gaps No common strategy between civil society and the governement Puntland: Private sector are not sensitized on HIV situation in the country Private sector commitment is missing Advocacy and fund raising.
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
0%

5.

Capacity-building:
Yes
Coordination with other implementing partners:
Yes
Information on priority needs:
Yes
Procurement and distribution of medications or other supplies:
No
Technical guidance:
Yes
Other [write in below]:
-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
No
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
No
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:
5
Since 2009, what have been key achievements in this area:
somaliland: national HIV/AIDS commission establishement act drafted National HIV prevention act Drafted HIV strategy incorporated with National Development Plan. -Speeches - Good Participation in coordination meetings, capacity building, support on HIV/AIDS -The president, Governement and Parliament established HIV, units and nominated focal points - Nomination HIV/AIDS Focal point from office of the president -Nomination of HIV/AIDS Focal point from office of the Prime minister -Comissions meeting based on quotally -Conducting M&E in some areas South Central: PLWHA established and trained 2. network provided with cash support for income generation 3. vcts established in several facilities in south central somalia 4. HIV draft policy started and on process 5. Parliamentarians trained on HIV/AIDS 6. scaling up training for Health

worker's on stigma and discrimination. Puntland: -national support budget was allocated to fight against HIV/AIDS -All the six line ministry were trained on HIV mainstreaming into the sectors -HIV/STI policy has been drafted and reviewed by Puntland and cabinet as well as parliament. hl

What challenges remain in this area:

Somaliland: -Limited HIV policy implementation within the Line ministries -weak coordination Inter-sectorial information -less Access due to the limited coverage of health facilities -HIV policy not finalized/endorsed -Government backup limited -Delays in finalizing the M&E framework -No equipments for M&E as earlier planned. South central: 1. Limited funds allocated for the national HIV and AIDS programs 2. Insecurity Puntland: 1. HIV/STI policy has not yet been endorsed 2. National budget is enough to fight against HIV/AIDS spread

A - III. HUMAN RIGHTS

1.1

People living with HIV:
Yes
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:
Yes
People with disabilities:
No
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

Somaliland: 1. No funds allocated to support policy and legislation. South Central: Fundamental or basic rights of an individual ; Labour laws; Gender and Human Rights ; Prisons law ; Media protection law ; Personnel law.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

Somaliland: Ministry of Social and family affairs has endorsed a law that protects women from any forms of violence including sexual assault and FGC/M National gender policy protects and defines the rights of women to get service or participate equally without discrimination South Central: Law enforcement bodies (police and courts); Ministry of Justice and religious affairs ; Parliamentary committee judicial system monitoring committee.

Briefly comment on the degree to which they are currently implemented:

South Central Starting level:initial stage.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
No

IF YES, for which subpopulations?

People living with HIV:
-
Men who have sex with men:
-
Migrants/mobile populations:
-
Orphans and other vulnerable children:
-
People with disabilities:
-
People who inject drugs :

-
Prison inmates:
-
Sex workers:
-
Transgendered people:
-
Women and girls:
-
Young women/young men:
-
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
Somaliland: There is well articulated HIV policy which protects PLHIV from any types of Human rights violations and violence.
South Central: 1. There Behaviors and practices considered out of Islam and Somali cultural taboo.
Briefly comment on how they pose barriers:
South Central: There is fear of attack and therefore some of the vulnerable populations cannot open up.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:
Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
No
Avoid commercial sex:
No
Avoid inter-generational sex:
No
Be faithful:
Yes
Be sexually abstinent:
Yes
Delay sexual debut:
No
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:
No
Know your HIV status:
Yes
Males to get circumcised under medical supervision:
-
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
No
Reduce the number of sexual partners:
Yes
Use clean needles and syringes:
Yes
Use condoms consistently:
No
Other [write in below]:
-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

No

Secondary schools?:

No

Teacher training?:

No

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

No

2.3. Does the country have an HIV education strategy for out-of-school young people?:

No

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

Somaliland: There is a Communication Strategy. South Central: Youth and uniformed services ; Sex workers ; Truck drivers ; Immigrants

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	No	Yes	Yes	No	NO
No	No	No	No	No	Yes
No	No	Yes	Yes	No	yes
No	No	No	No	No	-
No	No	Yes	Yes	No	yes
No	No	No	No	No	Yes
No	No	Yes	No	No	YES
No	No	No	No	No	Yes

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

6

Since 2009, what have been key achievements in this area:

Somaliland: Cultural strategy developed Prevention act is drafted PMTCT services established TB/HIV activities started South Central: Most of the category above receive training, IEC materials coverage, media campaigns Puntland: Condom distribution strategy developed HIV policy and legislation drafted Gender policy in draft Youth policy also in draft.

What challenges remain in this area:

Somaliland: Cultural resistance for widely use of condom's Limited distribution of PMTCT services Stigma and misconception is widespread High risk groups are not fully integrated South Central: 1.Insecurity 2. Limited funding 3. Some messages cause stigma Puntland: No communication strategy or policy drafted or developed All other draft policies and strategies are not yet approved

4. Has the country identified specifc needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

South Central: 1. Some areas had not been reached 2. Low level helth education awareness 3. Low community information on HIV/AIDS in some rural areas. 4. Religious and cultural taboos. Puntland These needs were determined through CCE, surveys and surveillance

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Disagree

Harm reduction for people who inject drugs:

Strongly Disagree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Strongly Disagree

HIV testing and counseling:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Agree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Strongly Disagree
Risk reduction for men who have sex with men:
Strongly Disagree
Risk reduction for sex workers:
Strongly Disagree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Strongly Agree
Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:
5

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
Yes
If YES, Briefly identify the elements and what has been prioritized:
Somaliland: ART treatment, VCT centers, TB/HIV co-infection, PMTCT programs, OVC, STI, support and care, blood safety, OIs. South central: 1. VCT, PRE-art, ART home based care and support and counselling Puntland: ART center increased Small income generation activities started Blood bank construction started TB/HIV co-infection improved
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Somaliland: Coverage is very low since programm started 2005 there are only four ART sites(2005 was only one ART center and 2012, four ART centers) althought is top priority for the National AIDS commission we are not scaling up the ART treatment because resources limitations. South central: Health professionals trained, centers established, supply of medication and psychosocial support for PLHIV

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Agree
ART for TB patients:
Agree
Cotrimoxazole prophylaxis in people living with HIV:
Agree
Early infant diagnosis:
Strongly Disagree
HIV care and support in the workplace (including alternative working arrangements):
Strongly Disagree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Disagree
Paediatric AIDS treatment:
Disagree
Post-delivery ART provision to women:
Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Disagree

Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Disagree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Agree
TB preventive therapy for people living with HIV:
Strongly Disagree
TB screening for people living with HIV:
Agree
Treatment of common HIV-related infections:
Agree
Other [write in]:
-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:
No
Please clarify which social and economic support is provided:
Somaliland: Recently the president instructed the relevant government institution to prioritise PLHIV in the allocation of food donated to the country. The policy is on process.
3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:
No
4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:
No
5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:
6
Since 2009, what have been key achievements in this area:
Somaliland: There are 4 art centers (Berbera ART is established in 2010) 7 PMTCT centres are established SOUTH Central: 1. pre-ART available in every VCT center 2.ART is available in some centers 3. Counseling and psychosocial support and care 2. Training for health workers.
What challenges remain in this area:
Somaliland: Majority of the people have not access ART Lack of psychosocial support of PLHIV Limited of TB prevention initiatives Lack of efficient Pediatric AIDS treatment Lack of post exposure prophylaxis for non occupational exposure (e.g sexual assault) South Central: 1.Insecurity 2. Defaulting 3.Lack of nutrition support 4.No confidentiality in the Health Centers of PLHIV therefore disclosure of information 5. Lack of financial support for plhiv FOR food and transportation 6. Stigma and discrimination is still high in rural areas Puntland: Limited accessibility to IPTCS services Poor supply chain managements Stigma and discrimination still exist in the community Through there is an increase in ART centres, coverage remains low.
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes
IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes
IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
No
IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
No
IF YES, what percentage of orphans and vulnerable children is being reached? :
-
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:
3
Since 2009, what have been key achievements in this area:
Somaliland OVC assessment conducted OVC policy developed but not distributed South central; 1.M&E Draft frame work. Puntland: No OVC strategy No income generation activities for OVC.
What challenges remain in this area:
somaliland: OVC services not properly addressed through direct allocation of resources

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:
In Progress
Briefly describe any challenges in development or implementation:
Somaliland: Lack of M&E budget Lack of M&E operational plan M&E framework is not functional Limited M&E equipments Lack of regional M&E transportation means.
Briefly describe what the issues are:
Somaliland: SOLNAC data collection formats developed and rolled out

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
Behavioural surveys:
Yes
Evaluation / research studies:
Yes
HIV Drug resistance surveillance:
No
HIV surveillance:
Yes
Routine programme monitoring:
Yes
A data analysis strategy:
Yes
A data dissemination and use strategy:
Yes
A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes
Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:
No
4. Is there a functional national M&E Unit?:
Yes
Briefly describe any obstacles:
Somaliland: Limited of M&E Budget Limited number of M&E trainings Lack of transportation means for regional M&E officers Lack of costed M&E operationnal plan Puntland There are no M&E Framework and M&E plan in place No capacity building opportunities No office settings No logistics support

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
-
In the National HIV Commission (or equivalent)?:
Yes
Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Somaliland: One national M&E Coordinator	yes	-	2006
somaliland: Database officer	yes	-	2011
Somaliland; Regional M&E officers are five.	yes	-	2006
Puntland: six permanent staff	yes	-	2006
South Central: 1 National and five sub-Zonal M&E officers	yes	-	2006

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Puntland 2 temporary staff	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:
Yes

Briefly describe the data-sharing mechanisms:
Somaliland: We received monthly;quarterly and annual reports from all partners We organize Monthly IPTCS/M&E working group meetings We organize Quarterly coordination meetings We conduct Monthly and Quarterly supervision activities. Puntland: M&E coordination and program monitoring Global Fund-UNICEF reporting tools. M&E coordination and program monitoring

What are the major challenges in this area:
Somaliland: Delays of repots from some partners Incomplete reports from some partners. Puntland: No Database No funds for M&E purposes Limit capacity of M&E personnel No functional M&E Framework and M&Eoperational plan No harmonized M&E tools.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:
Yes

6. Is there a central national database with HIV- related data?:
No

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:
-

6.2. Is there a functional Health Information System?

At national level:
Yes
At subnational level:
Yes
IF YES, at what level(s)?:
-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:
No

8. How are M&E data used?

For programme improvement?:
Yes
In developing / revising the national HIV response?:
Yes
For resource allocation?:
Yes
Other [write in]:
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
somaliland: For planning For coordination For decision making For program improvement Puntland: M&E data are used only development partners for program planning and ressource allocation In the country it is used only for reporting purposes and program improvement.

9. In the last year, was training in M&E conducted

At national level?:
Yes
IF YES, what was the number trained:
3
At subnational level?:
Yes
IF YES, what was the number trained:
38
At service delivery level including civil society?:
No

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes

IF YES, describe what types of activities:
Somaliland: six regional M&E offices were provided office equipments and furniture Puntland: Youth Behavioral survey conducted IBBS Formative research conducted Piracy impact on health vulnerabilities conducted Routine program monitoring M&E supervision Stigma index OVC situational analysis HIV zero surveillance survey Vulnerability study Hot Spot mapping for cross border mobile population

10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:
4

Since 2009, what have been key achievements in this area:
Somaliland: M&E framework reviewed Data harmonization workshop implemented and country level data harmonized M&E offices in the regions equipped New offices for M&E officers in the regions availed Puntland: Two trainings conducted one in

the country and other was outside of the country M&E coordination activities conducted like M&E working meeting M&E supervision conducted Routine program monitoring Youth behavioral survey conducted IBBS formative research conducted Piracy impact on Health vulnerabilities conducted Vulnerability study was conducted Stigma index OVC situational analysis HIV ZERO surveillance survey hot spot mapping for cross border mobile populations.

What challenges remain in this area:

Somaliland: Limited of M&E budget Lack of operationnal plan Lack of regional M&E transportation means. M&E framework is not functionnal yet Puntland: No data base No funds for M&E purposes No Functionnal M&E framework and M&E plan No harmonized M&E tools No capacity building opportunities No office settings and equipements No Logistics support.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

Somaliland: Almost LNGOs have planned and carried out enabling environment activities that include dialogues, consultation meetings and awareness sessions at community level for community level stakeholders and religious leader. Similarly, direct participation of organizations in designing and planing of nation-wide world AIDS campaigns every year has raised the awareness among political leaders and decision makers. This has somehow contributed to build the consensus and need of joint efforts by community, civil society and state for the effective response of HIV in the country. However, this effort needs to be scaled up towards the policy and political decision makers. Puntland: The contribution of CSOs to strengthening the political commitment of top leaders was minimum; however they were involved in the revision of national policies such as review of Puntland HIV policy (Draft), HIV strategic framework, CHBC guidelines and M&E framework. It is worth nothing that not at all CSOs were part of the review of these strategies policies. South central: Religious leader groups, plhiv groups, COCO, SONNASO, SYAP, COGWO, IDA,SRDO, OSPAD,TAQWA,SORDO,GMC,SWDC,HDC of civil society participated HIV policy and strategy development workshops in the past years.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

2

Comments and examples:

Somaliland: It has been somehow practiced in the context of program proposal designing, but it needs to be improved in well coordinated and transparent manner. there is still gap of shared consensus for resource allocation and mobilization as well as setting the nation-wide target in coordinated manner. Puntland: CSOs are invited to the review meetings such as revision of HIV policy and legal framework, M&E framework, CHBC guideline, etc but they are not involved in the budgeting. Mostly CSOs are shared with budgets finalize by the donors such as Global fund, UN and INGOs. South Central: Civil societies of religious leader groups, PLHIV groups, COCO, SONNASO,SYAP,COGWO,IDA,SRDO,OSPAD,TAQWA,SORDO,GMC,HDC,SWDC were involved National strategic plan on HIV or for the most current activity plan, except Budgeting of plans.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

1

c. The national HIV reports?:

3

Comments and examples:

Somaliland: HIV strategy: Consultation meetings were organized with full participation of national and international organizations for the development of strategy. The national strategy has been articulated very well which guides all aspects of response for HIV. There is still gap of monitoring the progress, implementation and reflection of policy act operationnal level. National HIV budget: So far, each organization develops its own budget through the mechanism of Principal Recipient. However there is still lack of proper costing and allocation of budget that may need to reach the set targets for the country. No proper analysis , reflection and use of units cost approach. National report: Each Organization shares their progress reports to AIDS commission and PR in the suggested format. The progress and challenges are shared across the civil society and governement institutions. Puntland: Most of the IPTCS services provided by the CSOs are in line with the National HIV strategy (Strategic framework). Not all these services are included in the National HIV reports nothing that there are other CSOs who get funding support from other partners besides GFATM AND UN whose activities are not captured. The lack of National reporting tool is the main factor. CSOs services are not included in the National budget seeing that there is no National HIV budget and all budgets are activity based or project based derived from project proposals sent by funding partners. South Central: SWDC,COCO,IDA, GMC: Awareness and stigma Reduction quarterly report. SORDO,OSPAD: peer to peer education quarterly Report. HDC:VCT monthly Report AAWDO: dry food distribution for HIV+persons month report COGWO: stigma reduction quarterly reports Training/event reports Yearly progress reports.

4.

a. Developing the national M&E plan?:

2

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?

:
4
c. Participate in using data for decision-making?:
2
Comments and examples:
Somaliland: -Developing M&E -Participation and consent building have been done mutually -Coordination in M&E - It has been practiced, but need to strengthen -Using data for Decision making: it has been used at operational level, but not for advocacy to influence the policy. Puntland: There is no national M&E plan, however CSOs have actively participated in the development of national M&E plan (M&E framework), and their contributions were reflected in the final draft of the M&E framework. They were constantly attending the National and Regional M&E working groups. However, CSOs have no role to participate in using data for decision making since there is no joint supervision conducted with CSOs and the fact that supervision data are not shared with CSOs. South Central: Data are processed at higher levels without regular feedback to the civil societies.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:
4
Comments and examples:
Somaliland: -PLHIV support groups at national level to community level have been formed and mobilized throughout the country as per need. -Religious leaders have been made aware about the response and issue through the structured and unstructured training sessions, meetings and dialogues. -Efforts to mainstream the organizations which are working for personn with Disability PWDs have been initiated . -Due to the social context, SWs have not been involved directly. However, at the community level, they have been involved by maintaining high confidentiality. Puntland: CSOs have representation in PLHIV NETWORKS and faith based organizations. For instance CSOs are members of NPP for PLHIV and IHSAN religious leaders network, both based in Bossaso. There is no specific organization or network for sex workers. South Central: Religious leaders net work in the zone network of PLHIV, women group, Education groups and youth groups are included, but here is no sex workers group in the civil societies.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:
2
b. Adequate technical support to implement its HIV activities?:
2
Comments and examples:
Somaliland: Financial: -Almost local organizations and their activities are dependent on donor driven fund. There is no fund raising activity at organization level. Almost organizations may not get the fund what they propose to donors. Technical: -It needs to be scaled and strengthened and coordinated manner. Puntland: The adequacy of financial and technical support is in question. CSOs get very tight budgets which are not adequate to achieve the goals. Some of these budgets are not in line with common standards. CSOs get minimum technical support mostly from their funding partners, but there is a common technical support provision mechanism for CSOs. South Central: There are only seven civil societies who are covered under the GFATM for HIV for SWDC, COCO IDA , GMC, SORDO,OSPAD,HDC

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:
<25%
Men who have sex with men:
-
People who inject drugs:
-
Sex workers:
<25%
Transgendered people:
-
Testing and Counselling:
>75%
Reduction of Stigma and Discrimination:
>75%
Clinical services (ART/OI)*:
51-75%
Home-based care:
>75%
Programmes for OVC:**
>75%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to

increase civil society participation in 2011?:
6
Since 2009, what have been key achievements in this area:
Somaliland: More organizations have been mobilized across the country Almost the vulnerable sites of the country have been reached out Exposure visit and capacity building efforts have been increased National strategy and coordination mechanism have been set up Puntland: CSOs were invited to review the HIV policy, M&E framework and other monthly coordination meetings. CSOs were invited to World AIDS day planning meetings. Some of the funding partners were constantly involving their local partners (CSOs) in the project planning. South Central: Awareness creation Stigma reduction VCT Creation of support groups for HIV+persons AAWDO/SWDC religious group and private sectors hotels.
What challenges remain in this area:
Somaliland: NGOs working and based at rural settings can't attend the meeting frequently. Poor/low participation and representation of female in policy formulation, management and decision making. Puntland: Cultural misconception Stigma and discrimination Ownership Poor coordination among CSOs and between the governement and CSOs. South Central: Long lasting civil war in the zone Insufficient funding Low coverage of HIV services (VCT) Referral systems problems relate with TB co-infection Limited inter-linkages between VCTs and the civil societies.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes
IF YES, describe some examples of when and how this has happened:
Somaliland: There is no report yet on the program designing and implementation. However, the governement has endorsed the HIV policy which has somehow encouraged delivering of the services in the country without any form of discrimination. Puntland: PLHIV were involved in the review of the HIV policy, M&E framework and CHBC guidelines. PLHIV were recruited by the governement (PAC office). The government (PAC) advocated for the PLHIV to be recruited as counsellors, facilitators, peer educators as well home based care givers. South Central: Government provides political back up and support (National Aids commission formation) but not provide financial support due to endless war with somalia, specially south Central somalia. On 22th january 2012 SCAC met with the TFG prime minister for an update of the country, needs from the governement of which finally resulted the prime minister welcomed and encouraged SCAC to come out budget plan to include the annual country plan, which we are sure will help SCAC to better perform well and fill in the existing GAPs as SCAC presented one of the coordination meetings.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
No
Men who have sex with men:
-
Migrants/mobile populations:
No
Orphans and other vulnerable children:
Yes
People with disabilities:
No
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
-
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
Somaliland -Women and girls rights are covered by draft HIV and STIs policy -Draft distability policy, need to finalize and endorse to Governement -Draft HIV and STI prevention act in the place -Draft Youth policy

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
Somaliland: There is a Presidential decree-not to discriminate any citizen based on his or her clan to access and participate

in development and social welfare services of the state. Puntland: Islamic sharia's is the common non law discriminatory law, while the draft constitution is also seen as non-discrimination law. South Central: Law on equal rights on interim Somalia charter article 17: all the people have equal rights.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Somaliland: There is a presidential adviser who has been assigned to make sure that this decree has been implemented and respected. Puntland: There are no mechanisms in place since the constitution is still draft South Central: Sub-committee from parliament members are safeguard of this law.

Briefly comment on the degree to which they are currently implemented:

Somaliland: It is still in initial phase. South Central: Due to current Political and civil unrest of the country, the implementation of this law is still poor.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

2.1. IF YES, for which sub-populations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs:

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

Somaliland Ministry of Social and Family Affairs has endorsed a law that protects women from any types of violence including sexual assault and FGC/M National gender policy protects and define the right of women to get service or participate equally without any discrimination. South Central: In the country internal charters , there are regulations on violence against women, but there are no specific regulations for woemn living with HIV

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Somaliland: It has been articulated well in current HIV policy but it has not been endorsed yet to parliamentary. has been endorsed to Council Ministers. South central -Review and Reform public Health laws to ensure that they adequately address public health issues raised by HIV/AIDS, that their provisions applicable to casually transmitted diseases are not inappropriately applied to HIV/AIDS and that they are consistent with international human rights obligations. -Review and Reform criminal laws and correctionnal systems to ensure that they are consistent with international human rights obligations and are not misused in the context of HIV/AIDS or targeted against people living with HIV and other vulnerable groups. -Ensure that public Health laws and systems represent a sound policy response to individual conduct that carries the risk of HIV transmission, taking a graduated approach that employs coercive measures as a last resort and incorporating procedural safeguards to avoid the misuse of such powers in violation of Human rights. -Enact Anti-discrimination and other protective laws that protect vulnerable groups, PLHIV and people with disabilities from discrimination in both public and private sectors, ensure privacy and confidentiality and ethics in research involving human subjects, emphasize education and conciliation and provide for speedy and effective administrative and civil remedies. -Rights education and provision of legal services: ensure

support services that will educate people affected by HIV/AIDS about their rights, provide legal services to enforce these rights and develop expertise on HIV related legal issues. -collaborate with and work through communities, to promote a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying prejudices and inequalities through community dialogue, specially designed social and Health services and support to community groups. -Promote wide and ongoing distribution of creative education training and media programmes explicitly designed to change attitudes of discrimination and stigmatization associated with HIV/AIDS to understanding and acceptance. -Ensure that the public, private and voluntary sector develops codes of conducting regarding HIV/AIDS issues that translate human rights principles into codes of professional responsibility and practic, with accompagnying mechanisms to implement and enforce these codes. Ensure monitoring and enforcement mechanisms to guarantee the protection of HIV- related human rights, including those of people living with HIV/AIDS, their families and communities -Cooperate with international development partners to share knowledge and experience concerning HIV-related human rights issues and will ensure effective mechanisms to protect human rights in the context of HIV /AIDS at international level.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

Somaliland: Equal for all without any types of discrimination Puntland: Key populations have been identified as a priority for HIV preventions services.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

Somaliland: Somaliland has endorsed HIV Policy which describes equal access of services without discriminating any types of identities of people who need services. The strategy also promotes for equal service delivery including MARPs in somaliland context. Women are accessing the services without any discrimination through MCH clinics. South central: Due to cultural barriers certain key populations are not well addressed.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

No

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

No

IF YES on any of the above questions, describe some examples:

-

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
-

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:
No
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:
Yes

IF YES, what types of programmes?

Programmes for health care workers:
Yes
Programmes for the media:
Yes
Programmes in the work place:
No
Other [write in]:
Awareness raising by religious leaders

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:
2
Since 2009, what have been key achievements in this area:
Somaliland: -Well narrated/articulated/defined HIV policy which protects PLHIV from any types of human right violence. South Central: HIV-related stigma and discrimination reduction programmes are in place for Health Workers, religious leaders, Youth and Media. Raised awareness among people living with HIV for their rights. Equal access to HIV Prevention, treatment;care and support for women.
What challenges remain in this area:
Somaliland: -However, the implementation and effectiveness have not been monitored and documented yet. South Central: -Poverty -Civil War -Natural Disasters -HIV policy and laws not yet passed by the parliament
15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:
2
Since 2009, what have been key achievements in this area:
Somaliland: NGOs and service providers are aware about the human rights in the context of HIV programms and PLHIV rights through unstructured discussions, seminars. PLHIV have been trained on their basic human rights. Some cases of Human right violence have been referred to court as per need. Hargeisa legal clinical university (Law university) has a provision to provide medical and legal services for the people whose rights have been violated. South Central: HIV-related stigma and discrimination reduction programmes are in place for the health workers, religious leaders, youth and Media.
What challenges remain in this area:
Somaliland: Lack of structured monitoring process Cultural context-conflict and cases are dissolved through clan based approaches. Puntland: Policies are in draft and therefore not enforceable South Central: -Civil War -Natural disasters -HIV Policy and laws not yet passed by the parliament

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Somaliland: Strategy guides the areas of intervention Puntland: Through sero-survey Youth behavioral survey South Central: Data on HIV from NGO's, Civil Societies and Health care facilities -Awareness creation seminars and meetings -HIV prevalence of neighboring countries and out migration of somali people.

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Agree
Condom promotion:
Disagree
Harm reduction for people who inject drugs:
N/A
HIV prevention for out-of-school young people:

Disagree
HIV prevention in the workplace:
Strongly Disagree
HIV testing and counseling:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Disagree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Strongly Disagree
Risk reduction for men who have sex with men:
Strongly Disagree
Risk reduction for sex workers:
Strongly Disagree
School-based HIV education for young people:
Disagree
Universal precautions in health care settings:
Agree
Other [write in]:
other write in: Disability: disagree.

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:
6
Since 2009, what have been key achievements in this area:
Somaliland: -11 blood safety centers in the place from 9 centers -Increased from 3 to 4 ARV centers -VCT from 10 to 16 - There has been an upward trend of the number of clients receiving voluntary confidential counseling and testing (VCT) and this shows an improvement in availability of and access to counseling and testing services and demand for their utilization. - Piloted mobile VCT -STI centers 10 to 16 -Geographical coverage increased -Increased awareness efforts covering wider geographical and diverse target population. Puntland: -Capacity building and mentorship for local implementing partners - Training peer educators from key populations -Extensive BBC program for key population -Scaling up VCT services for the general and key populations -Extensive school-based prevention programs South Central: -Awareness creation -ART prophylaxis for pregnant with HIV -VCT Training for Health staff religious groups and counselors.
What challenges remain in this area:
Somaliland: - Due to cultural context and social stigma, it's difficult to categorize the people in MARPs. -Lack of knowledge and motivation among people for testing early treatment and care support. -Lack of coordination and effectiveness in ressources mobilization, resource allocation -VCT programs in Somalia face various cultural barriers which influence; stigma and discrimination, attitudes, disclosure and discordance. -At the program level, shortage of testing kits, staff turnover and infrastructure are some of the key limitations. -Somaliland has no data on behavioral trends on which to scientifically attribute any behavior change -The scale of condoms distribution has been low due to low societal acceptance linked to socio-cultural barriers and condom use has not been publicly embraced in practice and use is collectively denied. -The response has not focused on IDU programming and there is limited information on the practice, the scale and other related aspects of this subgroup and No study has documented on this practice. Puntland: -No combination of HIV Prevention in the work place -No standardized BCC tool kit -No IEC materials distribution guidelines. South Central: -Shortage of funds -Insecurity -Poverty - Natural disasters -Migration -Cultural barriers

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
Somaliland: -Treatment,care, support, testing. -ARV how to make the services accessible -Resources allocation(lab, space, HR, supplies) South central: -HIV testing -Counseling -Opportunistic infection treatment -ART treatment
Briefly identify how HIV treatment, care and support services are being scaled-up?:
Somaliland: -Covering the remote areas through MCH and Health facilities -Building the capacity of Health facilities and service providers -Involving and mobilizing local/international organizations, health facilities, PLHIV networks -Private sector need to be involved.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Agree
ART for TB patients:
Disagree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
Strongly Disagree
HIV care and support in the workplace (including alternative working arrangements):
Strongly Disagree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Disagree
Paediatric AIDS treatment:
Disagree
Post-delivery ART provision to women:
Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Strongly Agree
TB infection control in HIV treatment and care facilities:
Disagree
TB preventive therapy for people living with HIV:
Strongly Disagree
TB screening for people living with HIV:
Strongly Agree
Treatment of common HIV-related infections:
Strongly Agree
Other [write in]:
-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:
6
Since 2009, what have been key achievements in this area:
Somaliland: -Scaled up treatment and prevention effort -VCT for TB patients -Significant number of TB patients have been tested for HIV -Mobile VCT -Mobilization OF PLHIV networks with enhanced and well coordinated efforts -Involved and mobilized families infected and affected by HIV in prevention, Psycho-Social support services, and livelihood -PLHIV started to participated openly in public events. -Care is provided as a package of a home based care kits (HBC) and nutritional support - A number of Health workers have been trained on Safe delivery -STI treatment is provided in all IPTCs and appears to be the main reason for seeking health care in IPTCs, syndromic management approach is used to identify and treat the cases while laboratory testing is available for confirmation. -Treatment of opportunistic infection is provided in IPTCs and TB centers. South Central: -Antiretroviral therapy -ART for TB patients -Cotrimoxazole prophylaxis in people living with HIV. -HIV testing and counselling for people with TB -Nutritional care -Pediatric Aids treatment -Post delivery ART provision to women -Psychosocial support for people living with HIV and their families -TB screening for people living with HIV -Treatment of common HIV-related infections
What challenges remain in this area:
Somaliland: -Need to scale up. the scale of care and support interventions is equally low. It has not been possible to enlist all eligible patients into treatment and care due to limited community support and weak health facility coverage and community links. -Vulnerable populations have not been mainstreamed properly. -PMTCT needs to be scaled up -Incomplete PMTCT package due to limited funding-infant feeding support is still lacking -Rural pastoralists and disabled people need to be mainstreamed. -Stigma needs to be adressed for proper participation of people as well as proper monitoring of vulnerability. Care and support for PLHIV has deep rooted stigma and discrimination that has led to adverse effects at the household and community level -Nutrition? -Economic development activities for PLHIV and their families. -Due to expansive geographical spread access has been very difficult hence increasing likelihood of missing referrals and loss of follow up pre-ART. -Treatment has been implemented according to WHO clinical staging standards due to continuous outages of the CD4 machines and lack of technical capacity among the locals to manage basic technicalities of the equipment. South central: -TB preventive therapy for people living with HIV. -Post-exposure prophylaxis for non occupational exposure (e.g sexual assault) -HIV treatment services in the workplace or treatment referral systems through the workplace -HIV care and support in the

workplace (including alternative working arrangements) -Early infant diagnosis -inpatient care available only one Hospital all the zone -CD4 machines not functionning (MERKA ART) / NOT available (Mercy and elder art)

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

6

Since 2009, what have been key achievements in this area:

Somaliland: -Trained and mobilized PLHIV networks and families of HIV infected and affected - TB HIV co-infection has been scaled up -Number of people for ART increased (from 158 cases in 2009 to 831 in 2011 WHO somaliland) ever started people, -Basic needs, nutrition/foods PSS, HBC-KITS were distributed for PLHIV and OVC. -Referral system strengthened (ARV, TB, STI, to VCT, continue care mechanism) -Supported to the families infected and affected by HIV and AIDS with income generation and livelihood supports. Puntland: -Community based support groups were established -Home based care givers were recruited from the PLHIV - PLHIV were trained a HBC givers

What challenges remain in this area:

Somaliland -Large number of PLHIV who needs to be mainstreamed into ARV center and continue care support -Acessibility of services at rural settings -Lack of proper coordination in ressources mobilization and ressource allocations based on needs. -Lack of ownership transformation process. -ARV services need to be scaled up at major hospitals;if possible at MCH, also Puntland: Sustainability of the program is missing -No blood banks -Supply chain breaks -Capacity of Health workers stigma among the service providers -Lack of standardized reporting tool.
