Survey Response Details

Response Information

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Response Details

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1) Country

Somalia (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Japhet Muchai- UNAIDS CRIS Associate Mohamed Osman- Somaliland National Aids Commission Ahmed Jimale- South Central National Aids Commission Abdikadir Mohamed - Puntland Nstional AIDS Commission

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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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8) Describe the process used for NCPI data gathering and validation:

The process started with desk review followed by field level consultations in all Somaliland, Puntland and South Central. The national AIDS commissions M&E Officers took charge of the

process with UNAIDS technical input in all zones. The government part was filled by the line ministries that constitute the the NACs. NACs provided collective responses in the three zones which were collated into one position for the whole country. All the responses were put togther to come up with one document that was validate and accepted by all. The civil society part B was filled by Umbrella civil society organizations nationally representing a number of local civil society organizations. Each of the INGOS filled the section out of which responses were collated and validated

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

There were no significant disagreements because of close consulations between various stakeholders. Those stakeholders who were not in consulations were provided with NCPI tools inorder to provide any response to relevant areas of investigation.

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

There were variations in the levels of comprehension by respondents from different constituencies, which required extra efforts to ensure optimal participation from civil society organizations. A number of government ministries were contrained by lack of details on key areas addressed in the NCPI tools.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Somaliland National AIDS commission	Mohammed Osman - Executive Director	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Health- Somaliland	Dr Ali Sheikh- Director	A.III, A.IV, A.V
Respondent 3	Ministry Information and Planning-Somaliland- Director of Planning-Puntland	Sulimad Said- Director	A.I, A.II, A.III
Respondent 4	Ministry of Justice and Religious Affairs- Puntland	Ismail Haji Abdi-Director Puntland	A.I, A.II
Respondent 5	Ministry Of Health - Puntland	Mohamed Osman HIV /AIDS focal Point	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Ministry of Education Somaliand	Ubax Maxmed - - Health and Education Director-	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Ministry of Family and Social Affairs-Somaliland	Awaleh Mohammed - Head of Planning Unit	A.I, A.II, A.III, A.IV, A.V

Respondent 8	Ministry of information Somaliland	Mohid Ali Hassan - Communications Director	A.I, A.II, A.III
Respondent 9	Director Ministry of Health South Central	Jaylani S.H Osman - Director	A.III, A.IV, A.V
Respondent 10	Ministry of Information- South Central	_Abdurazak Ali Hassan- Director General	A.II, A.III, A.V
Respondent 11	Ministry of Planning	Mohamed A Mohamed - Director of Administration	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Ministry of Rural Development	Mohamed Dirie- Minister	A.I, A.II
Respondent 13	Ministry of Women Development	Sudi Mohamed- Director of Capacity Development	A.I
Respondent 14	Ministry of Youth and Sports	Khadija Mohamed - Acting Minister	A.I
Respondent 15	South Central AIDS Commission	Ahmed Jimale Executive Director	A.I, A.II, A.III, A.IV, A.V
Respondent 16	Puntland National Aids Commission	Abduraham Mohamed - Executive Director	A.I, A.II, A.III, A.IV
Respondent 17	Puntland National Aids Commission	Sharmake Ali- National M&E officer	A.III, A.IV, A.V
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNAIDS	Tekleab Kedamo- UNAIDS Acting Country Director	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]

Respondent 2	UNICEF / GFATM Principal Recepient	HIV/AIDS Program Coordinator	B.I, B.II, B.III, B.IV
Respondent 3	UNDP	Catriona Byrne- Program Specialist HIV/AIDS	B.I, B.II, B.III, B.IV
Respondent 4	WHO	Abdalla Ismail- Medical Officer HIV/AIDS	B.I, B.II, B.III, B.IV
Respondent 5	CISP	Mohidin Guure- HIV/AIDS program Officer	B.I, B.II
Respondent 6	COSV	Abdi Tare- Health Advisor	B.I, B.II, B.III
Respondent 7	World Vision	Rumbi Pairamanzi- M&E Coordinator	B.I, B.II, B.III, B.IV
Respondent 8	CCM Italy	Giampero Baldasari - Program Manager	B.IV
Respondent 9	International Federation of the Redcross(IFRC)	Fatuma Idriss - Senior HIV/AIDS / Health Officer	B.I, B.II, B.III, B.IV
Respondent 10	Food Agricultural Organization	Oyoo Andrew- HIV/AIDS focal point	B.I, B.II
Respondent 11	Somaliland HIV/AIDS Network (SAHAN)		B.I, B.II, B.III, B.IV
Respondent 12	Health Unlimited	Evelyne Makena- Global Fund Program Coordinator	B.I, B.II, B.III, B.IV
Respondent 13	PUPA		B.I
Respondent 14	HIWA	Alia Adan Abdi - Chairwoman	B.I, B.II, B.III, B.IV
Respondent 15	SOYVGA	Ahmed Mohamed Nur - Executive Director	B.I, B.II, B.III, B.IV
Respondent 16	GAAR	Hani Hassanm - deputy-chairperson	B.I, B.II, B.III, B.IV
Respondent 17	CED	Name Abdi Adan Omar - Director	B.I, B.II, B.III, B.IV
Respondent 18	COGWO	Amina Abdulkadir - Project Coordinator	B.I, B.II, B.III, B.IV
Respondent 19	SERRA	Abdalla Rashid Abdalla - Executive Director	B.I, B.II, B.III, B.IV
Respondent 20	SADO	Mohamed Abdi Hashi - program Manager	B.I, B.II, B.III, B.IV
Respondent 21	OSPAD	Abdinor Osman wehelie - Chairperson	B.I, B.II, B.III, B.IV
Respondent 22	DELIS	Mohamoud Omar Warsame - Reporter	B.I, B.II, B.III, B.IV
Respondent 23	BHDO	Mohamed Mohamud -	B.I, B.II, B.III, B.IV
Respondent 24	TALO- Assocaition of Persons Living with HIV	Sakaria Ahmed Hassan - Executive Director	B.I, B.II, B.III, B.IV
Respondent 25	SIHO	Mohamed Ahmed Mohamoud - Program manager	B.I, B.II, B.III, B.IV

15) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.

NAME OR RESPONDENT AGENCY/ORG POSITION Dr. Dahir Aden Omar Green Hope Executive Director Sakaria Ahmed Hassan FAYO Executive Officer Mohamoud Mohamed Hagi AAWDO Executive Director Mukhtar Osman Abdi SOHURA Executive Director Anab Warsame Arshe GAVO ---------- Evelyn Makena Mugambi Health UnlimitedProject Coordinator Mohamoud Ali Mussa

SCDO Admin/Finance Xalimo Muse Malied YEHO Chairlady Dr. Mohiddin A. Gure COSV Field Coordinator Mohamed Abdirahman JYN Chairman Mahad Omar AID Deputy Director Saud Abdilahi HAVOYOW Project Manager Anwar A. Warsame SAHAN Network Excutive Dierctor Farhia Farahmud SAMFAL Region Representative Mohamed Ahmed SONYO ---------- Sadag Mohamed PSA H.I.V Officer Ubax Siciid D. KWDON Head Officer Bahsan Hassan Mohamed BADBAADO UMBRELLA Chairperson Hoda Hessi ANPPCAN Executive Director Faysal Ahmed Doses of Hope FoundationProject Manager Hassan Harri CCS Coordinator Bashir Ali Aden TASS Project Manager Ibrahim Hussian Ali UNDP ---------- Abdiaziz M. Malid Biofit Aids OrganizationDirector Chiara Pieroti UNICEF- SOMALIA care Advisor Ahed Oaman Yousuf KAYDNET ---------- Mohamed Siyaad Faarah KSA Coordinator Yuusuf Cahi Yuusuf KYPA Chairperson

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16)

Part A, Section 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 (0)

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17) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:

2009-2013

18)

1.1 How long has the country had a multisectoral strategy?

Number of Years

5

19)

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

	Included in strategy	Earmarked budget
Health	Yes	No
Education	Yes	No
Labour		
Transportation		
Military/Police	Yes	No
Women	Yes	No

Young people	Yes	No
Other*	Yes	No

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20) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)
If "Other" sectors are included, please specify:

PLHIV Support

21)

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?

Somalia does not have a central government, and there are no sector plans. The activities in the response are projects financed by GFATM grants, with additional support for specific activities channeled through UN agencies and International NGOs. Additional resource allocation from charity and Somali authorities was reported in Somaliland.

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22)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	No
Cross-cutting issues	
k.HIV and poverty	
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

23)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

24)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2008

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25)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

Women, Youth, Commercial/ Transactional sex workers , Mobile populations (IDPs, Returnees, Refugees, Pastrolaslists) Cross Border Populations (Truckers, Informal business persons and commercial sex workers)

26)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

27)

1.7 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?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

28)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Moderate involvement (0)

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29)

IF NO or MODERATE involvement, briefly explain why this was the case:

Consultations for a Joint Program Review were conducted Jan-June 2008, in Hargeisa, Garowe, and in Nairobi. Somali authority representatives and civil society members from South Central Somalia participated reviews held in Hargeisa. However, due to security and other constraints, partners were not able to conduct consultations at district and community levels. While the process marks a significant progress from the past, there is need to explore and employ approaches to elicit feedback and increase the level of participation of Somali civil society, including PLHIV networks, most-at-risk populations, IDPs and refugees.

30)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

31)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, some partners (0)

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32)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)
IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

International assitance to Somalia is coordinated through the mechanism known as "Coordination of International Support to Somalia" (CISS). CISS is composed of three constituencies: bilateral development partners, multilaterial agencies, and NGOs. While there is an ongoing reform to enhance meaningful engagement of Somali authorities, present structures responsible for making key decisions related to the response do not have mechanisms for participation of Somali authorities and civil society. There is need to shift the dialogue and key decision making processes to regional (Zonal) levels, in line with recommendations for international engagement in fragile state situations.

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33)

Part A, Section I: STRATEGIC PLAN

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 (0)

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34)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES*, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	
d. Sector-wide approach	
e. Other: Recovery and Developmetn Framework; UN Transition Plan	Yes

35)

2.2 *IF YES*, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	No
HIV impact alleviation	Yes
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	No
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access toland, training)	No
Other: Please specify	

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36)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

No (0)

Page 17

37)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

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38)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	No
Condom provision	No
HIV testing and counselling	No
Sexually transmitted infection services	No
Antiretroviral treatment	No
Care and support	No
Other: Please specify	

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39)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

No (0)

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40)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

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41)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

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42)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

43)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

44)

Part A, Section I: STRATEGIC PLAN

7.3 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 (0)

45)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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46)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

47)

(b) IF YES, is coverage monitored by population groups?

No (0)

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48) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

No (0)

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49)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

No (0)

Page 30

50)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

6 (6)

51)

Since 2007, what have been key achievements in this area:

- Joint Needs Assessment conducted - Strategic Framework for 2009-2013 developed - Zonal diffrentiated operational plans developed - Resources mobilized from The Global Fund to support the implementation of the Strategic Framework. -

52)

What are remaining challenges in this area:

- Need to strengthen coordination mechanisms and partnerships, with increased civil society engagement; - Insufficient funding for some of the activities - Lack of a costed technical support plan, and structured capacity building strategy to enhance the role of national institutions - Contexual challenges such as cultural barriers and insecurity - Limited information sharing.

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53)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

54)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

No (0)

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55)

Part A, Section II: POLITICAL SUPPORT

Question 2 (continued)
IF NO, briefly explain why not and how AIDS programmes are being managed:

Somalia hs 3 NACs operating in the three zones. A Steering commiteee for Somali AIDS reponse (SCSAR) was formed in August 2009 with representation from Somali authorities from the three zones, civil society, and international organizations. The role of SCSAR is to oversee and coordinate, and provide strategic leadership to the response accross the three zones. Cuurently, the participation of Somali authorities in identifying the needs and priorities , in planning and decision-making, and in monitoring and evaluation of the response is very limited. The decision-making bodies at present are composed of international partners. Until the SCSAR becomes fully functional, the Health Sector Committee of CISS based in Nairobi Kenya remains the main coordinating body responsible for prioritization, allocation of resources, and monitoring the progress.

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56)

Part A, Section II: POLITICAL SUPPORT

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 (0)

Page 35

57)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

- The Somali response is implemented through working groups that have the composition of the civil society. - The private sector is involved in some of the programmatic interventions - Health workers capacity buiding targets all the health workers regardless of the sector - Integrated treatment and centres established through joint efforts by the goverment and the civil society - Capacity building of religious working groups

58)

Briefly describe the main challenges:

- Conflict and insecurity - Limited capacity of national institutions to effectively engage and regulate the role of the private sector, as a contributor in the AIDS response. - Stigma and discrimation -

Limited resources to commit to the response

59)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

0

60)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Facilitation	Yes

61)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

No (0)

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62)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

63)

Since 2007, what have been key achievements in this area:

- All the authorities in the three zones supported the formation of the SCSAR for the Somali response - Despite the conflict,there is political commitment to deliver HIV /AIDS interventions in the whole country, and addressing HIV above the political conflict - Line ministries supported to streamline HIV/AIDS relevant sectors

64)

What are remaining challenges in this area:

- Limited funds to deliver on various action plans - Poor collaboration and limited participation of a number of stakeholders

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65)

Part A, Section III: PREVENTION

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

Yes (0)

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66)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
g. Avoid commercial sex (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

67) In addition to the above mentioned, please specify <u>other</u> key messages explicitly promoted:

No other specific messages

68)

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

Yes (0)

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69)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

No (0)

70)

2.1 Is HIV education part of the curriculum in:

primary schools?	No
secondary schools?	No
teacher training?	No

71)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

No (0)

72)

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

No (0)

73)

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

No (0)

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74)

Part A, Section III: PREVENTION

Question 3 (continued)
IF NO, briefly explain:

There is no uniform policy strategy covering the whole country. In South Central there are small scale strategies for HIV Education among the youth and vlnerable groups. HIV education in the country is provided through the GFATM project sub-recipients and INGOs. Apart from programamtic reponse, there is no specific policies targeting education at the national level. However, the strategic plan for the Somali response has identied HIV education as one of the key componets of preveention in thwe Somali HIV response.

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75)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

7 (7)

76)

Since 2007, what have been key achievements in this area:

- Policy reviews targeting prevention efforts have been done in all the three zones - Political leaders such as MPs have been sensitized - The GFATM project prevention component has been operationalised

77)

What are remaining challenges in this area:

- Lack of grass root level civil society commitment to prevention efforts - Limited exposure of political leadership to HIV programs - Poor collaboration among stakeholders - Stigma and discrimation

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78)

Part A, III. PREVENTION

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

Yes (0)

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79)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

Joint program review was conducted in 2008, informed by analysis of data from bio and behavioral surveillance, 2004-2007, and hotspot mapping conducted in strategic risk settings in the three regions, focusing on priority sub-populations. Knowledge attitude practices surveys have been conducted at zonal and regional levels by various agencies. Somali authorities and representatives of civil society, UN, and development partners participated in the review that determined the needs.

80)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Don't agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	N/A
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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81)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

82)

Since 2007, what have been key achievements in this area:

- General awareness of HIV and AIDS at various levels improved - Training of community and religious leaders has been done - HIV counselling and testing has not been expanded to new areas - PMTCT has been absent for the better part of the reporting period

83)

What are remaining challenges in this area:

- The response had focused on the general population, and there is need to prioritize specific sub-populations that are most-at-risk of HIV in the Somali context - There is need to develop effective strategies for advoacy and social mobilization to create a supporting environment for prevention interventions; - Need to invest in civil society engagement to address social and cultural barriers to prevention interventions, particularly among most-at-risk populations. - Capacity of the community level educators is still low - Vulnerable populations are not fully targeted - Insecurity in South Central - Negative attitude towards condom use

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84)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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85)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

86)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

87)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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88)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

- Data was analyzed using tools for HIV Estimations and projections, and reviewed in stakeholder consultative forum. It is noted that limited data is available in Somalia, however, consensus was reached among partners to use existing data to determine needs.

89)

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

	The majority of people in need have access

HIV treatment, care and support service	
Antiretroviral therapy	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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90)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

91)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

No (0)

Page 53

92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

3 (3)

93)

Since 2007, what have been key achievements in this area:

- There substantial increase in ART uptake since 2007 - A substantial number are on pre- ART -

Structures have been established and systems for provision of treatment - A significant number of STI cases have been seen in treatment centers

94)

What are remaining challenges in this area:

- The scale of treatment remains very low - Limited access to VCT /ART centers - Insufficient ART/ OI drug supplies with regular stock outs - Poor facility infrastrucure and equipment -Stigma and discrimination limiting treatment seeking - Limited commitment to up scale treatment among key stakeholders

Page 54

95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

N/A (0)

Page 57

96)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

In progress (0)

Page 64

97)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

98)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

A M&E Systems Strengthening Workshop was conducted to review the the existing M&E Plan, and assess capacity to collect and manage data at various levels, and also reviewed data recording and reporting instruments at service delivery points. A number of challenges were identified, and recommendations were made on strategies to address key priority challenges, which have been incorporated into the new Monitoring and Evaluation Framework for Somali AIDS Response (2009-2013). Operational Plan for implementation of the framework is in progress.

99)

5. Is there a functional national M&E Unit?

In progress (0)

Page 69

100)

What are the major challenges?

- Lack of investment to support multisectoral M&E System, - Limited human resource capacity at zonal, regional, district and health facility level to support establishment of a functioning M&E systems and its use. - M&E system often viewed as a project requirement (e.g. GFATM), tied to allocation of resources, than a tool supporting programmatic decisions.

Page 70

101)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

102)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

103) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

The M&E Reference Group is composed of UN agencies, the international NGOs, National NGOs and Associations for PLHIV, and Somali authorities in the three zones.

104)

7. Is there a central national database with HIV- related data?

No (0)

Page 73

105)

7.3 Is there a functional* Health Information System?

At national level	No
At subnational level	No

Page 74

106)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

107)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

2 (2)

108)

Provide a specific example:

-Existing M&E data has been used inprojection of needs and prioritization of the focus of the response in strategy development. - M&E data has been used to identify key populations of programmatic focus and program development in response to their needs

109)

What are the main challenges, if any?

- The capacity to deliver strategic infromation for decison making is limited - Due to insecurity some regions are not included in some studies hence leaving out regional representation - M&E has not been prioritized at all levels and collective efforts and commitment are lacking

Page 75

110) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

1 (1)

111)

Provide a specific example:

Resource allocation is based on key components of the response informed by the patterns and status of the epidemic informed by existing M&E population level data. Due to lack of detail on specific areas , the data is not exclusively used for determining resource allocations

112)

What are the main challenges, if any?

- The current M&E system and existing data has not been able to fully identify the drivers of the epidemic and thus prioritization of key sub-populations hs not been informed as well as resource allocation

Page 76

113)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

1 (1)

114)

Provide a specific example:

Routine monitoring for program improvement is minimal. However, GFATM project has been able to use M&E data for program improvement and for review on progress.

115)

What are the main challenges, if any?

- Support for routine monitoring in terms of resources and technical back stopping is very limited - With exception of GFATM progrma monitoring, the NACs have not been able to use any program data for improvement

Page 77

116) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

No (0)

Page 78

117)

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

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

Page 80

118)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

119) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
IF YES, describe what types of activities:

-The GFATM PR allocated funds for mentorship of sub-national and regional M&E staff which was done through the implementation of the GFATM -UNAIDS engaged the national AIDS commissions in hotspot mapping by training national and regional M&E officers to participate in the exercise.

Page 82

120) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

5 (5)

121)

Since 2007, what have been key achievements in this area:

- M&E framework has been development and currently in the process of endorsement - Rudimentraty zonal level M&E units have been developed and zonal and regional M&E officers have ben mentored - IN 2008 national and regional M&E offices were trained in CRIS - A reporting format has been developed but for GFATM reporting requirements

122)

What are remaining challenges in this area:

-Limited M&E technical capacity at all levels - Lack of ownership and prioritization of M&E - Parallel reporting system - Reduced focus on population based studies for impact level measurement -Political differences with zonal level M&E systems - Limited routine monitoring and supervision - Lack of a national database for capturing national level program and facility based data

Page 83

123)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV

against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

No (0)

Page 84

124)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 86

125)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 88

126) **Part B, Section I. HUMAN RIGHTS**

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

No (0)

Page 89

127)

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

No (0)

Page 90

128)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

No (0)

Page 91

129)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	No
b. Antiretroviral treatment	No
c. HIV-related care and support interventions	No

Page 92

130)

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

No (0)

Page 93

131)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

No (0)

Page 95

132)

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

No (0)

133)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

No (0)

Page 97

134)

– 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 (0)

135)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

136)

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

No (0)

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137)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

138)

– Legal aid systems for HIV casework

No (0)

139)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

140)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

141)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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142)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: please specify	

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143)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

3 (3)

144)

Since 2007, what have been key achievements in this area:

•Introduction in parliament a Nation HIV/AIDS (2009) policy which is yet to be ratified •Introduction to parliament a legal framework article (2009) still undet review - Efforts made through greater involvement of persons living with HIV (GIPA) engage of PLHIV in legistative processes in the three zones.

145)

What are remaining challenges in this area:

No laws, regulations addressing key human rights issues in the country response.

Page 102

146)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and

regulations in 2009?

2 (2)

147)

Since 2007, what have been key achievements in this area:

There are no relevant policies to be reinforced

148)

What are remaining challenges in this area:

To have a national policy on HIV/AIDS and legislations addressing legal and human rights aspects of the response.

Page 103

149)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

3 (3)

150)

Comments and examples:

•The civil society are the main implementers accounting for most of the program delivery, hence directly generated program monitoring data for decision making. The civil society groups hold consultations are part of the existing coordination mechanism and play an important role in various technical working groups. •The civil society advocacates and lobby for political commitment They tirelessly push for formulation of national policy under collective responsibility, their effoerts have borne fruits through the development of HIV/AIDS policy for Somaliland and Puntland is in the process. •The civil society has been instrumental in development of the strategic plans through participation and provision of technical support and particualry provide community perspectives to the strategic plan

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151)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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 (2)

152)

Comments and examples:

•There was no national budget for this work. Activities for National strategic plan are funded by external organizations. •There is need to intensify civil society involvement and Somalis by extension

Page 105

153)

a. the national AIDS strategy?

4 (4)

154)

b. the national AIDS budget?

4 (4)

155)

c. national AIDS reports?

4 (4)

156)

Comments and examples:

Civil society organizations are GFATM sub-receipients in a number of areas. civil society organizarions are directly reponsible for direct program delivery and have received funding for these activities. The work of the civil society has been documented in periodic CRIS Updates and program reviews.

Page 106

157)

a. developing the national M&E plan?

3 (3)

158)

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

4 (4)

159)

c. M&E efforts at local level?

2 (2)

160)

Comments and examples:

Civil society representatives form an important component of the M&E technical working group.

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161) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

3 (3)

162)

Comments and examples:

•The current strategic framework is targeting the most-at-risk groups including PLWHA, sex workers etc. Religious leaders have been trained and mobilized for AIDS response in Somalia. There also several civil society HIV/AIDS networks for prevention like SAHAN , TALAWADAAG and TALO, who umbrella representation at all levels including PLHIV. • •Religious leaders, PLHIV members, women organizations and other local organizations participate in HIV/AIDS response efforts. •Religious leaders council are ready to express their views on HIV/AIDS during Friday prayers

Page 108

163)

a. adequate financial support to implement its HIV activities?

1 (1)

164)

b. adequate technical support to implement its HIV activities?

1 (1)

165)

Comments and examples:

•M&E is a priority of the GFATM fund for Somalia but the allocated budget is not suffiecient to address existing gaps in the country -M&E capacity building has been done on a low scale through trainings, mentoship and supportive supervision. However, the existing M&E manpower is not able to absorb some technical areas of M&E , which warrants more holistic capacity buidling through long term institutional training or close mentorship •Insecurity in the country has limited the technical support especially in South Central •There is need for increasing financial and technical support to the civil society, constant capacity building and M&E activities and surveillance systems.

Page 109

166) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	
- Men who have sex with men	
- Sexworkers	>75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	>75%
Programmes for OVC**	51-75%

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167)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

3 (3)

168)

Since 2007, what have been key achievements in this area:

-Civil society organizations continued to be reeresneted in the health sector committee which part of the country coordination mechanism - Civil society organizations form an integral part of key implementation working groups and M&E - The SCSAR has been formed with primary responsibility of increasig civil society representation in HIV response. •Increased advocacy, networking and training of civil society •Associations for PLHIF ws formed •Campaigns against stigma and discrimination have been launched •Community capacity building was conducted for example the civil society organizations under the global fund and capacity building support from Oxfarm Novib have implemented different program related to HIV/AIDS prevention and stigma reduction through media, youth education, school outreach program targeting students from different schools in the area and specific prevention mechanisms for most-at-risk groups through drama and on stage performances.

169)

What are remaining challenges in this area:

•Awareness is still low among most-at-risk groups and PLWHA especially in remote areas •Low involvement of most-at-risk groups in HIV/AIDS campaigns. •Low capacity of the civil society organization •Inadequate resources especially funds •Stigma and discrimination is still high •Political unrest in the country • Involvement of marginalized groups is still very low

Page 111

170)

Part B, Section III: PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes (0)

Page 112

171)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

The needs were determined through a Joint Program Review, conducted in 2008, through a series of consultative meetings involving representatives from civil society, Somali authorities, and bilaterial and multilateral partners.

172)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Don't agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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173)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

174)

Since 2007, what have been key achievements in this area:

•Increased awareness on HIV/AIDS through IEC and outreach campaigns and mass media . The number of people counselled and tested has been increasingf steading over ther last three years •PLHIV have been able to declare their status in public

175)

What are remaining challenges in this area:

•Scaling up the prevention services to most-at-risk populations and increasing number of service centers eg VCT with the aim of bringing services closer to people. •PMTCT services are very low and in many parts lacking •Religio-cultural barriers have an impact of some preventive methods such as condom promotion and use •Bringing on board PLWHA, OVCs, most-at-risk and marginalized groups. •Insecurity of implementing organizations •Lack of collaborative efforts among the implementing organizations •Mistrust of implementing organizations by the local people Stigma and discrimination is still very high

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176)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

177)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

The needs were determined through a Joint Program Review, conducted in 2008, through a series of consultative meetings involving representatives from civil society, Somali authorities, and bilaterial and multilateral partners.

178)

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

HIV treatment, care and support service	The majority of people in need have access

Antiretroviral therapy	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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179)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

4 (4)

180)

Since 2007, what have been key achievements in this area:

- The country has continued following commitment on universal access on treatment - ART coverage has improved twice - TB/HIV coinfctions has received significant attention from case detection to treatment - Home based care kits have been provided to PLHIV including nutritional support from WFP

181)

What are remaining challenges in this area:

•Pediatric AIDS services are lacking - PMTCT services wwere not provided at an site in 2009 •Management of co-infections and referral system (eg for TB-HIV, STI-HIV) is lacking • Stigma and discrimation is still a big challenge to HIV testing and disclosure •Lack of technical support to integrated prevention and treatment centers in insecure areas .

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182)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)