



***Reducing HIV infections and HIV related mortality among Somalis
SOM-H-UNICEF JANUARY 2021 – DECEMBER 2023***

QUARTERLY PROGRESS NARRATIVE REPORT

QUARTER FOUR 2023 Narrative Report and Annexes are being submitted to UNICEF, the Principal Recipient, as part of the Quarterly Sub-Recipient Progress Report for the New HIV Global Fund Grant for Somalia.

Name of sub-recipient organization

*Integrated Services for Displaced Population
(ISDP)*

Organization's Representative Name

*Mohamed Mohamoud Abdi
(HIV Project Coordinator)*

Date submitted

20th -December-2023

Quarter Three

*October, November, December
2023*

Regions

Bari, Karkaar, Nugaal, Mudug

Districts

Bossaso, Gardo, Garowe, Galkio

1. INTRODUCTION

The GF grant proposal for 2021 – 2023 continues with prevention and testing uptake focus on people most at risk for HIV while also targeting vulnerable persons (uniformed personnel, IDPs, prisoners, young people and emerging vulnerable populations) and ensuring retention in care for PLHIV. Outreach has been found to be the most effective modality to reach these populations as they are often hidden or may not have consistent health seeking behaviour.

While the programme started under the current grant as a peer education programme, it was found during a self-assessment in January 2020 that the peers were often not peers, with the exception of the PLHIV PE. Implementation under the new grant will start with a revised training manual and training for Outreach Workers (no longer peers for vulnerable populations) to reach populations most at risk for HIV and Case Workers (still PLHIV) to reach PLHIV and their families.

Incentives have been increased with the expectation that literate, educated persons will be selected for this work and that the quality of the work, referrals, and reporting will increase. Community Conversations, an outreach discussion modality, will be used to reach vulnerable populations uniformed personnel, IDPs, prisoners, young people and emerging vulnerable populations. Community Conversation will follow a prescribed module depending on the target population. At the same time, reaching PLHIV with peers is proven to be an effective means of retaining PLHIV in treatment. The project will place PLHIV as case managers at ART facilities, and Mother Peers, women living with HIV who have gone through PMTCT to link women testing HIV positive in pregnancy to ART services and women of reproductive age to HIV testing.

To reinforce clinical support to PLHIV, the project will run a PLHIV Network which will run support groups through the case managers. Support groups will initially be held after hours at the ART centres, subject to acceptability of PLHIV and health staff. The Network will provide cash transfers for nutritional support, provide referrals, and liaise with the AIDS Commissions to provide further legal, redress and other support. The project will work with client groups to code sign a drop-in centre at the applicant NGO's office with different days expected to be allocated to different population groups. The drop in centres will also be able to be used for broader health and social development programs where appropriate.

Quarter Four started from October, November, December 2023 of the third year 2023 Started from that we covered in all activities to be implemented during quarter two of this HIV Prevention and case management programme in all detailed activities for the following, to increase awareness, impart knowledge and encourage behaviour change among members of that same group. We defined peer education interventions as the sharing of HIV/AIDS information in small groups or one-to-one by a peer matched, either demographically or through risk behavior, to the target population. Ensure adequate collaboration and prevent the duplication of activities while leveraging on each other to enhance coverage.

ISDP will work closely with MoH and health facilities & PAC staff in building their capacity to be able to provide quality services at the same time leverage on the human resource to offer services and monitor the project progress. ISDP will actively engage the partners & community members to enhance their participation and involvement in project activities for sustainability and ownership.

Third year 2023 | Annual Advocacy Forum for PLHIV Leaders and CWS in

Puntland-Somalia PLHIV Annual Forum is a meeting/platform to facilitate networking opportunities for PLHIV leaders (from Puntland), the leaders came together to discuss about building relationships among themselves and share knowledge/experiences and the roles they have within their society. With consideration given to, devoting more time to improving networking and discussion among themselves on key issues affecting their lives. It is built upon a broader foundation that includes improving and maintaining the dignity of the individual living with HIV; supports and enhances the individual's physical, mental, emotional and sexual health; and, which, in turn, among other benefits, creates an enabling environment that will reduce the likelihood of stigma and discrimination and other violations against the PLHIV community. It encompasses the full range of health, economic and social justice issues for people living with HIV, and espouses the fundamental principles that responsibility for HIV prevention should be shared and that policies and programmes for people living with HIV should be designed and implemented with the meaningful involvement of people living with HIV (GIPA Principles). HIV-related stigma and discrimination are more increasingly recognised as a huge barrier to combating AIDS in sub-Saharan Africa and elsewhere. Stigma and discrimination are a health and human rights issue.

They pose obstacles to achieving universal access to prevention, treatment, care and support. Stigma and discrimination are associated with lower uptake of preventive services, testing and counselling; reduced and delayed disclosure of HIV sero-status; and postponing or rejecting care, seeking healthcare services outside one's community for fear of breach of confidentiality.

International civil society and organisations such as the International Community of Women Living with HIV and AIDS (ICW), the International Planned Parenthood Federation (IPPF) and the Joint United Nations Programme on HIV/AIDS (UNICEF) have spearheaded global initiatives to measure stigma and discrimination. They support countries through means such as advocacy, strategic planning, capacity building, and resource mobilisation to address stigma and discrimination faced by people living with HIV (PLHIV).

The Greater Involvement of People Living with HIV/AIDS (GIPA) is a principle that was first advocated in 1983 by PLHIV in Denver, formalised at the 1994 Paris AIDS summit and endorsed in 2001 by the United Nations General Assembly. GIPA aims to realise the rights and responsibilities of people living with HIV and enhance the quality and effectiveness of the AIDS response. The rationale is that through the involvement of individuals and communities vulnerable to, and living with HIV, will improve the relevance,

Acceptability and effectiveness of programmes. Hence the PLHIV annual Forum was designed and meant to empower PLHIV in Puntland to organize them and decide their own leadership once for all. The forum was part of the new grant 2021–2023 for Somalia to empower PLHIV and review the enabling environment for PLHIV by supporting themselves in deciding their own leadership and taking point in all issues affecting the lives of those living with, affected by and most vulnerable to HIV in Puntland. This is a final training report of three days training for

PLHIV leaders from four districts of Puntland (North East Zone of Somalia) held at Rayan Park Hotel, Conference Hall in Garowe, Puntland on 25th to 26th, November 2022. The training was co-organized by ISDP and Puntland AIDS Commission in close cooperation of the KVP & PLHIV Technical Advisor for Somalia as one of the activities for the HIV/AIDS mitigation/reduction project aimed at

key vulnerable populations and PLHIV funded by UNICEF (Global Fund) and implemented by ISDP. The participants were all members of the PLHIV community in Puntland and members of Daryeel Network for PLHIV in Puntland, as well as case managers and outreach workers implementing the Prevention and Care Programme. The forum was facilitated by KVP & PLHIV Technical Advisor for Somalia as the lead facilitator.

HIV Related Stigma in Somali context People living with HIV or AIDS (PLHIV) in Puntland, Somalia experience considerable stigma and discrimination. From an extensive desk review and interviews carried out with HIV stakeholders (including with PLHIV and their Networks) by UNDP, evidently showed that these marginalized groups face major stigma and discrimination, which affect their human rights on a daily basis. Globally, it is widely accepted that a protective legal and regulatory framework can help reduce stigma and discrimination associated with HIV, in order to promote effective national responses to HIV and AIDS. Punitive laws and practices deter those most at risk of HIV from seeking the essential HIV services they need. In Puntland, and other parts of Somalia, the level of stigma is documented to be very high, and likely to prevent people living with HIV from coming out openly to seek health services.

According to the MICS4 of 2011 in Somalia, only about 1 in 10 people expressed accepting attitude towards people living with HIV when asked a series of four questions on attitude towards people living with HIV. According to the PLHIV Stigma Index 2020, Stigma and discrimination, in Puntland, like in other settings, manifests itself in various forms at the individual, family and community levels. Many tags were used to describe HIV in a manner that is stigmatizing. Some of the tags included: the lion; the killer; Tiger; thinning disease; the bad one; the three word disease. According to the general population, these names were chosen because the HIV/ AIDS disease is the worst of all diseases and once you are infected, the ultimate end is death. PLHIV face stigma at different levels including: Self-Stigma among PLHIVs: Many PLHIVs in Puntland suffer denial, not accepting their status and at individual level, many PLHIVs declined to disclose their status even to the closest family members, friends and relatives. The PLHIV discussants in the PLHIV Stigma Index Survey 2017 indicated that they felt ashamed of themselves due to community perceptions about HIV and as a result, many of them kept off public/ social events. For fear of making their HIV status public, some senior government officers resorted to using anonymous sources to receive their medications while others opted to seek ART services from neighbouring countries. This was according to findings from the FGDs. Locally; PLHIVs opted to seek services from distant ART Centers in order to avoid close relatives and friends.

At the ART Centers, some PLHIVs registered with names different from their real names, so that they are not identified by those known to them. When visiting the ART Centers for services, the PLHIVs used face masks, so that they are not noticed by those who knew them. At the family level: PLHIVs were disowned by family members including parents, siblings and children.

Cases of divorce and separation were rampant not only among discordant couples but even among concordant couples, especially where blames were shifted to one of the spouses. From the survey, 42.7% of the PLHIVs had at least once been abandoned by their spouses and 56.0% isolated in their household. About 47.5 % of the PLHIVs had been once or more times abandoned by family or sent away from the village.

Workplace related stigma and discrimination: according to the survey Focus Group discussions, both in the general population and PLHIVs, there were cases **of HIV stigma related job losses, both in the private and public sectors**, including in some of the key government institutions.

PLHIVs seeking employment were denied opportunities while PLHIVs in employment lost their jobs as a result of their HIV positive status. At community level: the majority of Somali communities kept their children off PLHIVs and did not allow them to play with children from PLHIV households. In schools, parents withdrew their children from schools where the children interacted with children from PLHIV households. According to some 51.5% of surveyed PLHIVs, Some parents did not think it is safe to have their children play with HIV positive children in school. As in the case of rental houses in which the PLHIVs were denied opportunity to rent,

Stigma and discrimination at the **health service delivery point**: HIV stigma and discrimination at the health service delivery points was identified as an issue, through the FGDs with the PLHIVs and through interviews with Key informants.

It also emerged from the KIIs with the health service providers and health planners. Persons who tested positive for HIV were discriminated and were either provided with sub optimal quality health services or in certain instances denied health services. Most cited cases revolved around delivery assistance for PLHIVs and surgical procedures. As a mandatory requirement, clients were subjected to HIV tests prior to surgical procedures. According to both the PLHIV discussants and interviews with other Officials, majority of private healthcare providers did not perform the surgical procedures when the clients tested positive. Some service providers failed to disclose HIV status to the clients once tested positive and did not provide the necessary referrals for comprehensive care and support services. The public sector was not spared, and pregnant women did not receive quality services when they tested positive for HIV. From the survey, 37.6 % of the PLHIVs had been given poor quality health services, at least once, as a result of their HIV status, while 36.4 % had at least once been delayed to receive healthcare services or received inferior care.

According to the PLHIVs, the health providers did not maintain confidentiality of client information. In some instances, patients in inpatient facilities (wards) vacated the facilities after they received information that one or some of the clients sharing the facilities was HIV positive. Fear of confidentiality loss was one reason the communities did not seek HCT services from HCT center in their neighborhoods. Globally, it is widely accepted that a protective legal and regulatory framework can help reduce stigma and discrimination associated with HIV, in order to promote effective national responses to HIV and AIDS.

Punitive laws and practices deter those most at risk of HIV from seeking the essential HIV services they need.

3. Objectives of the Forum and Training PLHIV are excluded from issues pertaining to decision making processes of HIV response, improving the lives of PLHIV in general and soliciting all forms of support for themselves. Therefore, People living with HIV need to connect and improve the relationship they have among themselves, with their communities, Government and donors. Hence the main objective of holding PLHIV Annual Forum was to enhance their internal and external relationships, improve their decision making processes and discuss issues regarding their networks and their future as individuals and community. Network specific issues to discuss included but not limited to: a. Determine the members' vision of the network moving forward, b. Identify potential leaders from the network to be capacitated, c. Determine the network leadership and Board of Directors

Peer Educators in Puntland consist 31 people both female and male which is working

In all 4 regions Bossaso, Gardo, Garowe, Galkaio in Puntland Somalia outreach workers and case management had different work duties such as Outreach workers and case management, PLHIV Peer ART, Mother mentor with specific targeting and indication the key vulnerable populations and most at risk population monthly summary report.

Specific targeted of HIV/AIDS awareness by the Key populations are defined groups who, due to specific higher-risk behaviours, are at increased risk of HIV irrespective of the epidemic type or local context. Also, they often have legal and social issues related to their behaviours that increase their vulnerability to HIV. Increased risk behaviours and lack of HIV services in these settings. The key populations are important to the dynamics of HIV transmission. They also are essential partners in an effective response to the epidemic,

ORW/CMW promoting referral uptake of HIV/AIDS test and Health equity for key populations can be best addressed by differentiating prevention, testing, care, and treatment services referring to the VCT centre and integrating services (including mental health, STI, family planning, TB, and other services) to ensure that barriers to service access are addressed. which provided HIV prevention and care programme to key vulnerable population and PLHIV in Puntland and delivery mechanism of these services including referral mechanism to other service providers outreach workers and case managers needed to help client prevent HIV infection and support clients to test for HIV and supporting people living with HIV/AIDS mitigation and reduction project aimed at key vulnerable populations and PLHIV funded by UNICEF (Global Fund) and implementing ISDP. Peer educators effectively working with different in all 4 regions in Puntland such as Bossaso, Gardo, Garowe, Galkaio,

ORW/CMW which was provided data tools individual contact report designed of specific activity to provide information about the form 10 to be filled through individual contact according to the personal status of giving HIV awareness information's, GF HIV Prevention and care program of the new grant of 2021 up to 2023, ORW/CMW through using data tool report which they collect information and providing ICE/BCC Materials as per individual contact both male and female specially targeting the key vulnerable population which is most at risk in population in the society,

QUARTERLY INDIVIDUAL DATA TOOL SUMMARY REPORT 2023									
LOCATION	BOSSASO		GARDO		GAROWE		GALKAIO		TOTAL
GENDER	F	M	F	M	F	M	F	M	
OCT,2023	104	103	68	34	67	64	96	99	635
NOV,2023	110	117	58	61	119	76	91	90	722
DEC,2023	47	49	17	18	33	16	47	6	233
TOTAL REACHED	261	269	143	113	219	156	234	195	1,590

Activity 1.1.1 PLHIV Support Groups Monthly Meeting in each regions Monthly PLHIV Support Groups occurs in all 4 regions at same time with same selected topic discussion, a support group is any group of people of living with HIV/AIDS whose purpose is to support one another in dealing with an issue an informal gathering at The participants can be from a specific part of the HIV community and other related working group teams, Some support groups are informal and led by the members themselves, while others are more formal and led by a trained facilitator. Some are general and provide opportunities for people to talk about anything on their minds, while others have a topic on which they focus, such as HIV medications or how to deal with substance abuse issues. It is important to ensure that your support group provides a space that is safe, confidential, and welcoming and creates of non-judgmental atmosphere where PLHIV participants, both old and new, feel comfortable sharing their feelings.

It can help to explain what confidentiality means to all members so that all participants have the same understanding and expectations for privacy. This is especially important for people living with HIV, since disclosing one's status can have negative effects and is often an emotionally challenging thing for people to do. In fact, one of the roles of a support group is to provide a safe space in which people can talk about living with HIV without having to be concerned about possible negative consequences. Sharing experiences allows members to give each other support, and to exchange practical information and ways of coping. It also allows participants to understand themselves better through the insights of others.

If a group is closed to keep it more confidential, then the name and contact information of the organizer and/or facilitator can be made available to local organizations for referrals. You may also want to talk to area case managers, attend local meetings, and keep in contact with other organizations in your area that serve women living with HIV.

Such groups serve the purpose of sharing experiences, encouraging disclosure, reducing stigma and discrimination, improving self-esteem, enhancing patients' coping skills and psychosocial functioning and supporting medication adherence and improved retention in HIV care. These benefits can be maximized further if the support groups are formed around specific populations such as men who have sex with men, pregnant women, adolescents, or couples in discordant relationships. Support groups are also considered an intervention in the management of mental health issues, including alcohol and other substance abuse disorders. Support groups are generally initiated and supported by non-governmental organizations (NGOs), civil society or community-based organizations and may convene in a health facility or in the community.

As the group grows, the different personalities of participants and facilitator may cause some tension or division. As the group organizer, it will be important to deal with issues as they arise. Try to stick to the rules and consequences the group created. There may be times when the group process becomes difficult, and you want to quit. If that happens, try to reconnect with the reason you started the group and work out the difficulties so the group can continue. This may mean passing the organization or 'ownership' of the group to someone else. Since being part of a support group is intended to help you live more healthfully with HIV, it is fine to leave a group if it no longer serves its purpose for you. If you are the group's leader or organizer, it is

also okay to rotate out of your role and become a regular member of the group.

PLHIV SUPPORT GROUP MONTHLY MEETING IN ALL 4 REGIONS PUNTLAND-SOMALIA				
Regions	Oct,2023	Nov,2023	Dec,2023	Total
1-Bossaso	20	20	15	55
2-Gardo	15	10	15	40
3-Garowe	15	20	20	55
4-Galkaio	20	20	15	55
TOTAL REACHED	70	70	65	205

PLHIV SUPPORT GROUP MONTHLY MEETING IN 4 REGIONS IN PUNTLAND			
MONTHLY	# Female	# Male	TOTAL
BOSSASO,BARI REGION	37	18	55
GARDO,KARKAAR REGION	27	13	40
GAROWE,NUGAAL REGION	47	8	55
GALKAIO,MUDUG REGION	44	11	55
TOTAL REACHED	155	50	205

Activity1.1.2.Quarterly Community Conversation Enhancement CCE

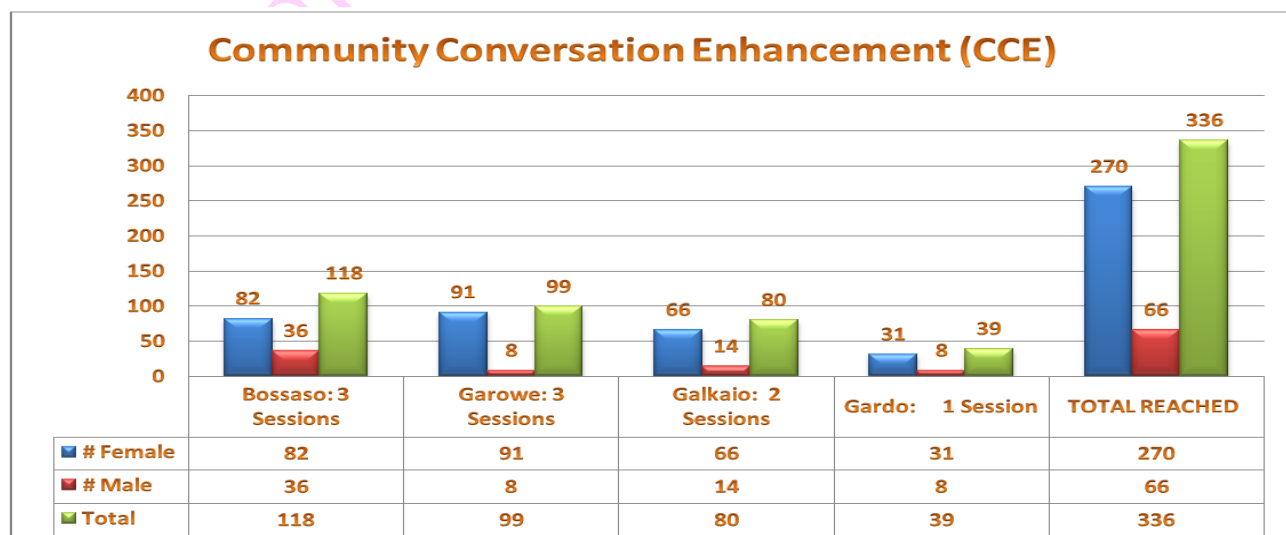
SESSIONS: Participants were invited to reflect on how they were responding to the challenges of HIV, both as individuals and in community groups, and to think of ways to better support openness about HIV, kindness towards people living with HIV and greater community uptake of HIV prevention and treatment. Community conversations enhancement session contributed to local HIV competence through enabling participants to brainstorm concrete for responding of HIV/AIDs, providing CCE sessions to develop a sense of common purpose in relation to implementing, encouraging and challenging participants to overcome fear, denial and passivity, providing university students an opportunity for participants to move from seeing themselves as passive recipients of information to active problem solvers, and reducing silence and stigma surrounding HIV.

In each Quarter targeted with different groups such as Background There is inadequate information on the burden of HIV infection, and on the prevalence of the risk factors for HIV transmission among University students in Puntland-Somalia. HIV/AIDs knowledge does not provide information on institutional populations such as University students. CCE Sessions of HIV/AIDs awareness requires interventions to address the risk factors that expose them to HIV education in their unique settings. The overall objective of the community conversation enhancement sessions was to determine the prevalence of HIV and related risk factors among University students in Puntland. During CCE session provides information that will guide universities and their partners in mainstreaming HIV/AIDs prevention and control. During CCE Sessions increases the level of understanding about HIV/AIDs Knowledge, attitudes and perceptions related to

HIV/AIDS among students: As expected, overall awareness about the existence of HIV/AIDS is high among students

Community Conversation Enhancement 9 CCE Sessions in Puntland				
Target Group: Universities Students Institutions Colleges in Puntland-Somalia				
3 CCE SESSIONS BOSSASO, BARI REGION				
Implemented Date	Location: Bossaso	# Female	# Male	TOTAL
5th-Nov-2023	1-Bossaso University	17	23	40
6th-Nov-2023	2-Bossaso University	36	4	40
7th-Nov-2023	3-Sahan College	29	9	38
		82	36	118
3 CCE SESSIONS GAROWE, NUGAAL REGION				
Implemented Date	Location: Garowe	# Female	# Male	TOTAL
4th-Nov-2023	1-Frontier University Garowe	44	0	44
5th-Nov-2023	2-Frontier University Garowe	24	2	26
6th-Nov-2023	3-Haji Abdi Health Science College	23	6	29
		91	8	99
2 CCE SESSIONS GALKAIO, MUDUG REGION				
Implemented Date	Location: Galkaio	# Female	# Male	TOTAL
8th-Nov-2023	1- Global University	38	2	40
9th-Nov-2023	2- Redsea University	28	12	40
		66	14	80
1 CCE SESSIONS GARDO, KARKAAR REGION				
Implemented Date	Location: Gardo	# Female	# Male	TOTAL
4th-Nov-2023	1- Gutale Institute Of Medical Science	31	8	39
		31	8	39

COMMUNITY CONVERSATION ENHANCEMENT (CCE)			
9 CCE SESSIONS REACHED PER REGION	# Female	# Male	Total
Bossaso: 3 Sessions	82	36	118
Garowe: 3 Sessions	91	8	99
Galkaio: 2 Sessions	66	14	80
Gardo: 1 Session	31	8	39
TOTAL REACHED	270	66	336



Activity 1.1.4. Drop in Centre service provided both KVP/PLHIV: Drop in centre officially operating service delivery mostly with KVP population where by PLHIV clients coming in the drop in centre located in Bossaso, Bari Region which easily access to seek services provided with the different community sectors such as KVP, PLHV, Drop in centre people adopted with different community sectors specially PLHIV clients and other key vulnerable people such as youth well in the society to visit such places to receive guidance and counselling of people living with HIV/AIDS and most at risk populations MARPS and key vulnerable population in the community,

Drop in centre people are getting used move of getting adopted to come in order to receive guidance and counselling services in every each time coming in drop in centre to find service provided those who fear to go VCT and seeking for HTC will be simply and coordinate both VCT and Drop in centre activities.

The DIC has to be a place within the project area where KVP and PLHIV can easily access and seek services as per their specific needs. It should be a place where the clients feel secure from potentially threatening persons such as the police, religious fanatics etc. (ideally it should also have a clinic in the same premises where services, especially STI treatment, could be provided). This place needs to be easily accessible with all the necessary facilities to conduct project activities in a non-threatening, clean and friendly environment, Mainly prevention information sessions and HIV testing for KVP, and adherence and other psycho-social support for PLHIV, and appropriate referrals for both group. The DIC is a unique facility that provides key messages in the prevention of HIV and other STIs and needs to have strong and meaningful linkages with other service providers including HCT, legal aid, police department, educational/vocational institutes, ration card providers, etc. A good DIC should be able to cater to the felt needs of KVP and PLHIV by providing the required information and services directly or by referring them to other services. It is important to maintain confidentiality and train the staff to be sensitive to the clients. for the facilitation of HIV Prevention and care management of targeting with KVP and PLHIV can easily access and seek services as per their specific needs, but mostly visited clients are Key vulnerable Population and other most at risk population such as Vulnerable women and vulnerable men,

Drop in centre is a place where the clients feel secure from potentially threatening person such as the Police, etc and ideally it should be also have premises where services specially STI treatment, could be provided and its accessible with all the necessary facilities conducting project activities a anon threatening place, drop in centre friendly environment,

KVP group provided Counselling service provided information Such as: STI and HIV, Pre and Post of HIV and other available services such as STI screening and treatment, HCT, Prevention commodities (condoms, PrEP, clean syringes and needles etc), Print prevention messages (brochures, pamphlets, etc) ,HIV self testing kits Linkage to other services including social protection schemes ,Alternative ART distribution for stable clients. That can be arranged via the DIC, PrEP distribution for zero-discordant couples, Family/spousal counselling ,Psycho-social counselling, Referral to Legal Aid, Referral to Vocational skills providers (NGOs), Referral to ration card providers Linkage to other services including social protection schemes, housing projects, education subsidies etc for PLHIV.

PLHIV counselling information service provided by DIC Such as: ART adherence and its benefits, Health advice women regarding their children's health such as nutrition, immunization and PMTCT as well as PMTCT options, Viral Load and CD4 testing, Employment opportunities/ discussions ,Positive prevention, Nutrition advice, Child and Spouse testing, Other available service outside the DiC, Service provided such as :

Q4 DROP IN CENTRE DATA TOOLS REPORT			
MONTHS	FEMALE	MALE	TOTAL
OCTOBER,2023	36	24	60
NOVEMBER,2023	23	12	35
DECEMBER,22023	26	21	47
TOTAL REACHED	85	57	142

Activity.1.1.5 Hotline operating Service of guidance and counselling counselor provided free line calls no. 311:

The specialized telephone in all coverage in puntland-Somalia The hotline counsellors office located in Garowe nugaal region, the operating staff counselors are 3 people working full time duties with shift by receiving telephonic calls in all over the regions in Puntland, Somalia as we developed since we started this program of HIV Prevention and Care Management programme hotline no. does not have any way to recognize it for free hotline service provided free counselling and referrals so that we managed to develop and whenever you call 311 you will be receiving in full information about the hotline no.311 and service it make available and we promoted to be recorded as calling message calls in all program staff and in all Outreach and case management workers working in all regions on top their number of hotline no.311 to know their family and friends about this no. and message so that to connect either in drop in centre Bossaso also to be directed or give information about Hotline 311 and service provided, The three hotline counsellors working duties and operating hours is full time actually morning shift ,afternoon shift, and evening shift through hall night if you call it should received the calls 24/7 Additional promotional activities will also be undertaken to promote the hotline services particularly in high priority settings such as ports, border crossing points, youth programs, IDP camps, urban and rural areas settings etc. Outreach workers and case management also promotes activities will also provide referral mechanisms to the hotline services. Services provided with include counselling, information, referral etc. Hotline counselling centre is source of information service for all coverage in puntland, Somalia the service providing hotline counsellor through receiving calls and responding calls of information and refer callers to the services, The purpose of this hotline telephone is to create a platform of awareness about HIV prevention and Covid-19 awareness to provide up to date accurate information and counselling on HIV/Covid-19 and referral services the hotline currently running with three counsellors to allow for expanded operating hours. Additional promotional activities in high priority sittings such as IPDs camps urban setting and hot line telephone working properly and available very time through calls. Hotline counsellors is effectively collaborating with the ORW/CMW workers in order to increase and referral though hotline no.311 after they give counselling, they record in every calls they receive after giving the client's needs and service provided. Existing hotlines will be reviewed and strengthened. Strategies to incorporate PLHIV leaders and key populations as hotline staff will be explored. New and refresher telephone information and counselling training and capacity-building will be implemented. Promotion of the hotlines will be expanded and increased in number through peer education,

health services community conversations, and youth programs. A community directory of services will be developed to support improved referral and access to prevention strategies and support services.

Q4 HOTLINE COUNSELLOR DATA TOOL REPORT			
MONTHS	FEMALE	MALE	TOTAL
OCTOBER,2023	445	410	855
NOVEMBER,2023	525	492	1,017
DECEMBER,22023	375	367	742
TOTAL REACHED	1,345	1,269	2,614

Activity 2.1.1: Quarterly Nutritional Support list of 100 PLHIV clients in 4 regions in puntland working VCT Centres such as Bossaso, Gardo, Garowe, and Galkaio. HIV Prevention and Care management Project 2021-2023 will be supporting PLHIV clients and providing Quarterly Nutritional support of people living with HIV/AIDS clients with registered regional ART Centres in Puntland Somalia and the ART centres categorised with selection according to four categories such as. Above the Categorizations system and their selection in the total of **100 clients** which provided quarterly Nutritional support list on this Children with support family People living with HIV which malnutrition's status measurements can be provided data for clinical staging and can be identify they type of patients of high malnutrition whose health status my benefit from the nutritional support per quarter of data tool reporting of PLHIV clients of malnutrition status of clients with the regional ART Centre of recommending according to category selection of PLHIV clients which is undernourished, information to assess the impact of their needs, GF HIV prevention and care management programme to provide malnutrition of people living with HIV and track program nutrition interventions are improving PLHIV nourished clients status, Selection under process with the regional ART centres sorting out the most vulnerable of PLHIV malnutrition in each quarter randomly with selection of the client status from in all regions such as Bossaso ART Centre, Gardo ART Centre, Garowe ART Centre, Galkaio ART Centre, Unicef set standard procedure according to the PLHIV clients in each region the system of PLHIV clients in each region distributed of 100 malnutrition clients to receive money which is included of providing in each end of the quarter during implementation of this HIV Prevention and care project will be receiving Nutritional support money of \$40 dollar per client of 100 people living with HIV which malnutritions selected by the regional ART Doctors such as: **Bossaso 30 clients, Garowe 30 clients, Galkaio 30 clients, Gardo 10 clients,**

Activity 2.1.2. Quarterly Performance Incentive of peer educators: Performance Incentives is a way of motivating the team members to perform a good facilitating information about HIV/AIDS awareness increase HIV Testing and counselling and refereeing to people where they can get service for free test and counselling and etc and increase the uptake of self testing, this Incentive performance is a way of finding specially case management workers should find the LOST FLOW UP CASES and return to the ART centre according to their commitment and their performance of work of their data tool report of doing extra ordinary work to be getting end of the quarterly incentive performance money for encouragement are *four categories selection such as:*

- 1) Vulnerable Women: # referred and tested
- 2) Vulnerable men: # referred and tested
- 3) PLHIV Case Management: # of LTFU clients brought bck into treatment
- 4) Facility Based PLHIV peers: # retained on treatment over the quarter (Mother Mentors to focus on women and PLHIV PE on men)
- 5) Gatekeepers,

Above mentioned Categories selections Incentive Performance categorised according their performance their monthly data tool report comes from data tool report of defined indicators to be reaches target populations of result of data gathering and combining in total and result feedback which was collected from in regions ORW/CMW/MOTHER MENTOR/PEER ART/ 31 Peer educators randomly get incentive performance and selected of their reporting tools from in all regions in Puntland Bossaso, Gardo, Garowe, Galkio of project implementation received,

- Promoting as Referrals uptake in all 4 regions in Puntland Bosaso, Gardo, Garowe, Galkaio:
- Outreach workers and case management Take their role of promoting referral uptake of HIV also they provide OraQuick Test of self test kit most at risk population such as youth, University students Truck drivers, Chat sellers to know their status as for their confidential test by using self test kit and the workers took full participation,
- Enhancing of HIV Test and Counselling in all regions of reducing of increasing HIV infection in the society to protect and reduce the risk of transmission Also peer educators outreach workers took full participation of enhancing of HIV Test and Counselling in all regions of reducing of increasing HIV infection in the society to protect and reduce the risk of transmission.

3. MEANS OF VERIFICATION, COORDINATION, MONITORING AND EVALUATION

Activity 2.1.3. Quarterly field Supervision in all regions shall include responsibility for determining competence of special inspectors for the work they are authorized to inspect and monitoring the inspection activities at the jobsite to assure that the qualified inspector is performing his or her duties when work requiring inspection is in progress. While monitoring should be an integrated activity conducted from the detailed monitoring and evaluation needs of individual HIV Prevention and Care Management and made vulnerable by HIV/AIDS. Some of the indicators may remain relevant at the level of monitoring and evaluating a specific intervention by one community-based organization, but they will certainly not cover the full range of project monitoring and evaluation needs.

Also, at project/community level the indicators will probably need to be adjusted to the situation of the beneficiaries and the response for specific communities for which an intervention is programmed.

Quarterly field supervising in all regions of program implementation process is going on such as Bossaso-Bari, region Gardo-karkaar region, Garowe-Nugal region, Galkaio-Mudug region, field supervision is important to observe on their activities of community awareness the project coordinator or field officer they have the ability to monitor the quality of services of the community awareness of HIV/AIDS provided either were reached properly or not or data tool report were fake result of evaluation of their collective information, data tool report forms, and other data from the periphery to feed into the implementation program activities.

The concept of supervision has evolved of supervising regional peer educators to supervise on their field visited workers to audit performance of Data tools individual contact their supervisory activities were primarily administrative, Quarter four 2023 supervision overview supportive supervision is a process that promotes quality at all levels of the regional peer educators working in the fields' collection data tool report strengthening relationships within the system. ORW/CMW Supportive supervision is a process of guiding, monitoring,

ORW/CMW supportive supervision guidelines similarly describe supportive supervision as a process which promotes quality outcomes by strengthening communication, identifying and solving problem, facilitating team work, and providing leadership and support to empower health providers to monitor and improve their own performance.

Supportive supervision involves directing and supporting to the team Outreach workers and Case management workers in order to enhance their skills, knowledge and abilities with the goal of improving health outcomes for the patients they manage. It is an ongoing relationship with the society and even their clients focusing on the identification and resolution of problems, optimizing the allocation of resources,

Promotion referral uptake will be focusing and promoting and tracking referral uptake form and evaluating of their Performance of how many they make referrals and tested in each four regions such as Bossaso, Gardo, Garowe, and Galkaio.

HIV prevention and case management project output/program through field visits to the organizations that submitted the forms and checking the quality of raw data kept by the reporting organization by examining the daily records used to complete the output monitoring form for a specific reporting period monitoring forms Comparing the output monitoring form 10 data tool individual contact Involves both verifying that appropriate data management systems are in place and the quality of reported data, for key indicators. HIV prevention and care management project in Puntland under with ISDP ORG working closely with MOH and

PAC commissioners, and Daryeel network also contributes to the large goals and indicators of this HIV prevention and care management project.

- Performance incentives of HIV Prevention and Case Management program generate records in all data tool reports, some of which contain information on quarterly performance incentives to reward of the peer educators according to their high performance work duties.
- Outreach and case management workers activities evaluated and measured into quarterly evaluations using monthly data tool reports,
- ORW/CMW performance is to locate those that are relevant and have quality information. As a result, this activity may be best suited for the team member, who might be most familiar with the organization's reporting system.
- To analyze ORW/CW performance and construct systems to ensure high-level performance.
- Performance improves most effective and efficiency of reaching the preferred target performance of increasing and referral uptake and other key indicators of project achievements to be reached.
- Identify a specific action plan for each intervention, and monitor the process of correcting problems.
- Implementing project activities of high performance improvement rewarded by the peer educators in each end of the quarter those perform well.

4. IMPACT

HIV Preventions and care program 2021-2023 will be of highly impact of reducing high stigma in some areas of people living with HIV come up to express their status and share in information during implementations activities such as PLHIV S.G Groups had changed so many lives in the community of understanding the concept knowledge about HIV/AIDS with delivering message though peer educators of individual contact of giving of HIV awareness and providing information and if in case they requires service provided such as Self test and counselling or giving referral to nearest health centre or VCT centre to more updated information and test, overall HIV spreading to support intervention though promoting HIV testing and counselling as well as to help people living with HIV avoid transmitting HIV to others through data tool individual contact to increase HIV/AIDS awareness and gather together the community members and with different society in all regions focussing and reaching of key vulnerable populations and most at risk population. Impact of considerations of the target group to be reached and in order to assess the potential impact of the program of HIV/AIDS by combining different interventions for specific targeted populations. This will allow for prioritizing the interventions that will have the greatest overall potential to reduce of HIV/AIDS.

- ❖ **PLHIV Support Group Monthly Meeting successfully** Support groups for people living with HIV are integrated into HIV care and treatment programs as a modality for increasing patient literacy and as an intervention to address the psychosocial needs of patients. However, the impact of support groups on key health outcomes has not been fully determined. Support groups for people living with HIV are integrated into HIV care and treatment programs as a modality for increasing patient literacy and as an intervention to address the psychosocial needs of patients. However, the impact of support groups on key health outcomes has not been fully determined.

In addition to providing HIV education and fostering psychosocial support, recent efforts have shifted the focus to socio-economic activities and retention in care. The sense of urgency to adopt new treatment and prevention strategies, HIV Prevention and care Management engages to promote prevention strategies and optimize treatment as prevention to maximize the utility of support groups in doing so efforts to create an organized, collaborative framework should be considered.

Specific Objectives: The specific of objectives of PLHIV support group monthly meeting in order to increase patient literacy and as an intervention to address the psychosocial needs of patients however the impact of support group on key health outcomes

- ✓ Encourages community members to go for HIV counselling and testing
- ✓ Encourages PLHIV to accept their status and live a positive life
- ✓ Deals with stigma and discrimination
- ✓ Clears up some myths surrounding HIV and AIDS
- ✓ Stimulates better support for people living with and affected by HIV
- ✓ To reduce sexual risk behaviors and optimize ART adherence, HIV/AIDS programs continue to explore interventions,
- ✓ Reduce stigma and enhance disclosure. Social support intervention is one such strategy.
- ✓ PLHIV support groups are the most common and popular way of providing social support for PLHIV.

- ❖ **Community Conversations Enhancement dialogue** 9 CCE sessions included a range of activities tailored to engage students and promote active participation. The goal was to create a comprehensive and supportive learning environment, University student are at very high risk of getting infected by HIV/AIDS. CCE as one of the intervention programmers has a significant role community Conversations are the main methodology used in the Community Capacity Enhancement (CCE) programme.

In the first part of the advocacy, all the awareness campaigns were CCE sessions to be reached per session in 40 participants in the higher institution most of them were poor knowledge for HIV/AIDS prevention and discrimination methods for the community. There were only few students those have knowledge and concept for HIV prevention. So all the students interviewed in the first episode were people of low concept and knowledge for HIV prevention this programme,

- ✓ To educate students about the facts, myths, and misconceptions surrounding HIV/AIDS.
- ✓ To reduce stigma associated with HIV/AIDS through open and respectful conversations.
- ✓ To empower students with knowledge about prevention, testing, and support services.
- ✓ To encourage a culture of inclusivity, empathy, and non-judgmental attitudes towards individuals living with HIV/AIDS.
- ✓ Facilitate access to further information by encouraging individuals to contact the designated hotline with the short number **311**.

Supportive supervision guidelines similarly describe supportive Quarterly Supportive supervision of outreach workers and case management is a process of guiding and assisting staff to continuously improve their own work performance. It is carried out in a respectful way with a focus on using supervisory visits as an opportunity to improve the knowledge and skills Effective quarterly field supervision is to use multiple methods to supervise peer educators in each region; this includes using different modes of communication, field visit quarterly based,

Field Supervision encourages open, two-way communication and builds team approaches that facilitate problem solving. Monitoring involves regular collection and analysis of data on various aspects of programme activities. Monitoring can be done through desk review of reports, providing feedback during the review meetings as well as during supervisory visits.

Supportive supervision is a process of guiding, monitoring, and coaching workers to promote compliance with standards of practice and assure the delivery of quality care service. The supervisory process permits supervisors and supervisees the opportunity to work as a team to meet common goals and objectives.

- ❖ The specific Objectives of the evaluation include assessing the relevance, effectiveness, efficiency, impacts and sustainability of the HIV Prevention and Case Management project and its activities to be reached the target achievement and its indicators These should be realistic, Objectives of the evaluation can also include overseeing if there's a challenges were faced during implementation of the project, and the important lessons learned and recommendations for the future project implementation this ended
- ✓ Promotes quality outcomes by strengthening of work performance of the outreach workers and also enhancing effective communication,
- ✓ identifying and solving problem, facilitating team work, and
- ✓ Providing leadership and support to empower health providers to monitor and improve their own performance

5. CONSTRAINTS AND RECOMMENDATIONS

Key findings during field visit in each region peer educators

- ✓ Observing daily work for the peer educators
- ✓ Upgrading the staff experience
- ✓ Updating routine work experience
- ✓ Monitoring and evaluating the overall work goes to the Mudug region
- ✓ Scoop cards is in gap for PLHIV clients in Gardo, Karkaar Region from the WFP
- ✓ the community in Gardo Regions still stigma is too high at Gardo city and the people behaves bad behavior to the people living with HIV/AIDS, that what causes not come up and express on their HIV Status because stigma and discrimination.
- ✓ If the project is report they said we can't work with ISDP and they recommended to hire other staff Us day give us new contracts
- ✓ DARYEEL Network is not advocating of people living with HIV which is raised by the peer educators in Gardo and other PLHIV Clients, and that's their responsibilities.

- ✓ During supervisions we reached together with malaria team at Goldogob district. it's a place that health facilities worked actively and they shared me that there is several **HIV news cases they received for the last months** and they strongly requested to establish ART centre .as they located the border areas and more Ethiopian community live that place .Therefore i kindly to share with you for their request and I suggest to advocacy and lobbying how they get the ART centre. Hence recommended to share their request to the relevant ministries and institutions at least they get peer educators in order to provide the community awareness and Education information massages and how they deal the positive people.

Challenges and Recommendations

- HIV/AIDS control programmes have implemented a number of innovations to reduce sexual risk and enhance ART adherence and retention among PLHIV, stigma and non-disclosure of positive HIV status remain daunting challenges
- The outstanding to the knowledge that public health impact of ART in reducing HIV transmission and enhancing treatment outcomes significantly depends on how much PLHIV adhere to the prescribed daily dosing regimens of antiretroviral medicines and reduce risky sexual behaviors.
- PLHIV who participated in support group activities were more likely to have less internal HIV-related stigma, disclose their positive HIV status, adhere to ART and live less risky sexual lives. These findings suggest that PLHIV who participate in support group activities are more likely to adopt positive behaviors than those who do not.
- Educational improvement of people living with HIV Lack of education
- Income generation support of small scale of business orient
- Reduce isolation and discrimination while encouraging acceptance around HIV/AIDS.
- Balanced nutrition plays an important role in maintaining well-being and long-term life, regardless of living with HIV/AIDS. Nutrition
- To create awareness on the need for and the benefits of using dual methods by all sexually active HIV infected partners as a way of promoting the reproductive rights of women to safer sex and birth control.
- HIV prevention services to start promoting dual protection with dual methods. In the long-term, the development of highly efficacious and highly acceptable methods of dual protection.
- To provide emotional support and coping mechanisms to those people who are undergoing a difficult time in their lives, and are willing to be part of a support group

7. ANNEXES: ACTIVITIES PICTURES YEARLY ANNUAL ADVOCAY FORUM 2023



**PLHIV SUPPORT GROUP MONTHLY MEETING SESSION IN EACH REGION,
BOSSASO, GARDO, GAROWE, GALKAJIO**



9 CCE SESSIONS TARGETING WITH UNIFORMED POLICE STATIONS IN PUNTLAND BOSSASO, GARDO, GAROWE, GALKAIO.



QUARTERLY FIELD SUPERVISING IN ALL REGIONS OF PROGRAM IMPLEMENTATION PROCESS IS GOING ON SUCH AS BOSSASO-BARI, REGION GARDO-KARKAAR REGION, GAROWE-NUGAL REGION, GALKAIO-MUDUG REGION,



