



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

**QUARTERLY PROGRESS NARRATIVE REPORT**

*QUARTER ONE 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  
(GF HIV Project Coordinator)*

**Date submitted**

*15<sup>th</sup>- April -2022*

**Quarter One**

*January, February, March*

*2022*

**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.

## 2. ACTIVITIES NARRATIVE REPORT (quarter results against targets)

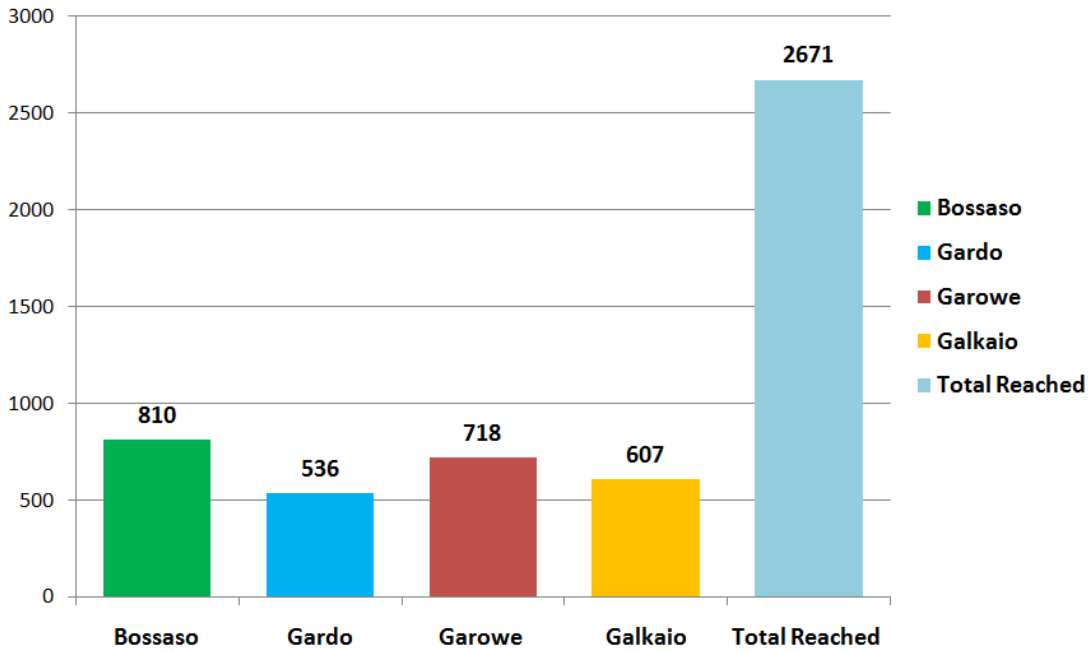
**31 Outreach workers and case management workers** who will support key vulnerable populations and PLHIVs in four districts of Puntland (Nor East Zone of Somalia) which provided HIV prevention and care programme to key vulnerable population and PLHIV in Puntland and delivery mechanism of these services 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 give ICE/BCC sessions according to the personal status collecting information's of 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 giving ICE Sessions as individual contact both male and female specially targeting the key vulnerable population which is most at risk in population in the society,

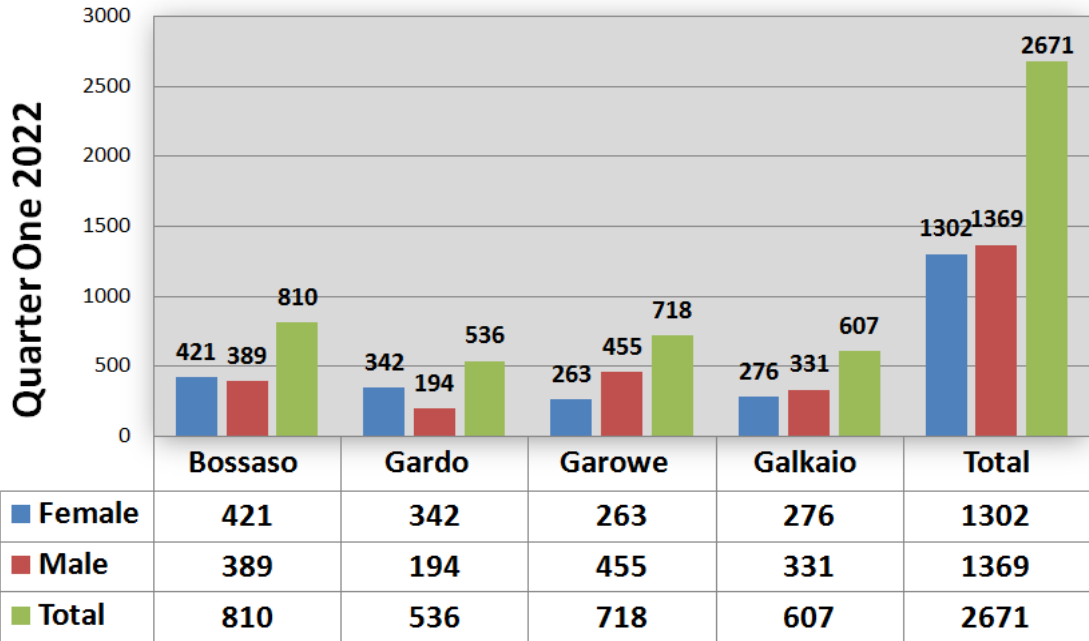
Outreach worker and Case management worker normally working as per assigned to be reached 30 clients per month whereby in each day will be contacting one person of **Data Tool Individual contact** with different types of clients such PLHIV, PLHIV Family member, Vulnerable Women, Vulnerable men, Authorities UP and Police, PWID/Drug Users, Transport Workers, Port Workers, hat/substance Users, and others. HIV/AIDS awareness ICE/BCC Sessions given HIV Prevention, Testing, ART, PMTCT & Infant Testing, GBV&PEP, Drug Use, Stigma&Discrimination, Rights, Positive Living, Partner/Child Testing, CD4 and VL, Nutrition, ART Adherence and others,

**Group contact Sessions:** ICE/BCC HIV Risk including TB correlation, Prevention and testing, including partner/child treatment, PMTCT and infant testing, GBV&PEP, Stigma & Discrimination and others key information messages through giving counseling, referrals, contact targeting arranged with different **Client Type:** such as Uniformed Personnel, IDPS, Prisoners, young people and others, giving counseling and testing such as Group pre-test counseling Post test counseling, Data tool individual contact collecting end of the month will making Monthly summary individual ORW/CMW Report with age disaggregation both Female and male indicated client by District.

**DATA TOOL INDIVIDUAL CONTACT REACHED QUARTER ONE 2022**



**DATA TOOL INDIVIDUAL AGGREGATION BOTH FEMALE AND MALE IN ALL PUTLAND REGIONS**



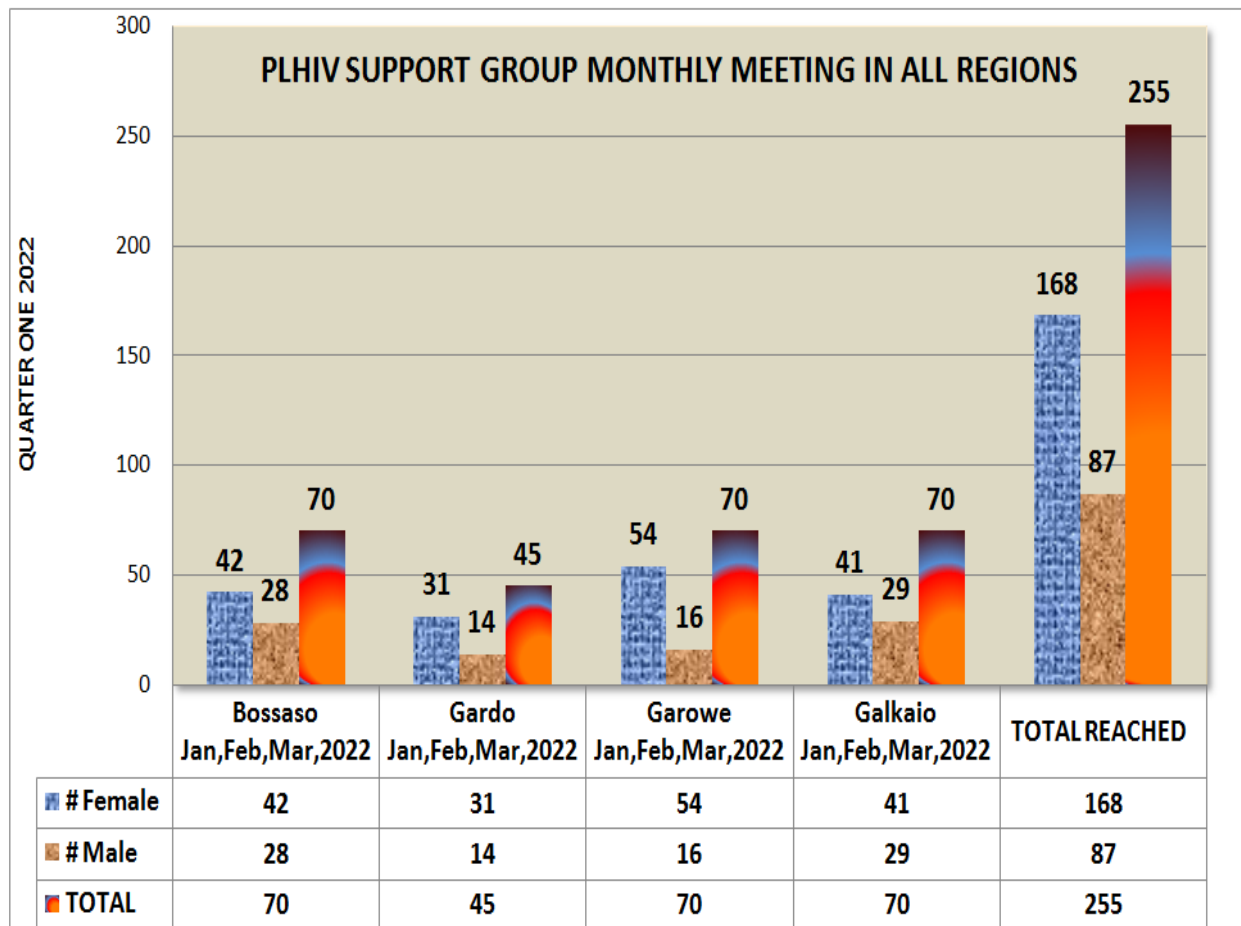
### **Activity 1.1.1 PLHIV Support Groups Monthly Meeting**

HIV Prevention and care management project activities included of PLHIV support group monthly meeting which will be held on in all 4 regions in Puntland, Somalia such as Bossaso, Gardo, Garowe, Galkaio monthly based to be implemented in all region, PLHIV Support group monthly meeting is a new program of this HIV Prevention and care management programme, PLHIV support group people living with HIV who come together and talk about their challenges, experiences that they have in common with their same status and mutual goal and create awareness about shared challenges, PLHIV Support group meeting increased the impact of their willingness and ability to adhere to their antiretroviral medications if they do not get any kind of support people living with HIV need emotional, spiritual, psychosocial, social and clinical and adherence support, Since we started implementation of PLHIV Support group monthly meeting benefited of people living with HIV realised that they are not alone in their situation and receiving guidance, counselling support to handle HIV related stigma, also getting with referral support for legal aid, social protection, healthcare, etc.

PLHIV Support group monthly meeting had changed lives of people receiving first hand advice and other approaches that they learn come from peers who are coping with very similar circumstances, sharing problems and concerns, brainstorm solutions, PLHIV Support Group monthly meeting held in all regions with pre-planned as quarterly activities included with concern and arrangement of ART doctors and VCT counsellors of preparations and organizing people living with HIV registered ART Centre those needed psychosocial support of people living with HIV of participating PLHIV support group monthly meeting which is designed and facilitating meeting with PLHIV peer educators and case management worker which is well trained collaborating with concern of ART Doctors and their VCT counsellors encouraging family disclosure, reducing stigma and discrimination, ART adherence and retention,

Quarter one which started January, February, March, 2022 PLHIV support group monthly meeting increased the number of client of participation PLHIV support group meeting to be reached per session 20-25 in each session but this quarter one 2022 the meeting increased number of participants attended in all regions,

**Quarter one 2022 where female reached no.168 participants and Male reached no. 87 the total participants in all regions Bossaso, Gardo, Garowe, Galkaio aggregated by gender both female and male were reached 255 clients , as you can see the female participated more than Male on this quarter one of 2022.**



HIV

## **Activity 1.1.2. Community Conversations Enhancement 9 CCE Sessions**

Community Conversations Enhancement CCE Sessions quarter one 2022 targeted integrated Displaced Populations (IDPS) with key vulnerable population

Community conversation enhancement dialogue sessions occurs in every end of the quarter and in each quarter different targeted group such as prisoners and uniformed personal, barracks, police stations, University students IDPs camps etc, in this quarter one started January, February, March, 2022, on this quarter one 2022 we planned to reached and targeted IDPs which are key vulnerable population of HIV/AIDS awareness, in each sessions of community conversation enhancement CCE will be reached in each session per 40 participants in location IDPS.

According to the scheduled of CCE sessions which is took place on this quarter one 2022 HIV/AIDS awareness IDPs camps with different regions in Puntland such as 3 sessions in Bossaso, 1 session Gardo, 3 sessions Garowe, 2 sessions Galkaio, during implementation of this quarter one 2022 took part in all 4 regional M&E PAC commission supervision how we reach through the target group of Community Conversation Enhancement Dialog which occurs quarterly based on with reaching with different sectors of society to give HIV/AIDS so we selected IDPS start with also we realized that IDPS are most at risk population and they needed more awareness,

Especially the 3 CCE Sessions leading person and facilitated by the chairperson of PLHIV Daryeel Network Mr Bashir Osman Awad also representative the team leader in regional Garowe of peer educators and as usually the CCE dialogue assigned participants per sessions 40 participant as planned before.

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CCE Sessions requires preliminary agreement and support of the IDPS camp managers and IDPs social committees IDPs should be accessed providing health services to support HIV testing and counselling.

**9 CCE Sessions planned to reached and targeted IDPs** which are the key vulnerable population of HIV/AIDS awareness in each sessions of community conversation enhancement CCE sessions will be reached per 40 participants in each session according to availability on that number of participants on this quarter one January, February, March, 2022

**3 CCE sessions in Bossaso Bari region with three IDPS targeted such as Buulo qadax, Farjano, Buulo eelaay total reached both Female 76 and Male 44 in all over the three CCE sessions were reached 120 participants.**

- 1) **Buulo qodax IDP Camp Bossaso** Reached in total female 34 and male 6 which is in total 40 participants reached in that first session.
- 2) **Farjano IDP Camp Bossaso** reached female 20 and Male 20 which is total 40 participants second session.
- 3) **Buulo eelay IDPs Bossaso** in Bossaso also reach female 22 and male 18 of total reached 40 participants.

**3 CCE sessions in Garowe also targeted IDPs with different sessions such as Camp Ajuuran, camp jilab, camp lafobarkato CCE Session total both Female and Male reached 124 participants of the 3 CCE sessions.**

- 1) **Ajuuran IDP Camp Garowe** reached female 34 and male 10 of total reached 44 participant of the first session in Garowe.
- 2) **Jilab IDP Camp Garowe** reached female 33 and male 7 total reached on that CCE Session 40 participants.
- 3) **Lafabarkato IDP Camp Garowe also reached** female 25 male 15 total reached 40 participants.

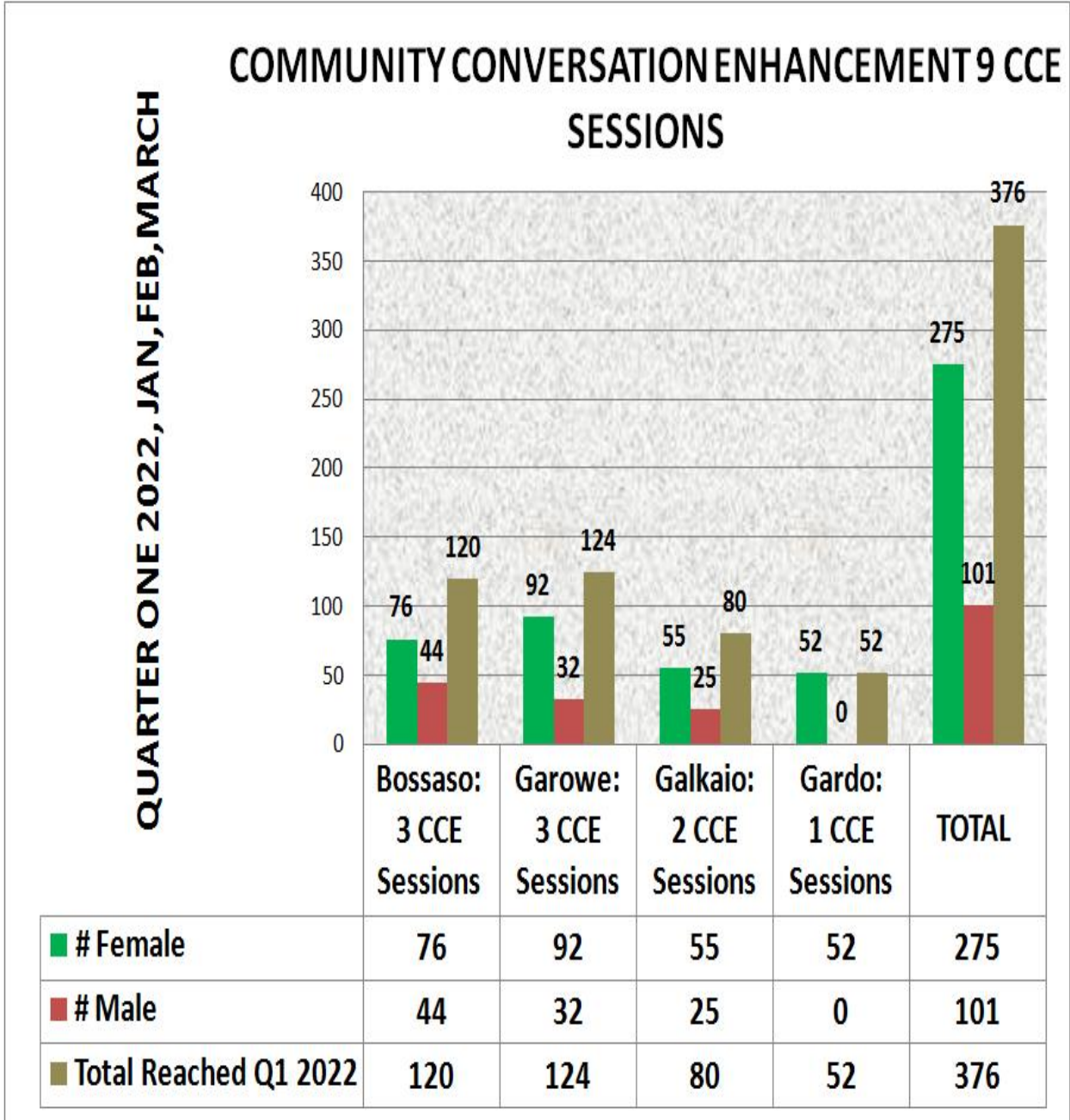
**2 CCE sessions held in Galkaio targeted camp Buulo kontorool, camp ayax both female 55 and male 25 in total reached 80 participants,**

- 1) **Buulo kontorool IDP Camp Galkaio** reached female 30 and male 10 total reached 40 participants on that CCE session.
- 2) **Ayax IDP Camp Galkaio** reached female 25 and male 15 total reached 40 participants.

**1 CCE session held in Gardo of Shabeele IDP Camp reached female 52 only no male participated on that session all were female.**



**The total participants reached 255 of 9 CCE sessions female 168 and male 87 detailed graph below**



### **Activity 1.1.3. Drop in Centre office Bossaso**

Drop in centre is safe space to be used 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,

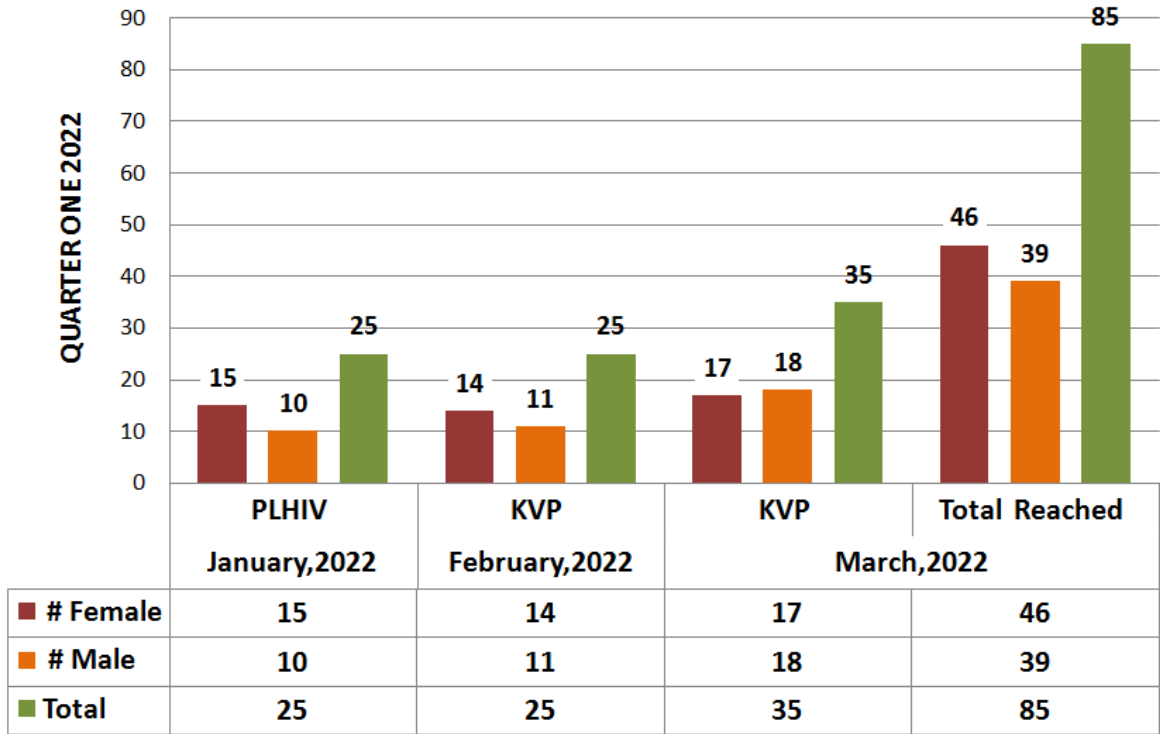
Drop in centre it should be a place where the clients feel secure from potentially threatening person such as the Police, etc and ideally it should be also have premises where services specially STI treatment, could be provided and its accessible with all the necessary facilities conducting project activities a non-threatening place, drop in centre friendly environment, mainly prevention information sessions and HIV testing for KVP provided and adherence and other psycho-social support for PLHIV, and appropriate referrals from ORW/CMW sending the KVP to the drop in centre.

Drop in centre officially operating service delivery mostly with KVP population where by PLHIV clients coming in the drop in centre are less than KVP populations which easily access to seek services of their status

Drop in centre Still not adopted 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.

For this quarter one 2022 has done with in different activities but still had a proper Data tool report and referral into VCT and other service delivery to VCT centre somewhere This quarter one 2022 January, February, March drop in centre activities reached **total 85 KVP AND PLHIV female 39 male 46**,

## DATA TOOL DROP IN CENTRE REPORT JAN, FEB, MARCH, 2022



HIV Grant. Jan

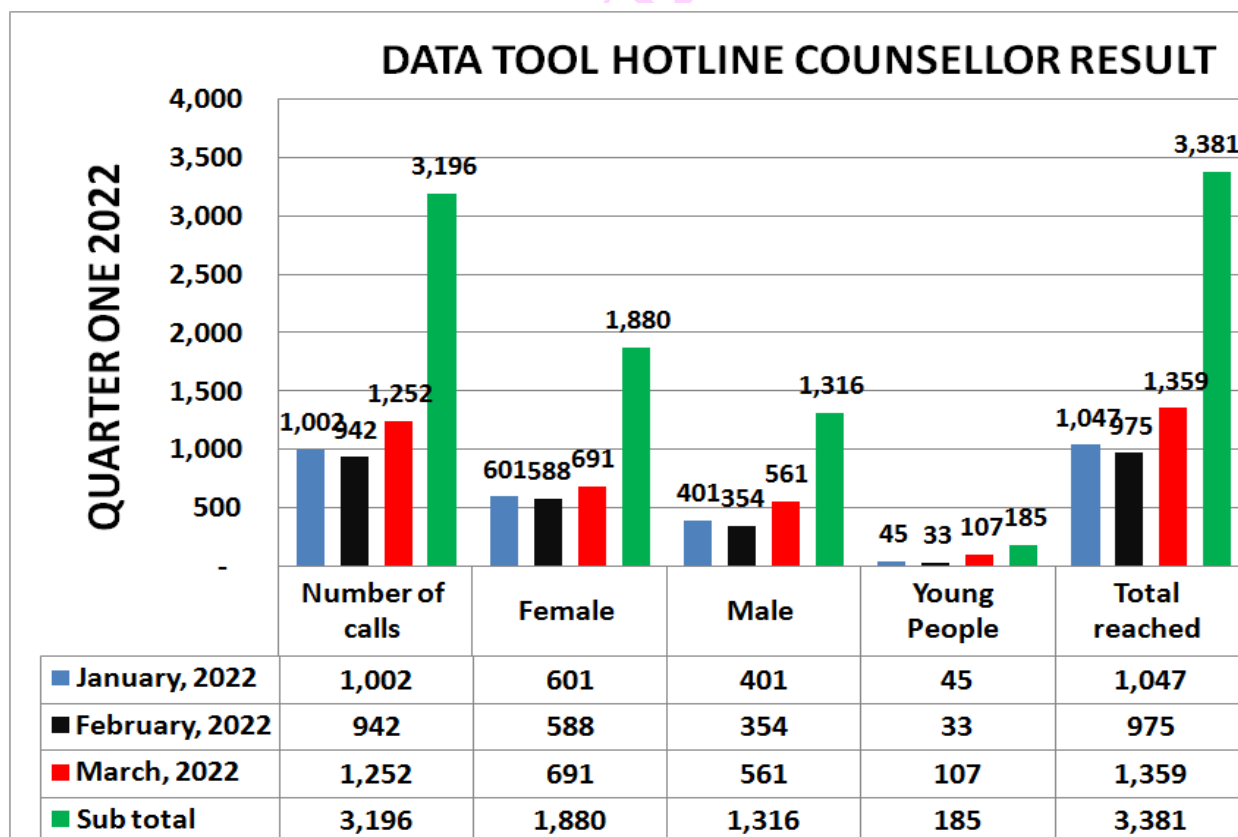
### Activity.1.1.4 Free Hotline counsellor specialised telephone operating

#### Service provided free line no. 311.

Lastly the project will run the hotline currently registered with an existing number. The hotline will run with 3 counsellors to allow for expanded operating hours. 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 settings etc. Outreach 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.



### **3. MEANS OF VERIFICATION, COORDINATION, MONITORING AND EVALUATION**

#### **Activity 1.1.5: Field Supervision of HIV Prevention and care programme implementation project in all Puntland regions 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, 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 one of 2022 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,

This quarter one of 2022 Data Quality Assessment checking during field supervision and discussion with the team for correction and some key areas needed of target group to be improved as data tool report through awareness we observe and verify of the process of the accuracy of the data tool individual contact the 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.

### **Activity 2.1.1 Nutritional Support for PLHIV clients**

Quarterly Nutritional support of people living with HIV/AIDS clients with registered regional ART Centres with selection according to four categories **such as: Clinical Determined by ART doctor, Pregnant/lactating Mothers, Household with children having lost one or both of their parents, Elderly or Disabled HIV positive.**

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 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, These designed with range of regional ART's reporting PHIV clients could not be the same in all regions according to number of their register as regional label.

Unicef set standard procedure of distribution of assigned 100 clients to receive project included of providing in each 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 malnutrions selected by the regional ART Doctors such as: **Bossaso 30 clients, Garowe 30 clients, Galkaio 30 clients, Gardo 10 clients, this separation given by the regions assigned by UNICEF Policy.**

### **Activity 2.1.2. Performance Incentive of peer educators**

Performance Incentives are four categories selection such as: Vulnerable Women of number referred and tested, Vulneable me number referred and tested, PLHIV Case Management: number of LTFU lost follow up clients brought back into treatment, Facility Based PLHIV peers and number retained on treatment over the quarter (Mother mentors to focus on women and PLHIV PE on men),

This quarter one 2022 Performance Incentive 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/ of Peer educators selected from in all regions in Puntland Bossaso, Gardo, Garowe, Galkio of project implementation received **performance incentive of 25 peers in total and 14 female and male 11 in total 25 peer educators,**

## 5. PLANNED ACTIVITIES FOR NEXT QUARTER

### Project Title:1: HIV prevention and care management in Somalia

OUTPUTS	ACTIVITIES	Target Group	Quarter Two: 2022											
			April-2022				May-2022				June-2022			
			W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4
<b>Output 1. Populations most vulnerable to HIV and people living with HIV are reached with prevention outreach services.</b>	<b>Activity 1.1.1.</b> PLHIV Support Groups	support groups are fundamental to the overall well-being of PLHIV through advocacy, stigma reduction, psychosocial support, etc. support groups are key players in the delivery of PLHIV support, prevention and BCC information, treatment adherence, advocacy, and stigma reduction efforts (community and health facility based).												
	<b>Activity 1.1.2.</b> Community Conversations with vulnerable populations	Vulnerable Populations including uniformed personnel, IDPs, university students, etc. are used to reach vulnerable populations uniformed personnel, IDPs, prisoners (community conversations conducted particularly in high risk areas such as border crossing points, ports, trade routes, IDP camps and existing higher prevalence areas.												

	<b>Activity 1.1.3:</b> Supervision of KVP-PLHIV Outreach Programme	KVP outreach and PLHIV outreach Supervision Programme																
<b>Output 2:</b> <b>People</b> <b>living with</b> <b>HIV are</b> <b>supported</b> <b>through</b> <b>facility-</b> <b>based and</b> <b>outreach</b> <b>case</b> <b>managemen</b> <b>t.</b>	<b>Activity 2.1.1.</b> Nutritional Support for PLHIV	ISDP provided cash transfers for nutritional support, provide referrals, and liaise with the AIDS Commissions to provide further legal, redress and other support. The Field Officer responsible for allocating nutritional support to PLHIV meeting the established criteria.																
			Quarterly report															
	<b>Key</b>																	
Completed																		
Not completed																		
Progress																		
Planned																		

HIV Grant. Jan 2021



## 6. IMPACT

HIV Preventions and care program 2021-2023 will be of highly impact of reducing overall HIV spreading to support intervention through 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.

HIV Prevention and care management programme during interaction process of a targeting populations most at risk population also important to consider how different interventions interact with the society, and how they can most effectively be combined to reach the most-affected populations in a given area. During expanding HIV testing can amplify the impact of efforts to increase adherence to treatment, particularly in areas where large numbers of people remain undiagnosed.

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.

Target populations Coverage in the HIV Prevention and case management Prevention planners should select interventions based in part on how many people can be reached once the intervention is fully implemented. For example, recommends routine, HIV testing HIV prevention programmes are interventions that aim to halt the transmission of HIV. They are implemented to either protect an individual and their community

Advocating HIV prevention community based intervention should be built and shared values and norms and social practice permitting culturally sensitive discussions of HIV and sexual and reproductive health such as homes, schools, universities etc.

Prevention of exposure remains the most effective measure to reduce the risk of HIV transmission to health workers. The priority must be to train health workers in prevention methods and to provide them with the necessary materials and protective equipment. Staff should as well be knowledgeable about risks of acquiring HIV sexually,

## 7. CONSTRAINTS AND RECOMMENDATIONS

- ❖ High consideration given in drop in centre service provided still is not enough and clear such as with registry system both KVP and PLHIV.
- ❖ Radio message awareness on HIV awareness.
- ❖ Billboards and posters illustrated of HIV/AIDS awareness
- ❖ To increase CCE Sessions in order to covered and reached a good number of receiving HIV/AIDS awareness.
- ❖ This indicator can also be used to determine whether the objective of integrating nutrition care services to reduce malnutrition among PLHIV is being achieved.
- ❖ Data tool individual contact of asking the client name contact person and address is very challengeable.
- ❖ In process developed Leaflets and stickers message indicated of service delivery y message information of HIV/AIDS in order to make easier of concept knowledge about information HIV/AID o take part of awareness.
- ❖ PLHIV request of increasing nutritional support porridge from WFP is not enough portions per clients.
- ❖ Quarterly review meeting in all peer educators and capacitated during quarterly meeting,

**8. ANNEXES – as applicable**

***Deka Hirsi Ali Regional M&E participated Galkaio implemented and 2 CCE sessions in Galkaio, Mudug region.***



***Sadik Hirsi Samatar regional M&E supervision participated 3CCE sessions in Garowe***



**Mohammed Abdulahi Moahamud (Khurshe) facilitating 3 CCE sessions targeted with IDPS in Bossaso Regional M&E PAC Commission.**



**Ahmed Geele Husien Said regional M&E PAC Commission in Gardo and ART Doctor Mohamed Ali kalaay together during implementations one CCE Session in Gardo,karkaar region.**

