Puntland State of Somalia

Legal Literacy

"PLHIV Know Your Rights" Training Final Report

Period: (10th to 11th September 2023)

Garowe, Puntland, Somalia

Compiled by:

Aidrus Barre, KVP and PLHIV Technical Advisor for Somalia

& Lead Facilitator for the Training

Contents

1. Introduction

World leaders in the UN high level meeting in 2001 committed to achieving universal access to HIV prevention, care, support and treatment. This was again reaffirmed during the high level meeting in June 2011. The Global leaders recognized that full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV epidemic, including in the areas of prevention, treatment, care and support.

The leaders also recognized that addressing stigma and discrimination against people living with, presumed to be living with or affected by HIV, including their families, is also a critical element in combating the global HIV epidemic.

UNICEF (2007) defines HIV-related stigma as a process of devaluation of people living with or associated with HIV/AIDS. Stigma can be projected by other people or can be "felt" or "self- stigmatization", and termed 'internal stigma'. A person who is stigmatized is seen as having less value or worth to other people (International Planned Parenthood Federation (IPPF, 2008). Discrimination involves treating someone in a different, unjust, unfair or prejudicial way, often on the basis of their actual or perceived belonging to a particular group. It consists of actions or omissions that are a result of stigma and directed towards the individuals who are stigmatized. Discrimination is 'enacted stigma' (IPPF, 2008; UNICEF, 2005).

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.

The training was part of the new grant 2021—2023 for Somalia to empower PLHIV and review current laws and assesses the legal, regulatory and policy environments which support those living with, affected by and most vulnerable to HIV in Puntland.

This is a final training report of two days training for 20 **PLHIV leaders** from four districts of Puntland (North East Zone of Somalia) held at **Rayan Park Hotel Conference Hall in Garowe, Puntland on 10th to 11th September 2023**. 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.

The Training was facilitated by KVP & PLHIV Technical Advisor for Somalia as the lead facilitator.

2. 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 centres in their neighbourhood.

3. Objectives of the Training

The main objective of the training was to help PLHIV Leaders and PLHIV Network managers to learn and understand their basic rights and to empower them to know their rights and to access justice and legal services to prevent and challenge violations of human rights, which may include their future involvement in strategies and programs aimed at sensitizing law enforcement officials and members of the legislature and judiciary, training health-care workers in non discrimination, confidentiality and informed consent, and supporting national human rights learning campaigns, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support.

Specific Objectives included helping leaders of people living with HIV to:

- Realise that they are the decision makers in all avenues related to their lives.
- Understand forms and types of Stigma and Discrimination faced by PLHIV
- Understand how human rights relate to HIV prevention, care and support
- Understand the Somali PLHIV Stigma Index 2023 findings and its gravity
- Discuss how the current Legal framework in Somalia/Puntland, presents human rights-related barriers to HIV prevention, care and treatment
- Agree on practical recommendations, related to how best to strengthen the Legal Environment to support the rights of People Living with HIV (PLHIV) in Somalia/Puntland.
- Develop a workplan through a participatory process to support Stigma Reduction Activities within the Somali legal system and framework with partners In addition to that, the PLHIV leaders can discuss and agree on implementing advocacy initiatives for PLHIV members if feasible

4. Methodologies

The methodologies used during the training included:

1. Plenary sessions
2. PPT presentations
3. Group Work (Discussions)
4. And brainstorming

5. Key Activities (per sessions)

Day 1

Opening Remarks

The PLHIV Coordinator for ISDP, Ms. Hawa Mohamed welcomed the participants and advised them to heed the training contents for their empowerment, followed by the Nugaal Regional Director of PAC, Mr. Saadaq Hersi, who welcomed the participants and guests and opened the training. He reminded them of the heavy task that is required of them to reach key milestones in changing their lives and the lives of other people living with HIV in Puntland and further advised them to participate in the training fully and try their best to learn all the skills and knowledge represented in the training.

The next speaker at the opening was Mr. Abdirahman Aw Muse, the Executive Director of Daryeel Network for PLHIV in Puntland, who emphasised the importance of the training and advised the participants to take advantage of the event. Similar suggestions were made by the UNICEF HIV Zonal Officer, Mr. Ali Hassan who advised the participants to maintain self growth and take advantage of all avenues possible

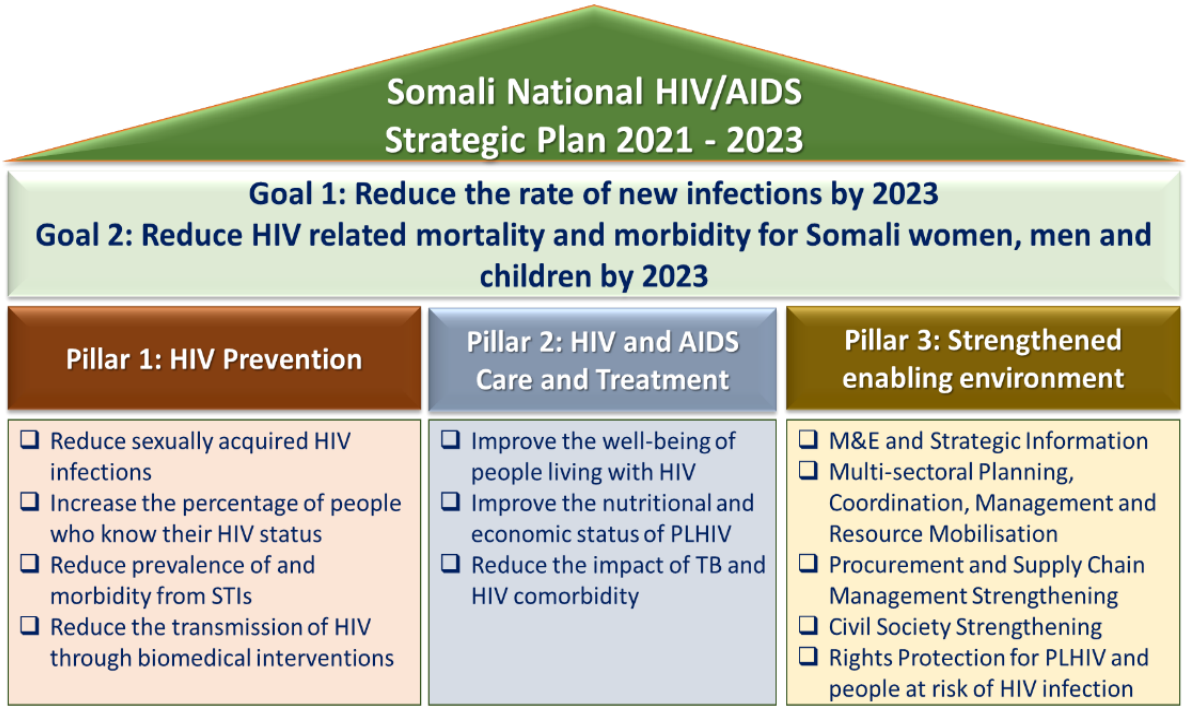
After the official opening, the participants and facilitators introduced themselves. then the lead facilitator with the intent to ensure proper administration of the training workshop, the facilitator asked the participants to develop ground rules that will guide the behaviour of all participants during training sessions/hours. Some of the norms set are listed below:

- Silencing/switching off mobile phones
- Equal and active participation by all
- Punctuality (on arrival and during breaks)
- Respects opinions of others
- Avoid side talk and unnecessary movement
- Raise a hand in the event of asking a question or making a point

After presenting the agenda and objectives of the training, the facilitator started with the Somali National Strategic Plan for HIV activities.
The main objective of this session is to ensure that the participants understand that the Post Legal Environment Assessment training is in line with the Somali HIV National Strategic plan 2021-2023

The session starts with following Power point presentation outlining the relevant areas in the NSP regarding the rights of PLHIV and how to safeguard it

The PPT presentation started with the pillars of the NSP as follows:



Policy and Legal Protections: NAC to lead a review to update national and sub-national HIV policies and rights legislation. Relevant stakeholders will be engaged to work on key legislation and develop and roll out supporting advocacy material. NAC will lead a multi-sectoral effort to ensure legislation is enacted, including bills that provide a legal framework for the implementation of HIV policies inclusive of gender rights.

'Know Your Rights' and Leadership Workshops with PLHIV and their families: Through the PLHIV networks, workshops will be undertaken with PLHIV and their families to educate them on their rights, including available legal services

Advocacy and Sensitisation with Parliamentarians, Legal Personnel, and Community Leaders: Annual forums with national and regional leaders will advocate for the protections of PLHIV, vulnerable persons and their families. Also development of key advocacy materials for the public.

Provision of Legal Aid Services: Delivery of legal services to ensure the rights of PLHIV and their families are protected and assured.

PLHIV Advocacy and Participation: Strengthen linkages between PLHIV networks, government, private sector and other civil society organisations. Support the participation of PLHIV in key decision-making forums.

Health Worker Stigma Reduction Program: Using key advocates including trained religious leaders, clinicians, government leaders and PLHIV, undertake stigma reduction programs with existing health facilities, health schools and health associations. Implement forums and sensitisation sessions at existing health facilities to advocate the rights of PLHIV and their families. Establish stigma-free health facilities with health facilities committing to being stigma-free environments. Build capacity of health workers on patients' rights and stigma reduction through expanded roll out of Health Worker Ethics and Stigma Reduction Modules through medical institutions and facilities

Community Based Stigma Reduction Campaigns: Using community leaders, religious leaders and media, and CSOs to implement community-based stigma campaigns and awareness-raising. Expand and build local capacity for community conversations on HIV. Media training will be undertaken annually to sensitise and advocate with media, for factual and sensitive media coverage.

The next session for the day was ***Stigma and Discrimination against PLHIV*** (overview, types and where it takes place)

The facilitator started with definitions

Stigma (especially social context:

- Stigma is social disapproval of personal characteristics or beliefs of a person (or a group of persons) who are considered to be in opposition to the dominant cultural norms.
- Stigma often leads to marginalization of people who are different from the mainstream way of doing things. They are ignored and may mean that they have less access to education or health care.
- Examples of stigma include attitudes to physical or mental disabilities and disorders, or affiliation with a specific nationality, religion, clan or ethnicity. Past or present involvement in crime also carries a strong social stigma in most societies.

Stigma comes in four forms

- Stigma based on outside signs of disease or disability, such as being very thin or fat or having leprosy or being in a wheelchair. This can include people with HIV who are showing symptoms of disease.
- Stigma based on personal traits or behaviours that are undesirable in the eyes of the dominant culture. This includes criminals, people who engage in transactional sex and drug users.
- **Stigma based on membership in a certain group** (also called "tribal stigma") and is based on a race, nationality or religion that is different from the dominant race, nationality, clan or religion.
- **Internalised stigma** (also called self-stigma). Some people (from any of the three groups above) withdraw from mainstream life because they have internalised the external stigma that they have repeatedly been a victim of; they may expect a negative reaction from society about a particular characteristic, such as living with HIV, and withdraw in anticipation of it.

HIV related Discrimination

- Unfair and unjust treatment of an individual based on her/his real or perceived HIV status;
- Discrimination can include the denial of basic human rights such as *health care, employment, legal services and social welfare benefits*;

- Harmful action that results from stigma and leads to unfair treatment, making people feel ashamed, guilty and isolated;
- Discrimination is *Stigma in action*;
- Treating someone differently may involve denial of rights and opportunities;
- Stigmatizing thoughts and beliefs that lead to discriminatory behaviour.

Effects of stigma and discrimination on PLHIV

Because of stigma and discrimination, PLHIV

- May be afraid to disclose their status
- May not feel comfortable going to health services
- May not get tested for HIV
- May not go to clinics to get ART
- May have difficulties adhering to ART

Stigma and discrimination can hurt, or may lead to death!!

During the course of the day, key findings of the Somali PLHIV stigma index for 2020 was presented as well as Human Rights based approaches to HIV and Knowing your Rights and Government Responsibilities prior to wrap up.

The session for Human rights presented below:

What are Human Rights?

1. Human Rights are rights to which all people are entitled , simply because she or he is a 'human being'
2. Human Rights are universal and applicable to everyone, everywhere and all the time
3. Human Rights are entitlements that all people have 365 days of the year
4. Human Rights are not country specific, not a reward for good behaviour

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5. Somali Health Workers need to be aware of International and National Human Rights Laws, which place responsibilities and obligations on all health care workers in Somalia

International and Somali Laws on Human Rights

1 The Human Rights of all Somalis are outlined in **International Conventions** that Somalia has ratified and in **National (Somali) Human Rights laws**. This obliges all concerned to respect the rights of all Somali citizens, including People Living with HIV, as outlined below:

2 **International Conventions that Somalia has ratified** include the following:

i. **Universal Declaration of Human Rights (1948):**

- The Universal Declaration of Human Rights (1948) highlights:

'All human beings are born free and equal in dignity and right's'.

- The right to life includes the right to health, that is, the right to medical care, support and treatment.

'Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services'

i. **International Covenant on Economic, Social and Cultural Rights:** Somalia ratified the ICESCR Covenant in 1990. **Article 12** protects the **right to Health** as outlined below:

The State' Parties recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Article 12)

ii. **International Covenant on Civil and Political Rights (ICCPR)**: Somalia ratified the ICCPR in 1990. This states that

'No one shall be subjected to unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour or Reputation'.

This right to privacy means that individuals are entitled to keep their HIV- and TB- status private. Health workers are obliged to respect this.

iv. **UN Political Declaration on Universal Health Coverage (UHC):** The UN Political Declaration on Universal Health Coverage adopted in September 2019 by Heads of States including Somalia, states: '

Health Services must respect human rights' principles (including privacy and confidentiality) and health facilities need to be accessible to everyone, with no risk of discrimination'.

Day 2

The second day started with group work discussing Prioritizing redress mechanisms to support Community Stigma Reduction in Puntland and the following presentation were made human rights COVID 19 vaccination for PLHIV as a Human Right Issue

- Records should be kept about human rights violations perpetrated against PLHIV in Puntland and submitted to the office of the human rights defender of Puntland
- Underlying conditions such as diabetes and hypertension are common among PLHIV. Among male PLHIV over the age of 65 years, diabetes and hypertension were associated with the stressful situations. These conditions are known to put people at increased risk of severe disease and death.
- This highlights the need for PLHIV to stay as healthy as possible, regularly access and take their ARV medications and prevent and manage underlying conditions.

The second session of the day was about the Somalia's Draft HIV Legal Environmental Assessment (LEA) conducted by UNDP while the last session was about the link between HIV, Poverty and Human rights

Closing Remarks

The representative from ISDP, Ms. Hawa Mohamed concluded the training and thanked both the facilitators and participants

6. Obstacles

During the course of the training no obstacles were observed

7. Recommendation

In the quest for recognition and legal protection of human rights and laws that are effectively implemented, people living with HIV in Somalia will live healthier, happier and more fulfilling lives.

On top of that, according to UNAIDS, the realization of human rights for everyone is essential to stop the spread of HIV and AIDS (UNAIDS Fast-Track the HIV response).

In Somalia, human rights violations in the context of HIV including stigma and discrimination experienced at family and community levels, as well as when trying to access healthcare services and in the workplace and other abuse as well as negative social attitude commonly limit access to HIV prevention, testing, treatment and care services. So, this assignment was and remains an integral part of the quest to ensure that the human and legal rights of PLHIV and KP in Somalia are respected and effectively protected.

I. Regular and updated revision of HIV prevention and treatment messages, and the development of more relevant and effective messages to be shared with the local media and monitored for feedback and effectiveness. In summary the media should be used as a tool of change for advocating for PLHIV instead of condemning them
II. Provide capacity building support to the healthcare workforce, including training on client friendly services and provision of the necessary protective equipment that prevents the risks of healthcare worker contracting HIV during service provision, including PEP
III. Strengthen post HCT linkages with care and support. This will help minimize the number of PLHIVs succumbing to denial and self-stigma, also refusing to enroll in the ART treatment
IV. Strengthen PLHIV Network (Daryeel) by improving its capacity and support systems. Capacity strengthening for the Network should aim at empowering the internal capacity to mobilize and attract resources for HIV programming; expanding their capacities to better coordinate PLHIV activities at the National and International Levels as well as their ability to decentralize their activities for greater reach at the community.

Annex I: Training Agenda

No	Time	Topic	Responsible person
1	8:30 – 9.00 am	Opening	AIDS Commission, PLHIV Network
2	9.00-9:30 am	Introductions, Objectives and Expectations • Agenda, objectives of the workshop • Introductions and Expectations of the workshop	Facilitator
3	9.30-10.00am	Somali National Strategic Plan 2021 -2023 • Questions and Discussion	Facilitator
4	**10:00—10:30 am**	**Tea Break**	
5	10:30: 11: 15	Stigma and Discrimination against PLHIV and KPs (overview, types and where it takes place)	Facilitator

	am		
6	11:15 am—12: 00 pm	Somali PLHIV Stigma Index (2020) findings	Facilitator
7	12.30 – 1.30pm:	**Lunch Break**	
8	1.30pm – 2.15pm	Human Rights based approaches to HIV	Facilitator
9	2:15— 2:30 pm	Knowing your Rights and Government Responsibilities	Facilitator
10	2:30— 3:00 Pm	Group work: What are the current redress mechanisms for PLHIV	All
11	3.00 pm	**Closure**	All

Day 2

No	Time	Topic	Responsible person
1	8:00 – 8.30 am	**Arrival and Recap**	Facilitator
2	8:30 – 9.00 am	**Group Work: presentation** Prioritizing redress mechanisms to support Community Stigma Reduction in *Puntland*	Teams
3	9.00- 10:00 am	Critical issues and challenges facing PLHIV in Somalia	PLHIV Network
4	10:00- 10:30 am	**Somalia's Draft HIV Legal Environmental Assessment (LEA)** (Presentation)	Facilitator
5	10:30- 10:45 am	**Tea break**	
6	10: 45- 11: 15 am	The link between HIV, Poverty and Human rights	Facilitator
7	11.15 - 12:30 pm	**Group Work:** How can the rights of Somali PLHIV be protected and safeguarded *(from PLHIV perspective)* 1. Legal Rights: State ensures personal freedoms of all Somali People (Constitutions) 2. Health Rights: Ensure PLHIV have access to essential HIV Health Services (HIV prevention, care and treatment) 3. Access to Justice: Ensure PLHIV and KP's rights to legal services **4.** Social Rights: Live free from Stigma and Discrimination	Facilitator

8	**12.30pm – 1.30pm**	**LUNCH**	
9	1.30pm – 3.00pm:	**Group Work Presentations** • Questions and Discussion and best Practices to support the Rights of PLHIV	Facilitator
10	**3.00 PM**	**Closure**	All


"LEGAL LITERACY" PLHIV Know Your Rights Training in Garowe
Venue: RAYAN PARK HOTEL
Location: Garowe
Date: 10th,11th- September-2023

END