

Somalia Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 01/01/2013

To date: 12/31/2013

Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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

Postal address: Mogadishu, Somalia

Telephone: +252615593820

Fax:

E-mail: sc.aidscommission@yahoo.com

Describe the process used for NCPI data gathering and validation: Administered questionnaire

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

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

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

Organization	Names/Positions	Respondents to Part A
South Central AIDS Commission	Ahmed Jimale Mohamed/ Executive Director	A1,A2,A3,A4,A5,A6
South Central Ministry of Health National AIDS Programme	Dr Sacdia Abdisamad Abdullaahi/Manager	A1,A2,A3,A4,A5,A6
Somaliland AIDS Commission	Abdi Ali Jama	A1,A2,A3,A4,A5,A6
Puntland AIDS Commission	Abdurahman Saaed	A1,A2,A3,A4,A5,A6

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

Organization	Names/Positions	Respondents to Part B
CISP CSO	Morena Bassan Health/Nutrition Programme Manager	B1,B2,B3,B4,B5
TALOWADAG PLHIV network	Osman Guleid/Executive Director	B1,B2,B3,B4,B5
UNAIDS	Martin Odiit/Countrity Director	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2009 to 2013. Still in use. 2015 to 2019 underdevelopment

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Did not have a costed operational plan. Did not have measurable targets.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: AIDS Commissions assisted by line Ministries of Health and other Ministries

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

Education:

Included in Strategy: Yes

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: No

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: No

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: No

Transportation:

Included in Strategy: Yes

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other:

Included in Strategy: No

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?: Funding is primarily sourced from projects funded by Round 8 of the Global Fund which ends in December 2014.

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: No

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: Yes

Transgender people: No

Women and girls: No

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]:

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: No

1.6. Does the multisectoral strategy include an operational plan?: No

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: No

c) Detailed costs for each programmatic area?: No

d) An indication of funding sources to support programme implementation?: No

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Moderate involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: CSOs do not have enough capacity to take active part on development of National strategy plan but they are engaged throughout the development process in order to capacitate them and make them aware of strategy and its operationalization.

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

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

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: No

National Social Protection Strategic Plan: No

Sector-wide approach: No

Other [write in]:

:

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: No

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: There is a Health Sector Strategic Plan which is being rolled out using an Essential Package of Health Services that is still at the pilot stage but aims at integrating delivery of HIV and other essential health services. Offices for the health Ministry have been built and increasingly more service outlets for HIV and AIDS services are being created.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Few

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: Few

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 5

Since 2011, what have been key achievements in this area: Regular Integrated Prevention, Treatment, Care and Support (IPTCS) reviews.

What challenges remain in this area:: Absence of M&E system which indicates the progress in achievement and gaps.

A.II Political support and leadership

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

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: Ministry of Health took part coordination meetings, AIDS commission meetings, quarterly and annual review meetings and World AIDS day commemoration activities. President of Somaliland chaired AIDS Commission meeting and Vice President of Somaliland participating in public HIV testing on World AIDS Day.

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

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: President

Have a defined membership?: Yes

IF YES, how many members?:

Include civil society representatives?: Yes

IF YES, how many?:

Include people living with HIV?: Yes

IF YES, how many?:

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: Obtaining consensus and common voice among all stakeholders with regards to HIV and AIDS reviews and programming.

What challenges remain in this area:: Need to involve the Private sector

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

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

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: Policies/Laws stigmatise key populations most at risk.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 6

Since 2011, what have been key achievements in this area:: Involvement of political leadership in HIV advocacy.

What challenges remain in this area:: Negative attitude towards key populations and towards use of condoms as an HIV control strategy.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: No

Other specific vulnerable subpopulations [write in]:

: No

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

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: The Somali Constitution. South Central: Fundamental or basic rights of an individual; Labour laws; Gender and Human Rights; Prisons law; Media protection law; Personnel law.

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

Briefly comment on the degree to which they are currently implemented:: In South Central, support being provided by AMISOM and UNDP to low enforcement

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

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: HIV policy protects PLHIV from any types of Human rights violations and violence but not approved yet or passed by the parliament.

Briefly comment on how they pose barriers: Behaviors and practices of key populations considered contrary to Islam and Somali culture. There is fear of reprisal and therefore some of the vulnerable populations cannot open up.

A.IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: No

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: No

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: No

Other [write in]:

: No

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

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

2.1. Is HIV education part of the curriculum in:

Primary schools?: No

Secondary schools?: No

Teacher training?: No

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: No

b) gender-sensitive sexual and reproductive health elements?: No

2.3. Does the country have an HIV education strategy for out-of-school young people?: No

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

Briefly describe the content of this policy or strategy:: Somaliland: There is a Communication Strategy. South Central: Youth and uniformed services ; Sex workers ; Truck drivers ; Immigrants

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

People who inject drugs:

Men who have sex with men:

Sex workers: Condom promotion

Customers of sex workers: Condom promotion

Prison inmates:

Other populations [write in]: General population

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2013?: 5

Since 2011, what have been key achievements in this area?: Increasing awareness. Increasing coverage of PMTCT.

What challenges remain in this area?: Cultural resistance for condom use. Limited distribution of PMTCT services. Stigma and misconception is widespread. Insecurity in South central.

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

IF YES, how were these specific needs determined?: In the south-central Somalia: newly liberated areas have no HIV services which alter lack of awareness by population in those regions; The current strategy focus on sex workers among all other key population or MARPs.

IF YES, what are these specific needs? : Expand the HIV prevention programs to the newly liberated areas; Formulate awareness raising programs for MARPs rather than only sex workers.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly disagree

Economic support e.g. cash transfers: Strongly disagree

Harm reduction for people who inject drugs: Strongly disagree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Strongly agree

IEC on risk reduction:

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Strongly disagree

Risk reduction for men who have sex with men: Strongly disagree

Risk reduction for sex workers: Strongly disagree

Reduction of gender based violence: Disagree

School-based HIV education for young people: Disagree

Treatment as prevention: Disagree

Universal precautions in health care settings: Agree

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 6

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: 1. Psychosocial support 2. Opportunistic infection prophylaxis (Co-trimoxazole, Isoniazid, Fluzonazole) 3. Opportunistic infection treatment 4. Intensified Case finding for TB among PLWHs 5. TB infection control in congregate settings 6. Preparation and support for treatment adherence 7. Anti-retroviral therapy 8. Risk reduction counseling and interventions for HIV positives 9. Pregnancy screening and family planning for HIV positive patients 10. Prevention of mother to child transmission 11. Infant and child feeding 12. Support for disclosure of HIV status to sexual partner(s)

Briefly identify how HIV treatment, care and support services are being scaled-up?: Treatment, care and support service scale up remain dictated by donor financing, as the government contribution to the HIV response remains minimal. The number of HIV counseling and testing sites for the general population are being scaled up under the current round 10 TB grant and the proposed New Funding Model (NFM) application, due to be submitted in Mid 2014. The planned scale up entails increases from the Dec 2013 to Dec 2019 levels as follows: number of ART sites from 11 to 29, and those on ART from 1,627 to 4,000, by the end of 2019. The scale up of ART sites will be to locations with already established HIV care services, sites with high HIV positive rates and larger potential HIV positive catchment populations, including those that will be accessible to known most at risk populations.

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

The majority of people in need have access to...:

Antiretroviral therapy: Disagree

ART for TB patients: Disagree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Strongly disagree

Economic support: Strongly disagree

Family based care and support: Disagree

HIV care and support in the workplace (including alternative working arrangements): Strongly disagree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly disagree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Disagree

Post-delivery ART provision to women: Disagree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly disagree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]::

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: No

Please clarify which social and economic support is provided:

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: No

IF YES, for which commodities?: -A new ART site was opened, bringing the total to 11 sites, and the number of patients on ART rose from 11,39 to 1627. -HIV testing in TB facilities increased from 24 to 36 TB facilities, with annual totals of TB patients tested increasing from 4,410 to 6,973. -New ART patient monitoring tools were adapted and rolled out, improving the reporting of ART data, and a data base of CD4 testing was set up, providing the annual summations of CD4 tests done in the three zones.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 5

Since 2011, what have been key achievements in this area?: -There is inadequate funding, with the Global Fund grants experiencing fund cuts, leading to postponement of aggressive treatment scale up plans. The response remains heavily dependent on Global Fund resources -The Procurement and supplies management system remains weak, in need of strengthening. - Scale up of services to most at risk populations is constrained by a lack of data on the true disease burden among such groups, and research into this has been hampered by stigma and police harassment, leading to abandonment of a follow up IBBS study in Hargeisa. - There is no HIV drug resistance surveillance system in place at the moment.

What challenges remain in this area?:

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 3

Since 2011, what have been key achievements in this area?: Increasing coverage of ART though low and treatment of TB co-infection. Change in ART guidelines.

What challenges remain in this area?: Somaliland: Majority of the people have not access ART. Lack of psychosocial support of PLHIV Limited TB prevention initiatives Lack of efficient Pediatric AIDS treatment Lack of post exposure prophylaxis for non occupational exposure (e.g sexual assault) South Central: 1.Insecurity 2. Defaulting 3.Lack of nutrition support 4.No confidentiality in the Health Centers of PLHIV therefore disclosure of information 5. Lack of financial support for PLHIV food and transportation 6. Stigma and discrimination is still high in rural areas Puntland: Limited accessibility to Integrated treatment services Poor supply chain managements Stigma and discrimination still exist in the community Through there is an increase in ART centres, coverage remains low.

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation?: Capacity to implement M&E activities is limited. Implementers are more responsive to donors than the AIDS Commissions.

1.1. IF YES, years covered: 2009-2013

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, some partners

Briefly describe what the issues are?: Most implementers are funded by the Global Fund and use indicators limited to the performance framework of the grant.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: No

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 5-11% Global Fund Round 8

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: Lack of M&E capacity among implementers

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

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Somaliland: One national M&E Coordinator	Full-time	2006
Somaliland: Database officer	Full-time	2011
Somaliland; Regional M&E officers (5)	Full-time	2006
Puntland: One national M&E Coordinator	Full-time	2006
Puntland; Regional M&E officers (5)	Full-time	2006
South Central: One national M&E Coordinator	Full-time	2006
South Central; Regional M&E officers (5)	Full-time	2006
South Central: M&E Coordinator (MOH)	Full-time	2012
Puntland: M&E Coordinator (MOH)	Full-time	2012
Somaliland: M&E Coordinator (MOH)	Full-time	2012

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

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

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

What are the major challenges in this area:: Somaliland: Delays of reports from some partners. Incomplete reports from some partners. Puntland: No Database. No funds for M&E purposes. Limited capacity of M&E personnel. No harmonized M&E tools. South Central: No Database. No funds for M&E purposes. Limited capacity of M&E personnel. No harmonized M&E tools.

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

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

IF YES, briefly describe the national database and who manages it.:

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

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: Zones

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: No

IF YES, for which population groups?:

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: Zonal level.

Briefly explain how this information is used:: Presented during the programme reviews for planning and resource mobilisation.

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

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: Being used to develop next strategic plan for HIV/AIDS. Strategic information from key populations at risk is limited.

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

At national level?: Yes

IF YES, what was the number trained::

At subnational level?: Yes

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 4

Since 2011, what have been key achievements in this area:: Development of an M&E Framework.

What challenges remain in this area:: Capacity of M&E staff needs to be increased at all levels from NACs to implementers including MoH.

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 2

Comments and examples:: The civil society contribution towards these issues is not strong as the result of low capacity and commitment, but some small numbers of NGOs are dedicated to making change and influence on national strategy/policy formulations.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 3

Comments and examples:: All of the NGOs working on HIV were invited to involve in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan Six NGOs work HIV in Somaliland at the grass root level and all of them were there and they are also invited to be part of the meeting which will be held in Kampala. The Civil society were the grass root for the formulating process.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 3

b. The national HIV budget?: 1

c. The national HIV reports?: 3

Comments and examples:: Example, some organizations do HIV outreach activities without financial support but in kinds

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 0

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 2

c. Participate in using data for decision-making?: 2

Comments and examples:: Done by AIDS commission

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 3

Comments and examples:: Networks of people living with HIV and community-based organizations have significance contribution in the fight against HIV. But, others do have small involvement. There are some Local NGOs that serve and are committed this process and operates in a limited actions and location due to limited resources.

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

a. Adequate financial support to implement its HIV activities?: 2

b. Adequate technical support to implement its HIV activities?: 2

Comments and examples: Round 8 Global funds, there was no enough capacity building for the NGOs. But the previous R8 there were a focus on that issue. There is a technicality civil society that are able to implement HIV activities and need to endorse their capacity of implementations and M&E. process

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

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: <25%

People who inject drugs: <25%

Sex workers: 25-50%

Transgender people: <25%

Palliative care : 51-75%

Testing and Counselling: 51-75%

Know your Rights/ Legal services: 25-50%

Reduction of Stigma and Discrimination: 25-50%

Clinical services (ART/OI): >75%

Home-based care: >75%

Programmes for OVC: <25%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 4

Since 2011, what have been key achievements in this area: People Participate World days Education on counselling Dissemination Messages on HIV/AIDS Stigma and discrimination were addressed, PLHIV were provided supplementary nutrition food, Key MARPS were targeted. Prevention outreach activities were conducted.

What challenges remain in this area: Inadequate financial support Low capacity building of local NGOS to mobilize resources and fundraise as well.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:: Participate in implementation, review meetings and strategic plan development but there is an HIV and AIDS policy , but not functioning

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

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

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: HIV Policy-Discrimination against HIV-Infected People. , The constitution-General Principles and The Rights of the Individual, Fundamental Freedoms and the Duties of the Citizen of the constitution supports the citizens of the country regardless of their HIV status but no specific law protecting the rights of PLHIV and most risk population.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: The usage of the constitution is not strong, for example traditional laws are stronger than the constitution mostly.

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

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

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

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

Briefly comment on how they pose barriers::

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

Briefly describe the content of the policy, law or regulation and the populations included.: Laws against Rape Laws against Force Marriages

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

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: No discrimination of PLHIV and laws are consistent with international human rights obligations.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism::

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle

“yes” or “no” as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: PLHIV for HIV related care and support interventions.

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

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

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

IF YES, Briefly describe the content of this policy/strategy and the populations included:: The Policy says: Equality of access to all human beings for HIV/AIDS services Prevention Treatment Care and support BUT is not enforced.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: No

IF YES, briefly explain the different types of approaches to ensure equal access for different populations::

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

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

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

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples:: Existence of civil society Local NGOs working this field
Advocacy Groups Government HIV Protection working group

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

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

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: No

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

a. Legal aid systems for HIV casework: Yes

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

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

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]: Orally mentioned Laws, and regulations: by the Radios, Journals

: Yes

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 2

Since 2011, what have been key achievements in this area:: Programmes concerning the Laws, and regulations and broadcast by the Radios and Journals

What challenges remain in this area:: Lack of enforcement of laws.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 3

Since 2011, what have been key achievements in this area:: Creation of Local Human Rights Organizations

What challenges remain in this area:: Not Empowered and fear is there.

B.IV Prevention

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

IF YES, how were these specific needs determined?: Review meetings and NSP development

IF YES, what are these specific needs? : IEC, Prevention with Positive (PwP) strategy, care and support of PLHIV and condom.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Disagree

Harm reduction for people who inject drugs: Disagree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Strongly disagree

Risk reduction for men who have sex with men: N/A

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

Other [write in]::

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 5

Since 2011, what have been key achievements in this area:: Education Through Community Action Groups Schools Quranic School Gathering places IPTCS MARPS and the support of PLHIV but it is still inadequate

What challenges remain in this area:: Limited Movement, Shortage of staff Shortage of IEC materials. Low capacity and inadequate fund to implement more.

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: Rights of the clients Rights of the freedom Rights and dignity among the society.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Very important and need essentiality to expand To unreached locations and but generalized. Averting IPTCS services to enable access to all. Somali People to HIV Counselling and testing freely.

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly disagree

ART for TB patients: Strongly disagree

Cotrimoxazole prophylaxis in people living with HIV: Strongly disagree

Early infant diagnosis: Agree

HIV care and support in the workplace (including alternative working arrangements): Strongly agree

HIV testing and counselling for people with TB: Strongly disagree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly disagree

Nutritional care: Strongly disagree

Paediatric AIDS treatment: Strongly disagree

Post-delivery ART provision to women: Strongly disagree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly disagree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly disagree

Psychosocial support for people living with HIV and their families: Disagree

Sexually transmitted infection management: Disagree

TB infection control in HIV treatment and care facilities: Strongly disagree

TB preventive therapy for people living with HIV: Strongly disagree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 3

Since 2011, what have been key achievements in this area: Sustained and expanded HIV care and support programmes

What challenges remain in this area: Short of capacity building on the staff and the community Short of IEC Resources.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 6

Since 2011, what have been key achievements in this area: Expanded treatment coverage

What challenges remain in this area: Care and support not adequately addressed.