This edition of the quarterly update provides information on the progress made by partners to scale up integrated HIV/AIDS prevention, treatment, care and support services within the Somali response, in line with the Universal Access Initiative. Somali partners now have considerable capacity to systematically collect data from service delivery points at the community level and provide it to the AIDS Commission secretariats, using the 3 central monitoring and evaluation (M&E) units and the 10 regional M&E officers.

The data covers response outputs funded mainly through the Global Fund to Fight AIDS, Tuberculosis and Malaria, with complimentary resources from government counterparts, UN agencies, and bilateral and civil society organizations. Somali partners have set five-year Universal Access targets and agreed on indicators that can be monitored. The Somali Country Response Information System (CRIS) update aims to provide all partners with regular feedback on the cumulative progress made in the realization of the set targets. It also aims to identify ways to overcome existing challenges in Puntland, Somaliland and the South Central region.

Contents:

- Somali HIV Response Situation Analysis
- Status of Human Capacity-building Efforts to Support the Scale-up of HIV/AIDS Services
- Expansion of HIV/AIDS Service Delivery Points for Integrated Prevention, Treatment, Care and Support
- HIV/AIDS Services: Utilization Update and Coverage Level
- Increased Funding for the Somali HIV Response
- Somalia Joint UN HIV/AIDS Programme of Support
- Main Focus of the Somali HIV Response in 2007
- Updated Somali HIV Response at a Glance, with Universal Access Indicators (January 2007)
- Map Presentations of the HIV Response
HIV serosurveillance among antenatal clinic attendees in 2004 revealed an average HIV prevalence in Somali populations of 0.9%. Sentinel sites ranged between a 0 and 2.6% prevalence rate: 1.4% in Somaliland, 1% in Puntland and 0.6% in South Central Somalia. The limited data indicates a significant TB/HIV co-infection problem. Although a second-generation surveillance plan has just been put in place, little data exists on young people, internally displaced persons (IDPs), returnees, refugees and other mobile populations—notably, cross-border populations and pastoralists. Clearly, porous borders with higher prevalence countries will continue to be a major determinant of the future course of the epidemic for Somalis, particularly with increasing displacement and mobility resulting from conflict.

Instability continues to undermine emergency humanitarian assistance, recovery and development. All of South Central Somalia remains at Phase 5 on the UN security scale, while Puntland and most of Somaliland are Phase 4. However, in spite of this, the three Somali entities continue to cooperate on HIV/AIDS. Somaliland, Puntland and the South Central region have established multi-sectoral AIDS commissions and secretariats with highest-level presidential leadership. Civil society, religious leaders and government authorities have made the HIV response a building block in reconciliation processes, elevating it above clan politics. The three AIDS commissions work together, along with international partners in Nairobi. They are still nascent and require capacity, but they remain a paradigm of the Somali “Three Ones” principle\(^2\). A roadmap is close to being approved (by all partners) to increase Somali partnerships and responsibility for the management of the response and its resources. (A list and map of all the partners can be seen in Figure 8.)

Global Fund, bilateral and UN resources have been secured to implement a comprehensive response, although new resources are needed. Each commission has one strategic framework and an Integrated Prevention, Treatment, Care and Support Plan in place. In the past year, access to antiretroviral therapy (ART), voluntary counselling and testing (VCT), and other services have vastly improved, though critical capacity and implementation limitations remain. Universal access to services for Somalis will require much more work on youth, prevention of mother-to-child transmission, orphans and vulnerable children, uniformed services, authorities, and religious leaders.

There is one harmonized M&E framework with common reporting tools and a Country Response Information System database for all entities. M&E technical working groups support the M&E units based in each entity and in

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1. Somali HIV Response Situation Analysis

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\(^1\) 2004 HIV sentinel surveillance survey report

\(^2\) This refers to the principle of having one HIV/AIDS strategic framework, one coordination body, and one monitoring and evaluation framework for all partners.
Nairobi. HIV/AIDS has been mainstreamed in various plans and frameworks, including the Joint Needs Assessment, the Reconstruction and Development Framework, the Consolidated Appeals Process and a new UN Transition Plan for 2008–2009. The HIV/AIDS UN Implementation Support Plan that was developed in 2005 is being revised and will form an integral part of the Joint UN Programme. A Joint Strategic Review of the strategic framework and a quarterly review of the Global Fund grant are planned for the first quarter of 2007.

2. Status of Human Capacity-building Efforts to Support the Scale-up of HIV/AIDS Services

About 4850 Somalis have been trained on integrated prevention, treatment, care and support services. This number has provided the critical mass to support skilled delivery of HIV/AIDS intervention services for Somalis in need in Puntland, South Central and Somaliland. The trainees are spread across the three regions: 41% in Puntland, 30% in South Central and 29% in Somaliland (shown in Figures 6 and 7). The Global Fund, the Department for International Development (DFID) and the UN (regular budget) funded the training. It was implemented through the technical support of WHO, as well as UNAIDS, UNICEF, and international and local NGOs.

Figure 1: Distribution of trained IPTCS personnel

The thematic areas covered and the number of people trained through the human capacity-building programme are shown in Figure 2 below. Those trained were selected, in collaboration with the Ministry of Health and the AIDS Commission secretariats, from general hospitals (60%), maternal and child health facilities (16%), TB hospitals (22%), the Ministry of Health, and private health facilities (2%). It is also important to indicate that in 2006, 20 Somalis provided services to prevent mother-to-child transmission.
3. Expansion of HIV/AIDS Service Delivery Points for Integrated Prevention, Treatment, Care and Support

The Somali HIV Response now has 1 TB centre, 3 functional ART sites, 7 VCT centres, 7 sexually transmitted infection (STI) centres, 21 blood safety centres, 6 laboratories, 7 youth centres and 34 media programmes. This is a quantum leap from the 1 ART site and 1 VCT site that existed a year ago. These integrated prevention, treatment, care and support (IPTCS) centres and programmes are distributed across South Central (44%), Somaliland (28%) and Puntland (28%). This information is mapped in Figure 7. Partners have developed appropriate tools for the Country Response Information System to support systematic data collection and use through the AIDS Commission secretariats.
With the support of the Global Fund, partners have now achieved the first Universal Access target of providing IPTCS services to 1 million Somalis in Puntland, Somaliland and South Central (from a total population of 7.5 million). This is a remarkable achievement, given the political environment and ongoing humanitarian emergencies and security conflicts in some areas under the Somali response. Out of the 172 people living with HIV/AIDS in the 3 regions, 103 are benefiting from comprehensive ART. There is also increasing utilization of STI management, voluntary counselling and testing, blood safety, and opportunistic infection (OI) services across the response (details shown in Table 1 below).

Still, there is a need to support the current efforts with institutionalized community mobilization, in order to improve the health-seeking behaviours of Somalis and reduce the existing stigma and discrimination.

In collaboration with partners, UNICEF has commenced the implementation of prevention of mother-to-child transmission (PMTCT) services in 10 pilot centres in Somaliland, Puntland and South Central. So far, the adaptation of global policies, guidelines and training modules has been completed. The selected pilot sites are under renovation, and all the needed supplies have been procured and are on the ground. The requisite critical mass of human resources have been identified and trained. This effort will prevent mother-to-
child transmission but will also serve as an entry point for widespread prevention efforts by partners. There is an additional need to address transmission-related issues among vulnerable and high-risk groups within the Somali population.

Table 1: Service delivery update (to January 2007) for the Somali response, according to the Universal Access Indicators

<table>
<thead>
<tr>
<th>Key Service Delivery Coverage Universal Access Indicators</th>
<th>Update Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HIV positive people requiring ART who receive appropriate ART in Puntland, Somaliland and South Central.</td>
<td>111</td>
</tr>
<tr>
<td>Number of people living with HIV who are on ART and care and support in Puntland, Somaliland and South Central.</td>
<td>172</td>
</tr>
<tr>
<td>Number of people requiring prophylaxis and treatment for OI who receive adequate treatment and/or prophylaxis for OI in Puntland, Somaliland and South Central.</td>
<td>226</td>
</tr>
<tr>
<td>Number of people diagnosed with STIs who receive appropriate STI treatment in Puntland, Somaliland and South Central.</td>
<td>2337</td>
</tr>
<tr>
<td>Number of people requesting VCT services who receive comprehensive VCT services according to national guidelines in Puntland, Somaliland and South Central.</td>
<td>998</td>
</tr>
<tr>
<td>Number of blood donors screened for HIV, syphilis and hepatitis in Puntland, Somaliland and South Central.</td>
<td>568</td>
</tr>
<tr>
<td>Number of condoms distributed.</td>
<td>513,216</td>
</tr>
<tr>
<td>Number of people the certified NGO NOVIB reached with community mobilization and HIV awareness activities in Puntland, Somaliland and South Central.</td>
<td>9782</td>
</tr>
<tr>
<td>Number of people reached by mass media and public campaigns to raise awareness about HIV/AIDS in Puntland, Somaliland and South Central.</td>
<td>1,089,000</td>
</tr>
<tr>
<td>Number of ‘in and out of school’ young people reached by trained youth peer educators and teachers in Puntland, Somaliland and South Central.</td>
<td>52,670</td>
</tr>
<tr>
<td>Number of peer educators trained in behaviour change communication for specific groups in Puntland, Somaliland and South Central.</td>
<td>134</td>
</tr>
<tr>
<td>Total number reached through different service delivery points.</td>
<td>1,155,990</td>
</tr>
</tbody>
</table>

5. Increased Funding for the Somali HIV Response

The four highest donors to the Somali HIV Response in 2005 and 2006 were the Global Fund, Italian Cooperation, DFID and UN agencies. The total resources mobilized on HIV/AIDS through different means in 2005/2006 amounted to US$ 15 million, of which 12.5 million was spent in 2006 (details are shown in Table 2 below).
Table 2: HIV/AIDS funding for Somalis in 2005/2006

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>Total Budget (US$)</th>
<th>Total Spent (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government funding</td>
<td>132,500</td>
<td>132,500</td>
</tr>
<tr>
<td>(Somaliland—40,000 in 2005, 60,000 in 2006; Puntland—8000 in 2005, 24,500 in 2006)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNICEF GF [2005-2006]</td>
<td>7,701,200</td>
<td>5,733,179.18</td>
</tr>
<tr>
<td>Italian Cooperation</td>
<td>3,535,450.82</td>
<td>3,074,435.56</td>
</tr>
<tr>
<td>UNDP [2005-2006]</td>
<td>1,313,000</td>
<td>1,313,000</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>859,551</td>
<td>788,016</td>
</tr>
<tr>
<td>UNFPA [2005-2006]</td>
<td>251,650</td>
<td>251,650</td>
</tr>
<tr>
<td>UNIFEM (2005-2006)</td>
<td>184,500</td>
<td>184,500</td>
</tr>
<tr>
<td>WFP [2005-2006]</td>
<td>170,000</td>
<td>170,000</td>
</tr>
<tr>
<td>UNICEF PMTCT [2006]</td>
<td>178,000</td>
<td>144,000</td>
</tr>
<tr>
<td>Child Aid Somalia [2005-2006]</td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Institute of Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development Disabled People in Benadir</td>
<td>12,500</td>
<td>1200</td>
</tr>
<tr>
<td>WHO/WB</td>
<td>183,000</td>
<td>183,000</td>
</tr>
<tr>
<td>FAO</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>UNESCO</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>OCHA</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>UNHCR</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>USAID</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>US$ 15,020,947.22</td>
<td>US$ 12,495,076.14</td>
</tr>
</tbody>
</table>

A total of US$ 11.6 million was spent in-country through the AIDS Commission secretariats, local NGOs and international NGOs implementing on the ground, as shown in Figure 4 below. Most of the in-country funding went to Puntland, in particular the support from Italian Cooperation (US$ 3 million).

In 2005/2006, 59% of the funds were spent on advocacy, coordination, and monitoring and evaluation, 27% on HIV prevention, 13% on treatment, care and support, and 1% on orphans and vulnerable children. This is shown in Figure 5 below.

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3 Funded by DFID and LICUS (World Bank)
4 Part of the Global Fund
5 Part of the Global Fund
Figure 4: In-country expenditures

HIV/AIDS In-Country Spending

- **South Central**: US$ 2,761,251.7 (24%)
- **Somaliland**: US$ 2,990,913.1 (26%)
- **Puntland**: US$ 5,916,942.26 (50%)

Figure 5: HIV/AIDS expenditures by thematic area

Expenditure by Thematic Areas of HIV Response

- **Advocacy, Coordination and M&E**: 7,966,708 (59%)
- **Prevention**: 3,731,090.57 (27%)
- **Treatment, Care and Support**: 1,833,295.5 (13%)
- **OVC**: 1,176.60 (1%)
6. Somalia Joint UN HIV/AIDS Programme of Support

Increased access to integrated prevention, treatment, care and support services will be achieved in line with the agreed Universal Access targets and indicators for 2005–2010. A Joint UN Team on HIV/AIDS workplan is being developed to support the six areas of the strategic framework, which is currently largely financed by Global Fund resources. The Joint UN plan, which supports Universal Access through Global Fund implementation and M&E, will continue to harmonize targets and indicators based on six areas in the Strategic Framework on HIV/AIDS and STIs for Somali Populations 2003–2008, namely:

- Strengthened resource mobilization and policy
- Increased awareness and community mobilization
- Increased access to quality HIV/AIDS-related health and education services
- Comprehensive care and treatment for people living with HIV
- Reduction and mitigation of negative impacts of HIV/AIDS
- Improved knowledge base for response planning management and implementation

A key accountability measure of the UN will be to ensure that Somali partners are working with neighbouring higher prevalence countries in the Partnership on HIV/AIDS Vulnerability and Cross-border Mobility in the Horn of Africa.

7. Main Focus of the Somali HIV Response in 2007

The overall objective of the Somali HIV Response in 2007 is to scale up integrated prevention, treatment and care services in line with Universal Access and Global Fund targets. This will help to make significant progress in the following: access to quality health and education services and livelihoods; building better governance capacities; contributing to peace, stability, the rule of law and security; and promoting dialogue and reconciliation among Somalis. The focus for 2007 will be on:

- Scaling up integrated prevention, treatment, care and support by aligning ART, VCT, TB and STI services in the three entities with Global Fund and Universal Access indicators.
- Specifically emphasizing large-scale prevention services; situation analysis of the vulnerable groups in Somalia; behaviour change communication; mass media; voluntary counselling and testing services; community mobilization and awareness raising; PMTCT services; issues relating to gender, women and girls; HIV/AIDS multipurpose youth...
centres; and the peer education programme for young people.

• Building a better strategic base for the use of Global Fund resources in the response with respect to addressing: the multiple vulnerabilities of women, girls and young people; governance, rule of law and security, including uniformed services work; and PMTCT, orphans and vulnerable children, IDPs, returnees, and refugees.

• Building the Joint UN Teams in Somaliland, Puntland and South Central to support capacity building in the AIDS commissions.

• Boosting monitoring and evaluation efficacy in the response, especially among Global Fund sub-recipients.

• Building the regional Partnership on HIV Vulnerability and Cross-border Mobility in the Horn of Africa, focusing on populations of humanitarian concern.
National Commitment and Action

- Amount of national funds disbursed by government: US$ 132,500 (Somaliland—40,000 in 2005, 60,000 in 2006; Puntland—8000 in 2005, 24,500 in 2006)
- Implementation of the “Three Ones” principle: three coordination bodies functional in Somaliland, Puntland and South Central; one M&E framework and one strategic framework with action plans and policies (one in Somaliland and one in Puntland)

Knowledge and Behaviour

- Percentage of at risk young people aged 15 to 24 who correctly identify ways to prevent the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention: Males—12.5%, Females—7.9% (KABP Survey, UNICEF, 2004)
- Percentage of women aged 15 to 49 who correctly identify ways to prevent the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention (MDG indicator): 3.6% (Somaliland—5.1%, Puntland—4% and South Central—3%) (UNICEF MICS, 2006)
- Percentage of the population who have heard of AIDS: Males—79.6%, Females—71.3% (KABP Survey, UNICEF, 2004)
- Percentage of young men and women aged 15 to 24 who have had sex before age 15: 50% (KABP Survey, UNICEF, 2004)
- Percentage of populations most at risk reached by prevention programmes: 0%
- Number of condoms distributed annually by the public sector and the private sector: 513,216 (Global Fund Update, December 2006)
- Percentage of the population who mention the use of condoms as a prevention tool (out of those who have heard of AIDS): Males—24.1%, Females—11.4% (KABP Survey, UNICEF, 2004)
- Percentage of the population who have used condoms (out of those who have heard of condoms): Males—16.2%, Females—8.7% (KABP Survey, UNICEF, 2004)
- Percentage of HIV-positive pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission: 0.3% (Hargeisa ART Update, November 2006)
- Percentage of women aged 15 to 49 currently married or in union who are using condoms as a contraceptive method: 0% in all regions (MICS, 2006)
- Percentage of the population who have taken an HIV test (out of those who have heard of AIDS): Males—4.8%, Females—2.5% (KABP Survey, UNICEF, 2004)
- Number of health facilities with the capacity to deliver appropriate VCT services: seven centres (Merka, Mogadishu and Wajid in South Central; Bossasso and Garowe in Puntland; and Hargeisa and Burao in Somaliland) (Global Fund Update, December 2006)
- Number of people (volunteer VCT and STD patients) who have received HIV testing and know their results (2004–2005): 955 (VCT Programme Monitoring Report, Global Fund Update, December 2006)

Treatment, Care, and Support

- Number of people enrolled in treatment, care and support programmes with access to ART: 172 patients (ART Programme Monitoring Report in Somaliland, December 2006)
- Number of people with advanced HIV infection receiving combination ART: 111 patients (102 in Somaliland, 2 in Puntland, and 1 in South Central) (Global Fund Update, December 2006)
- Number of adults with HIV still alive and known to be on treatment 12 months after the initiation of antiretroviral therapy: 45 (ART Programme Monitoring Report, 2006)
Impact

- HIV prevalence among pregnant women aged 15 to 49: 0.9% (WHO HIV Surveillance Report, 2004)
- HIV prevalence among pregnant women aged 15 to 24: 0.9% (WHO HIV Surveillance Report, 2004)
- School attendance rate for children whose mother and father have died from AIDS-related illnesses and non-AIDS causes: 27.8%
- Number of orphans and other vulnerable children receiving a basic support package: 50 households (Somaliland ART Report, 2006)
- Percentage of children whose mother and father have died (all causes): 1.3% (UNICEF MICS, 2006)
- Infant mortality rate: 96/100,000
Figure 6: Maps of the distribution of personnel trained in ART and VCT
Figure 7: Map of the distribution of personnel trained in STIs and map of HIV/AIDS service delivery points
Figure 8: Country Response Information System
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