

Quarterly Report: Responding to HIV and AIDS in Somalia

Reporting Period	First Quarter 2015
Government Counterpart	Somali National AIDS Commission (SNAC); Puntland AIDS Commission (PAC) and Somaliland AIDS Commission (SOLNAC).
PSG	Cross Cutting – across all PSGs Development
PSG priority	
Focus Locations:	Federal Level (<i>Mogadishu and Dollow in Gedo Region</i>); Somaliland (<i>Berbera, Boroma, Burao and Hargeisa</i>); Puntland (<i>Garowe and Bosaso</i>)
AWP Budget	\$622,088
Available Funds for year	\$531,798
Expenditure to date	\$136,866

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ABBREVIATIONS AND ACRONYMS

AMISOM	African Union Mission in Somalia
AWP	Annual Work Plan
CSO	Civil Society Organization
DFID	Department for International Development
EU	European Union
FGS	Federal Government of Somalia
GF	Global Fund
GROL	Governance and Rule of Law Programme
ISF	Integrated Strategic Framework
JP	Joint Programme
MIA	Mogadishu International Airport
MCG	Micro-Capital Grant
MoF	Ministry of Finance
MoLSA	Ministry of Labor and Social Affairs
MoPIC	Ministry of Planning and International Cooperation
MPTF	Multi Partner Trust Fund (UN)
NGO	Non-Governmental Organization
OPM	Office of the Prime Minister
PREP	Poverty Reduction and Environment Programme
PSGs	Peacebuilding and Statebuilding Goals
PAC	Puntland AIDS Commission
RBM	Results-Based Management
RoL	Rule of Law
SDRF	Somalia Development and Reconstruction Fund
SIDA	Swedish International Development Agency
SNAC	Somali National AIDS Commission (SNAC)
SOLNAC	Somaliland AIDS Commission (SOLNAC)
TA	Technical Assistance
UNDP	United Nations Development Programme
UNSOM	UN Special Political Mission for Somalia
USAID	United States Agency for International Development
WB	World Bank

SECTION 1 – KEY DEVELOPMENTS DURING THE REPORTING PERIOD

- In January 2015, a no cost extension for Round 8 HIV Global Fund grant for Somalia was approved to cover the period 1st January – 30th June 2015. The dates for the original Global Fund grant were 1st January 2013 – 31st December 2014.
- All HIV partners were informed that the amount of money available for the no-cost extension would be reduced significantly from funding available to support the HIV response in 2014.
- All budgets to support the work of the three AIDS Commissions in Somalia were significantly reduced for the no cost –extension period January – June 2015, which the three AIDS Commissions in Somalia were concerned about. They fear the lack of on-going support for advocacy work and HIV prevention work in general will weaken the gains made in the HIV response in Somalia over the last 5 years.
- Funding to support the Community Conversations on HIV project that the Global Fund has supported for the last three years, was also cut in the no-cost-extension. UNDP has agreed to provide some funding to allow this project to continue for six months in 2015. However, it is a great concern that this project does not currently have adequate funding to continue for the whole of 2015 – noting the success of this project and that stigma associated with HIV in Somalia continues to be extremely high. Indeed, stigma associated with HIV continues to be one of the greatest barriers to access and utilization of HIV and AIDS services in Somalia. Stigma associated with the disease continues to prevent people from going for Voluntary Counselling and Testing (VCT) as well as accessing HIV medication (Anti-Retro Viral Therapy - ART) services even when they may need them. Reducing stigma associated with HIV and trying to create a more supportive environment for all HIV work in Somalia has been one of the main successes of the Community Conversations on HIV project.
- All partners are extremely worried about what will happen to HIV prevention work in Somalia in the years to come, noting cuts in the HIV grant for Somalia, as the main focus of the Global Fund grant for Somalia will not be to support care and treatment services which will leave a huge gap for HIV prevention work.
- To support resource mobilization efforts to support HIV prevention activities in Somalia, UNAIDS and the UN Joint Team on AIDS are currently liaising with the Somali authorities to launch the new HIV Strategy for Somalia (2015- 2019) in May/June 2015 in Mogadishu. We hope this will encourage other donors to commit funds to fill the gap left by the cuts in the Global Fund grant from 2015-2017.
- Noting cuts in the HIV Global Fund grant for Somalia (2015-2017), UNAIDS have encouraged all UN Agencies to strengthen mainstreaming HIV into all of their work. At UNDP this will mean strengthening work to mainstream HIV into projects such as the Joint Programme on Local Governance (JPLG), Joint Programme on Rule of Law (working with Uniformed Services one of the high risk groups in Somalia) to ensure that a supportive legal environment is created to support the rights of People Living with HIV in Somalia as well as with UNDP’s Gender and Youth Projects.
- The HIV Project finalized the work plan for 2015 in the first quarter of 2015. However, recognizing that UNDP’s budget for the period January – June 2015 was only confirmed by the Principal Recipient (UNICEF) to UNDP in mid-February 2015, this caused some delays in UNDP signing agreements with partners to implement HIV activities. Nevertheless, the HIV Project plans to make up for lost time and speed up the implementation of activities in Quarter 2 of 2015.

SECTION 2 – PROGRESS AGAINST OUTPUTS & PLANNED ACTIVITIES IN ANNUAL WORK PLAN

OUTPUT 1 – Streamline support received from the Global Fund with on-going capacity building and technical assistance that UNDP will provide to the three AIDS Commissions (Somali National AIDS Commission (SNAC), Somaliland National AIDS Commission (SOLNAC) and Puntland AIDS Commission (PAC)).

Narrative update on Progress towards Output			
<ul style="list-style-type: none"> In March 2015 UNDP supported the Executive Director from Somaliland and Puntland AIDS Commissions to take part in a meeting in Tunisia arranged by UNAIDS, to help countries develop an estimation and projection of the number of people living with HIV (in this case in Somalia). UNAIDS Country Director for Somalia travelled with the participants to support the mission. UNAIDS also sponsored the Executive Director from the AIDS Commission from Mogadishu to attend the event. HIV Coordination meetings took place to allow partners working on HIV to share updates on their work, address challenges and keep all partners working on HIV updated on the new HIV Grant that is expected to start on 1st July 2015. 			
Output Indicators	Baseline	Annual Target	Progress to date
1. Institutional systems strengthened and operational	1. 3 AIDS Commissions were established in Somalia in 2005.	1. Institutional systems strengthened with: <ul style="list-style-type: none"> i. M & E framework Operationalized ii. National AIDS Commissions performance improved 	<p>Please note below updates on progress in Quarter 1 (Jan – March 2015).</p> <ol style="list-style-type: none"> 1. UNAIDS is printing copies of the new HIV M & E Plan for Somalia (2015-2019). This will be ready by the end of April 2015. Once ready UNDP and UNAIDS will use this as the basis for M & E training for HIV implementers in Somalia (all regions) in Quarter 2. 2. The performance of the AIDS Commissions continues to vary. It is commendable that Somaliland and Puntland AIDS Commissions continued to host coordination meetings in Q1 despite funding not

		<p>iii. Monthly and quarterly coordination meetings take place on a regular basis.</p>	<p>having been received. However, unfortunately due to a lack of funding few activities took place in Q1 at the Federal Level.</p> <p>3. Somaliland hosted 4 (3 IPTCS and 1 HIV Review meeting) HIV coordination meetings in Q1, Puntland hosted 2 and Mogadishu did not host any. Reasons include that UNDP was only informed of our budget for the period January – June 2015 by the UNICEF (PR for the Global Fund for Somalia in mid- February 2015) and as a result UNDP has not signed any agreements with the AIDS Commissions to support the costs of these meetings.</p>
Planned Activities as per Annual Work Plan		Progress Against Activities	
<ul style="list-style-type: none"> • Activity 1: Monthly Integrated Prevention Treatment Care and Support (IPTCS) meetings take place monthly • Activity 2: Quarterly Programme Review meetings supported • Activity 3: Quarterly Communication Meetings and M & E take place • Activity 4: Quarterly Commissioners meeting takes place • Activity 5: Monitoring and Evaluation capacity building training for government and civil society HIV implementers on data collection, collation, 			<ul style="list-style-type: none"> • In Quarter 1, SOLNAC hosted 3 IPTCS meetings (Jan, Feb and March 2015) as planned. Puntland AIDS Commission hosted 1 meeting and the AIDS Commission in Mogadishu did not host any. One of the reasons for this was that UNDP only received confirmation of our budget for 2015 from the Global Fund in February 2015, and therefore partners were not provided with funds to support these meetings. • SOLNAC and PAC hosted Quarterly Review meetings as planned in Q1 2015. UNICEF the Principal Recipient for the Global Fund grant in Somalia provided updates on the new HIV grant expected to commence on 1st July 2015 at these meetings. • No Communication meetings took place in Q1 in any of the regions. • No Commissioners meetings took place in Q1 in any of the regions. • UNDP developed a TOR for this consultancy in Q1, which UNAIDS and UNICEF contributed to and have now approved. The consultancy will be

<p>analytical summaries, report writing and dissemination supported</p> <ul style="list-style-type: none"> • Technical Assistance provided to strengthen institutional capacity building and clarify the different roles of the AIDS Commissions and the Ministry of Health (MoH) • Copies of the new HIV Strategy and M & E plan for 2015-2019 printed and launched to support their implementation • Audit for each AIDS Commission completed on 2014 work • HIV Policies at the Federal Level and in Puntland finalized • HIV mainstreamed into the work of other sectors e.g. Ministry of Local Government, Ministry of Gender, Ministry of Information, Ministry of Planning 	<p>advertised to take place in Q2 2015.</p> <ul style="list-style-type: none"> • This activity will take place in Q2. • This activity will take place in Q2. • This activity will take place in Q2. • This activity will take place in Q2 and Q3 2015. • This activity will take place in Q2 and Q3 2015.
<p>Sources of Evidence for Results Progress and Achievements</p>	
<ul style="list-style-type: none"> • Minutes of IPTCS and Quarterly Review meetings • Reports from M & E supervision visits carried out by Puntland AIDS Commission. • TOR to support M & E capacity building. 	

OUTPUT 2 –INTENSIFY AND PROMOTE MEANINGFUL COMMUNITY PARTICIPATION AND SUPPORTING ADVOCACY AND BEHAVIOUR CHANGE COMMUNICATION (BCC) TO REDUCE HIV TRANSMISSION IN SOMALIA.

Narrative update on Progress towards Output

- In Quarter 1 of 2015, a total of **474 HIV messages were aired by 3 radio stations in Somalia** (90 messages aired by Radio Hargeisa, 192 HIV messages aired by Radio SBC in Bosaso, 192 radio messages aired by Radio Garowe).
- Total number of HIV messages aired exceeded the Global Fund target of airing 180 HIV messages per month

Output Indicators	Baseline	Annual Target	Progress to date
<ol style="list-style-type: none"> 1. Number of people reached with Behaviour Change Communication (BCC), resulting in increase in Voluntary Counselling and testing (VCT) 2. Leaders provide support to HIV activities 3. Increased awareness and uptake of VCT 	<ol style="list-style-type: none"> 1. HIV awareness low 2. Key stakeholders are not providing necessary support 3. Voluntary Counselling and Testing (VCT) uptake is low due to lack of awareness and stigma associated with HIV 	<ol style="list-style-type: none"> 1. Approximately 10,000 people reached with correct information on HIV and AIDS through Community Conversations on HIV being supported in HIV 'Hot Spots' and via 3 radio stations in Somalia 2. Number of leaders in number of districts/villages that endorse Communication Conversations 3. 5% of people targeted through BCC go for VCT testing 	<ol style="list-style-type: none"> 1. In Q1 504 people participated in Community Conversations on HIV. This included 376 women and 128 men. Noting that Radio Hargeisa broadcasts all over Somaliland, and has a radio listenership of approx. one million people, Radio Garowe is estimated to have a listenership of 2 million people, and Radio SBC (Bosaso) a listenership of approx.. 300,000, we estimate that at least one million people will have heard the HIV messages broadcast by these radio stations in Q1 of 2015. 2. No training was carried out for influential leaders in Q1. This activity will take place in Q2 and Q3 of 2015. 3. To date, UNDP only has anecdotal evidence from VCT Clinics in areas where Community Conversations on HIV are being rolled out, that

			<p>numbers have increased since we started this project. In Q2, the HIV Project plans to conduct an evaluation of this project which we hope will provide greater evidence to support this claim.</p>
Planned Activities as per Annual Work Plan		Progress Against Activities	
<ul style="list-style-type: none"> Activity 1: A minimum of 1,620 radio messages aired by radio stations and over 5,000 people reached with correct information on HIV to support behavior change Activity 2: 5,000 people reached with correct information on HIV to support behavior change through Community Conversations on HIV initiative Activity 3: Evaluation of HIV CCE Project 	<ul style="list-style-type: none"> In Q1 2015, 474 HIV messages on HIV were aired by 3 radio stations in Somalia. 90 messages were aired in Somaliland and 384 messages aired in Puntland. <p>Based on the listenership of radio stations that aired HIV messages in Q1, we estimate that over one million people will have heard some of the messages aired by local radio stations in Somalia in Q1 of 2015.</p> <ul style="list-style-type: none"> In Q1 504 people participated in Community Conversations on HIV. This included 376 women and 128 men. Sessions included discussions on the benefits of going for a VCT test and knowing your status. This consultancy is expected to take place in Q2/Q3 of 2015. 		
Sources of Evidence for Results Progress and Achievements			
<ul style="list-style-type: none"> Radio Station monitoring reports. Beneficiaries interviews undertaken during field work in Puntland and Somaliland thought the community conversations to be highly relevant in a context where opening dialogue in a very conservative Muslim community on a subject regarded as a taboo is key to changing the attitude of the people towards HIV and AIDS (UNDP Somalia ADR Draft report April 2015) The community conversations appear to have been an effective approach in a very conservative country. According to the interviewees and internal project reports, the project resulted in positive changes in the community's attitude towards HIV/AIDS and had driven an increase in voluntary counselling and testing activity, as well as caused some women to cease working in the sex trade. (UNDP Somalia ADR Draft Report April 2015) HIV was integrated into 5 District Development Plans in 2014 – highlighting that Local Government Leaders have started to play a stronger leadership role to support HIV activities (Indicator 2 above). UNDP HIV Project Officers will monitor and participate in CC sessions in Q2. 			

OUTPUT 3 – SUPPORT TO NETWORKS OF PEOPLE LIVING WITH HIV (PLHIV)

Narrative update on Progress towards Output			
<ul style="list-style-type: none"> The HIV Project held discussions with the three Networks of People Living with HIV in Somalia (Hargeisa, Mogadishu and Garowe) to see how to better support their needs. As a result it was decided that a consultant should be hired to help each network develop a strategic plan to guide their work in the next few years. 			
Output Indicators	Baseline	Annual Target	Progress to date
1. Number of PLHIV Networks in Somaliland, Puntland and at the Federal Level that are functional and provide support to their members)	1. High stigma experienced by PLHIV, weak Networks to support PLHIV	1. 3 PLHIV Networks strengthened and their members receive increased services e.g. training on 'Knowing Your Rights', Legal Aid, and Counselling support.	1. In Q1, the HIV Project held discussions with each Network of People Living with HIV in Somaliland, Mogadishu and Puntland to see how UNDP could better address their needs. 2. As a result of the above, the HIV Project are finalizing TOR to support a consultancy assignment to help build the capacity of the three Networks of People Living with HIV in Somalia.
Planned Activities as per Annual Work Plan		Progress Against Activities	
<ul style="list-style-type: none"> Institutional support to PLHIV Networks PLHIV understand their rights Advocacy to address stigma by producing a booklet of 'Positive Stories' from each region 		<ul style="list-style-type: none"> In Q1 2015, UNDP drafted and agreed on activities to support the Network of People Living with HIV (PLHIV) in Somaliland. The HIV Project has also developed TOR for a consultant to help build and strengthen the capacity of the Networks of People Living with HIV in Mogadishu and Puntland, which is work expected to be carried out in Q2 and Q3 2015. This work is part of agreement mentioned above, and is expected to be rolled out in Q2 and Q3 of 2015. This assignment is expected to be carried out in Q2 and Q3 of 2015. 	
Sources of Evidence for Results Progress and Achievements			

- TOR to help build the capacity of Networks of People Living with HIV (PLHIV)

SECTION 3 – CROSS-CUTTING ISSUES (GENDER, HIV/AIDS, PEACE AND CONFLICT, HUMAN RIGHTS)

- The findings of the Assessment of Development Results (ADR) carried out in 2014 by the Independent Evaluation Office (an independent body of UNDP management that is headed by a Director who reports to the UNDP Executive Board) noted that **gender issues are fully mainstreamed in the activities of UNDP’s HIV project**. Women and men had the opportunity to participate, contribute to, and benefit from the project. The project has also taken into consideration the different priorities and needs of the different beneficiaries. For example, where necessary there were special sessions for women and men in the Community Conversations on HIV Project. Other special sessions for youths were also conducted. As a result, the project promoted changes in male as well as female gender roles, attitudes, and behaviour.
- In Somaliland, approximately, 80 percent of the participants that benefit from UNDP’s HIV Project are women.
- Noting that women are more vulnerable to HIV infection, due to biological as well as socio economic and cultural reasons in Somalia, the HIV project considers women to be the main beneficiaries of the project. Nevertheless, efforts are on-going to try and encourage more men to participate in CC sessions, noting that transmission rates are gender differentiated..
- Women also represent the majority of members of all Networks of People Living with HIV which the HIV Project supports in Somaliland, Mogadishu and Garowe.
- The HIV project works closely with UNDP’s Gender project to ensure that critical gender issues such as FGM, and other cultural practices such as polygamy, which make women particularly vulnerable to HIV infection are discussed during Community Conversations on HIV.

SECTION 4 – CHALLENGES / LESSONS LEARNT

- **What approaches worked well—or didn’t work well—either for the project or the project team?**
The draft Assessment of Development Results (independent evaluation carried out in 2014) notes that supporting the development of policy frameworks for addressing HIV and AIDS, as well as raising awareness about the issue, have been relevant for the context to support UNDP’s mandate within the UNAIDS division of labour among UN agencies. Participants of interviews undertaken during field visits to Puntland and Somaliland thought the community conversations initiative to be highly relevant in a context where dialogue about HIV and AIDS in a very conservative community on a subject regarded as a taboo (HIV) is key to changing the attitudes towards people living with HIV and AIDS.
- The Community Conversations on HIV initiative being rolled out in areas identified as HIV ‘Hot Spots’ in Somalia, is according to UNDP Somalia ADR Report 2014 (Draft Report April 2015) and anecdotal sources/beneficiary feedback to UNDP and AIDS Commissions successfully helping to address critical issues associated with HIV in Somalia. For example, the HIV Community Conversation Project is helping to:
 - a. Reduce stigma and discrimination which remains one of the greatest challenges for all HIV work in Somalia.
 - b. Intensify and promote meaningful community participation to reduce HIV transmission in Somalia.
 - c. Strengthen the rights of People Living with HIV in Somalia.
 - d. Reach a significant number of women and men in Somalia. It also appears the project resonates strongly with Somalis’ based on the large number of people that regularly participate in these meetings.

- e. Encourage local government authorities, for example in Berbera, Hargeisa and Boroma to play a more active role in the response to HIV in their communities. Indeed, 5 districts included funds to support HIV activities in their work plans in 2015 for the first time!
 - f. The Community Conversations on HIV initiative is helping to strengthen the capacity of individuals and communities to play a more active role in the response to HIV in Somalia. This is a result of the methodology used for CCs, whereby Facilitators are trained to ask communities particular questions to help them identify root causes to the spread of HIV in their community. These include cultural reasons (e.g. FGM and polygamy) as well as other behavioural practices.
- **What innovative approaches have been used by the project this quarter?**
The HIV Project are in the process of arranging for the Executive Director from the Network of People Living with HIV called TALOWADAG in Somaliland to facilitate a workshop to share their experience of setting up a successful Network to support People Living with HIV (PLHIV) in Hargeisa, with members of the Network of People Living with HIV in Mogadishu and Puntland. The main objectives of these workshops will be to share lessons learnt and identify strengths and weakness of the Networks of PLHIV in Mogadishu and Puntland to see how these networks can better support their members. For example in relation to providing services such as legal aid and addressing human rights violations they face on a regular basis.
 - **What surprises did the team have to deal with?**
In July 2015, a new HIV grant for Somalia will start. However, funding to support HIV prevention (a critical area of work) where UNDP plays a critical role to help create a supportive enabling environment for all HIV work in Somalia has been cut by the Global Fund, due to a lack of resources. As a result, UNAIDS have encouraged all UN Agencies to strengthen mainstreaming HIV into all of their work. At UNDP this will mean strengthening work to mainstream HIV into projects such as the Joint Programme on Local Governance (JPLG), Joint Rule of Law Project (working with Uniformed Services one of the high risk groups in Somalia) to ensure that a supportive legal environment is created to support the rights of People Living with HIV in Somalia as well as with UNDP's Gender and Youth Projects.
 - **What needs to be done over or differently?**
In order to address the lack in funding for HIV prevention work – an area where UNDP is expected to take the lead, to create an enabling environment for all HIV work in Somalia – UNAIDS and the UN Joint Team on AIDS are trying to mobilize additional resources from other sources to support this area of work. Increased efforts to mainstream HIV in other UNDP projects will also be undertaken.

SECTION 5 – RISK MANAGEMENT

This section can be used to update or use the risk logs developed during the project development stage and provide any mitigation measures being undertaken by the project.

Type of Risk ¹	Description of Risk	Mitigating Measures
Financial	Due to the reduction in the overall HIV grant from the Global Fund for Somalia for the period 2015-2017, there will be less funding available to support areas of work where UNDP is expected to take the lead as per UN Global Division of Labour from July 2015 onwards.	The HIV Project is working with UNAIDS and the UN Joint team on AIDS to try and raise additional resources for HIV work in Somalia. The HIV Project will also make a concerted effort to strengthen mainstreaming HIV into other UNDP projects where appropriate. This was one of the recommendations of the Assessment of Development Results report from 2014 – ‘ <i>From a programme efficiency perspective, mainstreaming HIV and AIDS into other programmes has the potential to be very efficient, especially in the context of a relatively low prevalence. Moreover, working with JPLG on including HIV and AIDS issues, and specifically the community conversations, into district plans is an efficient way of undertaking this work</i> ’ (page 75; ADR Report, UNDP Somalia 2014)
Capacity of implementing partners	The capacity of implementing partners such as the three AIDS Commissions as well as Networks of People Living with HIV in Somalia and NGO implementing partners continues to be fairly weak.	There is a need for UNDP to support regular capacity building and refresher training for all partners to ensure that all work carried out and supported by UNDP is of a high quality and achieves results.
Human Rights Violations	Due to the HIV levels of stigma and discrimination associated with HIV in Somalia, People Living with HIV (PLHIV) continue to face human rights violations, such as forced evictions from their	The HIV Project will continue to build the capacity of the three Networks of People Living with HIV, including provide Legal Aid to their members, as well as support the government to finalize

¹ Environmental; Financial; Operational; Organizational; Political; Regulatory; Security; Strategic; Other.

	homes, losing their means of livelihood and being disowned by their family and community.	the HIV Policy at the Federal Level and in Puntland in order to protect and safe guard the rights of People Living with HIV in Somalia.
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SECTION 6 – MONITORING AND OVERSIGHT ACTIVITIES

Monitoring Activity	Date	Description & Comments	Key Findings / Recommendations
Audits of each AIDS Commissions work		The HIV Project is in the process of arranging for an audit of each AIDS Commissions work to be carried out in 2014 in Q2 of 2015.	Audits of each AIDS Commission will be carried out in Q2 of 2015.
Community Conversations on HIV Project Evaluation		The HIV Project is currently developing TOR to support an independent evaluation to be carried out on the Community Conversations on HIV project in Q2-Q3, to see what lessons can be learnt from this project and see how to strengthen this work.	This evaluation will take place in Q2-Q3.

SECTION 7 – FINANCIAL REPORT

Donor	Total funds committed	Available resources for the year	Contribution as % of AWP	Expenditure	Balance ²	% Delivery	Comments
UNDP (TRAC)	\$300,000	\$300,000	43%	\$45,259	\$254,741	15%	
Global Fund	\$323,607	\$323,607	56%	\$91,607	\$232,000	28%	UNDP's budget for the first six months of 2015, was only confirmed by the Global Fund mid-February 2015. As a result there has been a delay in signing agreements with implementing partners.
Unfunded							
TOTAL	\$623,607	\$623,607		\$136,866	486,741		

² Available resource for the year minus funds disbursed till now.

ANNEX 1: TRAINING DATA

#	Target Group		Dates	# of participants		Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F			
1.	Local Government Representatives	Civil Society	5 th and 17 th January 2015	33	78	Community Conversations on HIV	Hargeisa	TALAWADAG (Somaliland)
2.	Local Government Representatives	Civil Society	15 th January 2015	6	45	Community Conversations on HIV	Borama	TALAWADAG (Somaliland)
3.	Local Government Representatives	Civil Society	27 th January 2015	6	44	Community Conversations on HIV	Bosaso - Suweto	BADBAADO (NGO)
4.	Local Government Representatives	Civil Society	26 th January 2015	20	36	Community Conversations on HIV	Bosaso – Hafat Arab Village	BADBAADO (NGO)
5.	Local Government Representatives	Civil Society	28 th January 2015	11	40	Community Conversations on HIV	Bosaso - Garible Village	BADBAADO – (NGO)
6.	Local Government Representatives	Civil Society	11 th January 2015	17	34	Community Conversations on HIV	Hodan District - Mogadishu	AAWDO (NGO)
7.	Local Government Representatives	Civil Society	4 th February 2015	9	42	Community Conversations on HIV	Hamarwayne - afatwayne - Mogadishu	AAWDO (NGO)
8.	Local Government Representatives	Civil Society	5 th February 2015	16	15	Community Conversations on HIV	Hamarwayne - afatwayne - Mogadishu	AAWDO (NGO)
9.	Local Government Representatives	Civil Society	4 th February 2015	10	42	Community Conversations on HIV	Hodan District - Mogadishu	AAWDO (NGO)
	TOTAL			128	376			