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Request Information

* Project Title Reduction of HIV-related stigma in Somalia

Concept According to the UNAIDS, the most effective interventions against HIV stigma are multifaceted national approaches. Our project range of approaches, operating at multiple levels with multiple target audiences.

Firstly, we will address the actionable causes of HIV related stigma which are

Firstly, the project will address the actionable causes of HIV related stigma which are 1) A lack of awareness regarding stigma and its harmful consequences 2) Irrational fears and a lack of sufficient knowledge regarding HIV infection 3) Social stereotypes against people living with HIV.

Secondly, the project will operate at multiple levels family; community; organisational/institutional; and government/legal.

Thirdly, the project will apply a range of approaches: Participatory education programmes that address changing societal attitudes to dispel myths and fears related to people living with HIV and other key populations and HIV transmission, sanitization of law-markers and law enforcement agents, training healthcare providers on non-discrimination in the context of HIV, legal literacy (know-

your rights), establishment or expansion of HIV-related legal services, reducing discrimination against women in the context of HIV.

Our project concept is based on the guidance note of UNAIDS on the reduction of HIV-related stigma and discrimination developed jointly by the United Nations Development Programme (UNDP) and the UNAIDS Secretariat.

The key objectives of the project are:

- Reduction of HIV-related stigma faced by people living with HIV in Somalia, especially the North east regions (Puntland);
- Training the PLHIV on their rights to empower them;
- Sensitization of law makers and law enforcement agents
- Training of healthcare providers on human rights and medical ethics related to HIV.

The intervention intends to reduce the HIV-related stigma and discrimination by targeting the actionable causes and enablers of the stigma in various setting such as institutional, community, and family levels through the application of various approaches that target key populations and key audiences.

Milestone Narrative

* indicates required field

* Progress in Achieving Indicators? Yes

Lessons Learned in Monitoring We have learned many lessons, and we will state them in the upcoming sections of this Milestone Narrative. However, in this section, we would like to highlight some important lessons: we have learned that the problems faced by the PLHIV is multilayered, and needs more engagement, both individually and in groups, with different stakeholders. For that, SWV is adding more activities to its previous stated ones. For example, we need to increase the

PLHIV access to justice system in the event of unfair treatment through affordable legal service, and for that SWV is partnering with the Puntland Human Right Defender Office, and the Puntland State University (PSU)'s Legal Aid Clinic Center, as both organizations expressed their willingness to provide free legal service to the PLHIV. This is important because many PLHIV are complaining about lack of redress measures when they are mistreated.

* Implementation Progress In implementing the stigma reduction project, several things worked well.

Our awareness-raising campaign and community conversations had a positive impact in addressing the stigma surrounding HIV and PLHIV. This can be seen from the fact that the religious leaders, who were before anti-PLHIV, are now advocating for their protection and respect through their sermons in the mosques in Garowe and Bosaso. Our awareness raising was relentless and involved 1) weekly visits of schools (24 so far) and community centers (24 so far) with the PLHIV, sensitized 237 teachers, 7,200 students, 481 Community Education Committees (CEC), 24 village administrator,s and 1,200 community members on the negative effects HIV-related stigma, and why we need to end it. 2) Production of Information, Education, and Communication (IEC) Materials, this included 4 billboards that were erected in locations with high visibility, the billboards communicated a message of respect and the need of ending HIV-related stigma. 1100 stickers which were attached to public transport buses, mosques, schools, government offices, stadiums, and commercial centers. 200 T-shirts that were distributed to influential and active members of the community such as youth leaders, women leaders, religious leaders, IDPs and PLHIV. 3) Community radio broadcasts: SWV partnered with influential local radio stations to conduct weekly radio program that conveyed a message of respect and the need of ending HIV stigma. Additionally, we utilized mobile/in-vehicle radio that moved from one village to another. Our monthly community conversations sensitized 525 persons, and brought together the local population and the PLHIV, contributing to increased community knowledge and awareness on HIV transmission, treatment, prevention and dismissing myths associated with HIV and PLHIV and

provided a forum to develop a sense of common purpose to overcome fear, denial, and passivity.

Our PLHIV community mobilization and outreach activities had a positive impact. Before our project, we were only able to connect with the 17 PLHIV but through our efforts to mobilize the PLHIV Community, more than 117 PLHIV came out, and every week, we are getting new PLHIV visiting our offices. They are now more active and willing to participate in our project activities such as the monthly community conversations. We are planning to conduct know-your right training for the PLHIV Community.

Our training for Community Members and PLHIV on the importance of ending stigma against PLHIV for 70 persons (40 F and 30 M) produced Community Action aimed at ending Stigma, this included the creation of Anti-stigma community committees (ASCC) that was formed to intervene live stigma cases that could occur in the community. The ASCC consists of representative of PLHIV, traditional leaders, representatives of the government, leaders of CSO, village administrators, giving it more credibility in its intervention of live stigma cases.

Our psychosocial counseling support reached 93 PLHIV who had poor adherence and retention of HIV treatment, and helped them to deal with internalized stigma, increasing their intake of the antiretroviral treatment (ART). To reach more PLHIV, We incorporated a hotline to our psychosocial counseling service, providing 24 hour support to the PLHIV, so far the hotline received 213 calls.

SWV is proud of the success of its anti-stigma Community Committee and Hotline Support which provided much needed timely interventions and psychosocial counseling to the PLHIV. We will continue to successfully implement the remaining activities in the next months, keeping careful eye on the progress towards the indicators that are tied to them.

- * Implementation Challenges SWV faced a number of challenges in implementing the stigma reduction project. 1) one big challenge was the reaction of the religious leaders who viewed the project with suspicions. 2) Another challenge was the emergence of gate-keepers within the PLHIV Community. Their

emergence was due to the usual reluctance of the PLHIV to interact with the outsiders. These self-serving individuals demand money in order to let others help the PLHIV, they even extort money from the PLHIV in order to help them connect with the health service centers. SWV successfully addressed both challenges.

Addressing Challenges SWV addressed the above challenges in the following ways
 1) in order to address the hostile reaction of the religious leaders, SWV worked with the local Ministry of religious Affairs which was supportive of the project, and initiated discussions with the religious leaders providing basic facts about PLHIV, HIV and the HIV-related Stigma. We succeeded in turning the local religious leaders and institution from hostile to friendly. Currently, many religious leaders are happy to share our awareness raising messages through their daily sermons such as Friday sermons. 2) to overcome the interference of the self-serving individuals had on gaining access to the PLHIV, SWV worked with the local AIDS Commission. The Puntland AIDS Commission helped us to earn the trust of the PLHIV Community.

*** Key Lessons** In implementing this project, SWV learned many valuable lessons such as 1) it is important that the PLHIV participate in the project activities. Many local persons never met PLHIV and all their stigma and hostile reactions to the PLHIV was based on rumors and hearsays. The PLHIV participated in our awareness raising activities and monthly community conversations sharing their experience of HIV and the daily stigma with the local populations, this created sympathy within the local community for the PLHIV. This not only helped the PLHIV and the local community members to gain confidence in interacting with one another, but it improved the advocacy and communication skills of the PLHIV. As we continue to implement the project. 2) It is important to work the local religious leaders. Many myths and misconceptions about the PLHIV and HIV were created by misinformed religious leaders who equated HIV with the divine punishment. The religious leaders have massive influence on the local population, and working with them should be a priority. SWV successfully persuaded many respect religious leaders to work with us, and we intend to utilize their support as we continue to implement the project.

* Changes to Project? No

* Amplify Impact Budget
Used? No

When will the amplify
impact budget be used? We didn't receive any Amplify Impact Budget, but we would
love it if it is possible.

Identifying what is Required There are two things that are needed 1) many PLHIV are
complaining about economic hardships. Some of the
complaints that we get include complaints about lack of
basic necessities such as food, clothing, etc. Many PLHIV are
not getting the necessary nutrients and this has caused
many of them to be malnourished, providing skill training to
the PLHIV will help them to support themselves and their
families and integrate well with the local population. 2)
There is need to extend our stigma reduction project
activities to cities not covered by the project, however, our
current allocated funding is limited. In the meantime, SWV
will incorporate Social Media awareness raising to the
project activities in order to reach more and more people.

* Budget Deviations? No

Other Issues

* Primary Priority
Populations Children
Adolescent girls
Adolescent boys
Young women
Young men

Secondary Priority
Populations Adolescent transgender girls
Adolescent transgender boys

Tertiary Priority Populations Sex workers (female)
Person who uses drugs (male)
Person who uses drugs (female)
Person who uses drugs (transgender)

Key Indicators

* indicates required field

* # of people directly reached by PA funded projects	9871
* # of people receiving HIV treatment/adherence literacy services	117
* # of people accessing mental wellbeing related services and/or programmes	93
* # of service providers trained	0
* Describe Satisfaction of Populations Provided with Services	2nd Year
* User experience of safe spaces	2nd Year
* # of people among priority populations and existing service providers trained	0
* Changes in Policy/Legislation	Not included in the indicators selected during the grant agreement
* Changes in Norms/Practices	Not included in the indicators selected during the grant agreement
# of people linked to HIV treatment and care services	0
# of people linked to HIV testing services	0
Quality of Collaboration	

Need Support?