

Somalia
HIV/AIDS Prevention, Advocacy &
Communication Framework

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Prepared by: Tisha Wheeler

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Abbreviations

AIDS - Acquired Immunodeficiency Syndrome

ANC - Antenatal Care

CBO (s) - Community-Based Organization (s)

Communication Framework – The Communication Framework for the Prevention and Control of HIV/AIDS

CHW (s) -Community Health Worker (s)

CEC – Community Education Committee

CMC - Community Education Mobilizers

FGM - Female Genital Mutilation

FM – frequency modulation for radio broadcasting

HIV - Human Immunodeficiency Virus

IDP – Internally Displaced Person

IHCP - Integrated Health Care Program

IRC - International Rescue Committee

KAP - Knowledge Attitude and Practice

LNGO – Local NGO

LOD – (Youth) Leadership and Organizational Development

MCH – Maternal Child Health (Center)

MTCT – Mother to Child Transmission

NFE – Non-Formal Education

NGO (s) - Non-Governmental Organization (s)

PHCC – Primary Health Care Center

PHCU – Primary Health Care Unit

PLWHA – People Living with HIV/AIDS

SRH - Sexual and Reproductive Health

STI (s) - Sexually Transmitted Infection (s)

Strategic Framework - The Strategic Framework for the Prevention and Control of HIV/AIDS and STIs within Somali Populations

SW – Short Wave Radio Broadcast

TBA (s) - Traditional Birth Attendant (s)

TOR - Terms of Reference

TOT – Training of Trainers

VCT –Voluntary counseling and testing

WAD – World Aids Day

Acknowledgement

This report has been made possible through the dedicated efforts of Somali people, and the Somali Aide Coordination Body. Somali people have faced major resource constraints and a desperate lack of infrastructure but have committed themselves to support their communities through initiating activities that build their strength to respond to HIV/AIDS. The persons directly involved to produce the content of this report include Somali local leaders, authorities, youth groups, women's groups, local NGO's, health workers, religious scholars, media practitioners, members of INGOs, UN organizations and donors working with Somali people. These persons came together for field-based inquiries that were carried out to highlight unique circumstances for Somali communities in Northeastern, Northwestern and Central and South Somalia. They have provided insight into local communication techniques, initiatives and support needs for HIV/AIDS advocacy and education in rural, urban and pastoralist settings.

These persons were active not only to provide the valuable information that was gathered in a questionnaire, interviews, discussions and workshops in Somalia and Nairobi but have been active in the ongoing development of an HIV/AIDS response for Somali people. They came together to build local HIV/AIDS advocacy and recently have become more organized in the form of HIV/AIDS coordination committees at the regional/zonal (ZCC) and national (SAC) levels for the design of the HIV/AIDS Strategic Framework for the Prevention and Control of HIV/AIDS and STIs within Somali Populations. With the basis of the Strategic Framework development partners, local authorities and Somali civil society outlined the need for enhancement of existing HIV/AIDS activities to improve the advocacy and education response. The HIV/AIDS Communication Task Force and SACB HIV/AIDS Working Group reflected on this need and the need to build a coordinated and comprehensive HIV/AIDS communication response initiating the development of the Communication Framework.

The Communication Framework report has been structured with Somali development partners who have requested greater involvement in the planning process. The report features sections that should support the local development of proposals and project planning through providing the needed background a reproductive health and communication research summary, a global project index, a review of the particular needs of Somali vulnerable groups and an outline of communication recommendations. The community based monitoring and evaluation indicators were developed with the Somali development partners in each zone so that local NGO's, women's groups, youth, and other local HIV/AIDS activists can gauge the impact of their activities within their communities.

Ultimately the HIV/AIDS Prevention, Advocacy & Communication Framework should be a dynamic document that the SACB Technical Advisory committee and the Zonal Coordination Committees build through their initiative and experience. HIV/AIDS advocacy and education will make an impact as curriculum is used in schools and non-formal education, information is integrated into existing projects, the same messages are heard from the mass media and in community based discussions. As the awareness builds there should be even greater Somali ownership of HIV/AIDS advocacy and education activities and the HIV/AIDS Communication Framework should be revised to reflect that evolution.

Executive Summary

The [HIV/AIDS Prevention, Advocacy and Communication Framework for Somalia](#) has been developed for cross-cutting communications support to the priority strategies identified in the '*Strategic Framework for the Prevention and Control of HIV/AIDS and STIs within Somali Populations.*' The Communication Framework addresses HIV/AIDS advocacy, training, IEC material, and capacity building needs for Somali populations. The Communication Framework is a support tool for development partners, local authorities and civil society and ultimately a mechanism to enhance community based HIV/AIDS responses among Somali populations.

The [HIV/AIDS Communication Inventory](#) is a matrix modelled after the SACB project matrix with information about the HIV/AIDS advocacy and education activities currently underway or planned for implementation among Somali populations in the three zones within the next year. This matrix will be integrated into the existing SACB website where it will be updated as part of the SACB project matrix.

This HIV/AIDS Communication Framework report incorporates an analysis of the lessons learned from existing and previous projects, while providing recommendations for a series of approaches that will address HIV/AIDS communication among different Somali populations. As a general contextual overview it provides a summary of HIV and STI Awareness in Somalia, the education and information channels currently available and the constraints of those channels. In advance of the HIV/AIDS KAP study the framework offers a basic profile of the groups vulnerable to HIV/AIDS and recommends approaches for addressing the context of the groups through highlighting lessons learnt and successful global interventions.

A priority message/issues section developed with zonal bodies and groups based in the three zones provides a basis for a coordinated message strategy. Included are explanations of why messages have been prioritized and the current response of the Somali population to the information. The message strategy should eventually be built into the content of all recommended capacity building and IEC material.

The recommendations for the advocacy strategy, capacity building and IEC material are different for the various target groups and agents of change to be involved, however two adaptable tools should be developed to respond to the overall needs and serve as a mechanism to ensure greater overall consistency of all HIV/AIDS communication in Somalia. The two tools are a targeted pack of IEC materials and a video TOT training series for 'how to' communicate messages about HIV/AIDS developed specifically with and for Somali populations. These tools should ensure a high standard of HIV/AIDS TOT training, should build successive understanding of messages, and provide the resources to support community based approaches.

The aim of this report is to support community based HIV/AIDS responses by providing information that will lead to the development of new and existing communication interventions. Included is a summary of the most relevant communication or reproductive health research available from all zones of Somalia in the last four years. An index of HIV/AIDS global interventions is listed according to different target groups and activities with references to websites for more information. Footnotes are listed throughout the text to offer further resources to points of interest.

A summary of impact indicators identified by development partners in each of the zones is included to highlight 'local' behavior change goals considered most important by the groups based in Somalia. The content of this document should provide the outlying structure from which nationally coordinated and community based HIV/AIDS communication activities on behalf of Somali populations will be successfully addressed.

Goals and Objectives of the Inventory and Framework

The Strategic Framework for the Prevention and Control of HIV/AIDS and STIs within Somali Populations sets forth comprehensive and cross-cutting recommendations for the development of successful programming and initiatives in the Somalia context. The Communication Framework for the Prevention and Control of HIV/AIDS and STIs within Somali Populations will build on the work of the Strategic Framework addressing issues of communication specifically.

The two priority objectives of the Communication Framework are,

- 1) To identify a combination of HIV/AIDS preventative strategies throughout Somalia to sensitize and educate communities about vulnerability factors that expose individuals to higher risks of infections.
- 2) To identify HIV/AIDS and STI communication strategies for human rights awareness, treatment and care in coordination with the provision of health services.

HIV/AIDS and STIs Awareness in Somalia ¹

- Adequate HIV/AIDS information is not available for Somali populations
- Most Somalis have only a basic understanding of how HIV/AIDS is transmitted and prevented leading to misinformation, myths and misconceptions.
- HIV/AIDS stigma and discrimination is widespread among the Somali population.
- Knowledge and acceptance of condoms as a tool of prevention is very low.
- HIV/AIDS is seen as a non-Islamic, foreigner's disease leading to denial and further discrimination.
- Women often do not seek advice on sexuality or sexual ailments due to a lack of gender sensitivity at social institutions and in their families.²
- Many 'high risk' groups are increasingly vulnerable because they are difficult to access and the context of their environment prevents them from utilizing safe preventative measures even if they could be reached. I.e. militia, sex workers
- The local administration, UN agencies and NGOs working in the three zones have many competing priorities due to the ongoing civil conflict and severe poverty. HIV/AIDS prevention, control, care, advocacy and education initiatives will be carried out in this demanding environment.
- In places with a low prevalence of HIV/AIDS awareness activities may be less effective due to the perceived impression of no threat.³
- HIV/AIDS education should be integrated into all sectors. The uptake of this will require a precedent setting feat of mainstreaming and cross-coordination.

¹ These points are reflective of the general population but should be taken as an indication only.

² Refer to the Strategic Framework for the Prevention of HIV/AIDS and STI'S within Somali Populations 2003-08 for more information about gender considerations in the spread of HIV

³ Brown, T., Franklin, B., MacNeil, J., Mills, S., Effective Prevention Strategies in Low HIV prevalence Settings, UNAIDS Best Practice Key Materials, 2001

Education and Information Channels – The Challenges

- The potential reach of HIV/AIDS education through schools is extremely limited given the low secondary school enrollment rate, especially among girls. (1.1% of children)⁴
- Provision of books, poster campaigns, leaflets with written information would be inappropriate for the majority of the Somali population due to high illiteracy rates (male 22.1% and female 12% literacy)⁵
- Providing information for women and girls is challenging due to social and cultural discrimination that prevents them from accessing public and private media. The attendance of women in public forums is disproportionate to men. In the home they do not control the radio or TV/video and they are less likely to access radio, TV, video from external sources.
- The coordination mechanisms for HIV/AIDS activities for Somali populations including the Somali AIDS Committee, the Technical Advisory Committees including the SACB HIV/AIDS Working Group and Thematic Task Forces, and the Zonal/Regional Coordination Committee will require capacity and technical support at all levels to manage and coordinate the successful development and implementation of initiatives.
- Some Somali agencies receive direct funding from agencies that do not belong to the SACB and do not attempt to coordinate their activities with those of other agencies. As a result HIV/AIDS advocacy and education will not be reinforced through a consistent message strategy and tools and approaches might not be appropriately developed for Somali people.
- The close association between HIV and taboo issues linked to sex and sexuality adds to the difficulty of addressing HIV and STIs among Muslim communities and Muslim leaders.
- The insecurity present in Somalia makes it a challenge to encourage international advocates to make awareness visits.
- In general radio stations and other media outlets, are accustomed to demanding payment for all level of broadcasting services and humanitarian agencies are complacent in paying despite the fact that such bilateral support eliminates any mechanism of community support and sustainability of programs that provide vital social, health and development information.
- There is no reliable data and analysis of the mass media in the three zones of Somalia. As a result accurate statistics for radio and TV broadcast coverage are not available, the populations access to radio/TV is not known and general information to develop targeted and measured programming in the mass media is carried out on a case by case basis if at all.
- The lack of a mass media infrastructure in rural and peri-urban areas means that options are limited to on the ground strategies. While videos and previously developed IEC materials and kits can be used, trained human resources also have to be put in place.

⁴ UNICEF Indicator Multiple Cluster Survey 2001/2 (2002)

⁵ Human Development Report for Somalia 2001 (UNDP 2001)

Priority Messages

While most Somali people have heard of HIV and AIDS their knowledge is extremely limited. The apparently low prevalence of HIV/AIDS contributes to the perception that HIV/AIDS is not a threat to Somali people.⁶ Even among leaders and HIV advocates there is still a tendency to avoid discussion and institutionalization of critical elements of an HIV/AIDS prevention strategy due to a reluctance to address issues of sexuality and condom use. Globally HIV/AIDS prevention and control strategies have been successful to the extent that these issues were addressed as part of programs for youth, public advocacy and care interventions.⁷ While messages may have to challenge current beliefs they will not be well received if they contradict religious or cultural values or are countered by opinion leaders. The coordinated message strategy should be developed through a consultative process at the zonal level between members of the ZCC, SAC and a technical advisor capable of integrating lessons learnt from global strategies and harmonizing the messages within the local Somali context. Consensus on the messages is the first task the second is the development of messages that are coherent to Somali populations throughout the zones and third is integration of messages into audio-visual training and advocacy tools. The general lack of knowledge and misconceptions, the current reluctance to address necessary issues of sexuality, the lack of institutional knowledge in the form of a KAP survey and sero-prevalence survey, along with a variety of competing risk factors make it difficult to prioritize the messages to support the HIV/AIDS response at this stage. Ultimately the ZCC will implement the message strategy with expertise from technical advisors from UNAIDS and UNICEF, in accordance with resource procurement requirements and according to the interests of the chairman of the ZCC and leaders from implementing groups.

The messages/issues in this section reflect a combined analysis from field workshops, Somalia research and global research. In the development of the Communication Framework field workshops were carried out with key stakeholders in at least one location in each zone during which priority HIV/AIDS messages were discussed. In addition desk research was undertaken to identify the priority messages of successful HIV/AIDS communication strategies from other Islamic countries and globally.

The messages/ issues should support the priority strategies identified in the Strategic Framework. The messages strategy should be instituted to support the implementation activities according to the phased approaches outlined in the HIV/AIDS Action Plan⁸.

- I. Strengthening advocacy, resource mobilization and policy formulation
- II. Increased awareness and community mobilization
- III. Increased availability, quality and accessibility of safe services
- IV. Promotion of comprehensive prevention and treatment
- V. Reduction and mitigation of negative impacts of HIV/AIDS epidemic
- VI. Improve knowledge based response management and implementation⁹

⁶ Effective Prevention Strategies in Low HIV prevalence Settings, Brown, T., Franklin, B., MacNeil, J., Mills, S., UNAIDS/FHI/USAID, UNAIDS Best Practice Key Materials, 2001

⁷ Effective Prevention Strategies in Low HIV prevalence Settings, Brown, T., Franklin, B., MacNeil, J., Mills, S., UNAIDS/FHI/USAID, UNAIDS Best Practice Key Materials, 2001

⁸ UNICEF is currently supporting the development of Action Plans according to the Strategic Framework. The Action Plan should be finalized by December 2003.

⁹ See Annex for a summary of the priority strategies.

This section includes proposed messages/issues that will have to be discussed and instituted at the zonal level and integrated into all advocacy capacity building and education activities.¹⁰ The following is the list of the message/issues summarized in this section according to the intervention areas identified in the Strategic Framework.¹¹

General Awareness

- What is HIV/AIDS?
- Stop HIV/AIDS from growing in Somalia

Information to address stigma and rights for PLWHA

- People who have HIV/AIDS should not be isolated from the community
- Is AIDS a death sentence?

Information to prevent STIs & encourage health seeking behavior

- STIs increase the risk of getting HIV
- A husband and wife must talk about HIV/AIDS and STIs

Information to advocate for voluntary counseling and testing

- HIV doesn't always have symptoms, the only way to know is to have a test
- Counseling and testing is the best way to learn about HIV

Information that supports a cross-sector of social, health & culture issues (incl. MTCT)

- Learn how you can protect your child from HIV
- FGM increases the risk of getting HIV

Information for prevention and control

- HIV is transmitted through sex, even sex with someone you know
- Be abstinent and be faithful but if you are going to have sex use a condom to prevent HIV

Message 1: What is HIV/AIDS?

In a village outside of Garowe in NEZ there have been several reported cases of HIV and AIDS, which is simply known as 'the disease.' All persons who attended the HIV/AIDS Communication Framework workshops carried out in the three zones had heard of HIV and AIDS but almost by complete consensus stated that a message explaining 'what AIDS is' should be the first priority message in the HIV/AIDS communication strategy for Somali populations. While such information is not likely to change the prevention and control of HIV/AIDS among Somali populations it does provide a necessary basis for understanding the other issues related to HIV/AIDS.

The following information is a very brief summary of the definitions of HIV and AIDS as explained on the UNAIDS website.

'The human immunodeficiency virus has been decisively established as the cause of AIDS. AIDS is acquired immunodeficiency syndrome. Progressive HIV infection

¹⁰ The process for developing the messages is outlined in the 'recommendations' section of this report.

¹¹ See the Strategic Framework (p.26)

results in the progressive depletion of the immune system leading to immune deficiency. The immune system is said to be deficient when it can no longer play its role: fighting off infections and keeping cancers from developing. Research among HIV positive individuals has shown that (without ART) after 8-10 years of being diagnosed with HIV, symptoms of the AIDS virus started to develop.¹²

Message 2: Stop HIV/AIDS from growing in Somalia

The most outspoken Somali activists have said that HIV/AIDS exists in Somalia but people are just afraid to come out and address it. Qualitative research has shown that throughout Somalia the public has considered HIV/AIDS a disease of non-Muslims. Islam, they opined, if properly followed, protects one from HIV/AIDS, and the disease is punishment against non-believers.¹³ This perception spreads stigma, excuses lack of understanding and makes worse the reluctance to be tested for HIV. The first issue that people must understand is that HIV/AIDS will spread in Somalia if Somali communities do not accept that it is already in Somalia and take action to stop it from spreading further. Along with this message anti-stigmatization messages should go out to protect people who have HIV. Opinion leaders and PLWHA should promote the messages to gain support by the wider community.

Message 3: HIV is transmitted through sex, even sex with someone you know

There are a number of myths about the way HIV is transmitted.¹⁴ Most HIV/AIDS awareness activities carried out in Somalia to date have focused on transmission issues carefully avoiding direct statements about sex i.e. identifying the use of unsafe medical/surgical equipment as a major threat is popular. Discussions in all regions revealed that key development partners and local leaders are aware that sex is the key transmission route but they were not aware of how to address it. As an anecdote it was said that ‘nobody wants to be seen as unreligious so nobody is willing to risk saying what everyone knows to be true.’ In almost every national Islamic HIV/AIDS communication strategy local and religious leaders have had to address sex as the major transmission route of HIV/AIDS and abstinence and condoms as the only way to prevent HIV/AIDS. Legitimizing the need for the development of a message might be the best approach to resolving the current deadlock over transmission messages among Somali populations. Training is prioritized for opinion leaders within the HIV/AIDS Action Plans so that they are informed before they contribute to the development of the message strategy. The right messages about the transmission of HIV/AIDS should be clear, concise, and consistent and should identify unprotected sex as the greatest threat.

The other transmission routes through blood transfusions and the use of unsterilized equipment i.e. in the clinic, among traditional healers, when being circumcised, when a razor is used at the barbershop, should be indicated along with this message but should be given more minor importance. While needle sharing during injection-drug

¹² More information is available to explain the development of AIDS from a clinical viewpoint. See www.unaids.org/hivaidsinfo/faq/mths.html. More Myths and Facts relating to HIV and AIDS can be found at <http://www.unaids.org/hivaidsinfo/faq/myths.html>

¹³ Assessment of the level of awareness in and discussion on FGM, Safe Motherhood and STI/HIV/AIDS among Somali Speaking Horn of Africa Community, Well Women Media Project-Health Unlimited, Tropical Institute of Community Health and Development, March 2003

¹⁴ See the following section for a consolidated list of myths and misconceptions about HIV/AIDS

use is among the main risk factors for HIV transmission globally¹⁵ the incidence of drug use in Somalia is negligible. The issues of mother to child transmission should be addressed and the messages that are developed should be integrated into general messages about transmission. The message about transmission should be backed up with a message about prevention.

Message 4: Be abstinent and be faithful but if you are going to have sex use a condom to prevent HIV

Somali opinion leaders, women's groups and the population in general believe that HIV/AIDS advocacy should promote abstinence and sexual relations only between husband and wife as the key message for prevention. On a global level promotion of condoms together with these messages is the standard. In Thailand the government carried out a campaign promoting '100 percent condom use' in brothels and embarked on an ambitious effort to change male attitudes towards women. Young men reduced by half their visits to sex workers between 1991-95. Their condom use increased from 60% to nearly 95%. The net result was a drop in the percentage of young men infected with HIV from 8 percent in 1992 to less than 3 percent in 1997.¹⁶

Discussions about condom advocacy during meetings of the HIV/AIDS zonal and regional coordination committees have revealed that some opinion leaders believe that "promoting condoms is the same as promoting sex". Religious advocates in NEZ and advocates from other locations have said that it is possible to promote condoms in the following circumstances,

1. If health workers and doctors prescribe them in the course of preventing STI transmission or HIV transmission between a husband and wife.
2. As a preventative measure to be given to primary at risk groups including prostitutes and truck drivers.

Somali opinion leaders and peer advocates without exposure to global HIV/AIDS prevention models might not prioritize issues of sexuality given the reluctance to talk about sex among Somali populations. Once exposed to HIV/AIDS issues, global strategies and statistics measured against condom promotion and use opinion leaders and peer advocates may reconsider their position. Somali advocates will have to support the development of HIV/AIDS prevention messages and build local support and understanding. Prevention messages about condoms will not be successfully promoted if opinion leaders do not support them. Developing appropriate prevention messages that are supported by opinion leaders and regional authorities is critical to building public support for prevention of HIV/AIDS. Given support from regional authorities public advocacy of condoms would have to be build through a pilot project or projects implemented at strategic geographical entry points.

Pilot projects should use a step-by-step approach, working through recognized opinion leaders targeting the most vulnerable groups first. A national strategy for condom promotion will gain ground if it is built first in entry points and grows through strong advocacy by opinion leaders without isolating persons or groups who oppose public dialogue on these issues. Condom promotion will have to be linked to

¹⁵ On a global level transfusions and needle sharing combined constitute about 20% of the transmission routes of HIV/AIDS infected persons, Sex constitutes 80%. (UNAIDS 2002)

¹⁶ UNICEF, Young People and HIV/AIDS: A UNICEF Fact Sheet, HIV/AIDS Unit, UNICEF New York, 2002

condom distribution and the message about condoms will have to be specially developed for Somali audiences.

The standard messages about condoms developed by UNAIDS are as follows.¹⁷

- HIV can be stopped going from one person to another if a condom is used.
- A condom is like a second skin and HIV or any STI cannot get through a condom.
- Both men and women should understand how to use a condom.
- Many people practice putting condoms on and taking them off.
- A condom can only be put on once the penis is hard.¹⁸
- A new condom must be used each time.
- Men and women should approach the decision to use condoms as a course of pre-negotiation about sex, I.e. Men should be asked to use condoms before sexual arousal to avoid surprise or disagreement.

A South African strategy developed for Muslim communities promotes the message of prevention in the following way,

“Islam absolutely does not approve of sexual relations outside of marriage. However, if someone does so anyway, they still should use a condom in order to avoid exchange of body fluids that may be infected. This advice is important for the wife or the husband.”

Encouraging ‘safe sexual relationships’ is another positive approach to providing information about transmission. The BBC HIV/AIDS messages are as follows

- A polygamous family is safe as long as all the wives and the husband are HIV free and only have sex with one another.
- People can protect themselves from HIV by always using a condom during sex.
- People are most at risk when they have unprotected sex (without a condom), even one person, because it is impossible to know if they have HIV.

In coordination with the condom message voluntary counseling and testing should be promoted targeting youth and married couples.

Message 5: STIs increase the risk of getting HIV

STIs are accepted, do not prompt a high degree of stigma among Somali populations, and are recognized as widespread. WHO will carry out a HIV and STI sero-prevalence survey and UNICEF will carry out a STI and HIV/AIDS KAP survey with preliminary statistics available by Dec 2003, until then we can only speculate on the prevalence rate of STIs among Somali populations. The primary Somali STI prevalence statistics referred to were reported in the UNICEF HIV/AIDS prevalence research carried out in Somaliland in 1999. The prevalence of STI symptoms in women was 30% and in men 12%. While these statistics may be based on assumptions it is clear that the rate of STIs among Somali people is high. Persons

¹⁷ UNAIDS, CDC

¹⁸ More technical information about how to use a condom for use at health training can be found at www.bbc.co.uk/worldservice/sci_tech/features/health/sexualhealth/aids/how.shtml

People with STIs are considered a group vulnerable to HIV because STIs increase the level of physical risk of transmission.¹⁹

The link between STIs and HIV should be made public in advocacy campaigns 1) in order to address the increased risk of transmission, 2) in attempt to decrease the stigma associated with HIV and 3) to increase the health seeking behavior among persons who suspect they have an STI. STI and HIV messages should be integrated into STI clinics and STI awareness programs so that important STI information can also be provided.

The following issues are important to address as part of a HIV/AIDS and STI message package.

- Most STIs can be cured.
- STIs do not always have symptoms.
- Women should be tested for STIs regularly because STI symptoms often go undetected in women but can lead to infertility and miscarriage.
- Some STIs have symptoms such as painful urination, discharge, smell, rash or sores on the sex organs.
- HIV is more easily transmitted through increasing plasma viral load, viral shedding, genital secretions, sores, inflammation, mucus, blood and discharge that is sometimes caused by STI's.
- If STIs are treated it reduces the risk of HIV transmission.

Message 6: A husband and wife must talk about HIV/AIDS and STIs

A high STI prevalence among the Somali population indicates that there is an increasing threat of the spread of HIV. ZCCs and the SACB HIV/AIDS Working Group have recognized the importance of establishing a pilot program for the Syndromic Management of STIs as an entry point for HIV/AIDS management.²⁰ In the long term the development of messages to address HIV/AIDS and STIs will be revealed through the information developed and tested at the sentinel sites. In the short-term the messages strategy should address some key findings related to HIV/AIDS, STIs and gender issues.

HIV/AIDS gender issues were recently discussed at workshops to develop the HIV/AIDS Communication Framework. Participants including leading women's groups seemed to translate 'gender issues' to mean simply 'women's issues'. Among the messages that were developed was 'women should stop adultery.' It is difficult to gauge whether this response demonstrates a gender bias suggesting that women are the ones who bring HIV to the Somali population. At the same time the statement may be an indication of levels of promiscuity among the Somali population. Little is known about sexual practices in Somali culture. Publicly Somali people suggest that there is little promiscuity however informants have suggested that since the civil war Somali's have become increasingly promiscuous, both men and women.

It is extremely difficult to facilitate discussions about sexuality and promiscuity among Somali people. Religious leaders have accepted that a husband and wife can

¹⁹ Clinical explanations are provided in the Strategic Framework section 3. Sexually Transmitted Infections.

²⁰ Strategic Framework (p.21)

talk about sexuality but advocating that men and women in general negotiate before having sex was completely unacceptable among the participants in the workshops. It was thought that if a woman wants to talk about sex it may imply that she thinks her husband is unfaithful and he is breaking religious laws. It was suggested that public advocacy should be aimed not about discussing sex but the importance of talking about family matters. While some felt that women should have a voice in decision making no matter what their marital status they noted that advocacy should be directed at the husband and wife as an entry point to reach unmarried men and women (boys and girls) in general.

'Family harmony' is an issue regularly addressed by Somali religious leaders. Some religious leaders have strongly agreed that a husband and wife must discuss HIV/AIDS and STIs. Some religious leaders believed that if a wife suggests her husband is unfaithful it would ruin the marriage however others believed that these issues should be and can be discussed in a non-confrontational way. If a husband or wife has an STI (including HIV), some religious leaders in CSZ and NWZ suggested that they should either divorce or use condoms.

Even with little understanding about behavior and practice two interdependent recommendations can be made to address gender issues 1) women need greater access to information and care for STIs and 2) women and men need to engage in dialogue about safe sexual behavior and sexual decision making. While these issues did gain acceptance during workshops national trends show that only 17% of women report discussing family planning or number of children with their spouses.²¹ STIs spread rapidly in great part because the majority of infections either do not produce symptoms or signs, especially in females, or produce symptoms so mild that they are often disregarded. Some STI symptoms may even disappear over time, creating the false impression that the disease, too, has disappeared. Finally, many adolescents do not know the difference between normal and abnormal conditions and therefore do not know when to seek medical care.²²

In summary the HIV/AIDS gender normalization issues to be addressed include

- How to address the threat of coerced sex.
- Sexual decision-making. When and how does a women/girl assert her rights?
- How to promote women's access to care for STIs.
- Women's access to care and support for HIV/AIDS.
- Address perception that women spread HIV.
- Address social perceptions that encourage men/women to have casual sex.
- Promote discussions between a husband and wife about STIs.

Message 7: People who have HIV/AIDS should not be isolated from the community

HIV stigma is based on ignorance and fears about the transmission and control of HIV/AIDS. Rates on the prevalence of HIV/AIDS stigma among Somali people will not be known nationally until the UNICEF HIV/AIDS KAP survey results come out. Some alarming cases of stigma have been recorded and similarly some surprising

²¹ Baseline Survey on Reproductive Health and Family Planning in Northeast and Northwest Regions of Somalia, WHO, by Population Studies and Research Institute University of Nairobi, March 2000

²² UNICEF, Young People and HIV/AIDS: A UNICEF Fact Sheet, HIV/AIDS Unit, UNICEF New York, 2002

cases of acceptance in unlikely places have been found. In places with low awareness rates and low prevalence rates HIV/AIDS stigma can be just as bad and sometimes worse than places where the community is more affected by HIV/AIDS. During a HIV/AIDS Communication workshop, opinion leaders from a rural area claimed that it was not necessary to address issues of stigma because there were no cases of HIV/AIDS in the area. Later it came out that perhaps there were cases of HIV and perhaps a woman at the TB hospital recently died of AIDS but it was impossible to know because she was unwilling to be tested.

HIV/AIDS stigma among Somali populations is characterized by misconceptions about PLWHA and goes hand in hand with the reluctance to address issues of sexuality and the use of condoms. Stigma prevents the effective implementation of HIV/AIDS services, advocacy activities and care programs. Global HIV/AIDS initiatives have demonstrated that where authorities, opinion leaders and communities address HIV/AIDS issues without censorship HIV/AIDS rates stay low or drop. In places where there is stigma against PLWA, fear to promote condoms and address sexuality, ignorance persists and rates continue to rise.²³

During the HIV/AIDS Communication Framework workshops religious leaders were in strong support of anti-stigma advocacy demonstrating that this would be an appropriate entry point for religious leaders to take a leading role in the Somali HIV/AIDS communication response. NWZ religious leaders went as far as to say that ‘according to Islamic law it is illegal to exclude a person with HIV/AIDS from the family or community’ and this should be the message that is used in their anti-stigma campaign. Another campaign being carried out by health workers in Borama is led with the message ‘fight the disease not the person.’

As a result of underdeveloped counseling, care, treatment programs and public information about HIV/AIDS PLWHA also suffer from ignorance about the disease. With little public information available, PLWHA often do not know whether the misconceptions promoted through stigma are true. There is currently one hospital in the three zones that offers care for PLWHA. The Borama TB hospital reported that PLWHA suffer as much if not more from the psychological trauma of living with HIV/AIDS. They suffer the hope and defeat of experimenting with traditional medicines and they mistreat medical staff because they don’t understand their medical situation. While medical staff may be in need of psychological and clinical training to work with PLWHA there is one simple solution to help people living with HIV/AIDS. Sister Analena, the director of the Borama TB Hospital recommends that PLWHA need support and acceptance by the community above anything else (particularly because needed infrastructure to support PLWHA will take time to set up). Secondly training for care of PLWHA is necessary for medical staff.

Health workers who participated in the HIV/AIDS Communication Framework workshops throughout the zones consistently stated that health workers are among the Somali groups most vulnerable to HIV/AIDS. Ignorance among health workers about

²³ Dr. Abdulla Elgizoli, WHO Somalia in reference to the statistics and responses of Thailand and South Africa where both nations had 2% prevalence in 1992, Thailand developed an aggressive national strategy and kept rates low whereas South Africa in it’s failure to address HIV/AIDS aggressively is now the most HIV/AIDS populous country in the world.

how to care for PLWHA presumably contributes to a reluctance to help PLWHA due to a fear of transmission.

The main points of HIV/AIDS stigma to be addressed include.

- Provide awareness that foreigners are not the ones spreading HIV.
- PLWHA should be considered as similar in threat as those with STIs. People eat with people who have STIs, hug them and do not see them as non-Muslim. People with HIV/AIDS have another serious but not contagious STI.
- Health staff are not at risk of HIV/AIDS transmission if they practice basic safe procedures when caring for PLWHA.
- Address the misconception that HIV is contagious.
- Address misconception that HIV is a non-Muslim disease.
- PLWHA should not be isolated from the rest of the population.
- PLWHA can act as advocates to counter ignorance and stigma.
- HIV/AIDS should not be treated through traditional means, applying a hot rock to the body, drinking milk with goat fat, etc.

Other Muslim campaigns have addressed stigma by citing the Koran,

“The prophet Muhammad said ‘Have compassion towards those who are on earth and the one who is beyond will have compassion towards you.’ Islam is a religion that is full of compassion, love and mercy. The prophet Muhammad reminded Muslims that, ‘you will not enter into paradise until you believe, and you will not believe until you love one another.’ In another Hadith, it has been said, ‘Allah shows compassion only to those of his servants who are compassionate.’ Love and compassion are the qualities of a good Muslim, and people living with AIDS cannot be denied these powerful emotions. Visiting and caring for the sick is another good deed that is highly recommended by the Prophet. ‘Whoever visits a sick person is walking along the high road to heaven (Bukhari). A visit to a sick person is only complete when you have put your hand on his forehead and asked how he is.’²⁴

Message 8: Is AIDS a death sentence?

HIV treatment and care services are being built strategically through a series of advocacy and capacity building activities over the next three years. A message targeting PLWA should be provided in coordination with information to learn more through treatment and care services that are locally available. The fear that HIV/AIDS is a death sentence has led to risk behavior in other national case studies where people have been reluctant to get tested, persons who were positive would not disclose their status and PLWHA felt they had no hope. Instances of similar risk behavior have been mentioned during the research carried out in Somalia for the HIV Communication Framework. Anti-retroviral treatment will not be made available to Somali people on a wide scale until priority HIV/AIDS interventions for prevention and control are in place to hasten an epidemic. In the meantime healthy behavior should be promoted among health workers, people living with HIV/AIDS and the general public.

²⁴ Ahmed, A.K., Miller, F. In the name of Allah, most gracious, most merciful.
www.fsonline.net/May2003/Religious/HIVAIDSandIslam.htm

These messages should go out in coordination with anti-stigma messages and testing messages.

- Health workers should not tell a person diagnosed with HIV that he has a fixed number of days to live.
- The general public should understand that people who they perceive as ‘healthy’ live with HIV among them.
- People living with HIV/AIDS should understand that there is no treatment available for HIV/AIDS in Somalia either through clinical or traditional medicine but a healthy lifestyle is the best approach.
- A person with HIV can remain in good health by eating healthy food, getting regular sleep and exercise, abstaining from harmful substances and receiving attention and care.
- 33 million people in the world have been infected with HIV; 14 million have died of AIDS.

Message 9: Learn how you can protect your child from HIV

Messages targeting parents should be designed to address several different issues. should be aimed at parents with particular emphasis in mother-child health care centers (MCHs) and via traditional birth attendants (TBAs) thus targeting the widest coverage of women possible. The message should additionally go out on radio reaching men to raise awareness about their role to protect their family from HIV. A strategy to handle the issue of HIV and breastfeeding in coordination with MCH programs should be developed. In addition women and men should be encouraged to protect their unborn children and fertility by encouraging regular testing and treatment for STIs. This message should particularly target women who have less access to STI clinics and are less likely to have symptoms despite STI infection. An entry point to reach these women is through UNICEF supported FGM eradication and safe motherhood activities targeting TBAs and community health workers. Several local NGOs and women’s groups are currently active addressing FGM, mother to child care and other women’s issues. These women’s groups have established forums and networks and can provide HIV/AIDS information/ training through these.

Parents should be encouraged to reinforce the strong youth targeted HIV/AIDS communication strategies and HIV/AIDS education for their children of any age. This issue should be developed in support of existing HIV/AIDS programs integrated into post-primary curriculum and youth group activities at the local level. Information about programs for youth and promotion of this issue could go out through community education committees (CECs), the ministry of education, youth groups, classrooms and through public forums.

A Muslim campaign targeting women in South Africa sent the following message, “Pregnant women should have an HIV test, and if they are HIV positive, seek medical advice on ways of reducing the risk of infection between mother and child.”

An approach to address mother to child transmission of HIV for Somalia still needs to be agreed. Building advocacy about HIV/AIDS without a clear message on MTCT threatens to send confusing messages when health campaigns are actively engaging more women to breastfeed and local groups are getting information from the internet that says 30% of mothers give HIV/AIDS to their child while nursing. The message

about MTCT should build messages that are gender neutral highlighting the responsibility of both parents to practice risk free behavior or put their child at risk. In the course of addressing this issue as part of the coordinated message strategy the HIV/AIDS thematic task forces for health should be involved to harmonize breastfeeding messages that they are promoting.

Message 10: FGM increases the risk of getting HIV

Female Genital Mutilation is a cultural practice carried out among 95% of Somali women and girls. It is primarily performed on girl's ages 4-11. Local partners carry out FGM eradication activities with traditional birth attendants and community health workers through discussions about safe motherhood. UNICEF has engaged all levels of leadership in the FGM eradication campaign. Other UN agencies, NGOs and LINGOs have been active to support the FGM eradication activities of local groups as well. FGM eradication advocacy raises issues of international human rights law but as it is an embedded cultural norm issues of stigma and discrimination have to be addressed to make elimination acceptable. Currently FGM eradication activities are linked to HIV/AIDS awareness activities at the executive management level in the TAC and local implementation level in the ZCCs. This link should build greater support for each issue through the FGM eradication and HIV/AIDS awareness message.

The message should contain the following information,

- Equipment that is not sterilized including razors, knives and needles are dangerous and can spread of HIV.
- FGM creates infections that increased the risk of HIV/AIDS transmission as HIV is more easily transmitted through mucus, blood and other infectious fluids.

Message 11: HIV doesn't always have symptoms, the only way to know is to have a test

Among the three most important issues prioritized by groups throughout Somalia during the Communication Framework workshops was 'provide information about the symptoms of HIV/AIDS.' Health workers were quick to note the symptoms of PLWHA as severe thus leading to the conclusion that persons without those symptoms probably didn't have HIV or AIDS.

The public knows very little about HIV and AIDS. The association between HIV and AIDS is not clearly distinguished. As a result information about symptoms should focus on HIV to lead them to be tested for HIV more regularly rather than promoting the misconception that if a person is not sick he is safe. The primary issue is that any person can have HIV no matter what they look like. The symptoms of AIDS often do not develop for 8-10 years.²⁵ This message should be used in coordination with messages about prevention emphasizing that you do not know the status of your partner unless he/she is tested. Ideally this message should go out alongside promotion of voluntary testing and counseling.

²⁵ UNAIDS, Myths and Facts relating to HIV and AIDS can be found at <http://www.unaids.org/hivaidsinfo/faq/myths.html>

Message 12: Counseling and testing is the best way to learn about HIV

WHO currently supports 27 laboratories in Somalia to carry out HIV/AIDS testing however WHO does caution that until further capacity support is carried in the coming year the test results are unreliable. Laboratories in Somalia have a high staff turnover rate, there is no formal record of training either who is trained or what training they have received. As a result lab technicians often do not understand the clinical nuances of HIV/AIDS results. In addition there is currently no formal HIV/AIDS counseling training among Somali people. The Borama TB hospital is the only facility that offers counseling to people living with HIV/AIDS but counseling training has been developed through 5-7 year training process based on the personal knowledge of the hospital chairperson so is not likely to be easily transferable. Other health workers who have received counseling training in a course will not change attitudes and misconceptions after a short course. Support for voluntary counseling and testing (VCT) programs are a priority in the HIV/AIDS Action Plans. The full introduction will take place strategically over a two-year period. In 2004 the capacity of diagnosis facilities will be strengthened, out-of-school adolescent counselors will be trained, parent peer counselors will be trained and at least one VCT center will be established in each zone. These activities will be increased and by the end of 2006 the VCT program should be fully established. Along side the development of these testing centers advocacy campaigns should be very active.

The testing and counseling messages should include the following information.

- HIV does not have symptoms the only way to know is to be tested.
- Learn more about HIV/AIDS go for voluntary testing and counseling.
- How can HIV be tested?
- HIV/AIDS tests are free.
- HIV testing and counseling is confidential.
- Youth do not need permission to be tested for HIV.
- You can go alone for HIV testing or with your partner.
- A couple should be tested before marriage.
- A man and his future wife should be tested before practicing wife inheritance

Recommendations for Communication Interventions

Summary

Much has been done to develop greater awareness about HIV/AIDS in Somalia. These activities should be seen as the foundation for building greater understanding of the effective channels to carry out HIV/AIDS activities in Somalia. Initiatives to create awareness about HIV/AIDS have been undertaken at the highest administrative level. At the community level there is remarkable initiative to take part in HIV/AIDS advocacy activities. It is still difficult to inventory all of the HIV/AIDS advocacy activities undertaken by health workers, LNGOs, women's groups and youth groups. In many cases the desire to be involved in HIV/AIDS awareness has overtaken the technical expertise to offer accurate and consistent messages. Community groups are talking about HIV/AIDS without a technical background in how to approach key issues, what messages are most important and with no material to help support and spread the message wider. As the HIV/AIDS Action Plans are developed these decentralized community efforts should be considered the foundation of all activities and technical expertise should be the main input to build their capacity.²⁶

Somali populations have many strengths that contribute to building community based responses to advocacy and education including strong networks among the civil society, a strong oral culture with a talent and regard for traditional arts that can be used to share information, wide-spread volunteerism among the youth and a proven track record for addressing controversial subjects (i.e. TB was once something that communities ostracized people for having. Through advocacy and education it has become acceptable.)²⁷ These avenues will have to be considered while designing capacity support tools to build the community based prevention infrastructure.

The current low level of a HIV/AIDS prevention response among Somali populations threatens to rapidly increase the spread of the HIV once it establishes a base in Somalia.²⁸ The current level of knowledge, stigma and discrimination against PLWHA threatens the health and human rights of PLWHA. Among the circumstances identified through a global review of factors contributing to the HIV/AIDS crisis was 'the cultural and religious conservatism that constrains open discussion and information provisions about sexual matters in general and about AIDS in particular given it's associated stigma.'²⁹

The community based HIV/AIDS advocacy and education response should be supported through a consistent message strategy targeting priority HIV/AIDS issues. HIV/AIDS TOT training and IEC tools should be centrally developed for a complimentary national response. The technical capacity of community based HIV/AIDS prevention responses³⁰ should be built through the provision of comprehensive skills building and the wide distribution of IEC material developed with the ZCC. These materials should support groups to carry out independent

²⁶ An inventory of HIV/AIDS advocacy and education activities and a list of local groups at the Zonal level is available. See the section within this section 'Directory of Partners on the Ground'

²⁷ A claim by the Borama TB Hospital

²⁸ Brown, T., Franklin, B., MacNeil, J., Mills, S. 'Factors Influencing HIV Epidemic Growth' Effective Prevention Strategies in Low HIV prevalence Settings, UNAIDS Best Practice Key Materials, 2001

²⁹ The International Bank for Reconstruction and Development/ The World Bank, Education and HIV/AIDS: a window of hope, Washington DC, 2002

³⁰ See section 4.0 of the HIV/AIDS action plans

community based activities with greater technical skill and overall coordination. The materials developed for training and awareness campaigns must be designed locally with an aim to be entertaining as well as educative. Given the lack of posters, videos and entertainment cassettes featuring Somali people HIV/AIDS audio-visual material will be new and interesting and should attract people. At the same time attention should be given to the production design. The technical information that is built into material should not overtake the entertainment. A message heavy drama that does not poke fun at human nature or offer poetic entertainment will not lead to popularity and increased distribution of HIV/AIDS messages.

As a result of training and IEC provision community based approaches should encourage discussion at the local level and provide the information necessary for change, i.e. provide an awareness poster that can be hung up, information on where to go to get more information or be tested. Beyond these tools specific emphasis should be placed on involving local and religious leaders and local media for HIV/AIDS advocacy. A variety of approaches are further recommended to reach groups identified as the most vulnerable to HIV/AIDS in the Strategic Framework, youth, STI patients/clients, mobile populations, commercial sex workers, militia, displaced and refugees. Specific approaches should be used to reach each group and special considerations should be made in addressing each group. The following sections offer recommendations on a variety of issues to consider in the development of training tools, IEC material, curriculum and the implementation of initiatives in support of different groups. (The primary recommendation under each heading is indicated in blue type.)

Message Strategy Development

A participatory activity must take place in order to develop a coordinated message strategy with appropriate information content packaged in a way that is understandable to Somali populations through all the zones. The message development activity should be carried out 1) through providing basic HIV/AIDS training to the ZCCs including opinion leaders and key stakeholders representing vulnerable groups 2) through working with those stakeholders to analyze the draft messages in the Somali cultural context, and 3) by drafting and pre-testing messages. Low literacy and inconsistencies in spelling, and phrasing make it a challenge to develop messages that can be used throughout Somalia. Slogans as well as pictures should be developed for all messages.

In the development of messages global strategies should be examined to determine useful techniques and critical issues that have been uncovered as a result of lessons learnt. For example in the design of condom promotion material marketing strategies in the past have often used stereotypical and 'macho' images of men that may further entrench destructive gender stereotypes and inequalities.³¹

HIV/AIDS TOT Training Series and IEC Material Kits

A hospital in NWZ is using foreign videos dubbed in Somali to provide training about HIV/AIDS. A number of LINGOs have put in requests for printers so that they can make posters about HIV/AIDS. Youth groups with little or no HIV/AIDS training are carrying out HIV/AIDS workshops with information they are getting off the Internet.

³¹ Rivers and Aggleton, Men and the HIV Epidemic, Thomas Coram Research Unit, Institute of Education, University of London, 1999

While it is clear that many local leaders, NGOs and health workers have an interest in promoting awareness about HIV/AIDS there is a threat that without communication strategy support HIV/AIDS awareness activities and tools produced at the local level may promote misconceptions, utilize poor approaches, or increase stigmatization. Where messages and approaches are accurate the inefficient use of material and human resources remains unjustified as people are continually forced to 'reinvent the wheel'. While LNGOs know how to address local needs and understanding better than external agencies they need developed tools that will be adaptable to different environments and target groups. In order to coordinate advocacy and education activities, a training of trainers video series and IEC package in support of community-based initiatives should be developed. Integrated into this package will be the coordinated HIV/AIDS message strategy so that these tools can become the formal pre-requisite to maintain technically accurate local advocacy and education initiatives on a national scale. In addition it will be the primary tool to support local groups with the skills and means to facilitate the ongoing community based responses to HIV/AIDS.

A basic HIV/AIDS training package should be developed with modules that can be used separately or in combination for different purposes including for initial training of trainers (TOT), community based training of peer groups, media training and training of local advocates, religious and local leaders.

The training package should include 1) a targeted packet of IEC materials integrating the coordinated national message strategy and logo, 2) the HIV/AIDS training series should have modules for 'how to communicate' messages about HIV/AIDS issues among Somali populations and the circumstances that increase the vulnerability of different groups.

Key advocates including youth, religious leaders, local leaders and health workers should be given priority to receive the initial TOT training. These advocates should be further trained to work with vulnerable groups (sex workers, militia, mobile economic groups, refugees/ IDPs, STI patients) to carry out HIV/AIDS advocacy in support of them.

IEC materials should be developed with ZCCs and pre-tested among key target groups. Many examples of effective approaches and materials targeted for women, youth, men, IDPs, etc. exist globally and in Somalia. A survey of these approaches and tools should be undertaken during the development of IEC materials and the TOT training tool. To a great extent materials should be audio-visual. Print materials including posters and pamphlets should be developed with consideration of the low literacy rates among Somali populations. The messages depicted on IEC materials should be clear and provoke audience to think and learn more. The images should be clearly understood and easy to reproduce so that local advocacy using the logo, pictures and slogans from the IEC material can be carried out with maximum impact.

The coordinated message strategy should be integrated into the materials as detailed within this report. The kinds of materials given greatest importance by the zonal coordination committees are 1) posters, 2) pamphlets to give out as further instruction. Both should be designed for non-literate people.

The TOT training tool should address a variety of topics within the different priority HIV/AIDS issues featured in the series. Integrated into each feature should be common misconceptions, safe behavior models for different target groups (i.e. how women can gain greater access to STI clinics), and practical assistance to partners at the local level who have little experience facilitating discussions and conducting communication activities that promote participation. During the course of each episode a series of questions should be asked to provoke discussion as the video is stopped and later continued. Facilitation should be carried out by youth; women's group members, religious leaders and health professionals who have received TOT training.

The content of the HIV/AIDS training should include

- An overview of 'advocacy' and 'HIV/AIDS education'
 - How to facilitate discussion about HIV/AIDS
 - Points to consider in using IEC material
 - How to carry out social mobilization activities
 - How to coordinate a major public event
 - How to present advocacy information to the mass media
- HIV/AIDS transmission / prevention
- HIV/AIDS Stigma
- Working with Vulnerable groups
- HIV/AIDS and STIs
- Care for PLWHA, health, counseling and community support
- Training methods; approaches and techniques to support various target groups
- Materials; development, strategic use, distribution
- Introduction to Monitoring and Evaluation
- Resource Mobilization

The TOT training tool should be designed as a 'video led discussion based training' package, a series of locally produced instructional 'Somali how to communicate HIV/AIDS' videos that are both a training tool for the partner and the means of training for the participant. A technical advisor should oversee the production of the series and it should be produced with Somali media practitioners and ZCCs. The production of such a series would require that communication patterns between women, men, youth, religious leaders and local leaders be broadly identified, priority HIV/AIDS messages for the community level be identified, logistics for using the videos would have to be arranged in terms of distribution and TOT, and a simple guideline to use the instructional video series as an interactive discussion tool especially among illiterate groups would have to be developed. While this would require an investment of time and resources the training videos would go far to establish community based HIV/AIDS communication that is consistent, locally adaptable, promotes discussion and does not require a lot of monitoring and support. These tools could be used among the majority of community based LNGOs, Women's Groups and Youth Groups in rural villages, IDP camps, as a support to health programs, food security programs, water projects, etc.

This 'video led discussion based training' strategy has been used globally including in Kenya (by Mediae Company and the Ministry of Agriculture) to train agricultural extension workers and in Uganda (by UNICEF) as a TOT discussion tool for use with youth groups on the issue of date rape. The format presents a communication issue

through a series of short, 15 minute, locally produced dramas that portray different issues by depicting common misconceptions and poor communication practice. I.e. during workshops boys often dominate the conversation and girls do not speak. The videos highlight common constraints in communication between different groups. The videos show scenarios that are familiar, using the facilitator's notes local debate is carried out and understanding on the issues is achieved through non-confrontational and highly engaging community based problem solving.

The TOT training tool should be made available to peer advocates to use with their peer groups. Given the interest to carry out local drama, songs, poetry and other techniques for HIV/AIDS awareness trained groups should be encouraged to utilize the messages addressed in the series targeting the same key issues that are part of the major national HIV/AIDS communication strategy presented by the video series. With a technical background they should be encouraged to design entertaining materials and activities with local references. Comedy, drama, and debate about HIV/AIDS should be spontaneous and peer groups should be encouraged to seek out ways to engage their audiences.

Schools and NFE Curriculum

HIV/AIDS education programs vary greatly between and within different countries. Where HIV/AIDS fits into school curriculum may determine the information that is included. Knowledge about how HIV is transmitted can be embedded in the science curriculum and issues surrounding HIV/AIDS can be addressed in civics, social studies, and religious education. Research has proven that life skills building programs promote abstinence and help youth to delay first sex, thereby disproving assumptions that promiscuity and immorality is promoted through such education. An evaluation of an intensive, two-year, school-based health education program in Uganda found that the share of students in their last year of primary school who reported being sexually active dropped from 42.9 percent in 1996 to 11.1 percent two years later.³² Anti-stigmatization, gender roles, abstinence advocacy and safe sex are the primary issues addressed among global initiatives targeting youth.³³ Such education goes beyond the provision of information about issues such as sex, STIs and HIV/AIDS (transmission, risk factors, how to avoid infection), which by itself is insufficient to bring about behavior change.³⁴

In the three zones primary school enrollment rates are on the increase but are still among the lowest in the world. Non-formal education is a growing avenue reaching youth and adults through community based learning sessions. In addition financial support for the development of madras or Koranic schools is reportedly gaining strength from Saudi Arabian supporters. [HIV/AIDS should be integrated into these formal and non-formal education avenues through the provision of HIV/AIDS curriculum and training for teachers/ facilitators.](#) Curriculum targeting youth should be provided to youth groups to reach youth members and be used in the literacy programs that youth groups commonly support. At the same time non-formal

³² The International Bank for Reconstruction and Development/ The World Bank Education and HIV/AIDS: a window of hope, Washington, 2002

³³ A number of sensitive approaches to these issues have been sited in the URL reference section of this report.

³⁴ Hubley, J. 2000. 'Interventions Targeted at Youth Aimed at Influencing Sexual Behaviour and AIDS/STDs', Leeds Health Education Database, Leeds, United Kingdom, April 2000.

education should be designed for women and men also engaged in literacy programs. Appropriate training is critical to implementing successful skills based HIV/AIDS education.³⁵

Youth programs globally have been successful to the extent that they address these issues within the content of their youth programs and provide a forum for youth to examine these issues through dialogue together.³⁶ [The development of curriculum and information for youth about HIV/AIDS should encourage the integration of life skills modules that develop the knowledge, attitudes, values, and skills- including interpersonal skills, critical and creative thinking, decision making and self-awareness needed to make sound health decisions.](#)³⁷ [Among the HIV/AIDS topics to be covered are transmission, anti-stigmatization, gender roles, abstinence advocacy, sexual negotiating skills and safe sex planning.](#)

A specific approach for the implementation of skills based school health programs can be found in the FRESH framework. FRESH is a partnership of WHO, UNICEF, UNESCO, WFP, the World Bank and others launched at the Education for All (EFA) Forum in Dakar, Senegal, in April 2000. Some local tools may also be developed. Video led discussion based training and role-plays are two useful techniques to promote discussion and involve youth in a process of examining the information they are reading in the curriculum while applying it to their own perceptions and beliefs. Video led discussion based training can be facilitated through use of the training series recommended for TOT, role plays can be developed for all of the messages/issues of the coordinated message strategy. I.e. a role-play could be made to show the different power struggles between different groups and the ways in which those power struggles disempower one group and lead to problems. Such characterizations help to illustrate the levels of power that exist between different economic groups, educated classes, and clans as well as between genders leading to greater vulnerability and fewer opportunities to practice health seeking behavior.

Directory of Partners on the ground

The HIV/AIDS Communication Inventory is available as a report or within the SACB project matrix categorized as 'HIV/AIDS advocacy and education'. The consolidated information includes an overview of development agencies working with Somali populations, a profile of their activities, where they are working and who their donors are. Many local groups are not included in the inventory or matrix because their activities are not developed or funded. The final section of this 'Communication Framework' is a basic directory including a list of groups, whether they are a youth group, religious, etc. and their geographical coverage. The directory of the local groups should help facilitate on the ground networking and build skills of groups involved in HIV/AIDS advocacy. [The HIV/AIDS Inventory should be updated by agencies according to the ongoing implementation of activities. The ZCC should update the directory of local partners in accordance with who has been trained, the](#)

³⁵ In Zimbabwe HIV/AIDS statistics had not gone down despite the well-designed program that was implemented in schools throughout the country. A review found that only a third of teachers had received in-service training, that teachers were unfamiliar with the new participatory techniques and that they found topics of ex and HIV embarrassing and difficult to teach. (IMF/World Bank)

³⁶ Refer to the Straight Talk Program

³⁷ The International Bank for Reconstruction and Development/ The World Bank Education and HIV/AIDS: a window of hope, Washington, 2002

skills they have, and the target groups they work with. This directory should be a tool to distinguish trained local partners for HIV/AIDS advocacy and education leading to better coordination and capacity development.

HIV/AIDS Zonal Coordination

The effectiveness of communications activities is strongly dependent upon the extent to which zonal coordination committees can support responses that are decentralized and localized. ZCCs were developed to oversee the implementation of HIV/AIDS activities at a centralized zonal level in Hargeisa for NWZ, Garowe for NEZ and at a 10 regional levels in CSZ. It is fundamental that community level action is coordinated at the zonal level and regional level in order to promote widespread action throughout the zone that is applicable to the community. The capacity of the ZCC will have a strong impact upon the capacity of community groups and the overall success of HIV/AIDS communication among Somali populations.

The HIV/AIDS Action Plans have prioritized training to build the capacity of ZCCs. Capacity building should foster the development of zonal implementation plans, resource procurement plans, monitoring and evaluation strategies, coordination mechanisms, cross-sector approaches, tools for management and tools for implementation activities. In addition to these fundamental management and coordination mechanisms consensus should be built among ZCC members on the aims of priority HIV/AIDS interventions as outlined in the Strategic and Communication Frameworks including advocacy and communication approaches. HIV/AIDS communication issues will have to be explored through an interactive process whereby ZCCs are increasingly exposed to issues of anti-discrimination and stigma, the socio-economic impact of HIV/AIDS, gender inequities and gender sensitive approaches, techniques for working with youth and disenfranchised groups, the factors that create vulnerability and how to address those.

Support should be provided to strengthen 'HIV/AIDS Zonal/Regional Coordination Committees in their capacity to manage and coordinate the implementation of the HIV/AIDS Communication Framework. Their capacity training should include a variety of components including how to develop information for mass media, community mobilization, working with different target groups and different change agents, working in urban and rural locations, how to address HIV/AIDS issues, monitoring and evaluation and resource mobilization.

The advocacy strategy, phase 1, summarized in the priority recommendations section of this report outlines the need for ZCCs to identify key HIV/AIDS advocates and peer advocates. Once trained advocates should act as the local advocacy and education implementers reporting back to the ZCC.

During phase 2 of HIV/AIDS communication activities implementation the ZCC should advocate for the development of policies that address stigma and address the rights of people affected by HIV/AIDS. A community advocacy strategy should be institutionalized in the ZCC and where feasible at the community level. Included in the strategy should be provisions for mainstreaming HIV/AIDS in curriculum for school children, non-formal education, in health materials and within training for project volunteers and workers. As policies and guidelines are instituted at the zonal /

regional level they should be communicated through the mass media and through on the ground discussion forums among the general public.

As the key body overseeing the implementation of the Communication Framework, advocacy strategy, message strategy, IEC material development and HIV/AIDS communication activities in the zone, ZCCs should try to link resources and material supply with the needs at the district level. At the same time they should provide communities with the required technical know how and coordination to reinforce efforts throughout the zone. The HIV/AIDS message strategy that is integrated into IEC material and the TOT training series will be reinforced by the frequency with which Somali people hear the same HIV/AIDS information coming through different media. Promoting the widespread use of the tools will save time and resources and potentially lead to improved materials through the feedback collected during each use.

ZCCs should encourage development partners to integrate the coordinated message strategy, use the TOT training series and HIV/AIDS IEC materials and gain resource support through the ZCC, SAC and SACB Working Group. The ZCCs should oversee that new materials developed in the zone be shared at ZCC meetings in order to allow other agencies the opportunity to use the same material and/or to share information on different approaches and tools. In CSZ the materials should be taken to the regional working group as the local contact point and forwarded to the ZCC on a quarterly basis.

The contribution of religious leaders to the advocacy strategy and their HIV/AIDS advocacy and education support needs should be monitored with regular reporting undertaken by the HIV/AIDS ZCC Chairman to the SAC and the SACB HIV/AIDS Working Group. ZCCs should build a knowledge base and share information about how to develop the capacity of religious leaders as HIV/AIDS advocates.

Radio / TV Public Broadcasting

The relationship between local TV and radio broadcasters and aide agencies is often a commercial one restricted to the provision of programs in exchange for payments. Despite the well-known importance of radio to provide information for Somali people and the lack of infrastructure at Somali stations little support has been given to develop radio stations. Given that appropriate agreements between development agencies and radio stations can be made any number of innovative incentive schemes might be possible to develop the stations and make programming sustainable. Sustainable practice with the local media should include the provision of training and incentives instead of cash payments for community development programs. Increasingly stations should be encouraged to consider community development programs part of their regular format. It is clear that the capacity of the struggling stations must be addressed, however negotiations should be undertaken with the mass media to institute that quality educational (human rights, HIV/AIDS, health, etc) programs are produced and broadcast as a part of the regular format of stations.

The social / development genre of programs can become a popular format that allows local stations to earn advertising revenue by attracting large audiences. (This is already happening on radio in Bossaso, NEZ.) To encourage this step to self-sustainability development agencies should act as technical information advisers providing health, social development, agricultural, human rights, and other

development information required for such programs. As possible the financial support that development agencies once gave to stations in the form of airtime payments should be channeled into much needed equipment, capacity building for the staff and the administration responsible for the station.

Radio as an Information Source

Radio is frequently cited as the most important source of information for Somali people. The UNICEF Communication Channels Survey (2000) rated radio the number one source of information available in all zones but a closer look reveals that radio is a source more limited to urban areas and controlled by men. While BBC Short-wave does reach throughout the three zones the service is limited to a short period of time each day. The reach of local radio stations is often over-claimed by audiences and radio stations. While some research has stated that the Hargeisa local station could be heard throughout NWZ the clarification was not made that this coverage was only possible during the BBC Short-wave broadcasts that do not integrate locally produced programming outside of the upcoming *Saxan Saxo II*.³⁸ A national survey should be carried out in order to accurately gauge the effectiveness of radio as a means for advocacy and behavior change as well as to determine the audience reached by radio. This information should be integrated into the HIV/AIDS KAP survey or undertaken as a follow up to the Communication Channels Survey carried out by UNICEF in 2000.³⁹

Current coverage statistics for radio are still needed however radio is clearly the most important source of information on HIV/AIDS (74% of respondents radio) whereas health workers are the next commonly cited source (33%) among the general Somali population.⁴⁰ The Well Women Media project has been underway for some time to pilot and set up a radio drama and discussion program that will go out on BBC SW broadcast just after BBC news reaching radio listeners in and around Somalia. The drama and discussion program will address HIV/AIDS as one of the three main themes in the weekly programs to be broadcast 2003-2006. This broadcast, if popular, is likely to provide much desired and needed information to a large number of Somali listeners. On the ground activities and other forms of media will benefit to the extent that the radio programs gain popularity and the messages of the radio program follow the coordinated message strategy (as outlined in the communication framework) and are backed up by on the ground messages and services. Development partners should use the BBC SW '*Saxan Saxo II*' broadcasts as another (low cost) component in their community based advocacy and education activities by advertising the listening time locally, providing tape recorded programs locally and building their activities to incorporate the broadcasts.

Media Training to improve coverage

Major events in urban areas i.e. World AIDS Day (WAD) often make the news on the local television and radio stations. In the locations where there are TV and radio stations such coverage is almost guaranteed (Hargeisa, Berbera, Borao, Boroma,

³⁸ UNICEF, Knowledge, attitude and Practice related to Landmines and Unexploded Ordnance, Northwest Zone, Somalia, November 2002

³⁹ Shanti Risal Kaphle, Report of Qualitative Research on the Communication Channels in Use in Somalia, UNICEF Somalia, 2000

⁴⁰ Population Studies and Research Institute University of Nairobi, Baseline Survey on Reproductive Health and Family Planning in Northeast and Northwest Regions of Somalia, WHO, March 2000

Bossaso, Galkayo, Baidoa, Merca, Mogadishu, Kismayo, Jowhar). This coverage increases the reach of messages and information and broadens the nature of the audience. [In order to guarantee that radio coverage continues the regional authority responsible for public information should institute a policy to ensure that the state run media cover major HIV/AIDS events through the radio and TV stations.](#)

In support of this initiative media presentation skills should be built among the media, youth groups, women's groups, local advocates/leaders and local agency staff to present information in the mass media during awareness events. Together with the local media, advocates should be offered training in how HIV/AIDS information should be presented, how to build an interesting event for the media and how to provide information that will better support audiences to seek out other resources of information, treatment and care.

Internet

Internet discussion forums for HIV/AIDS are a discrete way for individuals to gain information about HIV/AIDS and discuss issues of sexuality. Internet access is increasingly available to Somali populations, especially among youth. While it is a burden to start-up and manage a chat group, especially among a very targeted population such as Somali youth, many HIV/AIDS chat groups already exist and can be accessed. [The promotion of reliable chat groups as a resource for youth to explore issues of sexuality and HIV/AIDS should be undertaken through local HIV/AIDS counseling programs and publicly.](#) The link to the chat groups should be publicized in the media, through youth groups and given the approval a link could be provided from the popular radio station or other Somali websites. These chat groups would not be available to the majority of youth but would help to increase youth exposure to the safe behavior models and gender awareness key to youth HIV/AIDS activities.

Mobile Phone Hotline

The mobile phone is clearly an important means of communication in Somalia. In other countries in Africa and around the world HIV/AIDS hotlines have been successful in providing counseling on STI's and sexuality, promoting awareness and getting people into clinics to be tested. The potential for setting up a mobile phone hotline in Somalia is great. [The efficacy of a mobile phone hotline should be examined in a pilot project as an effective way to support public awareness campaigns and counseling initiatives for Somali populations.](#)⁴¹

Key Advocates — PLWHA, Religious and local leaders

In NWZ an HIV positive Somali couple made a public declaration of their status. They carried out discussions and other awareness raising activities that prompted others to declare their status and confront HIV as a Somali problem. [Key HIV/AIDS advocates including PLWHA should be identified by ZCCs to act as part of local advocacy efforts alongside local and religious leaders. PLWHA among Somali populations should be encouraged to reduce stigma and address misconceptions by bringing recognition that HIV/AIDS infects Somali's, regular](#)

⁴¹ Nigeria Telephone HIV/AIDS Hotline System www.comminit.com/pds9-2001/sld-3010.html
South Africa Telephone HIV/AIDS Hotline System www.comminit.com/pds9-2001/sld-2991.html
KAWI (Kenya Aids Watch Hotline)

people rather than groups that might be discriminated against, and men as well as women.

In NWZ the highest regional administrators have declared that HIV/AIDS is a problem that exists among Somali people breaking the misconception that HIV/AIDS was just a foreigners disease. Further, several ministers have outwardly stated that the community should 'live and let live' declaring that people with HIV/AIDS should not be discriminated against. While these statements are positive much public advocacy must still be carried out at the highest levels of influence. Public statements about HIV transmission and prevention have been critical to successful HIV/AIDS prevention programs such as those in Uganda and Senegal. On the other hand countries where leaders have not supported these key advocacy messages, such as in South Africa, the rates of HIV continue to increase. Local advocacy cannot be imposed by international agencies or technical experts but the initiative, approach and message must come from local leaders. [As and when the situation permits particular locations should build advocacy strategies to target the most critical issues. The highest-ranking government and administrative officials among the Somali population must publicly state that HIV/AIDS is transmitted most commonly through sex and advocate the use of condoms to prevent HIV/AIDS.](#)

The NWZ 'Minister of Health' during 2002 was sponsored to go to Senegal to gather information from the successful HIV/AIDS efforts that were carried out in Senegal. The HIV/AIDS Action Plans recommend that similar skills exchange activities take place. [The participants of these visits should utilize this international collaboration not only to gain skills but also to lead to the drafting of specific policies and/or initiatives, I.e. to develop diplomatic relationships that will help facilitate visits by partner countries to Somali zones in an effort to promote international and local advocacy.](#)

The Role of Religious leaders

Successful HIV/AIDS advocacy techniques from Senegal have shown that religious leaders are important advocates especially in Islamic populations. In the three zones the mosque is arguably the most predominant social forum and religious leaders are arguably the leading opinion leaders on social, cultural and lifestyle issues. This role makes religious leaders ideal educators for the Muslim communities in Somalia. [The Friday sermon constitutes an important opportunity for the dissemination of HIV/AIDS information to large congregations.](#)⁴²

As evidenced by the Communication Framework workshops religious leaders in every zone have an interest to act as HIV/AIDS advocates both to learn/teach and to develop the advocacy messages in the context of popular religious-cultural beliefs. The participation of Somali religious leaders in the development of the Strategic Framework, Communication Framework and Action Plan for HIV/AIDS among Somali populations is a basis for the effective way in which religious leaders can contribute to build the Somali HIV/AIDS advocacy response and encourage community based HIV/AIDS education. Somali religious leaders have been among the most vocal participants in the drafting of the Communication Framework. While some of the HIV/AIDS messages that will be critical to a successful full scale

⁴² Naz Project, Muslims, sexual health and HIV: a Report of the Naz Project London Expert Forum, in partnership with the Islamic Cultural Centre, London Central Mosque, July 2002

HIV/AIDS advocacy and education response are supportive of the lifestyle practices advocated by religious leaders other messages target risk behavior that is scorned and not discussed. Religious leaders have said that they don't want to encourage such behavior so they will not publicly acknowledge that it is practiced. In Senegal religious leaders were initially in disapproval of public discussions about sex and STIs, advocacy for the use of condoms and providing HIV/AIDS and sexuality information to youth. Today Senegalese religious leaders are among the most influential advocates of the national HIV/AIDS campaign that includes these elements and messages. Religious leaders in Senegal have emphasized the promotion of abstinence and faithfulness in a marriage in addition to the promotion of condoms. Islamic leaders worldwide have been strong advocates in support of PLWHA. Religious leaders have been trained as HIV/AIDS advocates and peer educators to train other religious leaders in Mauritania and among Islamic Diaspora populations. Such leaders have proven highly influential especially in places where religion plays a key role in the culture and attitudes of the people.⁴³ While some religious leaders have advocated the use of the condom as a way to prevent HIV/AIDS others have not discussed the issue and instead addressed issues of stigma. Religious leaders are among the most important voices in Somali communities and they will play a key role in the strategy to prevent and control HIV/AIDS among Somali populations.

External voices can break the silence on issues, providing a more global perspective in a non-confrontational way while speaking about the experiences of their own nations. At the recent HIV/AIDS Strategic Framework Workshop in Hargeisa, 23 June 2003 there was much interest among the participants to learn about the experience of the Ugandan Aids Control Commission to control and prevent HIV/AIDS. At the same time there began what could have been a heated debate among LNGOs, local and religious leaders over the issue of the condom as a preventative measure to be advocated among Somali people. Such forums can build the willingness of local leaders and religious leaders to build a strategy that is both effective and targets key issues of prevention, including the condom, in a way that is acceptable to advocates with differing values.

A forum should be developed to continue these public debates among the ZCCs, the public and religious leaders in NWZ, NEZ and CSZ. International advocates and religious leaders (i.e. from Senegal) should be invited to share their experiences and offer an Islamic perspective on successful HIV/AIDS advocacy.

As a pilot a core group of religious leaders should be identified as key advocates for facilitation of discussions, TOT training about HIV/AIDS and public advocacy. These key religious advocates should be involved in the development of the coordinated messages strategy for HIV/AIDS among Somali populations and should receive priority training about HIV/AIDS. Emphasis should be placed upon determining which issues religious leaders are most willing to lead advocacy campaigns about, what kind of IEC material they want to distribute through the mosque and how controversial messages can be approached so as not to offend religious, cultural and family values. Negotiation should take place among HIV/AIDS advocates and religious leaders to develop a culture of tolerance and to share different agendas in the

⁴³ Naz Project, Muslims, sexual health and HIV, a Report of the Naz Project London Expert Forum, in partnership with the Islamic Cultural Centre, London Central Mosque, July 2002

fight against the spread of HIV. This pilot should be monitored closely and subsequent approaches implemented on a national scale as a priority.

Youth — primary change agents and target group

Youth are a primary target group to reach with HIV/AIDS information⁴⁴ and to use as agents of change to create HIV/AIDS awareness and promote debate among other youth and their communities. Until data is produced by the HIV/AIDS KAP survey and the sero-prevalence survey in 2003-04 it will be impossible to know exactly how vulnerable Somali youth are to HIV/AIDS. Global statistics and trends in neighboring countries demonstrate that youth have little knowledge about HIV/AIDS and girls are particularly at risk.

- In Ethiopia where the HIV/AIDS rate is climbing rapidly, for every 15-19 year old boy who is infected, there are five to six girls infected of the same age group.
- It is estimated that 97% of girls in Somalia are circumcised⁴⁵.
- Circumcision is reported to multiply the risk of HIV/AIDS.⁴⁶
- 50% of circumcised girls report problems with infection and septicemia (34% have problems with bleeding) these fluids greatly increase the risk of STI and HIV infection.⁴⁷
- The culture, diminished social status of girls and taboo associated with sexuality makes it very difficult for girls in Somalia to assert their rights on matters of marriage, sex and sexuality.
- Only 23% of women under 24 have knowledge of condoms in Somalia.⁴⁸

There are an unrecorded number of youth groups throughout the zones including in hard to reach places. Youth can be and have been highly effective agents of change for peer education and community awareness. Youth groups are active in community service projects, the production of drama, songs, poetry, and circus entertainment and now radio and video programs for social development.

In 2002/3 UNICEF conducted leadership training (LOD) and non-formal education (NFE) training among 200 youth groups. A key component of the youth training was HIV/AIDS education. The directory of the participating youth groups can be shared and agencies can access a well-organized network of youth groups with some knowledge of HIV/AIDS. In 2003-04 UNICEF is supporting twenty youth groups to carry out radio and video production on health, human rights and other development topics. In the future these youth radio and video producers will have skills that can be accessed by the local media and agencies interested to support the development of media for and by youth.

Youth groups have been among the most outspoken advocates of condoms for prevention and despite little formal technical training they have carried out training

⁴⁴ On a global scale, fifty percent of new HIV infections occur in those under age 24. (Source: UNAIDS 2001)

⁴⁵ UNICEF Somalia, 2002

⁴⁶ WHO Fact Sheet 10 Women and HIV and Mother to Child Transmission, www3who.int/whosis/factsheets_hiv_nurses/index.html

⁴⁷ Damon Clark, Maternal and Child Health Baseline KAP Survey, Borao-Somaliland, International Rescue Committee, July 2001

⁴⁸ Population Studies and Research Institute University of Nairobi, Baseline Survey on Reproductive Health and Family Planning in Northeast and Northwest Regions of Somalia, WHO, March 2000

and discussions about HIV/AIDS in their communities. While some youth have received some HIV/AIDS training, the scope of the training available and additional support they receive is minimal if at all. Developing the capacity of youth groups to carry out HIV/AIDS advocacy and education in their communities will go further to develop the opportunities Somali youth have so that they can enhance Somali communities access to information.

Globally there remains a cultural and social reluctance to address issues of sexuality with youth.⁴⁹ In places with a low prevalence of HIV/AIDS awareness activities may be less effective due to the perceived impression of no threat.⁵⁰ 'In parts of the world such as India where there is sparse evidence about sexual activity among young people and it is widely assumed that sexual initiation takes place within the context of marriage, recent studies have shown that approximately one in four unmarried adolescent boys report that they are sexually experienced.'⁵¹

In the short-term the youth/HIV/AIDS research and interventions in other countries should be used to gauge what issues are important to address and plan activities. The primary youth component of Uganda's successful HIV/AIDS prevention and control strategy has been the 'Straight Talk' youth club that publishes a newsletter, produces a radio program, offers training and supports community based youth forums that addresses issues of gender and sexuality through peer to peer discussion throughout the country. In the three zones there are few public places where kids can go without adults. Youth club facilities are available only to the most well supported youth groups. Providing Youth with space to interact is an important way to make the volunteerism demonstrated among groups more sustainable as the youth centers would be a resource for other youth and the rest of their community. Communication research has revealed that among Somali youth, same sex youth are their preferred confidants for any discussions about sex.⁵²

Youth group activities attract two boys for every participating girl, a promising ratio given that girls are one of the hardest to reach Somali groups. Overall girls site radio as their most important source of HIV/AIDS information, however they also claim that men control their access and they often do not have time to listen.⁵³ In Hargeisa SONYO, a HIV/AIDS youth coalition has been formed, other zones should follow to provide an organized network of youth groups to enable better coordination of youth lead outreach activities from the zonal level.

Mass media targeting *boys* will reach the greatest audience number through video centers,⁵⁴ mass media targeting *girls* should be carried out through radio.⁵⁵

⁵⁰ See Effective Prevention Strategies in low HIV prevalence settings

⁵¹ Rivers and Aggleton, Adolescent Sexuality, Gender and the HIV Epidemic, Thomas Coram Research Unit, Institute of Education, University of London.

⁵² Tropical Institute of Community Health and Development, Assessment of the level of awareness in and discussion on FGM, Safe Motherhood and STI/HIV/AIDS among Somali Speaking Horn of Africa Community, Well Women Media Project-Health Unlimited, March 2003

⁵³ Shanti Risal Kaphle, Report of Qualitative Research on the Communication Channels in Use in Somalia, UNICEF Somalia, 2000 (p.2, p.69)

⁵⁴ See the UNICEF Somalia, Communication Sector, Video Center Surveys 2002

⁵⁵ Shanti Risal Kaphle, Report of Qualitative Research on the Communication Channels in Use in Somalia, UNICEF Somalia, 2000

The 'Somali how to communicate HIV/AIDS' video series should be used as a TOT tool for youth groups to carry out TOT training. A core group of youth trainers should be initiated and the tool should be given to them to enhance the capacity of other groups and provide them with material to carry out HIV/AIDS awareness activities in their community.

As a pilot several youth multi-purpose centers in urban and rural areas should be set up in support of youth groups who have demonstrated commitment to community activities and leadership skills. These youth multi-purpose centers should be the source for activities including TOT training with outreach to other groups, drama and sports programs, and debate activities. A sustainability mechanism can be built in by providing the multipurpose center with a TV/Video that can be used for a commercial video center as well as a tool for their TOT activities.

While the HIV/AIDS KAP survey should provide some information about sexuality in the long term a dedicated survey on youth and sexuality should be commissioned to determine how youth program interventions should be designed, what issues they should address and how boys and girls can be supported to practice health seeking behavior.

Women's groups as resources

HIV/AIDS and STI information for women must reach women when they are together and not in the presence of men in order to mitigate the stigma and shame associated with issues of sexuality, HIV/AIDS and gender. While women are not named directly as a 'vulnerable group' in the Strategic Framework there are a range of gender issues that should be addressed as part of a comprehensive strategy that considers the unique circumstances of Somali women. Female circumcision, wife-inheritance, poor access to important HIV information sources, social-cultural discrimination, poor access to education as girls and poor access to health services all contribute to the increased vulnerability of women to HIV in Somalia. Anti-natal clinics are the primary source of condoms, HIV/AIDS counseling and testing in Somalia yet a Somali woman's access to ANCs declines rapidly with illiteracy rates. 66% of illiterate women have never been to an ANC. Wife inheritance widely practiced in Somalia is said to be a major contributor to the high HIV/AIDS infection rate in Zimbabwe where the rate is one in ten and rising.⁵⁶

Women's groups offer organized community based forums for providing information to women and organized networks exist in Somali communities almost any place there is a settled population. The groups offer a concentration of women leaders who can reach other women and girls.

Research has shown that beyond women's groups women can be reached effectively in the marketplace where they go to sell or purchase goods. In this context they could be the target audience and messenger of information. Any promotional material put in the market place to reach women, posters, drama, leaflets, should also be supported by a person who can offer referral information for counseling, STI testing, etc. It is important to have a person present or provide the local women's group with follow-

⁵⁶ Inter-Press News Service, August 3 1998

up information because research has shown that women have limited access to health facilities and other sources of information.⁵⁷

For better coordination and wider distribution of information and material the umbrella organizations for women's groups are in NWZ, NAGAD, in NEZ, WAWA (We Are Women Activists) and in CSZ, COGWO (Coalition of Grassroots Women). All strategies carried out with and by women should be additionally supported through the provision of information to men in the same community. Projects carried out globally have demonstrated that while substantial changes in knowledge among women may have been effected, without changes in the attitudes of men, it was not possible for women to use the sexual negotiation skills they had learned.⁵⁸

The recommended TOT training series and IEC material kits should be provide women's group leaders with the training and materials they need to train others in the zonal. After provision of the kits and an initial training little external management should be required. While using the TOT series to address all the priority messages/issues emphasis should be placed on the information needs of women⁵⁹. These needs include recognition that the majority of women are illiterate, issues related to access to health services, symptoms of STIs, concerns that FGM and wife inheritance can increase risk. Discussions should be facilitated to recognize that the social construction of gender makes changes in sexual behavior difficult. IEC material should be provided that can be used in further training where video/TV is not accessible, i.e. cassette tapes and take home posters that may help to facilitate discussions in a group and within the family.

Public Advocacy Reaching Men

Policies and programmes to promote greater equality between men and women are considered to be crucial to HIV prevention. Despite increasing recognition of the importance of more equal gender relations many programmes continue to work solely with women in an attempt to help empower them in sexual relationships.⁶⁰ Targeting women alone will make little impact. Men often determine the cultural norms and practices that subjugate women and lead to the spread of HIV/AIDS. In addition men are vulnerable to HIV/AIDS in different ways than women are. While there is speculation that men are more likely to have more sexual partners than women without the behavioral research to back it up assumptions cannot be proved.

In sub-Saharan Africa the number of infected women is greater than the number of infected men, 12.2 million women compared to 10.1 million men. Worldwide women represent an increasingly larger percentage of adults who are infected with HIV.⁶¹ Estimates suggest that between 60-80 per cent of women currently infected with HIV

⁵⁷ Shanti Risal Kaphle, Report of Qualitative Research on the Communication Channels in Use in Somalia, UNICEF Somalia, 2000

⁵⁸ (Rao Gupta, Weiss and Mane 1996) Rivers and Aggleton, Men and the HIV Epidemic, Thomas Coram Research Unit, Institute of Education, University of London, 1999

⁵⁹ See the UNIFEM Somalia baseline survey on 'How women receive/communicate HIV/AIDS messages and gender analysis of HIV/AIDS messages 2003

⁶⁰ Rivers and Aggleton, Men and the HIV Epidemic, Thomas Coram Research Unit, Institute of Education, University of London, 1999

⁶¹ UN AIDS gender and AIDS Fact Sheet, available at www.unaids.org/gender/index.html

in sub-Saharan Africa have had only one sexual partner.⁶² Public advocacy will have to be sensitive to the social construction of gender among men as well as women if it is going to be successful. Approaches that target youth and women should similarly address men through the distribution of materials such as posters that might be hung up in the home or the exhibition of public drama that might attract men. Men are the easiest target group to reach through the mass media because they have the greatest exposure of any group to television, radio and public forums. Men often control the radio by choosing when to put in the batteries and listen and where. Men attend influential information meetings at Kat chewing sessions and formal meetings at local and regional administrative levels. Among Somali populations in the three zones the religious and local leaders in a community are almost exclusively men. It is critical to gain their support and understanding on HIV/AIDS issues including transmission, safe sex, gender, and stigma, as they will help local advocacy and influence communities.

In early 2004 when the HIV/AIDS KAP study is released mass media campaigns should be developed to publicize the findings in part targeting men, the role they play socially and in the family, their sexual conditioning, the link between STIs and HIV, and the roles men play as leaders in HIV/AIDS public advocacy.⁶³

The majority of clients seeking treatment for STI's are men.

Information and education for prevention of HIV/AIDS and STI's (including gender considerations) should be provided through STI clinic workers, counseling and the provision of a take home kit with condoms and a picture pamphlet.

Sentinel Pilots

A series of thirteen 'Sentinel Pilot's for HIV/AIDS and STI Prevention and Control' have been established throughout the three zones by a collaborative effort between WHO, UNFPA and UNICEF with on the ground support at the zonal level from the Ministry of Health or other appropriate authorities. The sentinel pilots should help to establish data for determining the actual prevalence of HIV/AIDS and STI's throughout the country during the sero-prevalence survey. In addition the STI sites should establish a framework for addressing HIV and STIs through syndromic management. A number of strategies have been implemented in the sentinel sites, including the provision of STI's kits to the sites, a fully developed Somali language information package and a counseling training program has been implemented with 65 trained staff, 15 of which are skilled for training others. The ZCCs in each of the three zones were tasked to observe the intervention and overseeing further training.

These Sentinel pilot projects can be a source of information for a number of future interventions including the design of HIV/AIDS and STI messages to be used in IEC material and in training for health workers.

⁶² Adler, Forester, Richens, and Slavin. (1996) Sexual Health and Care: Sexuality Transmitted Infection: Guidelines for Prevention and Treatment, Health and Population Occasional Paper. London: Overseas Development Administration.

⁶³ Refer to the Strategic Framework for the Prevention of HIV/AIDS and STI'S within Somali Populations 2003-08 April 2003 for more information about gender considerations in the spread of HIV

World Aids Day (WAD)

In all zones HIV/AIDS awareness activities were carried out at the community level on December 1, 2002, World Aids Day (WAD). Locally produced radio programs were broadcast on stations throughout the zones. Festivals or community gatherings with entertainment were sponsored by aide agencies. For 2003 similar activities are planned. There is often increased funding available to agencies for production of material and events in commemoration of WAD. Youth groups are often commissioned to carry out activities within their own communities, video cameras are hired to film the event and artists are commissioned to design banners that are hung in public places. As WAD is now turning into World Aids Week in NWZ and HIV/AIDS is being addressed through the Strategic Framework as a long-term approach the activities carried out during WAD should be reconsidered to be more sustainable.

In order to get the most out of the material produced for WAD it should be developed to address long term HIV/AIDS Communication Strategies and budgets should be designed to include the reproduction of the materials for later use. The materials produced for WAD should reflect the coordinated HIV/AIDS message strategy and should be produced with consideration of the HIV/AIDS Communication Framework and Action Plans so that activities support the ongoing advocacy strategy, prevention and control programs. The activities for WAD should be part of the ongoing activities of youth groups. Separate budgets should not be given to local producers and youth groups to carry out events. Instead the increased budgets for WAD should be used to support activities that build the capacity of groups and community based HIV/AIDS advocacy and education long term.

Development Partners

Development partners represent all organizations and regional administrative bodies whatever their job. Many organizations have carried out HIV/AIDS awareness training and activities for awareness in order to build positive representation for the organization as a whole. In addition regional administrators have arranged to train key staff. In some circumstances such as where an agency or regional administrative body supports health facilities, HIV/AIDS awareness training should be required to build a better care team and offer necessary support to PLWHA. Some training has been carried out either through on the ground workshops or through fully developed training programs like that offered through AMREF. A verifiable record of this training does not exist.

The SAC should advise executing agencies to prioritize the training of staff using the TOT training series to ensure that there is information specifically for Somali audiences. The ZCC should require that the coordinated messages strategy is integrated and built upon by regional administrators and development partners in the zone.⁶⁴ Priority should be given to agencies working in health, agencies that will support HIV/AIDS activities in 2004 and those staff that can support to train others. HIV/AIDS advocacy and education training should take into account the environment

⁶⁴ A nurse from a hospital in one of the zones remarked that the health workers at that hospital deal with many TB patients and had little knowledge of how HIV/AIDS is transmitted or when a person should be tested.

in which the staff work, the people who they interact with and the issues that may come up as a result of their work.

Health Workers

Somali respondents have cited health workers to be the second most important source of information about HIV/AIDS, after radio.⁶⁵ Health workers from PHCCs, PHCUs, hospitals and outreach programs have responded that they have been given HIV/AIDS training. However, there is no consolidated record of what training was provided and what the content was. Some of the training has been carried out by agencies that have a good knowledge of HIV but perhaps not a good knowledge of local Somali HIV/AIDS awareness or the current level of prevention and control programs available to Somali populations.

Providing health workers training and IEC material will support them to effectively educate and disseminate information to other health workers, health outreach workers, TBAs, women, youth and men. Health workers should be among the priority groups to receive the coordinated HIV/AIDS TOT training and IEC material developed as the basis for HIV/AIDS advocacy and education activities. Health workers should be trained to offer information and answer questions that can highlight issues of prevention and control of HIV/AIDS as well as present HIV/AIDS as a crosscutting issue with social, economic, education, cultural, and human rights, dimensions. While using the TOT series to address all the priority messages/issues emphasis should be placed on the information needs of health workers including the promotion of HIV testing and counseling services, the use of condoms to prevent transmission of HIV, care of PLWHA and approaches to reduce stigmatization of PLWHA.

Refugees and Displaced

Assistant High Commissioner for Refugees Kamel Morjane cautioned, "We must combat any false notion that 'wherever they are, refugees bring AIDS with them to local communities' because this is simply not true. Such characterisation can result in discrimination – something we can never accept."

Research shows that refugee women and girls are more at risk to HIV/AIDS due to their disadvantaged socio-economic status, their increased exposure to violence and the risk that sex is used as 'currency' with which they are expected to 'pay' for things ranging from passing an examination to crossing a border.⁶⁶ UNHCR programs in many countries seek to empower refugee women and girls through basic rights awareness training in order to reduce their vulnerability to the virus, and to ensure the protection of unaccompanied refugee children, with a special emphasis on preventing all forms of abuse, including sexual violence and sexual exploitation.⁶⁷ While there are considerations of vulnerability that must be taken into account when addressing the unique needs of refugees and IDPs there is also a need to adapt material to support the cultural and religious values of refugees.

UNHCR is supporting over 160,000 Somali refugees mainly in Kenya and Ethiopia. The majority (130,000) of these refugees are sheltered in Dadab and Kakuma camps,

⁶⁵ Population Studies and Research Institute University of Nairobi, Baseline Survey on Reproductive Health and Family Planning in Northeast and Northwest Regions of Somalia, WHO, March 2000

⁶⁶ Statements by Ron Redmond, 17 July 2001 at a UNHCR press briefing in Geneva

⁶⁷ See the UNHCR Website on HIV/AIDS programs

in Kenya. In Kakuma UNHCR provide a comprehensive HIV/AIDS prevention, treatment, care and support programme, PMTCT, VCT, Home Based Care and HIV/AIDS transmission and prevention advocacy and education. In Dadab, UNHCR are planning to implement a similar programme. UNHCR's regional office will begin developing IEC material for Somali populations 2003-04. IDP camps exist in all three zones primarily in urban centers.

The SAC should support the development of appropriate material for Somali refugees in the horn of Africa through coordination with UNHCR's regional health and nutrition office. The SAC should then advocate the use of the developed IEC materials for use in activities and ongoing interventions targeting of IDP camps such as those in Bossaso, Hargeisa, Garowe, Kismayo, Luc and Baidoa.

Advocacy / education training, counseling and information for refugees and displaced should be made to respond to the cultural and social context of poverty, social exclusion, marginalization making them increasingly vulnerable to HIV/AIDS. In addition training for other community groups should be designed to lessen the stigmatization of refugees and Displaced as the people who bring AIDS.

IDP camps offer many communication opportunities to reach highly concentrated populations. TV / video can be used to show HIV/AIDS awareness videos and carry out discussion groups.⁶⁸ The TOT training series could be used for video led discussion based training. Public awareness and distribution of IEC materials can be carried out during food distributions and at health clinics. In addition the stigmatization of IDPs and refugees can be addressed through interview and discussion programs on local radio and television stations in communities where IDP camps exist.

Traditional Healers

The first health services option most Somali people have access to remains to be traditional healers. Traditional healers are not trained through formal health services and formal health workers largely criticize their practices. Traditional birth attendants are not traditional healers as they have been trained through formal health networks and act as outreach agents of those networks. Despite the conflict between traditional and formal health practices traditional healers are the most important health providers for the majority of Somali populations whereas clinics, TBAs, ANCs and other facilities are frequented less commonly.⁶⁹ Globally it is found that persons with less education and less access to health services are more at risk to HIV/AIDS. In Somalia these populations are also more likely to rely on traditional healers. As traditional healers have access to a wider population and perhaps more vulnerable population than health workers Somali people have included them among the important potential change agents for HIV/AIDS communication. In addition health workers have commented that without knowledge of how HIV/AIDS is transmitted their practices might increase the vulnerability of their patients to HIV/AIDS.

⁶⁸ Comic Relief has supported the showing of films for social and development purposes in Kakuma by Film Aide in 2001-02

⁶⁹ Statistics vary according to the location and population demographic. Roughly 70-80% of the population receive care through traditional healers and attendance to formal providers is 20-30%.

As little is known about how traditional healers can be integrated into a more formal health providers network a pilot project should be supported that integrates the HIV/AIDS TOT training series. Local partners should be the entry point to determine the best approach for developing TOT training that supports behavior change among traditional healers and support them to build HIV/AIDS awareness among their clients.

Mobile Groups

Lack of employment opportunities close to home has created a growing number of Somali mobile economic workers. Mobile economic groups are truck drivers, supply merchants, road builders and migrant workers who may spend significant portions of their time in countries of high prevalence (Kenya, Ethiopia or Djibouti) and continue to travel home to families in Somalia. In most cases Somali mobile economic workers are men. While away they may work in dangerous conditions and are removed from the family and social support they would normally receive. They live in harsh and/or cramped conditions and are often stressed, lonely and may be under the influence of drugs. While little is known about mobile Somali economic groups, in other countries the conditions of mobile groups are similar leading them to be classified as one of the highest HIV/AIDS risk groups. Mobile groups in Africa, including truck drivers, regularly have a high prevalence of HIV/AIDS due to the high-risk behavior they practice relying on prostitutes for sex and engaging in sex with multiple partners. In Tanzania, truckers along a particular route were recorded to have a 28% HIV prevalence rate their female partners had a rate of 56%. A survey of 168 bus and truck drivers in Cameroon in 1993 found that while they were away for 14 days an average of 62% had sex while they were away and 25% had sex every night they were away in a different town.⁷⁰

Regions of Somalia where there is a lot of cross border activity are often insecure and/or hard to reach and have little infrastructure to support communication about HIV/AIDS. In these locations the most reliable means of communication is through mobile health workers, TBAs, women's groups and youth groups. The possibility of providing education through employers has not yet been explored. A project has been initiated by the Borama TB hospital that has targeted truck drivers passing between Djibouti, Ethiopia and into NWZ. The project uses small discussion groups to offer HIV/AIDS counseling and communication information through trained mobile health workers who then pass out and promote condoms. This project is currently operating on funding and with training exclusively from the Borama TB hospital. Given that the efficacy is proven truck drivers should be targeted through transit routes, at truck stops, at docks and ports, at pick up points, at barbershops and hotels. Routes that have increased activity through the transport of humanitarian aid such as Berbera port and the road to Addis have become particularly busy. HIV/AIDS interventions targeting mobile groups might target these areas through existing structures by which aid agencies currently work.

Mobile economic groups should be targeted through their occupations, the places they go, and the resources they rely upon. Special attention should be given to study particular groups such as truck drivers in order to develop a strategy for reaching

⁷⁰ HIV/AIDS and the Transport Sector, Considering HIV/AIDS in Development Assistance: A Tool Kit, World Bank, www.worldbank.org/aids-econ/toolkit/infra.htm

them. A pilot project targeting mobile economic groups should be supported and subsequently national strategies should be designed to target mobile economic groups. Berbera port might be considered as one entry point.

Major infrastructure development projects should integrate HIV/AIDS awareness as a component of the training offered to workers. The sectors that should consider integrating HIV/AIDS modules as a component of employee training are the

- Private sector/Public water and infrastructure development
- Public service sector
- Transportation and roads sector

The upcoming 'Berbera to Addis Road Development project' is one example of a development project that should have an integrated HIV/AIDS training component.

Pastoralists are another key mobile population. Most reproductive health and communication research does not isolate data specifically on pastoralists. While the WHO survey does offer information about nomadic populations in their KAP survey of 2000 the statistical breakdowns are insufficient to draw major conclusions about what pastoralists understand about STIs, what access they have to health services and how to reach pastoralists. Somali pastoralist organizations, PENHA in NWZ and Horn Relief in NEZ support ongoing projects to reach pastoralists at water points and at livestock markets. A pastoralist HIV/AIDS advocacy and education campaign should be integrated as a component of existing projects that support pastoralists.

A pilot project should be developed to understand how to best engage pastoralists in ongoing HIV/AIDS and STI advocacy and education campaigns. Subsequently a zonal approach to integrate HIV/AIDS information into services targeting pastoralists should be developed through SAC and ZCCs with involvement of Tics.

Sex Workers

There is little denying that prostitutes exist as part of the Somali population throughout the three zones, particularly in urban centers. While there is a great reluctance to accept that condoms should be promoted among Somali people promotion among sex workers achieved more support than among any of the other vulnerable groups during the Communication Framework workshops. Little is known about Somali sex workers however global lessons learned are a starting point to develop interventions that will reduce the risk of HIV transmission among sex workers.

FHI and UNAIDS have carried out research on approaches targeting sex workers in a number of countries.

Many projects have found that HIV prevention activities among sex workers their clients and their partners are most effective when the intervention package contains at least 3 key elements:

- Information and behavior change messages
- Condom promotion and skills building
- STI services

Research has shown that the target groups for interventions targeting sex workers must include not only the sex workers but their clients as well. In the Dominican

Republic a project was developed targeting the regular partners of sex workers, their clients and other men involved in the sex industry. They approached HIV/AIDS from the perspective of the proprietors of the brothels, and other commercial sex establishments. They designed print material and training to persuade brothel owners that prevention and a reputation of no HIV/AIDS among the sex workers would bring in more clients.⁷¹

While the female condom is available in some locations of Somalia it is not likely to become as widespread as the male condom which will have to be worn by the clients of sex workers. As little is known about sex workers and their clients it will be difficult to carry out condom advocacy targeting clients specifically. Mass media for condom advocacy may be the best approach. In addition commercial sex workers should be given training in sexual negotiation and decision-making skills in order to convince their clients to use condoms or reject that person as a client.⁷²

In an effort to create a greater understanding about the knowledge, attitudes, behavior and practice sex workers and their clients a pilot project targeting sex workers and their clients should be supported. Global interventions targeting commercial sex workers should be referred to in designing, monitoring and evaluating the pilot.

The Militia

Militia are recognized as a key vulnerable group for HIV/AIDS due to their vulnerability in other national contexts, young men in the military tend to have multiple sex partners and military camps are often surrounded by sex workers with very high STI/HIV infection rates. Even during peacetime young men in the military have STI rates two to five times higher than civilians and during armed conflict, the infection rates can be 50 times higher. Often these young men return home and infect their wives or other women with HIV.⁷³

Research among militia in Somali populations have revealed little about their sexual behavior, potential rates of HIV or communication channels to reach them. Discussions during the course of Somali research for the Communication Framework revealed that video outlets are a good place to target (youth) militia and youth are potential advocates to work with militia as the militia are often young and youth advocates would not be seen as a threat.

In an effort to create a greater understanding about the knowledge, attitudes, behavior and practice of militia the HIV/AIDS KAP survey should make a special effort to include them among the sample interviewed for the survey. A pilot project targeting militia through youth or other entry point should be supported once more is known about their habits and needs.

⁷¹ Rivers and Aggleton, Men and the HIV Epidemic, Thomas Coram Research Unit, Institute of Education, University of London, 1999

⁷² Brown, T., Franklin, B., MacNeil, J., Mills, S., Effective Prevention Strategies in Low HIV prevalence Settings, UNAIDS/FHI/USAID, UNAIDS Best Practice Key Materials, 2001

⁷³ UNICEF, Young People and HIV/AIDS: A UNICEF Fact Sheet, HIV/AIDS Unit, UNICEF New York, 2002

Priority Recommendations

The Communication Framework outlines the priority recommendations to support HIV/AIDS advocacy and education. This section provides an outline of the recommendations in brief and in order of priority. Refer to the preceding sections of this report for a comprehensive overview of these and background as to why they are important.

The priority recommendations are signified by five consecutive phases or steps to develop the capacity of development partners address cross-cutting elements, targeting the needs of vulnerable groups, and establishing effective overall management and coordination.

- The first phase focuses on setting up the infrastructure for the advocacy and education response including the management and coordination and the message strategy.
- The second phase is the institutionalization of the message strategy and media policy, the development of HIV/AIDS curriculum, the implementation of training for the zonal coordination committees and the local media.
- The third phase is the commencement of initial project implementation through the development of the IEC material and TOT training series and training of key advocates including youth, PLWHA, health workers, local and religious leaders.
- The fourth phase is the full scale implementation of the wider elements of the communication framework including training for all development partners, support to pilots for key vulnerable groups and peer advocates, full scale development of zonal and community based education and advocacy.

As zonal coordination committees will be working separately to oversee the implementation of activities the progress and timing for the phases will be different for each zone. While some activities listed in the priority recommendations are prioritized for immediate action the executing agents from the SACB HIV/AIDS Communication Task Force and TAC together with the ZCC must still institute the recommendations.

Capacity Development

Phase 1. The SACB HIV/AIDS Communication Task Force, SACB HIV/AIDS working group and the HIV/AIDS Zonal Coordination Committees should be provided an opportunity to respond to the Communication Framework. They should be engaged in a process to understand the purpose, recommendations and the role they will play in the implementation and management of the HIV/AIDS communication activities. A memorandum of understanding or agreement should be made with reference to the management and coordination role each group will play.

Phase 1. The HIV/AIDS KAP survey should have a component to identify the behavioral habits of vulnerable groups with particular attention to youth, commercial sex workers and militia in order to support the communication framework interventions. In addition a media survey should be integrated into the KAP survey to gauge the reach of radio, TV, video centers and the preferences of audiences.

Phase 1-2. The capacity of zonal coordination committees should be assessed. The ZCC should subsequently be provided basic HIV/AIDS communication skills training

to properly coordinate, conceptualize, build-upon and manage communication strategies on all levels.

Phase 2. The local media should be provided advocacy training and HIV/AIDS awareness training to cover events more effectively and produce programs about HIV/AIDS issues with consideration of a variety of target groups. In carrying out this activity institutional leaders from public and private media should be encouraged to institute appropriate policies with development partners and within their institutions to ensure the sustainability and accuracy of HIV/AIDS public advocacy through the mass media.

Phase 2. Opinion leaders including religious leaders, local leaders, regional authorities, members of the ZCC should be provided advocacy training and HIV/AIDS awareness training to enhance their capacity to support the advocacy response.

Phase 2. School curriculum should be developed to address HIV/AIDS through appropriate youth targeted techniques for NFE and through formal education (schools, madras).

Phase 3. Youth, religious leaders, local leaders, and health workers should receive targeted TOT training along with materials to support further training of their peer groups and specific vulnerable groups including sex workers, militia, mobile economic groups, refugees/ displaced, and STI patients/clients.

Phase 4. Training should be carried out among the wider network of HIV/AIDS peer groups and development partners (including women, displaced/ refugees). The SAC and ZCCs should work with the SACB HIV/AIDS Working Group and regional authorities to ensure that all development partner staff are trained in basic HIV/AIDS awareness. Training for peer groups should be carried out with consideration of the pilot projects being initiated and their training needs.

Cross-Cutting Elements / Tools

Phase 1-2. A message strategy should be developed as the basis for all IEC material, training material and as a basis for cross-sector communication interventions in all zones. The message strategy should consist of Somali language slogans and pictures that depict the key issues outlined in the 'priority messages' section of this report (p.7-18). The message strategy should be developed at the zonal level with technical support from TAC resulting in a consistent message strategy for the three zones. Once developed the messages should be integrated into the recommended IEC material package and the TOT training series should be developed.

Phase 3. A targeted pack of IEC materials and a video training series for 'how to communicate messages about HIV/AIDS among Somali populations' should be developed as the primary advocacy and education support tools. The material and series should be designed for use with a variety of agents of change and vulnerable groups at a community level. These audio-visual tools are recommended as the most effective way to support under resourced responses with a minimum of management and coordination. Groups should be encouraged to use the messages in the context of drama, discussions and through locally produced IEC material once they are trained.

Phase 4. HIV/AIDS awareness and training should be mainstreamed into existing projects and activities to create wide spread recognition of the messages, reach a

variety of target groups and build the capacity of local groups to support the HIV/AIDS response at the community level.

Phase 4. A variety of key issues should be addressed in the course of cross-sector programs. The most critical HIV/AIDS issues to address are listed in the priority messages section of this report.

Phase 4. As VCT capacity is built in Somali communities' pilot support should be considered for a strategically placed HIV/AIDS hotline project.

Vulnerable Groups

Phase 3. The targeted packet of IEC materials and TOT training series for how to communicate messages about HIV/AIDS among Somali populations should be developed with special consideration of vulnerable groups and the socio-economic circumstances which increase their vulnerability to HIV/AIDS. In addition to these standard materials a facilitator's checklist should be developed for use with each of the different vulnerable groups.

Phase 3. Youth are a key vulnerable group and a key agent of change. Youth HIV/AIDS club facilities should be supported as a resource for local initiatives; peer discussions about life skills issues and peer/community HIV/AIDS activities. Additional support should include TOT training, Youth Broadcasting support, youth 'peer' counselling training and the provision of IEC materials.

Phase 4 Recommendations have been made to support pilot projects addressing the needs of vulnerable groups. Accordingly support should be given for pilots supporting commercial sex workers, truck drivers, pastoralists, traditional healers, refugees/displaced and militia.

Advocacy Response

Phase 1. Zonal Coordination Committees should identify key HIV/AIDS advocates to coordinate and develop support for local advocacy and education strategies. These key advocates will be the front-runners in advocacy campaigns and should be PLWHA, local leaders, religious scholars, health workers and youth. When the network of advocates can be broadened advocates should be identified for peer-to-peer discussions and community based education targeting vulnerable groups. Peer advocates should include youth, women, health workers, representatives of local NGOs, and representatives from the vulnerable groups, sex workers, STI clients, truck drivers, pastoralists, former militia, displaced and refugees.

Phase 2. A process to institute policies in support of HIV/AIDS advocacy should be undertaken. Opinion leaders who were involved in HIV/AIDS advocacy training should take the lead at the zonal level, technical support should be provided by the TAC. Policies should address; stigma and discrimination, Voluntary Testing and Counseling (VCT), Management of HIV/AIDS at the work place, Anti-Retro viral therapy (ART), HIV/AIDS prevention policy, Community-Home based Care

Phase 2. A community advocacy strategy should be institutionalized in the ZCCs for the zonal level and through local leaders at the district level. Included in the strategy should be agreement for the message strategy, the use of HIV/AIDS curriculum for school children/non-formal education, and support for policy development and enforcement of policies at the local level.

Phase 3-4. Local leaders, religious leaders, PLWA, health workers and youth leaders should receive TOT training to coordinate HIV/AIDS advocacy on transmission, prevention and stigma in the community. Subsequently the network of peer advocates should be expanded to include women, representatives of local NGOs, and representatives from the vulnerable groups, sex workers, STI clients, truck drivers, pastoralists, former militia, displaced and refugees.

Management and Information Sharing

Phase 1-3. Somali AIDS Committee

The SAC should act as the central coordination mechanism (CCM) overseeing the implementation of the Communication Framework; overall coordination of the HIV/AIDS coordinated message strategy and development of IEC materials and the TOT training series. The SAC, composed of members of the HIV/AIDS Zonal Coordination Committees will have a good knowledge of the current implementation activities at the field level and will be informed of the discussions at the central level in Nairobi. In this position the SAC will be made aware of the gaps in coverage, best practices, needs and lessons learned during implementation according to the technical support given through the technical expertise of the HIV/AIDS Communication Task Force and leading technical advisor agencies UNICEF and UNAIDS.

Phase 1-3. HIV/AIDS Zonal Coordination Committees

HIV/AIDS Zonal Coordination Committees should oversee the implementation of the Communication Framework including the development and universal implementation of the coordinated message strategy within the context of training and advocacy. The ZCC should carry out the following activities and inform the HIV/AIDS communication task force about these key issues.

- Achieve consensus agreement on the coordinated message strategy and oversee that all local groups implement activities in accordance with it.
- Lead the zonal development of the national TOT training series and IEC material.
- Require uniform HIV/AIDS TOT training for local advocates LNGOs, youth, women's groups, health workers, etc.
- Keep a 'capacity inventory' of trained groups & ongoing HIV/AIDS advocacy activities in zone.
- Coordinate HIV/AIDS advocacy and education to reach key vulnerable groups and all geographical areas in zone.
- Collect and share the lessons learned in the implementation.
- Determine needs of local advocacy and education.

Phase 1-3 The HIV/AIDS and FGM Working Group

The HIV/AIDS and FGM Working Group are responsible for executing the Communication Framework recommendations through implementation support from the ZCCs and technical assistance from the Communication Task Force. The Working Group will oversee the wide integration of the message strategy, training tools, and IEC material while ensuring that key issues and the needs of vulnerable groups are addressed. The HIV/AIDS working group should support the mainstream of the response through execution of the following tools,

- HIV/AIDS education in curriculum for schools, NFE, literacy programs
- Integrate HIV/AIDS information into health programs, materials & training

- Advocate HIV/AIDS education as an integrated part of development projects, water projects, food security, infrastructure development, governance programs, etc.
- Support for the development of an IEC material package and TOT training series.

Phase 1-3. UNICEF and UNAIDS

UNICEF as the lead agency of the UN working group on HIV/AIDS and UNAIDS as a leading technical advisor for the region should provide technical assistance to SAC for the development, coordination and management of communication activities.

UNICEF should oversee the development of the ‘HIV/AIDS Monitoring and Evaluation Strategy’ developed within the HIV/AIDS Action Plans.

Phase 1-3. The SACB Communication Task Force

The SACB Communication Task Force should take a leading role to build understanding and institute agreements on the activities recommended in the Communication Framework. The Communication Task force is the forum for the exchange of HIV/AIDS communication information particularly between the HIV/AIDS Zonal Coordination Committees, the HIV/AIDS Working Group and the Somali AIDS Committee. The Communication Task Force assisted by the UNAIDS and UNICEF technical advisors should offer technical knowledge about HIV/AIDS global communication activities and support the development of the implementation tools for HIV/AIDS advocacy and education activities.

Sustainability

Local Somali communities will have to initiate, manage and support HIV/AIDS communication activities if the activities are going to have a sustainable future. Regional authorities and opinion leaders are seen as critical voices in the advocacy response. Given that their strategic exposure to HIV/AIDS issues and global interventions to prevent and control HIV/AIDS they will have the knowledge to respond appropriately and in support of local groups. Networks of religious leaders, local leaders, youth groups, women's groups, health workers, business people, and media practitioners already share information for the development of the sectors of society that they represent. These networks will have to include HIV/AIDS information among the priorities that they consider important to discuss and address but they will only do so on their own initiative.

The primary tools to support local advocacy and education are a training series and IEC material with a consistent national message strategy integrated into both. With the provision of these tools community groups should require little external assistance after an initial TOT training is carried out. The TOT will provide groups with knowledge of how to use the tools as well as basic technical expertise to address HIV/AIDS issues. Once trained key advocates and peer advocates can introduce these tools into their communities by using the tools to promote discussion, using the technical information to produce local radio programs or by integrating the key messages into local drama, poetry or songs. The tools should support the sustainability of HIV/AIDS communication among Somali populations by providing basic technical information that supports community based groups to initiate, plan, implement, monitor and mobilize resources⁷⁴ for the HIV/AIDS response.

These tools will be developed as a priority in implementation of the HIV/AIDS Action Plan. Once developed they will be made available to members of the Somali AIDS Committee and HIV/AIDS working groups as well as to local development partners. In provision of IEC materials the extraordinary costs of printers, paper and other equipment for local printing will be avoided. In provision of training material the coordination of a message strategy will be ensured and communication skills enhanced.

The private sector has a role to play in the HIV/AIDS response in Somalia. The resources available to the private sector include effective distribute routes, ownership and control of media outlets and telecommunications, and organized access to the target groups who work for them. The network of telecommunications in Somalia has a broad infrastructure and large Somali audience. Utilizing the existing distribution routes established for example in NWZ to carry *The Somaliland Times* to focal points in key towns will ensure a more reliable and sustainable mechanism to send out materials. Partnerships in the private media sector can be built, enabling awareness programs to be broadcast and building a demand for such programs through working with the media to make them popular. In those places where a business has a number of employees, especially those who may be vulnerable to key transmission routes, on

⁷⁴ Resource mobilization is a module presented in the recommended TOT training tool.

the job HIV/AIDS awareness should be coordinated through the ZCC thus building greater understanding in the private sector.

In coordinating the local response the ZCC should support local groups to carry out HIV/AIDS advocacy under the recommendation that they follow the coordinated message strategy and observe standards in protocol that promote sustainability. This requirement will build understanding that HIV/AIDS advocacy and education is a technical skill and activities must be undertaken with a professional approach.

Development partners should build the sustainability of the local response through what they don't give as well as what they give. Resource inputs in terms of remuneration for services should be avoided instead training, materials and infrastructure support should be provided to enhance the activities and ensure that activities are sustainable or continue to take place without external management. Recognizing the importance of health workers, LNGOs, women's groups and youth groups through providing them training tools, involving them in training, and enhancing their forums will build the groups as information resources for the whole community. At the same time these groups will look to the community for support urging them to recognize the importance of their efforts. Providing payment for a group to carry out a drama will hasten volunteerism everywhere and would threaten to hasten the involvement of the community.

An opportunity exists to access networks of religious and local leaders, LNGOs, health workers, youth groups and women's groups throughout Somalia. HIV/AIDS advocacy and education can be community based and sustainable but only if agencies are committed to long-term capacity development that is complimentary and consistent.

Local Indicators

The approach to HIV/AIDS communication advocated through the HIV/AIDS Communication Framework relies on community-based advocacy and education through regional administrators, local and religious leaders, youth groups, LNGOs, women's groups, health workers and other peer groups. Two major research activities will be undertaken in 2003 to offer national information about the *prevalence of HIV/AIDS* and *HIV/AIDS knowledge, attitude and practice among Somali populations*. The analysis produced by these documents will contribute to a baseline of statistics about HIV/AIDS by which change will be measured in order to better target, improve and mobilize resources for interventions.

The local groups carrying out HIV/AIDS advocacy and education activities will be supported through the provision of training and material but perhaps the real incentive for local groups in the long term will come from the change they see happening as a result of their activities. Local groups will tailor their activities to the environment and communities with whom they work. Local groups set their own goals in many cases localized to indicators they can see and understand. It is important to recognize the significance of local indicators to better target, improve and build sustainability of projects. Local indicators provide incentive to local advocates demonstrating in practical terms what they have achieved.

The following is a summary list of the local indicator goals that HIV/AIDS advocates who participated in the Communication Framework workshops came up with.

- Different community groups participate and contribute to HIV/AIDS advocacy.
- Farmers, fishermen and pastoralists are getting the message in their own language.
- Illiterate people understand all of the messages.
- People compose songs and poetry about HIV/AIDS and recite them at traditional events.
- Existing networks for different sectors of Somali society include HIV/AIDS among the issues they discuss and address.
- People go for testing and counselling.
- The Regional/Zonal HIV/AIDS Coordination Committees are established and meet regularly.
- The Regional/Zonal HIV/AIDS Task Force agree a HIV/AIDS strategy that can be used everywhere.
- People with HIV or AIDS are not separated from the public.
- Stocks of condoms that are brought into the community are depleted quickly.
- People associate condoms with positive health seeking behaviour.
- People can find condoms in private pharmacies.
- Development agencies are working with religious leaders to promote HIV awareness.
- Sex workers carry condoms in their pocket.
- Religious leaders talk about HIV/AIDS in their meeting forums.
- Women talk about HIV/AIDS in public.
- Youth are seeking out more information about HIV/AIDS
- Most groups in the community can tell you about HIV transmission and prevention.
- Pastoralists have access to HIV/AIDS information at water points and in the market.

Global HIV/AIDS Communication Resources on the Web

Youth

Straight Talk Organization for youth. Source for project information, campaign to 'wait until marriage', advice for teens having sex

www.straight-talk.com

UNAIDS resources for programs aimed at youth

www.unaids.org/youngpeople/index.html

UNICEF comprehensive information for prevention among young people, mother to child transmission, HIV/AIDS orphans and vulnerable children, PLWHA, and WAD. Includes access to publications such as '*Young People and HIV/AIDS Opportunity in Crisis.*' July 2002

www.unicef.org/aids

Why young people are particularly vulnerable to HIV/AIDS. Information sheet.

www.who.int/child-adolescent-health/HIV/HIV_adolescents_link1.htm

Adolescent Sexuality, gender and the HIV epidemic

www.undp.org/hiv/publications/gender/adolesce.htm

AIDS Sex and Teens from avert.org

This website provides teens with basic information on HIV/AIDS, including transmission, statistics, and history.

www.avert.org/young.htm

Dr. Drew.Com

An interactive site that encompasses all aspects of teen life, with a specific focus on dating and physical health and well being.

www.dr.drew.com

Go Ask Alice

A question and answer website run by Columbia University's Health and Education Program.

www.goaskalice.columbia.edu

It's Your (Sex) Life

A site that answers questions about STDs, and how teens can negotiate their sexual lives.

www.itsyoursexlife.com

I Wanna Know

This is a teen-oriented site that includes questions and answers on teen sexuality and STDs, along with brochures, "STD 101," and other helpful Information.

www.iwannaknow.org

Scarleteen

An online magazine for teens that has frank and open discussions about sex.

www.scarleteen.com

This website is produced by teens for teens. It talks about love, sex, abstinence, AIDS, STDs, drugs, violence and health topics, just to name a few.

www.sxetc.org

Staying Alive

A website created for young people. It is a partnership between MTV, Youth Net (spearheaded by Family Health International) and the Kaiser Family Foundation. Additional partners include USAID, UNAIDS and The World Bank. Their mission is to "inform young people about the virus, promote safe lifestyle choices, provide information about local organizations and mobilize youth to overcome the stigma and discrimination surrounding HIV/AIDS and to fight for an end to the spread of HIV/AIDS."

www.staying-alive.org

Teen Advice Online

By Teens For Teens, "this is a site that deals with a wide array of questions about sexual health issues in today's world. Teens contribute stories about their own experiences.

www.teenadviceonline.com

TeenAIDS

This section of the Teen AIDS web site is devoted to teens and includes a teen advice column.

www.teenaidsonline.org/gnTeens.html

Teenwire

An online magazine by Planned Parenthood that provides sexual health and relationship information for teens.

www.teenwire.com

The AIDS Handbook

This handbook was written by post-primary school kids for their peers. It contains information on AIDS prevention, transmission, symptoms and treatment. Also contains links to other web-based resources.

www.westnet.com/~rickd/AIDS/AIDS1.html

The Stop AIDS Now Peer Education Center

This site contains facts about HIV and online access to peer educators.

www.silcom.com/stopaids~/

Youth HIV

A website that is created by and for HIV positive youth and peer educators. It is a project created by Advocates for Youth and offers sexual and mental health information, community support, opportunities for advocacy, resources and referrals, and online peer education.

www.youthhiv.org

Zap Health

This site provides a site for and by youth with referrals, chat lines, a "savvy street reporter" and articles on a wide range of health issues, including HIV/AIDS and STDs.

www.zaphealth.com

Women

Information for Muslim women

<http://www.jannah.org/mamalist/Women/>

Peer support and advocacy for women living with HIV/AIDS

www.positivelywomen.org.uk/

Women specific treatment issues are outlined in this website. Information on Prevention issues is offered on a link from this site

www.thebody.com/treat/women.html

WHO fact sheet for Women and HIV

http://www3.who.int/whosis/factsheets_hiv_nurses/index.html

Men

Report demonstrates why it is important to go beyond providing information about HIV/AIDS and STI's and start exploring gender issues with men and young men.

www.socstats.soton.ac.uk/cshr/pdf/guidelines/workingwithymen.pdf

Mobile Populations

HIV/AIDS and the Transport Sector, Considering HIV/AIDS in Development

Assistance: A Tool Kit, World Bank, www.worldbank.org/aids-econ/toolkit/infra.htm

PLWHA

Peer support and advocacy for women living with HIV/AIDS

www.positivelywomen.org.uk/

Overcoming obstacles to the involvement of People Living with HIV/AIDS in community based programs

www.aidsalliance.org

Ten strategies to counter stigma and discrimination

www.unaids.org/wac/2002/10-strategy.pdf

Traditional Health Practitioners

Report on the consultation on AIDS and Traditional Medicine: Prospects for Involving traditional health Practitioners (Africa 1990)

www.who.int/medicines/library/trm/who-trm-gpa-90-1.shtml

Condoms

More technical information about how to use a condom for use at health training can be found at.

www.bbc.co.uk/worldservice/sci_tech/features/health/sexualhealth/aids/how.shtml

Similar to the BBC website the UNAIDS website offers information on using condoms

www.unaids.org/hivaidsinfo/faq/condom.html

Islam and HIV

The NAZ Project based in London has done extensive work with Muslim (including Somali) Diaspora.

www.naz.org.uk

Islam online is a database for religious, social, family, health and entertainment oriented news and links. The site has personal interest and editorial content written by Muslims for a Muslim audience.

www.islamonline.net

Advocacy for HIV/AIDS awareness among Muslims and support for PLWHA

www.fsonline.net/May2003/Religious/HIVAIDSandIslam.htm

HIV/AIDS Chat Group

www.kidstalkaids.org

www.hiv-aids-poz.com/hivaidschat.htm

www.islamonline.net/QuestionApplication/English/question.asp

Telephone Hotline

Nigeria Telephone HIV/AIDS Hotline System

www.comminit.com/pds9-2001/sld-3010.html

South Africa Telephone HIV/AIDS Hotline System

www.comminit.com/pds9-2001/sld-2991.html

KAWI (Kenya Aids Watch Hotline)

www.kenyaaidsinstitute.org/kawihotline.html

Support for PLWHA

www.unicef.org/aids/people.htm

General

Success Stories Success stories: Senegal contains the spread of HIV

www.who.int/inf-new/aids3htm

Success stories: Thailand achieves sustained reduction in HIV Infection

www.who.int/inf-new/aids1.htm

Success stories: Uganda reverses the tide of HIV/AIDS

www.who.int/inf-new/aids2.htm

Communication Initiative is the global database for development communication interventions. Drumbeat is the regular newsletter they publish subscribe to this on the website and get regular information sent to your email. Newsletters are published

about what is going on globally, an index of consultant practitioners, information on key issues, conferences, material and training.

www.comminit.com

Frequently asked questions on HIV/AIDS, includes a summary of general questions, rumors and hoaxes, on topics of testing, transmission and prevention.

www.cdc.gov/hiv/pubs/faqs.htm

Mainstreaming the Policy and Programming Response to the HIV Epidemic

www.undp.org/hiv/publications/issues/english/issue33e.htm

Tools

An electronic index of M/MC Health Communication materials for use in Muslim countries

www.coreinitiative.org/core.php

Games developed for use by UNDP supported programs

www.undp.org/hiv/publications/tpplkit.html

Reproductive Health and Communications Research

Research carried out in Somalia is done in the most difficult of circumstances. The ongoing civil conflict, lack of access to locations, poor infrastructure and no recent population census make statistically viable research a matter of compromise. Much research is based on limited sample populations in specific areas so projections and assumptions must be made for related populations and circumstances. In many cases reports that are more than three years old have to be relied upon as the most recent information available.

The following reports are the most relevant communication or reproductive health research available for HIV/AIDS Communication with Somali people in the last four years.

In 2003 Health Unlimited commissioned a literature review of existing research and quantitative and qualitative research in Borama, Awdal region (Somaliland) and Mandera District (Northeastern Kenya) for their Well Women Media Project. A sample size of 374 persons was used for the household survey, 20 focus group discussions and 19 key informant interviews. This is the most recent Somali communication research document available.

- [Tropical Institute of Community Health and Development, Assessment of the level of awareness in and discussion on FGM, Safe Motherhood and STI/HIV/AIDS among Somali Speaking Horn of Africa Community, Well Women Media Project-Health Unlimited, March 2003](#)

To monitor their project in Garowe, NEZ CARE undertook this qualitative (FGD) and quantitative (430 respondents) research among urban and rural inhabitants in and around Garowe. There is extensive information about reproductive health including family planning, FGM, STIs (including knowledge of HIV/AIDS).

- [Abdinasir M Abubakar, Baseline Reproductive Health Survey in Garowe, Northeast Zone \(Puntland\), Critical Reproductive Health Project, Dec 2001](#)

IRC conducted this survey of 450 women with children under 5 years of age in Burao, NWZ. It covers STIs (including knowledge of HIV/AIDS), FGM, birth control and other Mother Child Health topics.

- [Damon Clark, Maternal and Child Health Baseline KAP Survey, Burao-Somaliland, International Rescue Committee, July 2001](#)

UNICEF undertook research during 2000 to identify communication channels in use at the time. While the landscape may have changed in the last three years this report is comprehensive and offers a detailed look at where people get information, different demographics and sources, as well as reasons certain people rely on certain sources.

- [Shanti Risal Kaphle, Report of Qualitative Research on the Communication Channels in Use in Somalia, UNICEF Somalia, 2000](#)

This survey was undertaken by WHO among 1,744 women of the five sub-regions covered namely Galbeed, Awdal, Bari, Nugal and Mudug. Data collection was carried out June-July 1999. Included is KAP on breastfeeding, STDs/AIDS, contraception, FGM and other topics.

- WHO, Baseline Survey on Reproductive Health and Family Planning in Northeast and Northwest Regions of Somalia, by Population Studies and Research Institute University of Nairobi, March 2000

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The URL section listed above should be referred to as additional information sources.

Abdinasir M Abubakar, Baseline Reproductive Health Survey in Garowe, Northeast Zone (Puntland), Critical Reproductive Health Project, Dec 2001

Adler, Forester, Richens, and Slavin, Sexual Health and Care: Sexuality Transmitted Infection: Guidelines for Prevention and Treatment, Health and Population Occasional Paper, London Overseas Development Administration, 1996

Brown, T., Franklin, B., MacNeil, J., Mills, S., Effective Prevention Strategies in Low HIV prevalence Settings, UNAIDS Best Practice Key Materials, 2001

Damon Clark, Maternal and Child Health Baseline KAP Survey, Burao-Somaliland, International Rescue Committee, July 2001

Hubley, J., 'Interventions Targeted at Youth Aimed at Influencing Sexual Behavior and AIDS/STDs', Leeds Health Education Database, United Kingdom, April 2000.

The International Bank for Reconstruction and Development/ The World Bank Education and HIV/AIDS: a window of hope, Washington, 2002

Naz Project, Muslims, sexual health and HIV, a Report of the Naz Project London Expert Forum, in partnership with the Islamic Cultural Centre, London Central Mosque, July 2002

Rivers and Aggleton, Men and the HIV Epidemic, Thomas Coram Research Unit, Institute of Education, University of London, 1999

Shanti Risal Kaphle, Report of Qualitative Research on the Communication Channels in Use in Somalia, UNICEF Somalia, 2000

Tropical Institute of Community Health and Development, Assessment of the level of awareness in and discussion on FGM, Safe Motherhood and STI/HIV/AIDS among Somali Speaking Horn of Africa Community, Well Women Media Project-Health Unlimited, March 2003

UNICEF, Knowledge, Attitude and Practice Related to Landmines and Unexploded Ordinance, Northwest Zone, Somalia, November 2002

UNICEF, Young People and HIV/AIDS: A UNICEF Fact Sheet, HIV/AIDS Unit, UNICEF New York, 2002

WHO, Baseline Survey on Reproductive Health and Family Planning in Northeast and Northwest Regions of Somalia, by Population Studies and Research Institute University of Nairobi, March 2000

Management Structure of Somali response to HIV/AIDS and STIs

Somali AIDS Committee (SAC)

The SAC is the *governing body* consisting of eight members from the ZCCs.

- | | | |
|---|---|-------------------|
| 2 Somaliland local authority & civil society representatives | ■ | Meets |
| 2 Puntland local authority & civil society representatives | ■ | Bi-annually to |
| 3 C/S Somalia local authority & civil society representatives | ■ | validate response |
| 1 Technical Advisor (UNAIDS) | ■ | progress |

Technical Advisory Committee (TAC)

The TAC is the *executive management body* consisting of representatives from SACB secretariat (SHSC and SACB Coordinator) WHO, the World Bank, NOVIB, UNAIDS, EC and INGOs.

The eight thematic task forces of the TAC

- | | | |
|---|---|----------------------|
| 1. IEC, advocacy and community mobilization | ■ | Meets quarterly. |
| 2. Epidemiology, surveillance and research development | ■ | Reports quarterly to |
| 3. Blood safety, laboratory support and diagnostic services | ■ | SACB Executive |
| 4. Patient care and disease management | ■ | Committee and |
| 5. Resource mobilization and external relations | ■ | SAC. |
| 6. Counselling, C/HBC and support | ■ | Acts as the country |
| 7. Response capacity building and M&E | ■ | coordination |
| 8. Human rights, legal and normative issues | ■ | mechanism (CCM). |

The Consultative Committees

- SACB HIV/AIDS Working Group
- SACB HIV/AIDS Communication Task Force

Zonal Coordination Committees (ZCCs)

The ZCC is the *implementation management body* present in each zone and consisting of local authorities, civil society organizations/NGOs, UNICEF, WHO, Somalia Red Cross/Crescent.

Each zone has a ZCC responsible for the management of the HIV/AIDS Action Plan (including Communication Framework developed responses) implementation. These structures have set compositions and meetings are scheduled monthly.

Annex: Priority Strategies identified by the Strategic Framework

- I. Strengthening advocacy, resource mobilization and policy formulation
 - Sensitization of political, religious and other opinion leaders at all levels to take an active role in HIV/AIDS and STI education and control and facilitation of drafting of normative guidelines in support of effective HIV/AIDS response.
 - Advocacy amongst development partners, international donors and private sector institutions for sustained support and creation of a multi-sectoral response in which HIV/AIDS and STI education and prevention are meaningfully mainstreamed and factored into all development interventions and local authorities budgets.

- II. Increased awareness and community mobilization
 - Prevention of HIV/AIDS through effective communication including general awareness, behavior change communication for at-risk groups, development of relevant information, education, and communication (IEC) tools and dissemination of information on HIV/AIDS and STIs through relevant multi-sectoral channels.
 - Prevention of HIV/AIDS through mobilization of communities to fight the stigma and discrimination associated with HIV/AIDS and to create an enabling environment for HIV/AIDS and STI prevention and control.

- III. Increased availability, quality and accessibility of safe services
 - Strengthening infrastructures and capacities for HIV/AIDS and STI related services such as extended syndromic management of STIs, antenatal care including VCT, delivery care and blood transfusion services with improved blood safety.
 - Capacity building of formal and informal health care and other relevant professionals for prevention of occupational hazards as well as nosocomial and iatrogenic transmissions in health care settings and related to service provision.

- IV. Promotion of comprehensive prevention and treatment
 - Establishment of integrated services for information dissemination and service provision relevant to HIV/AIDS and STIs, including treatment of STIs and opportunistic infections (OIs), voluntary counseling and testing and availability of preventative commodities in a friendly environment. (i.e. application of the concept of youth-friendly integrated services.)
 - Establishment of feasibility for provision of advanced treatment such as general antiretroviral therapy or its application to prevention of vertical transmission (PMTCT) and possible facilitation of importation, proper storage and dispensation of certified, quality generic ARVs, complemented by support to drafting of protocols and training and supervision.

V. Reduction and mitigation of negative impacts of HIV/AIDS epidemic

- Provision of care, support, and protection for adults and children infected and/or affected by HIV/AIDS through counseling, community/home-based care and general care.
- Facilitation of the involvement of people living with HIV/AIDS at all levels of response and creation of networks and other for a to further encourage their engagement

VI. Improve knowledge based response management and implementation

- Facilitation of epidemiological data accumulation and analysis through prevalence and behavioral surveys, second generation surveillance and community based research and response monitoring.
- Capacity building of coordination structures and implementing partners at all levels to ensure effective response management and execution of interventions.

Directory of Local Development Partners

A directory of local groups that have participated or have been represented in the HIV/AIDS Communication Framework process are listed below. While many of these groups have been engaged in HIV/AIDS advocacy and education activities most have not been received HIV/AIDS training. Many of the groups receive irregular or no support from external donors. This directory is a starting point for developing a local inventory of local organizations and community based groups for implementation of HIV/AIDS activities at the local level.

North West Zone

<i>Group Name</i>	<i>Sector</i>	<i>Geographical Coverage</i>
Ayaan Badan	Women's group	Toghder Region
ACARO	Youth Broadcasting	Borama, Awdal Region
Candlelight	LNGO	Toghder Region, Sanag region Berbera, Burao, Borama, Da'ar buduk, Hargeisa, Sahil, Sheik
CCS	LNGO	Berbera, Hargeisa, Burao
CONSONGO	LNGO Umbrella	NWZ
Da Samo	Youth Group	Borama
Development for All	LNGO	Hargeisa and Sahil
EVE	Women's Group	Borama
FAST (Family AIDS Support Trust)	Youth Group	Hargeisa
GAVO	LNGO	Berbera
Gargaar Organization	LNGO	Hargeisa, Gebiley and Ethiopian/Somali border
HAVAYOCO	Task Force /Youth Broadcasting	Hargeisa, Borao
Hargeisa Youth Development Association	Youth Broadcasting	Hargeisa
Hooyo	Women's Umbrella	Sanag Region, Herigabo district
IDIL	LNGO	Borama
Kalmo	Women's Group	Borama District
Kulmis	Women's Umbrella	Burao Oodweyne
Kulmye	Women's Umbrella	Awdal Region, Borama, Boon, Sayloc, Baki, Dila
Moonlight Girls Association	Youth Group	Awdal Region
NAGAD	Women's Umbrella	NWZ all regions, based in Burao, Berbera, Borama, Gebiley, Sheik
NOW	LNGO	Hargeisa, Berbera, Sdill, Sanag
PPP	Women's Organization	Berbera
SAYS	Youth Group	Borama
SOCSA (girls)	Youth Broadcasting	Hargeisa
SOYVO	Youth Group	Burao
SYS	Youth Broadcasting	Hargeisa, Burao, Arabsiyo
Social and Health Action	LNGO	Berbera

TOGOYOVO	Youth Group	Burao
UNITA	Women's Umbrella	Burao, Beer, Qoryode, Migoloyo
WADA	Women's Group	Hargeisa, Gebiley, Sheik

North East Zone

<i>Group Name</i>	<i>Sector</i>	<i>Geographical Coverage</i>
Association for Integrated Development (Aid)	LNGO	Bossaso, throughout Bari region
Samo Development Organization	LNGO	Bossaso, Garowe, Galkayo, training activities throughout zone
Puntland Union of Prevention of AIDS (PUPA)	LNGO umbrella	Garowe, Galkayo, Bossaso, members throughout zone
Ras-assayr Development Supporters (RASCO)	LNGO	Garowe
National Relief Organization	LNGO	Garowe
We Are Women Activists (WAWA)	Women's umbrella Org.	Throughout Zone
Alula Women's Organization	Women's/WAWA	Bari Region
Alnosar	Women's/WAWA	Sanag Region
Alaamin Women Organization	Women's/WAWA	Galgadud, Balomsal
Aslax	Women's/WAWA	Bari Region
Asudwag Women's Organization	Women's/WAWA	Galgadud, Asudwag
Budhaadle Women Organization	Women's/WAWA	Hawd, Budhoodle
Buren Women Union	Women's/WAWA	Sanag Region
DAWO	Women's/WAWA	Sanag Region
Dhalmado	Women's/WAWA	Bari Region
Galkayo Education Center for Peace and Dev.	Women's/WAWA	Galkayo
Hanagaad	Women's/WAWA	Sool Region
Hodman	Women's/WAWA	Bossaso, Alula
Isku Shufen Women's Organization	Women's/WAWA	Bari Region
Kaalo Women Center	Women's/WAWA	Garowe
Makhir	Women's/WAWA	Sanag Region
Sahan	Women's/WAWA	Bari Region
Save our Sisters Soul (SOSS)	Women's	Garowe
Somali Women Concern (SWC)	Women's/WAWA	Mudug Region
Somali Women Development Org. (SOWDA)	Women's	Garowe
Somali Women Vision (SWV)	Women's	Garowe
Somali Women's Association (SWA)	Women's	Garowe
SSWVV	Women's/WAWA	Bari Region

WCC	Women's/WAWA	Bari Region
Women Fruit	Women's/WAWA	Bari Region
Nugal Youth Organization (NYO)	Youth Umbrella	Nugal District
Eyi Youth League (EYL)	Youth Umbrella	Eyi District
Dangorayo Youth Corporation (DYC)	Youth Umbrella	Dangorayo District
Burtinle Youth Association (BYA)	Youth Umbrella	Burtinle District
Garowe Youth Development Organization (GYDO)	Youth Umbrella	Garowe District
Youth Development Organisation (YODO)	Youth Umbrella	Bari, Mudug, Nugal Regions
Puntland Students Association (PSA)	Youth Umbrella	Mudug Region
DUD Mudug Youth Network (MYO)	Youth Umbrella	Mudug Region

*Each District has 2-3 primary religious leaders/scholars

Central South Zone

<i>Group Name</i>	<i>Distinction</i>	<i>Geographical Coverage</i>
Save Somali Women and Children (SSWC)	LNGO	Banadir, Lower Juba, Gedo, Lower Shabelle, and Galgadud region
Jowhar Hospital	Health Facility	Jowhar
Somali Professional Nurses Association (SOPNA)	Health Group	Mogadishu
FPENS	LNGO	Baydhaba, Belet-Weyne, Balcad, Afgodye, Mogadishu, Kismayo
Mercy TB Center	Health Facility	Mogadishu
Kisimi Peace and Development Org.	LNGO	Kismayo and Badhaadhe regions
SIFA	LNGO	Mogadishu and Middle Shabelle Region
Hiran Regional Education Board	Education Group	Hiran region
TB Center Belet-Weyne	Health Facility	Belet-Weyne
Radio Belet-Weyne	Media	Belet-Weyne
Bakol Religious Leaders	Religious Group	El-Barde, Yeed, Wajid, hudur, Tayeeglow
Bakol Development Program (BDP)	LNGO	Wajid, Hudur, Tayeeglow regions
Women and Child Development Center	LNGO	Belet-Weyne
Hayat Relief Organization	LNGO	Mogadishu and Lower Shabelle
Somali Public Health Professional Association	Health Group	Mogadishu, Hudur, Belet-Weyne
Merca Religious Leaders	Religious Group	Network of seven leaders from Merca meet regularly
Mogadishu Religious Leaders	Religious Group	Network of twenty-seven religious leaders from all districts meet regularly
WOCA	COGWO	Mogadishu and Middle Shabelle
SIFA	COGWO	Mogadishu and Middle Shabelle
Subiya	COGWO	Mogadishu and Balad

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Kalsan	COGWO	Mogadishu and Middle Shabelle
Iiman	COGWO	Mogadishu and Hiran
IIDA	COGWO	Mogadishu and Merca
Xamdi	COGWO	Mogadishu
Umuru Maan	COGWO	Mogadishu
COCO	COGWO	Mogadishu
Incomdes	COGWO	Mogadishu
Sheyna	COGWO	Mogadishu
KAWO	COGWO	Mogadishu
Buur Fuule	COGWO	Mogadishu
CORD	COGWO	Mogadishu and Lower Shabelle
Sorrdo	COGWO	Mogadishu and Galgad
M/Shabelle	COGWO	Mogadishu and Jowhar
Yemen Women Org.	COGWO	Mogadishu
AFRO	COGWO	Mogadishu
Hayan	COGWO	Mogadishu and Gedo
Saacid	COGWO	Mogadishu, Galgadu and Middle Shabelle
Dallalo	COGWO	Mogadishu
IIDA (youth group)	Youth Broadcasting	Mogadishu and Merca
WFL (youth group)	Youth Broadcasting	Merca
Jowhar Youth Group	Youth Broadcasting	Merca
SPD (Youth Group)	Youth Broadcasting	Mogadishu
SSWC (youth group)	Youth Broadcasting	Mogadishu
Somali Young Women Activists	SONASO (Youth)	Mogadishu, Jilib, Middle Shabelle
Hudur Youth and Intellectuals	SONASO (Youth)	Hudur
Youth Anti-Aids (YAA)	SONASO (Youth)	Mogadishu
Costal Youth Anti-Aids (COYAA)	SONASO (Youth)	Gendershe, Jilib, Merca
Hararyale	Youth Broadcasting	Mogadishu
SPYDN	Youth Broadcasting	Mogadishu
YDC	Youth Broadcasting	Mogadishu
Maka & Madina	Youth Broadcasting	Mogadishu