Table of Contents for the January 2023 Narrative Achievement Report by East Action Organization (EAO) in Fafan Zone:

Table of Contents

Executive Summary

Background and Context

Key Achievements
3.1 Community-Centered HIV Awareness Campaigns
3.2 Psychosocial and Referral Support for PLHIV
3.3 Capacity Building for Religious and Community Leaders
3.4 Youth Leadership and Life Skills Training
3.5 Establishment of Peer Support Groups

Partnership and Collaboration

Impact Summary and Beneficiary Reach

Lessons Learned

Next Steps and Recommendations

Annex (if applicable)

Photos

Participant lists

Training agendas

1. Executive Summary

In January 2023, East Action Organization (EAO), with support from regional and global funds, implemented a comprehensive HIV prevention and awareness initiative across Jigjiga City and Awbare Woreda in the Fafan Zone. The program focused on community mobilization, psychosocial support, youth leadership, and capacity-building for key influencers. These targeted interventions contributed significantly to reducing HIV-related stigma, increasing knowledge on prevention and treatment, and strengthening local support systems for people living with HIV (PLHIV).

2. Background and Context

The Somali Region continues to face challenges related to low HIV awareness, stigma, and limited access to sustained care, particularly among women and youth. Cultural sensitivities and lack of localized education further hinder prevention efforts. EAO, as a women-led,

community-based organization, initiated this program to address these gaps through culturally relevant and community-owned strategies that align with national HIV prevention goals.

3. Key Achievements (January 2023)

3.1 Community-Centered HIV Awareness Campaigns

EAO conducted 12 structured awareness sessions in Jigjiga and Awbare, directly reaching over 800 community members, including women, men, and adolescents. The sessions used participatory methods such as storytelling, Q&A discussions, and printed IEC materials to debunk myths about HIV transmission, promote condom use, and encourage voluntary counseling and testing (VCT). Community champions and trained facilitators ensured that messaging was culturally sensitive and accessible to low-literacy populations.

3.2 Psychosocial and Referral Support for PLHIV

In collaboration with local health centers, EAO provided psychosocial counseling to 75 PLHIV (45 women, 30 men) to support mental well-being, reduce self-stigma, and improve ART adherence. Additionally, 32 individuals were successfully referred to nearby health facilities for follow-up care, including ART initiation and nutritional counseling. These services were delivered confidentially and in safe spaces identified by community stakeholders.

3.3 Capacity Building for Religious and Community Leaders

Recognizing the influence of traditional and religious figures, EAO trained 20 religious leaders and 25 community elders on HIV prevention, stigma reduction, and supportive messaging. The training focused on equipping them with facts about HIV and tools for integrating awareness into sermons, community gatherings, and informal support networks. Following the training, several leaders committed publicly to advocating for PLHIV rights and health-seeking behavior.

3.4 Youth Leadership and Life Skills Training

EAO organized two youth-led workshops involving 60 adolescents and young adults (50% girls), focusing on SRHR, HIV prevention, and decision-making skills. Participants received training on peer education, assertive communication, and safe practices. Many of the trained youth have since become peer mobilizers in their communities, using creative methods like drama and spoken word to reach other youth with accurate HIV information.

3.5 Establishment of Peer Support Groups

To ensure ongoing support, EAO facilitated the creation of 4 peer support groups in targeted kebeles. Each group consists of 10–12 members living with or affected by HIV. These groups

meet biweekly and provide a platform for shared experiences, psychosocial encouragement, and mutual referral for services. They have also started community outreach activities, further amplifying the message of solidarity and resilience in the face of HIV.

4. Partnership and Collaboration

The success of the January 2023 HIV prevention initiative was made possible through strong collaboration with:

Regional Health Bureau and Local Health Facilities: Facilitated referrals, ART linkages, and on-site technical support during counseling sessions.

Community-Based Structures: Including women's groups, youth networks, and kebele leadership, who supported mobilization and safe space identification.

Religious and Traditional Leaders: Partnered in integrating HIV messaging into community dialogue and spiritual gatherings.

Global and Regional Funds: Provided essential technical and financial resources to implement the interventions effectively, ensuring local ownership and capacity strengthening.

This multi-sectoral collaboration ensured holistic support for PLHIV and sustainable awareness in the community.

5. Impact Summary and Beneficiary Reach

Activity	# Events	# Direct Beneficiaries	Notes
Community HIV Awareness Sessions	12	800+	Focused on general public across Jigjiga & Awbare
Psychosocial Counseling for PLHIV	Ongoing	75	Includes ART adherence and mental health support
Referral to Health Facilities	—	32	Referred for ART and ongoing care
Religious/Community Leader Training	2 sessions	45	20 religious, 25 community leaders
Youth Life Skills Training	2 workshops	60 youth	50% female; trained as peer educators
Peer Support Groups Formed	4 groups	~48 PLHIV	Meet biweekly for support and outreach

Total estimated direct reach: 1,060+ individuals (excluding wider community awareness via peer groups and leaders)

6. Lessons Learned

Cultural Relevance Enhances Engagement: Using local languages, respecting norms, and involving respected leaders made sessions more impactful.

Youth as Peer Educators Are Highly Effective: When empowered, youth participants became enthusiastic and influential messengers among their peers.

Community Ownership Drives Sustainability: Forming peer support groups and involving local actors created a sense of responsibility and continuity beyond the project's implementation.

Confidentiality is Crucial: Maintaining discretion during psychosocial and referral services built trust with beneficiaries, especially PLHIV.

7. Next Steps and Recommendations

Scale Up Peer Support Groups: Expand to other kebeles and integrate income-generating activities to sustain motivation.

Strengthen ART Follow-Up: Work closely with health facilities to track treatment adherence and reduce drop-out.

Continuous Capacity Building: Provide refresher trainings for community leaders and expand training to include school teachers and youth mentors.

Documentation and Advocacy: Use stories of change from PLHIV and peer educators to advocate for continued funding and policy support at regional levels.

8. Annex (if applicable)

Photos:

Community awareness sessions in Jigjiga and Awbare

Youth training workshops and peer group meetings

Religious leaders’ training in session

Participant Lists:

Youth trainees (disaggregated by age and gender)

Religious and community leaders trained

PLHIV enrolled in support groups

Training Agendas:

Life skills and HIV awareness workshop

Religious leaders’ capacity-building session

Peer support group orientation agenda









