

EHRA 2022



THE GLOBAL FUND'S COMMUNITY, RIGHTS AND GENDER (CRG) TECHNICAL ASSISTANCE PROGRAMME

The case of Georgia (2021)

SUMMARY

Tuberculosis (TB) and HIV remain an important public health problem in Georgia. Despite significant progress in the implementation of TB and HIV control interventions during the last decade, the country faces a number of important challenges that require further intensified efforts to effectively control the epidemic by securing access to prevention, diagnosis and treatment of the two diseases, and in ensuring effective integration and management of TB and HIV control interventions within the overall health system framework¹.

Georgia's national health policy and practice are going through rapid development, introducing best international practices and expanding the participation of key population community-based organisations (CBO's). The civil society sector in Georgia is well developed² and the role of CSOs in policy and decision making is well acknowledged among country stakeholders, but meaningful engagement of Key Populations (KP) still requires support.

At the end of 2019, the Global Fund informed the Georgian Government of the allocation of resources for the 2020-2022 period in the amount of USD17,556,486 to increase and sustain the national response to the HIV and TB epidemics. According to Global Fund rules, a funding request has to be prepared with the meaningful involvement of all stakeholders and beneficiaries, particularly the inclusion of KPs.

In early 2021, the Georgian Country Coordination Mechanism (CCM) took the initiative to request technical assistance (TA) available within [the Global Fund's Community, Rights and Gender \(CRG\) TA Program](#) to review achievements and set the programmatic priorities for the new funding period. As a part of the TA request development process, the CCM conducted individual and group online meetings with the organisations to collect information on priorities for the [CRG TA](#); and developed a draft and circulated the document among participants to collect suggestions, comments and recommendations. Suggestions were incorporated into the final version of the document. Civil society organisations (CSOs)/CBOs played an active role in the development of the TA request, defined the key TA objectives and ensured the engagement of representatives of all KPs in the consultation process. Support in preparing the TA request was also provided by the [EECA Regional Civil Society and Community Support, Coordination and Communication Platform](#), which operates within the Global Fund CRG Strategic Initiative (in the EECA, the Platform is hosted by [the Eurasian Harm Reduction Association \(EHRA\)](#)).

In February 2021, the request for TA was submitted by the CCM on behalf of, and in consultation with, CSOs/CBOs led by or working with key populations, people living with HIV or affected by TB.

In March 2021, the request for TA was approved by the Global Fund, all planned activities were conducted and completed by the end of August 2021.

1 National Strategy for TB Control in Georgia 2019-2022. Tbilisi; National Center for Disease Control and Public Health. <http://www.georgia-ccm.ge/wp-content/uploads/National-Strategy-for-Tuberculosis-Control-in-Georgia-2019-2022.pdf>

2 Chkhatarashvili K, Zardiashvili T. Transition From Global Fund Support and Programmatic Sustainability Research in Four CEE/CIS Countries. Georgia Country Report. Tbilisi; Curatio International Foundation, 2015. http://curatiofoundation.org/wp-content/uploads/2017/01/GEORGIA-TS-CASE-STUDY_Final_Jan25-2016.pdf

Georgia submitted the new HIV/TB funding request to the Global Fund in February 2022 and currently the grantmaking process is underway. The submitted document reflected the results of cooperation between different stakeholders, CSOs and CBOs mobilised within the framework of CRG TA.

Key stages of technical assistance

January-February 2021	March 2021	March-May 2021	August 2021
Development and submission of the TA request	Approval of the request by the GF CRG Department, selection of the TA provider, preparation and approval of the Terms of Reference (ToR), selection of the consultant	Provision of TA by the consultant in accordance with the ToR	Submission of the report by the TA provider to the GF Secretariat on the results of TA provision
Total TA budget: USD14.885		Technical assistance provider: ECOM	

WHY WAS TECHNICAL ASSISTANCE REQUIRED?

In February 2021, the CRG TA Programme of the Global Fund decided to provide the TA requested by Georgian community organisations and the CCM to ensure the meaningful involvement of representatives of key populations in the country dialogue. The TA provider was selected from the Global Fund’s list of TA providers: the Eurasian Coalition for Health, Rights, Gender and Sexual Diversity (ECOM), which was responsible for TA to representatives of key populations. Considering the risks related to COVID-19, all TA activities were implemented online.

To implement this TA, ECOM engaged two international consultants: one for the work on HIV and another for the TB component. In addition, according to the CCM proposition, three national experts were engaged: two for the HIV part and one for TB issues.

Initially, in the area of HIV, ECOM had the task of working with representatives of sex workers, men who have sex with men (MSM) and people living with HIV (PLHIV). The CCM Secretariat and the national experts took the responsibility for the logistics of all meetings with KPs, PLHIV and representatives of those affected by TB; ensured translation; and helped with coordination of suggestions from communities during the entire scope of the proposed activities.

The support to involve representatives of people who use drugs (PWUD) into the country dialogue related processes was provided separately, not within the Global Fund’s CRG TA Programme, but

still complemented the generation of information on needs in the provision of services for the community. Such support was provided within the regional project, ‘Sustainability of Services for Key Populations in Eastern Europe and Central Asia’ (SoS project) supported by the Global Fund through the Alliance for Public Health (APH) and its implementing partner, the Georgian Harm Reduction Network. Two international experts facilitated the generation of information and the process of drafting recommendations among PWUD with the involvement of CSOs and CBOs, including the Georgian Network of Drug Users-for humane drug policy (which unites 6 community organisations around the country) (GeNPUD), Addiction Research Centre - Alternative Georgia (ALTGEO), Médecins du Monde Mission in the South Caucasus (MDM), ‘Mandala’, ‘HEPA+’, and ‘Tanadgoma’.

Key stages of technical assistance

ACTIVITIES	DESCRIPTION
Develop an approach for TA provision.	Two international consultants (one for the work on HIV and another for the TB component) worked together to elaborate the joint approach to organisation involved in the country dialogue for key affected populations (KAPs).
Desk review	An overview of the country’s situation, to provide community members with the main important data necessary for developing community recommendations to the new funding request.
Online survey.	To ensure an inclusive process by engaging a broad number of community members, online questionnaires, separate for HIV and TB, were developed and distributed.
Online meetings with CSOs, community experts and other relevant stakeholders.	Consultations with community leaders and experts to analyse community needs and priorities and the transformation of these in the form of recommendations for the new funding request.
Draft recommendations.	Draft recommendations were presented to the meeting participants for final comments and elaboration.
Pre-final report.	The pre-final report was presented to the Policy, advisory, and advocacy council (PAAC) for comments and recommendations.
Final report.	Final report was presented to the CCM, PAAC and the Global Fund CRG team.
CRG case study.	A TA CRG case study was developed to contribute to the lessons learned and to inform future CRG Strategic Initiative practice.

TA RESULTS

In general, the activities were conducted in line with the initial plan and within the set timeline. The online survey was conducted using separately developed questionnaires for HIV and for TB.

For the TB component, 70 persons participated in the survey in total during the period 27 April to 4 May, 2021, of which 48.6% were persons with personal TB experience, TB KAPs and NGO representatives; 38.6% were healthcare workers involved in TB care delivery; and 12.8% were TB stakeholders from governmental organisations, international agencies and people from the general population. As for the HIV component, the survey was conducted from 23 April to 12 May. In total, 28 respondents from key populations engaged. Interviews and group discussions were conducted at the beginning of May. Six interviews and group discussions were conducted (four with community activists and two with national experts), in which 14 community experts and 2 health specialists participated.

As for the HIV component, the survey was conducted from 23 April to 12 May. In total, 28 respondents from key populations engaged. Interviews and group discussions were conducted at the beginning of May. Six interviews and group discussions were conducted (four with community activists and two with national experts), in which 14 community experts and 2 health specialists participated.

All parties complied with their obligations and carried out the conditions for productive work of the consultation. All participants of the meetings shared their suggestions and the country dialog engaged not only the representatives of different communities but also representatives of governmental structures, including the National Center for Disease Control (NCDC) and the National Tuberculosis Programme (NTP). As a general result of the community consultation process, suggestions on activities for inclusion into the HIV and TB components of the new Georgia country proposal to the Global Fund.

In summary, the TA that was provided has achieved the following results:

1. All key national stakeholders were involved in the country dialogue and related meetings and discussions that were organised within the TA, including the National AIDS Centre, the NTP, the NCDC, the CCM as well as implementing NGOs and CBOs representing the communities of PLHIV, TB, MSM, sex workers and transgender.
2. The recommendations developed by the community representatives were designed for further inclusion in the new funding request to the Global Fund and into the national HIV and TB strategy.
3. Each community identified HIV and TB needs for their individual members, as well as for the community as a population group, including preventative and screening services; mental and physical health; integrated services; shelters; efficiency of peer support groups for improved treatment adherence; removal of gender-based barriers; prevention of human rights violations; community-led monitoring (CLM); and the strengthening of community systems, etc.
4. The needs of individual community members were used for developing recommendations related to health services and rights protection, and the needs of a community as a population group were used for developing the recommendations on community systems strengthening.

5. Community representatives learned more about the essence and the mechanism of operation of the National HIV and TB Programme, primarily related to the issues affecting the interests of the communities.
6. Community representatives learned more about the operation of the Global Fund and found out how communities can be engaged in the development and implementation of the projects supported by the Global Fund.
7. Georgia submitted the new HIV/TB funding request in February 2022. The submitted document was the result of joint work provided by different stakeholders, including community organisations in the country, which were mobilised within the framework of TA to contribute in the development of the funding request. The funding request was developed through active participation of a number of CSOs and CBOs and in coordination with the NCDC. Recommendations provided by the communities addressed barriers and inequities related to accessibility, quality and comprehensiveness of services; stigma and discrimination; harassment; gender-based and sexual violence; financial barriers; human rights-related barriers; and the strengthening of community systems.
8. The CCM played a very positive role in the process by ensuring coordination and dedicating resources for the work of the consultants. They finalised the application to the CRG, set up all community calls and helped the consultants with the desk review.
9. All components of CRG TA provided to Georgia involved community members, experts and different stakeholders. The number of unique participants involved in the country dialogue was 149 (HIV community, 50 individuals; TB community, 99).

LESSONS LEARNED

In conclusion, it can be said that in the provision of the TA described above, local community organisations were actively engaged at all stages and have demonstrated their willingness to contribute in the process within their respective capacity, as well as to cooperate with all stakeholders involved in the different activities.

The following positive lessons have been identified:

1. During the development of the community propositions for the new funding request, and later the elaboration of proposed activities and targets by communities, international consultants mostly played the role of facilitators in the dialogue between government and communities; it was more a diplomatic than a technical task. In the opinion of the international experts, the facilitation of a dialogue between government and communities, when both sides have been respectfully heard and their arguments considered, the development of a balanced programme and in improving the ground for future cooperation was the result.
2. According to the evaluation by the consultants, Georgia currently has many experienced and actively working national experts in epidemiology; health management and financing; medical

and social service provision; and NGO and community systems. Hence, all activities and targets proposed by KPs for the new funding request were developed by community experts with the support of the three national experts appointed by the CCM. Working in governmental structures or NGOs, all of the Georgian experts cooperated with international programmes and organisations, developing their skills to be used in international cooperation. The consultants consider that Georgian governmental and KP systems have enough technical capacity for the development of a nationwide strategic programme with minimum engagement of international technical consultants.

3. The consultants mentioned that the advocacy capacity of MSM and trans people, among HIV communities, was relatively high. Many representatives of these communities took part in the meetings; there were well-educated respondents with national and regional networking capacities, including knowledge of Global Fund processes, the national HIV policy and programmes. All helped to draft well-grounded propositions.

Apart from these positive lessons, the following challenges were identified:

1. Given the COVID-19 pandemic, limited communications and limited opportunities for group meetings resulted which affected the engagement of, and dialogue with, key and vulnerable communities in-country. Considering the risks related to COVID-19, all TA activities were implemented online. This working format was considered a challenge as it requires more time and effort by the facilitators than the offline mode of work. Online meetings complicate communication between people who do not know each other well (in other words, between people who have no emotional contacts and antecedent experience of productive work with each other). In addition, poor internet connection sometimes complicated the meeting process.
2. The consultants described specificities and differences of the work with some communities. Both HIV and TB community members were meaningfully engaged in the process, though it was underlined that the CBO representatives from the HIV sector have years of experience of high-level advocacy as well as engagement in Global Fund processes and that most of them are direct service providers and have a more comprehensive understanding of support mechanisms and systems. Continuous capacity building for new members of the TB community and experience sharing was recommended by the international consultants.
3. The consultants recommended to work on improving the engagement of female sex workers in national level Global Fund related processes. The consultants proposed to plan additional technical support for sex workers and TB communities to strengthen their capacity during the next national programme or country dialogue. Such TA has to be provided, preferably, by a team including an international consultant, an experienced national community expert/activist, and a representative of governmental structures with whom the supported community frequently works.



One of the tasks of the EECA Regional Platform is to raise the awareness of civil society and communities about technical assistance opportunities under the Global Fund's CRG TA Programme, and to assist the interested parties in the development of quality TA requests for CRG Technical Assistance.

Therefore, if you have any questions about filling out the application form, or if you need advice on the possible content and/or quality of the request, please contact the Regional Platform. Starting from 2021, applicants must always contact the CRG Regional Platform in their region for assistance in shaping the request prior to submission to the Global Fund.

Contact the EECA Regional Platform:

eecaplatform@harmreductioneurasia.org

Website:

eecaplatform.org