

Working with SRs and SSRs within the GF HIV Program in Georgia

Experience and Lessons Learned



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NCDC (National Center for Disease Control and Public Health of Georgia) is a Governmental Organization in charge of communicable and non-communicable diseases' control and prevention in Georgia

NCDC was selected as the Principal Recipient of the GF Grant Programs in Georgia through a competitive selection process in November, 2013

Rational:

- To Consolidate GF and State Funding for HIV Programs at one institution – NCDC was already in charge of State HIV Prevention Program;
- To develop relevant organizational capacity in Governmental Sector to support smooth transitioning from GF to State Funding

Challenges:

- To align the grant implementation to Strict Governmental regulations - to Comply to both, the GF and Local regulations (Procurement/financing);
- To organize well functioning GF Programs' Implementation Unit (PIU) in a very short time
- Little experience of working with NGO/CBOs



The Georgian HIV/AIDS National Strategic Plan for 2016-2018

The **overarching goal** of the national strategy is to turn the HIV epidemic in Georgia in the reversal phase through strengthened interventions targeting key affected populations (KAP), and significant improvement in health outcomes for PLHIV; Strengthened commitment of the government, greater involvement of civil society, and optimal integration of various branches of the prevention and care continuum

NSP has three main objectives:

1. HIV Prevention and Detection: Improve the effectiveness of outreach and prevention and ensure timely detection of HIV and progression to care;
2. HIV Care and Treatment: **Improve HIV health outcomes through ensuring universal access to quality treatment, care and support;**
3. Leadership and Policy Development: Ensure sustainably strong response to the epidemic through enhanced government commitment, enabling legislative and operational environment, **and greater involvement of civil society.**



The Global Fund's Support to Georgia

Investments to Date

Component	Signed	Committed	Disbursed
HIV/AIDS	US\$84,910,282	US\$74,437,646	US\$68,732,512
TUBERCULOSIS	US\$51,354,441	US\$46,354,378	US\$38,618,963
MALARIA	US\$3,500,710	US\$3,500,710	US\$3,500,710
TOTAL	US\$139,765,433	US\$124,292,734	US\$110,852,185

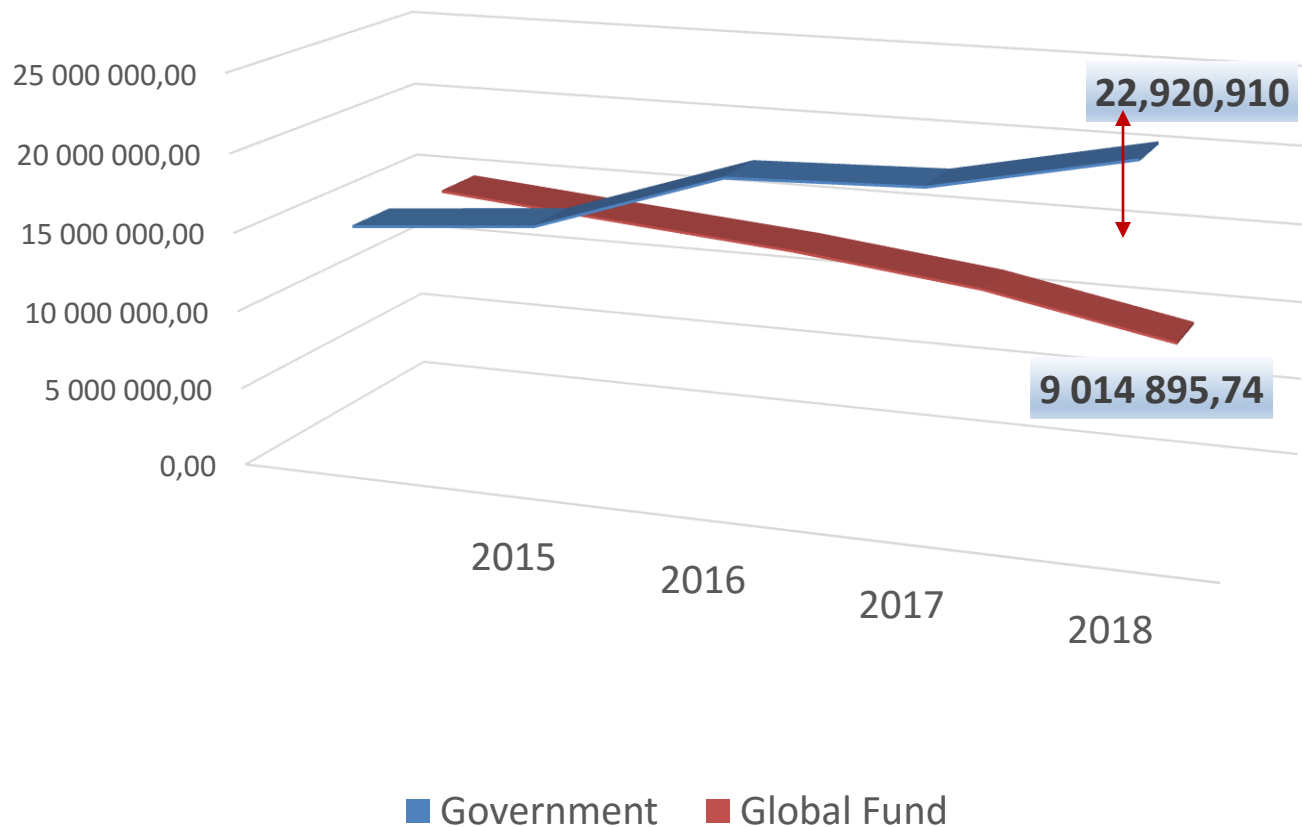


Allocation Periods in NFM for the period of 2016-2019

NFM Grants		
HIV	18,462,163 (60%)	2016-2019
TB	12,125,491 (40%)	2017-2019
Total	30,587,654	

WTP 15%

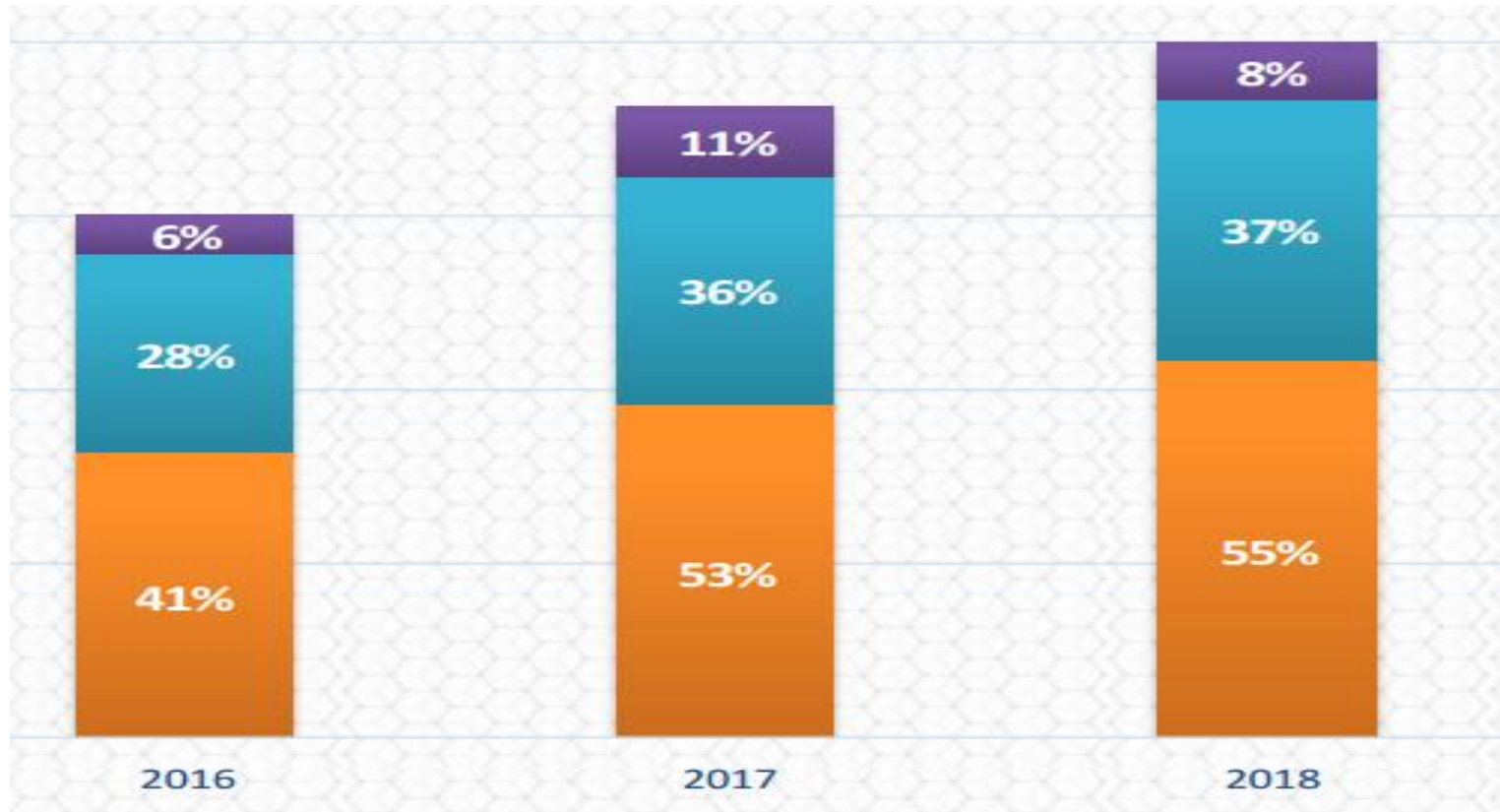
Planning the Transition – Projecting Allocations for HIV and TB Programs in 2015-2018 USD in Georgia






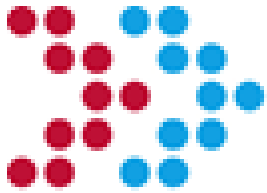


GF HIV Program

Budget Distribution by Interventions



-  Leadership, Management and Policy Development
-  Treatment
-  Prevention and Case Detection



Fast-Track Targets

by 2020

90-90-90

Treatment

500 000

New infections among adults

ZERO

Discrimination

by 2030

95-95-95

Treatment

200 000

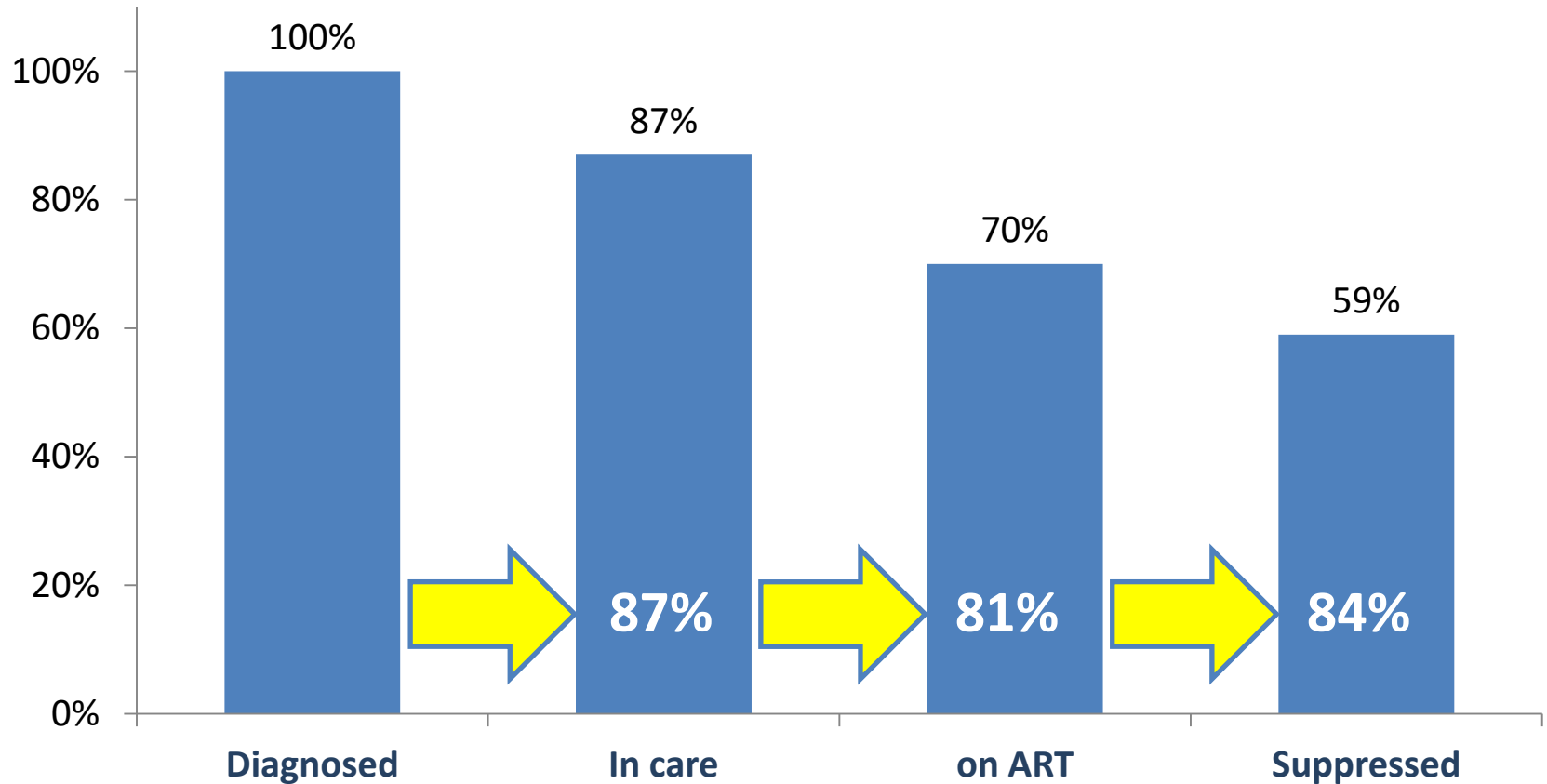
New infections among adults

ZERO

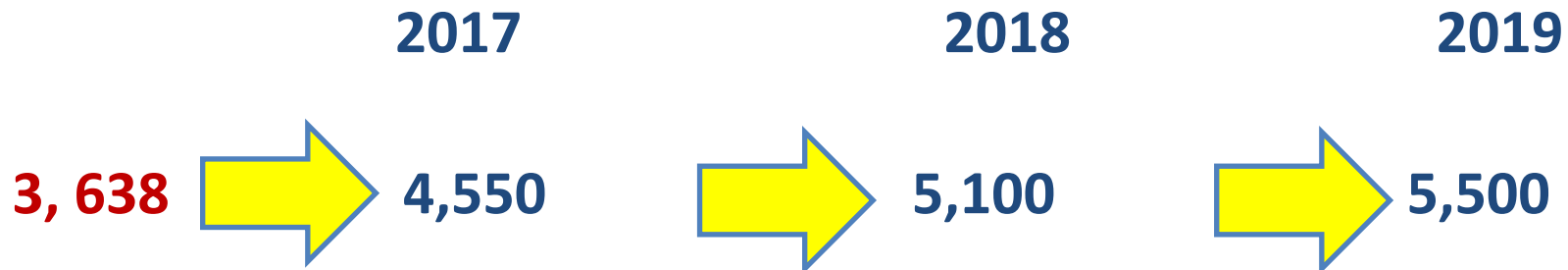
Discrimination



HIV Care Cascade in Georgia



NFM Targets for ART in Georgia



Estimated number of PLHIV in Georgia - 9,600

Number of registered HIV cases – 6,131

On ART - 3, 638 (59%)

Georgia started implementation of TREAT ALL STRATEGY



We need to Bring all registered PLHIV to Care



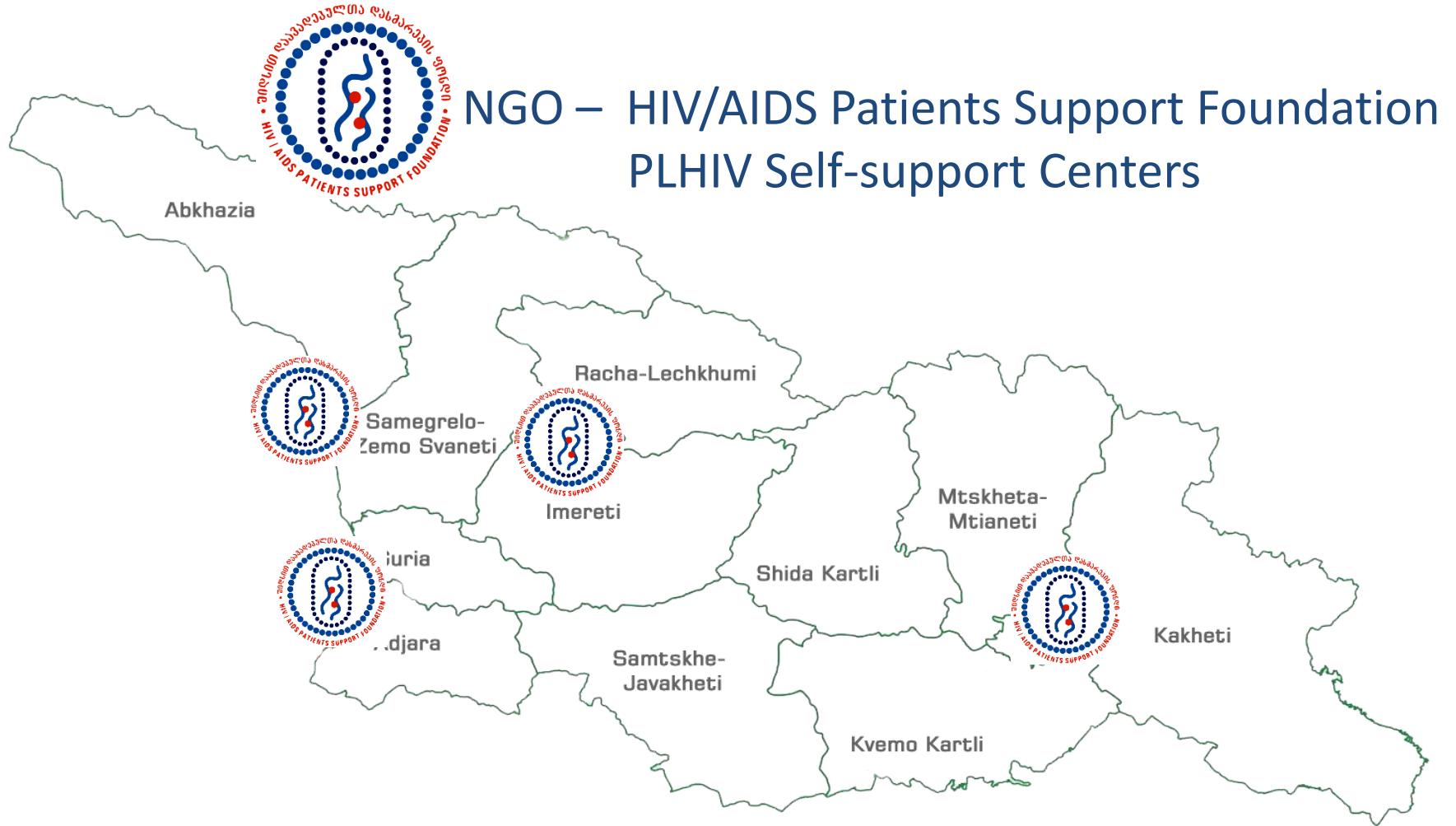
Assessment of the needs of PLHIV through Operational Survey in 2014

- Social support;
- Medical care free of stigma and discrimination (in cases when they need services not provided at AIDS Treatment Centers)
Although, within GF HIV Program we train about 1000 HCWs every year to reduce HIV Related Stigma in health care facilities;
- Legal assistance;
- Psychological Support;
- Employment;
- Development of professional skills, ENG language and Computer skills

Study of Barriers to Care - 2017



Geographic Distribution of PLHIV Care Sites in Georgia



Locations are aligned with AIDS Treatment Centers

Assessment of Implementing Partner Organizations/Service Providers

Sub-recipients Capacity Assessment Directions

A. M&E Capacity

B. IT Capacity

C. Monitoring Capacity

D. Reporting Capacity

E. Use of Information for Decision Making – Analytical capacities

7 SRs , including 2 Governmental Organizations



Initial Assessment of Implementing Partner Organizations/Service Providers

High Passion and Enthusiasm



**Lack of Vision, Lack of skills, Lack
of Capacities**

Initial Assessment of Implementing Partner Organizations/Service Providers

OVERAL RATING - 74% - 91% (B1 – A2)

No written job descriptions /
procedures for staff in charge
of M&E

There is no Org. chart
No clearly defined roles for
employees. Only very general
description of the functions is
available in the employment
contracts

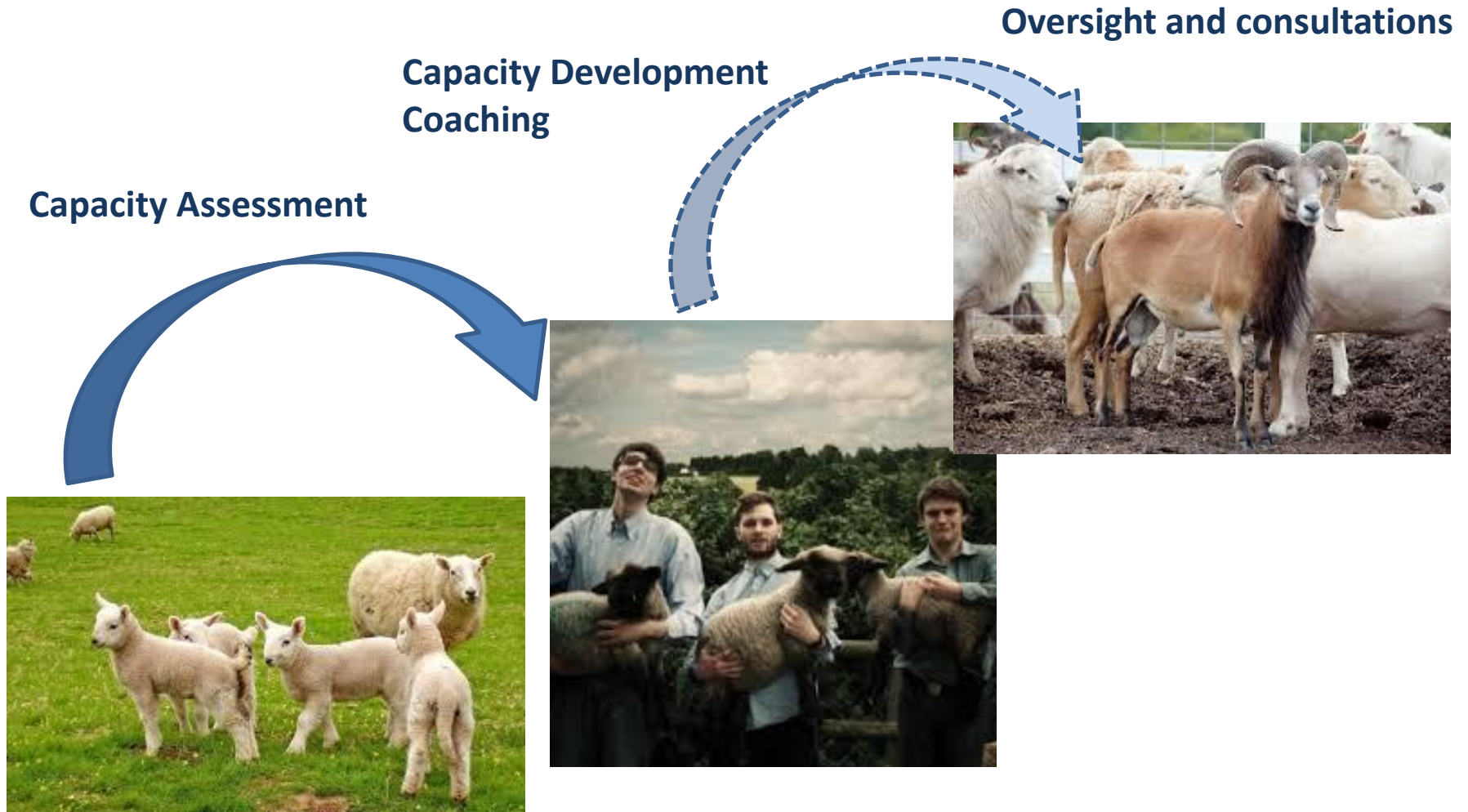
The storage of goods is not compliant to
international PSM standards

Organization prepares neither BS, nor P&L nor
Cashflow,

There is no functional Service database,
impossible to track clients rather than services



Moving from high risk Independence to risk managed Independence



Organizational Capacity Development through Formal Training in 2015

Training Subjects:

Data Management;

Financial Management;

HR Management;

PLHIV rights

Management of Stocks and
Assets

Fundraising

Trainings were organized by CBO Real People - Real Vision at CTC

Next round of training in 2017

Organization in charge: NGO Tanadgoma



New Allocations for period starting from 2020-2022

New Allocation		
HIV	8,412,986 (54 %)	2020-2022
TB	7,175,076 (46 %)	2020-2022
Total	15,588,062	

**New allocation 25% conditional
(50 % for prevention)**

New Allocation Period New Opportunities of Funding in 2020-2022

Available Amount \$8,412,986

- Compete for Funds
- Develop Care Standards with costing
- Develop sound proposal based on the needs of PLHIV and organizational capacities
- Engage partners as needed
- Take active part in Development of next National Strategic Plan on HIV for 2019-2022
- Make sure Care component is included in NSP



Thank You!

