

GEO-H-2015 - Concept Note Integrated View

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A. Program details

Country / Applicant:	Georgia	Principal Recipients	National Center for Disease Control and Public Health, Georgia	Total requested amount	
Component:	HIV/AIDS			Allocation	USD 16,446,004
Start Month/Year:	January 2016			Above	USD 563,230

Summary Budget by Module

Module	Allocated/Above	2016	2017	2018	Total
Prevention programs for people who inject drugs (PWID) and their partners	Allocation	2,660,632	1,851,159	1,928,558	6,440,349
	Above	4,996	0	0	4,996
Prevention programs for MSM and TGs	Allocation	474,721	609,224	696,880	1,780,825
	Above	0	0	0	0
Prevention programs for sex workers and their clients	Allocation	311,179	333,182	353,938	998,299
	Above	0	0	0	0
Prevention programs for other vulnerable populations (please specify)	Allocation	86,658	91,877	91,381	269,916
	Above	0	0	0	0
Treatment, care and support	Allocation	2,970,541	1,316,646	721,690	5,008,877
	Above	0	0	2,728	2,728
HSS-Health information systems and M&E	Allocation	389,490	255,357	39,679	684,526
	Above	37,062	70,724	39,679	147,465
Removing legal barriers to access	Allocation	215,914	54,800	22,022	292,736
	Above	0	182,878	225,163	408,041
Program management	Allocation	300,362	318,762	351,352	970,476
	Above	0	0	0	0
Total	Allocation	7,409,497	4,831,007	4,205,500	16,446,004
	Above	42,058	253,602	267,570	563,230

Summary Budget by Principal Recipient

Principal Recipient	Allocated/Above	2016	2017	2018	Total
National Center for Disease Control and Public Health, Georgia	Allocation	7,409,497	4,831,007	4,205,500	16,446,004
	Above	42,058	253,602	267,570	563,230
Total	Allocation	7,409,497	4,831,007	4,205,500	16,446,004
	Above	42,058	253,602	267,570	563,230

B. Program goals and impact indicators

Goals

1	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
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Linked to goal(s) #	Impact indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1	HIV I-9a: Percentage of men who have sex with men who are living with HIV		13	2012	IBBS (Integrated Bio Behavioural Surveys)		15		The results of 2015 IBSS are not yet available. The next IBSS is planned for 2017. It is expected that HIV prevalence will continue to grow due to the phased coverage of HIV outreach and prevention activities, and improved detection, that all is reflected in the prevalence target for Y2 that is <15%. Taking into account the limitations of prevalence indicator, it is important to collect data for proxy indication of incidence (disaggregate by age (below 25 and 25 and more), as well as the length of engagement in high risk activities (less than 3 years and 3 years and more). Combined and triangulated with the SPECTRUM estimates, HIV incidence estimation study with (RITA).
1	HIV I-10: Percentage of sex workers who are living with HIV		0.7	2014	IBBS (Integrated Bio Behavioural Surveys)	5.0		5.0	157 FSW in Tbilisi and 120 in Batumi have been tested for HIV during 2014 IBBS study. 1 woman was found positive in Tbilisi and 1 in Batumi. This represents prevalence rate of 0.6% in Tbilisi and 0.8% in Batumi, or 0.7% prevalence rate for both sites. This is taken as a working baseline prevalence rate. Data should be treated as indicative given the low numbers of the participants and the positive test results. Given these uncertainties the proposed targets significantly exceed the baseline and are set as less than 5% throughout the strategy implementation period. The next round of IBSS studies in this population are planned for 2016 and 2018.
1	HIV I-11: Percentage of people who inject drugs who are living with HIV		3	2012	IBBS (Integrated Bio Behavioural Surveys)		5		2012 IBSS (published in 2013) provides HIV prevalence estimate among PWID at 3% (53 positive test results in the sample of 1754 people). IBSS has covered six major cities of Georgia: Tbilisi, Gori, Telavi, Zugdidi, Batumi and Kutaisi. The preliminary results of 2015 IBSS shows further slight reduction in HIV prevalence (1.8 for six selected cities, reaching 2.8 in Kutaisi). The next IBSS is planned for 2017. It is expected that HIV prevalence will continue to grow due to the phased coverage of HIV outreach and prevention activities, increased testing and case detection, but the prevalence will not exceed 5%.
1	HIV I-4: AIDS related mortality per 100,000 population		2.4	2013	HMIS	2.2	2.1	2.0	Targets are set as follows: Below 2.2 in 2016; Below 2.1 in 2017 and below 2.0 in 2018

C. Program objectives and outcome indicators

Objectives:	
1	Prevent HIV transmission, detect HIV, and ensure timely progression to care and treatment among the key affected populations
2	Improve HIV health outcomes through ensuring universal access to quality treatment, care and support
3	Ensure sustainably strong response to the epidemic through enhanced government commitment, enabling legislative and operational environment, and greater involvement of civil society

Linked to objective(s) #	Outcome Indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner		73.2	2012	IBBS (Integrated Bio Behavioural Surveys)		80.0		Optima analysis (2015) suggested the 2018 target value of 85% for this indicator.
1	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client		91	2012	IBBS (Integrated Bio Behavioural Surveys)	95		95	

1	HIV O-6: Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected		83.5	2012	IBBS (Integrated Bio Behavioural Surveys)		87.0		Preliminary result for the indicator from IBBSS of 2015 is 74.3%. The indicator value may be adjusted later according to the final results of the survey
2	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy		87	2014	HMIS	88	89	90	

D. Modules

Module: Prevention programs for people who inject drugs (PWID) and their partners																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									
			N #	%	Year	Source	Total Targets	Year 1		Year 2		Year 3		N #	%	
								D #	D #	%	D #	%	D #			%

KP-1d: Percentage of PWID reached with HIV prevention programs - defined package of services	National Center for Disease Control and Public Health, Georgia					Allocation + Other Sources	25,650.0	57.0	27,900.0	62.0	30,150.0	67.0			
			11,884.0	26.4	2014		Reports (specify)		45,000.0		45,000.0		45,000.0		
			45,000.0												
Comments ¹ The basic service combination is defined as provision of injecting equipment (syringes or needles) and one of the following: HIV risk reduction communication (verbal or printed) OR condoms. The population size estimate (denominator) from 2012 study report (Estimating the Prevalence of Injection Drug Use in Georgia, 2012). Data source: Routine monitoring data (programme reports) triangulated with IBBSS results. The indicator may be amended based on the data of SE study of 2015.															
KP-3d: Percentage of PWID that have received an HIV test during the reporting period and know their results	National Center for Disease Control and Public Health, Georgia					Allocation + Other Sources	23,085.0	51.3	25,110.0	55.8	27,135.0	60.3			
			19,258.0	42.8	2014		Reports (specify)		45,000.0		45,000.0		45,000.0		
			45,000.0												
Comments ¹ Data source: Routine monitoring data (programme reports) triangulated with IBBSS results. The indicator may be amended based on the data of SE study of 2015.															
KP-4: Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs	National Center for Disease Control and Public Health, Georgia					Allocation + Other Sources	57.0		77.5		100.5				
			45.3	2014	Reports (specify)		Above+Allocation+Other sources								
Comments ¹ The indicator represents the number of needles and syringes distributed per PWID by organisations implementing outreach and basic prevention interventions among PWID during the reporting period. Numerator: Number of needles and syringes distributed by NGOs implementing prevention projects among PWID during the reporting year. Denominator: estimated PWID population size in Georgia based on the published 2012 study (Estimating the Prevalence of Injection Drug Use in Georgia, 2012). The denominator value may change based on the latest SE survey results (2015) It should be noted that the numerator does not include injecting equipment bought by PWID in pharmacies. It is assumed that this represents a significant proportion of all syringes and needles in circulation, as according to 2012 IBBSS data 98.3% of PWID buy their injecting equipment in pharmacies. Data source: Routine monitoring data (program reports).															
KP-5: Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	National Center for Disease Control and Public Health, Georgia					Allocation + Other Sources	650.0	65.0							
			503.0	62.3	2014		Reports (specify)		1,000.0						
			807.0												
Comments ¹ Numerator: Number of people still in treatment for at least 6 months after starting OST. Denominator: Number of people receiving OST during the year. Data source: Routine monitoring data (programme reports). Starting from 2017 OST programme will be financed from the Georgia state budget. The values include patients treated with both the Global Fund resources and from the state budget allocation. The values exclude patients treated in penitentiary system. Their number is currently about 300. However substitution medication in penitentiary institutions are used for detoxification rather than for maintenance treatment. Please also note that there is no reliable data on the patient retention. During 2015 the monitoring of OST services will be strengthened and reliable retention data will be available starting from 2016. The targets for retention indicator are within the WHO recommended mid range of 60-80%.															
Module budget - Prevention programs for people who inject drugs (PWID) and their partners															
Allocated request for entire module	USD 6,440,349					Above allocated request for entire module					USD 4,996				
Intervention	Intervention budget (request to the Global Fund only)														
	Responsible Principal Recipient(s)		Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³					Other funding ⁴			

Behavioural change as part of programs for PWID and their partners	National Center for Disease Control and Public Health, Georgia	Allocation	1,208,880	1,259,416	1,304,143	<p>The costs are calculated based on the expected coverage of interventions. Coverage targets for the basic outreach and prevention services are 25650 or 57% of the estimated PWID population in 2016, 27900 (62%) in 2017, and 30150 (67%) in 2018. A share of target population is defined as target recipients of each particular service. It is assumed that 100% of all clients will be offered basic prevention and service literacy communication. The key activities under this intervention include:</p> <ul style="list-style-type: none"> • Outreach and delivery of basic prevention services (including VCT, HCV and syphilis testing and questionnaire-based screening for TB) from stationary service delivery units; • Outreach and delivery of basic prevention services (including VCT, HCV and syphilis testing and questionnaire-based screening for TB) from mobile service delivery units; • Delivery of gender sensitive services for women who inject drugs; • Introduction of detailed BCC protocols regulating verbal communication between front-line service providers and clients; This area of work will require international technical assistance; • Finalization and endorsement of outreach and service delivery standards (also part of the Objective 3); • Program management and administration, monitoring and reporting, documentation, dissemination, development of standard tools, templates and documents at SR level; • Strengthening human resource capacity of the existing sites in line with the increasing workload (related to involvement in comprehensive case management - facilitation of client progression along the continuum of care, more intensive behavior change communication, and better tailoring of services to various segments of the target population); <p>Budget includes costs for conducting 4 training workshops per year in Y1 and Y2 and 2 training workshops in Y3, as well as working meetings with SSRs (8 per each year). Budget ('allocation') includes salary of staff who provide direct services to PWID as well as salary of administrative staff and overhead costs of direct service providers necessary for implementation of HIV prevention/harm reduction activities. Intervention was budgeted based on the current cost of GF HIV program implementation adjusted to the proposed increase in coverage in Y1-Y3 and estimated inflation in Y2-Y3.</p>	Not Applicable
Description of Intervention ²							

The target population for module 1 are PWID (primary target population), people with history of IDU and people at risk of transition to IDU (secondary target populations). The estimated size of the primary target population is 45,000. Services will be delivered in all regions of Georgia excluding the frozen conflict region of Abkhazia. The geography of service delivery will be significantly expanded through utilization of mobile service delivery units, which will cover up to 25 cities of Georgia. The existing outreach strategies and service combinations offered to KAPs will be optimized based on their role in HIV prevention and care. Quality improvements will include better tailoring of interventions to various segments of KAPs, significant revision of behavioral change communication (BCC) strategies, as well as more effective use of resources based on optimized budgeting in accordance with the demand for each specific service or commodity. Continued use of peer-driven interventions (PDI) will allow accessing hidden and under-served segments of KAPs. Combinations of services will be tailored to specific sub-populations including users of powdered opiates, liquid solutions, and stimulants. The approach towards BCC includes discontinuation of ineffective distribution of printed IEC materials and focuses on the delivery of essential prevention and service literacy information, as well as targeted referrals to other services. Pre and post counselling associated with rapid testing for HIV in the community settings will be included in the BCC agenda and protocols. The communication between front-line service providers and clients will be thoroughly standardized and guided by detailed communication protocols defining the compulsory communication subjects, key messages, and delivery mechanisms. The development of BCC protocols will be aligned with all essential areas of work and will include promotion and awareness raising on OST and other essential services available to PWID and other KAPs.

Condoms as part of programs for PWID and their partners	National Center for Disease Control and Public Health, Georgia	Allocation	23,062	26,339	29,602	Condoms will be made available to 90% of clients based on the IBBSS data on the prevalence of sexual activity among PWID. Budget for this intervention contains only funds required to procure condoms ('allocation'). It is planned to distribute on average 20 condoms per PWID per year. Procurement prices are based on the results of the latest contract with IDA Foundation.	Not applicable
		Above	0	0	0		

Description of Intervention ²

Target population for this intervention is PWID. Condom's as an essential component of the HIV preventive package will be distributed to PWID and their sexual partners.

Diagnosis and treatment of STIs as part of programs for PWID and their partners	National Center for Disease Control and Public Health, Georgia	Allocation	20,931	23,905	20,067	STI testing (testing on syphilis) will be offered to clients based on the results of initial outreach screening at the service uptake. For budgeting purposes it is assumed that on average 60% from reached PWIDs and 50% of sexual partners of PWIDs will be tested annually, 5% of reached PWIDs will test positive and require confirmation, 4% of reached PWIDs will receive treatment. Procurement of rapid tests (RPR syphilis) for PWIDs and sexual partners of PWIDs, health products for STI diagnostics and medicines for STI treatment are included in 'main allocation'. Procurement prices are based on the results of the latest tender.	Not applicable
		Above	0	0	0		

Description of Intervention ²

STI testing and treatment services are considered to be an essential part of the combination of HIV prevention services offered to PWID and other KAPs. The services will be provided by 14 services centers in 11 cities across the country.

Diagnosis and treatment of viral hepatitis (PWIDs and their partners)	National Center for Disease Control and Public Health, Georgia	Allocation	21,875	24,983	0	It is assumed that 90% of all clients will be tested for HCV and 72% for HBV annually. Clients will be referred for HBV vaccination depending on the availability of this service. Budget includes funds for procurement of HCV and HBV rapid tests in 'main allocation'. Procurement prices are based on the results of the latest tender. No rapid testst are budgeted for Y3 as the tests will be procured from the state budget.	Not applicable
		Above	0	0	0		

Description of Intervention ²

The HCV related activities will be coordinated with the Georgia national Hepatitis C Elimination Program. Front line service providers will offer tandem testing to PWIDs and their partners for HIV, HCV and HBV as a standard option. Clients who tested HCV positive will be referred for further confirmation and initiation of treatment if required.

Needle and Syringe programs as part of programs for PWID and their partners	National Center for Disease Control and Public Health, Georgia	Allocation	193,653	253,712	321,752	<p>It is assumed that 95% of the clients will be people who currently inject and will accept the offered sterile injecting instruments. The other 5% will consist of people with history of IDU or those at risk of transition to IDU. These two categories of clients will not be offered injecting instruments but will benefit from other services. As part of needle and syringe intervention the following HIV prevention commodities will be distributed to PWID: - syringes and needles (on average 100 (Y1), 125 (Y2) and 150 (Y3) per one PWID-client per year), - alcohol swabs (200 (Y1), 250 (Y2) and 300 (Y3) per one PWID-client per year), - tourniquets (40% of reached PWIDs will receive 1 item per year), - water for injection (assume that 30% of reached PWID will receive 100 (Y1), 150 (Y2), 200 (Y3) on average per person per year), - ascorbic acid (assume that 10% of reached PWIDs will receive 10 items per year), - and naloxone (for 30% of reached PWIDs). Distribution of Naloxone will be accompanied with the analysis of factors affecting the uptake and use of this commodity. Overdose related issues will be included in ethnographic exploration of the drug scene in order to obtain a more accurate knowledge of the [potential] demand in overdose prevention and management services. Procurement prices are based on the results of the latest tender.</p>	Not applicable
		Above	0	0	0		

Description of Intervention ²

Along with communication messages regarding the risks involved in preparation, transportation, distribution and injecting use of psychoactive substances, distribution of sterile injecting equipment is one of the most essential elements of the basic combination of HIV prevention services. The types of injecting instruments procured and distributed by the program will be based on historical records of client demand as well as the findings of ethnographic explorations of the drug scene, which will be regularly conducted. The program BCC strategy includes promotion of low dead space (LDS) injecting equipment and a specific module on LDS will be included in BCC protocols regulating communication of front-line service providers and PWID.

<p>OST and other drug dependence treatment (PWIDs and their partners)</p>	<p>National Center for Disease Control and Public Health, Georgia</p>	<p>Allocation</p>	<p>864,497</p>	<p>0</p>	<p>0</p>	<p>The OST intervention will be a focus of attention of the policy development and advocacy component of the proposed program. The actual costs of OST services will be increasingly funded by the government with the government assuming full responsibility for this intervention starting from 2017. The organisations involved in the delivery of harm reduction services and representing interests of PWID will monitor the development of OST services and support the introduction of a range of quality improvements planning within the National HIV Strategic Plan. The following activities are included in the proposed program in order to improve the quality and increase uptake and retention of clients in OST services: • Development of OST promotion contents for standard BCC protocols and ToR of OST personnel; • Development of OST patients' associations/councils; • Supporting the development and delivery of gender sensitive psycho-social support services to OST patients; • Promotion of and participation in the revision of OST protocols to accommodate the needs of women, enable effective take-home options, and update policies related to the use of illicit substances by OST patients; • Monitoring the structural improvements designed to meet the needs of women on OST; • Facilitating structured collaboration between the OST facilities, needle and syringe programs, and local law enforcement structures on issues affecting access to and effectiveness of OST utilization; • Supporting the revision of methadone use in penitentiary institutions; The listed activities also support the implementation of objective 3 of the proposed program and rely on human resources involved in policy development and advocacy interventions.</p>	<p>In 2016, the state will allocate \$2,190,958 to support OST program sites in 11 cities. From 2017 the state will take full responsibility to cover the cost of OST Program allocating \$3,230,709 and \$3,763,323 in Y2 and Y3 respectively. The remaining gaps in the funding will be filled with the co-payment from OST program clients.</p>
		<p>Above</p>	<p>4,996</p>	<p>0</p>	<p>0</p>		

Description of Intervention ²

Greater utilization of HIV prevention benefits offered by opioid substitution maintenance and other treatment and rehabilitation options will be achieved through gradual increase in the capacity of service delivery system, improvements in service quality (including revision of the current dosing and other regulations), targeted promotion of OST services, strengthened psycho-social support of OST patients, improved accessibility of services for disadvantaged patients, accommodating the needs of women, and introduction of OST in penitentiary institutions. The capacity of OST service delivery units will increase from 2800 (2015) to 3000 (2016), 3500 (2017) and 4000 (2018) simultaneously treated patients. Due to the turnover of patients the actual number of unique individuals treated will grow to 4800 (2016), 5500 (2017) and 6000 (2018) which is about 1/3 of the estimated number of dependent opioid users in Georgia. Within the GF supported OST program the capacity in 2016 will be 700 in the civil sector. 100 patients will benefit from the program in prisons during a year.

HIV testing and counseling as part of programs for PWIDs	National Center for Disease Control and Public Health, Georgia	Allocation Above	283,477 0	224,366 0	215,498 0	<p>It is assumed that 90% of all clients will accept the community-based VCT services provided by the program. The coverage targets for community-based VCT among PWID are 23085 or 51% of the estimated number of PWID in Georgia in 2016, 25110 (56%) in 2017 and 27135 (60%) in 2018. Given the high coverage of VCT services, they will be incorporated in BCC agenda and become part of the basic outreach and prevention service combination offered to clients. The activities will also include the development of interventions targeting sexual partners of PWID. This includes strategies to reach out to sexual partners of PWID and introduction of basic services to attract them into programs (personal hygiene, sexual and reproductive health services). The program will perform routine analysis of effective strategies leading to the improved uptake of VCT by PWID and their sexual partners. Standard community-based VCT protocols will be revised based on the result of these analyses.</p> <p>Outreach and delivery of HIV testing and counseling from mobile service delivery units and stationary points are the key activities under this intervention. 8 mobile units will provide HIV testing and counseling as well as other prevention activities among PWID. Intervention budget ('main allocation') includes costs for: 1) Procurement of mobile units, procurement and installation of necessary equipment, and maintenance of the units. It is planned to procure 4 additional mobile units; 2) salary of VCT consultants, social workers, drivers, nurses/Lab workers who will provide services through mobile units; 3) HIV rapid tests procurement (for stationary points and outreach) in Y1 and Y2. Tests for Y3 will be procured from the state budget. It is assumed that 90% of all reached PWIDs will be tested at least once per year. Procurement prices are based on the results of the latest tender. No rapid tests are budgeted for Y3 as the tests will be procured from the state budget.</p>	<p>In 2018 the state will contribute \$56,585 for procurement of HIV, HBV, HCV and Syphilis tests for testing PWIDs.</p>
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Description of Intervention ²

HIV detection activities form an important part of the proposed program and will prioritize community-based testing of KAPs and their sexual partners. Observance of essential human rights, confidentiality principles and voluntary acceptance of the offered services will be ensured in all settings. HIV prevention service providers will develop and implement interventions targeting sexual partners of PWID and female sexual partners of MSM, as well as clients and regular sexual partners of FSW. These interventions will aim at ensuring timely detection of HIV in these important bridge populations with follow-up access to vital care and treatment services.

Psychosocial and legal support for PWIDs	National Center for Disease Control and Public Health, Georgia	Allocation	44,257	38,438	37,496	Key activities: 1) Reaching and engaging new clients (hidden segments of PWID) through peer-driven interventions (PDI). Budget include PDI counselors salary, clients' incentives (for correct questionnaire answers), PDI results data processing and analysis; 2) Development of interventions targeting sexual partners of PWID in Y1; 3) Development of new interventions among PWIDs, new approaches of outreach work, M&E development; 4) Analysis of effective strategies leading to the improved uptake of VCT by PWID and their sexual partners. Review of VCT protocols based on the result of the analysis in Y2. Costs are based on the current market prices for the similar activities. 5) Development of a case management protocol to facilitate expedient progression to required HIV care and treatment; 6) Delivery of case management by outreach and prevention service providers in collaboration with PLHIV support organisations and clinical facilities; 7) Elaboration of OD and TB related issues in the communication protocols guiding the delivery of BCC to clients; 8) Revising standard ToRs of front-line harm reduction workers and their supervisors;	Not applicable.
		Above	0	0	0		

Description of Intervention ²

The additional interventions for PWID include the following: • Overdose prevention and management services (including distribution of Naloxone), • Facilitated progression to care and treatment through case management for HIV positive clients, and • Questionnaire-based screening of clients for tuberculosis (TB), • Provision of legal aid, and • Psycho-social support including counselling, art-therapy etc. The additional interventions are included to support the effective progression of clients along the continuum of prevention and care services. In particular, regulated and formalized mechanisms will be introduced at outreach and basic prevention services to facilitate expedient progression to required HIV care and treatment for those who test HIV positive. This intervention will require additional human resources and their training. Overdose prevention and management is introduced to decrease mortality among PLHIV and will require elaboration in the BCC protocols as well as inclusion of OD related matters in the in-service training of outreach workers. Distribution of Naloxone to clients will be improved based on the findings of ethnographic explorations of the drug scene. All clients will undergo verbal screening for tuberculosis. Implementation of this service will involve elaboration of this subject in communication protocols, as well as in-service training of front-line service providers. Legal support to clients will be organised through the established collaboration with interested lawyers and human rights protection organisations. Basic psycho-social support to clients is provided by the existing staff as part of their standard terms of reference.

Programmatic Gap

Coverage Indicator : KP-1d: Percentage of PWID reached with HIV prevention programs - defined package of services

Current National Coverage	Year	Source	Latest Results	CCM Comments
	2014	Other (specify) Routine monitoring data	26.4	
	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	45'000	45'000	45'000	The population size estimate from 2012 study report (Estimating the Prevalence of Injection Drug Use in Georgia, 2012).
B. Country targets (from National Strategic Plan)	25'650 57.00 %	27'900 62.00 %	30'150 67.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	45,000 100.00 %	45,000 100.00 %	45,000 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	25'650 57.00 %	27'900 62.00 %	30'150 67.00 %	The essential combination of services includes provision of injecting equipment (syringes or needles) and one of the following: HIV risk reduction communication (verbal or written) OR condoms.
F. Coverage from Allocation amount and other resources C+E	25,650 57.00 %	27,900 62.00 %	30,150 67.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	25,650 57.00 %	27,900 62.00 %	30,150 67.00 %	

Coverage Indicator : KP-3d: Percentage of PWID that have received an HIV test during the reporting period and know their results

Current National Coverage	Year	Source	Latest Results	CCM Comments	
	2014	Other (specify) Routine monitoring data	42.8		
		01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	45'000	45'000	45'000	The population size estimate from 2012 study report (Estimating the Prevalence of Injection Drug Use in Georgia, 2012).	
B. Country targets (from National Strategic Plan)	23'085 51.30 %	25'110 55.80 %	27'135 60.30 %		
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %		
Programmatic Gap					
D. Expected annual gap in meeting the need A-C	45,000 100.00 %	45,000 100.00 %	45,000 100.00 %		
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount	23'085 51.30 %	25'110 55.80 %	27'135 60.30 %		
F. Coverage from Allocation amount and other resources C+E	23,085 51.30 %	25,110 55.80 %	27,135 60.30 %		
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %		
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	23,085 51.30 %	25,110 55.80 %	27,135 60.30 %		

Coverage Indicator : KP-5: Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months

Current National Coverage	Year	Source	Latest Results	CCM Comments	
	2014	Other (specify) Routine monitoring data	62.3		
		01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	4'800	5'500	6'000		
B. Country targets (from National Strategic Plan)	3'840 80.00 %	4'675 85.00 %	5'400 90.00 %		
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	3'190 66.46 %	4'675 85.00 %	5'400 90.00 %		
Programmatic Gap					
D. Expected annual gap in meeting the need A-C	1,610 33.54 %	825 15.00 %	600 10.00 %		
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount	650 13.54 %	0 0.00 %	0 0.00 %		
F. Coverage from Allocation amount and other resources C+E	3,840 80.00 %	4,675 85.00 %	5,400 90.00 %		
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %		
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	3,840 80.00 %	4,675 85.00 %	5,400 90.00 %		

Module: Prevention programs for MSM and TGs															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline		Total Targets	Targets						N #	D #	%	
			N #	%		Year 1		Year 2		Year 3					
						Year	Source	N #	%	N #	%				N #
			D #		D #	%	D #	%	D #	%					
KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services	National Center for Disease Control and Public Health, Georgia		1,738.0	10.2	2014	Reports (specify)	Allocation + Other Sources	4,250.0	25.0	5,950.0	35.0	8,500.0	50.0		
			17,000.0				Above+Allocation+Other sources								
Comments ¹															
KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results	National Center for Disease Control and Public Health, Georgia		1,326.0	7.8	2014	Reports (specify)	Allocation + Other Sources	3,060.0	18.0	4,250.0	25.0	6,800.0	40.0		
			17,000.0				Above+Allocation+Other sources								
Comments ¹															
Module budget - Prevention programs for MSM and TGs															

Allocated request for entire module		USD 1,780,825			Above allocated request for entire module			USD 0	
Intervention	Intervention budget (request to the Global Fund only)								
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³	Other funding ⁴		
Behavioral change as part of programs for MSM and TGs	National Center for Disease Control and Public Health, Georgia					Allocation Above 261,128 0 334,673 0 340,004 0	Key activities include: 1. Outreach and delivery of basic prevention services (including VCT, HCV and STIs and questionnaire-based screening for TB) from stationary service delivery units; 2. Outreach and delivery of basic prevention services (including VCT, HCV and STIs and questionnaire-based screening for TB) from mobile service delivery units; 3. Peer opinion leader (POL) program; 4. Development of a case management protocol to facilitate expedient progression to required HIV care and treatment; 5. Delivery of case management by outreach and prevention service providers in collaboration with PLHIV support organisations and clinical facilities; 6. Development and introduction of detailed BCC protocols regulating verbal communication between front-line service providers and clients; 7. Finalization and endorsement of outreach and service delivery standards (also part of the Objective 3); 8. Utilization of modern internet based information and communication technologies to promote essential services and deliver prevention information; 9. Development of interventions targeting female sexual partners of MSM; 10. PrEP introduction and analysis. Elaboration of PrEP option in MSM communication protocols and establishment of a referral mechanism; 11. Strengthening human resource capacity of the existing sites in line with the increasing workload (related to involvement in comprehensive case management facilitation of client progression along the continuum of care, more intensive behavior change communication, and better tailoring of services to various segments of the target population); Includes human resource costs as well as staff induction and in-service training costs; 12. Program management and administration, monitoring and reporting, documentation, dissemination, development of standard tools, templates and documents. Intervention was budgeted based on the current cost of GF HIV program implementation adjusted to the proposed increase in coverage in Y1-Y3 and estimated inflation in Y2-Y3	Not applicable	
Description of Intervention ²									

Better regulation of behavior change communication, innovative outreach techniques (including expanded utilization of Internet to deliver prevention messages and market services), and involvement of community-based organisations are among the strategies to increase the coverage and improve the quality of interventions. Emphasis is placed on the involvement of peers to explore the social networks of MSM and deliver essential communication. Pre-exposure prophylaxis (PrEP) option will be introduced and tested. The option will be made known and available to clients based on behavioral indications (sero-discordant relationship, multiple partners, recent STI infection). HIV Prevention interventions are conducted in the three biggest cities of Georgia: Tbilisi (the capital), Batumi (Adjara region) and Kutaisi (Imereti region). The target group representatives tend to congregate in these cities from smaller cities and villages of the country. Two mobile laboratories are functioning under the current program – one in Tbilisi and another – in Batumi and Kutaisi. The latter travels in shifts from Batumi and Kutaisi, 2 weeks per city. Although HTC is taking place at Tanadgoma offices as well as at the Healthy Cabinets, still some segment of the target group does not refer to either of the sites for testing. Mobile labs are used to bringing testing service at the MSM gathering places and cruising areas. Outreach teams operate in each of the three cities, targeting MSM gathering places (both in the streets and MSM-friendly cafes, clubs, etc). Outreach is conducted regularly, and provides on-site counselling, referral as well as informational materials, condoms and lubes. Mobile labs outreach is conducted also regularly in each city. For 2016-2018 additional outreach using mobile laboratories is planned to cover other cities close to those already covered, such as Rustavi and Gori (close to Tbilisi), Kobuleti (close to Batumi), etc. This activity will increase coverage both geographically and in terms of the target group representatives being contacted and tested. In order to increase number of MSMs reached by HIV prevention program it is planned to support activities implementation through 3 service delivery units run by CBOs (established in 2015) and established 2 more new service delivery units in 2016 that will improve linkages of MSM communities to HIV prevention and treatment services.

Condoms as part of programs for MSM and TGs	National Center for Disease Control and Public Health, Georgia	Allocation	69,549	102,237	151,895	Budget for this intervention contains funds required for condoms and lubricants procurement ('allocation'). It is planned to distribute in average 80 condoms and 30 lubricants per MSM per year. Procurement prices are based on the results of latest tender	Not applicable
		Above	0	0	0		

Description of Intervention ²

Distribution of condoms and lubricants accompanied with clear communication messages. Elaboration of relevant chapters in the MSM communication protocol.

Diagnosis and treatment of STIs as part of programs for MSM and TGs	National Center for Disease Control and Public Health, Georgia	Allocation	91,639	110,656	137,604	STI testing will be offered to clients based on the results of initial outreach screening at the service uptake. For budgeting purposes it is assumed that 60% of all clients will utilize the STI testing services. Given the IBBSS syphilis prevalence rate of 32,9%, 19% of reached clients will be treated for syphilis each year. Budget includes the costs for service delivery (human resources, administration and overhead costs), procurement of test systems and other health products, STI drugs procurement. The intervention was budgeted based on the current cost of GF HIV program implementation adjusted to the proposed increase in coverage in Y1-Y3 and estimated inflation in Y2-Y3.	Not applicable
		Above	0	0	0		

Description of Intervention ²

STI testing and treatment services are considered to be an essential part of the combination of HIV prevention services offered to MSM, TGs and FSWs. STI testing and treatment is provided for syphilis, chlamydia and trichomoniasis. The model of service provision is the following: NGO Tanadgoma provides all services except STI testing (confirmation) and treatment. The latter services are provided based on the STI clinics (called "Healthy Cabinets"), located in the Tbilisi, Batumi and Kutaisi, by subcontractor of Tanadgoma – Georgian Association of Dermato-Venerologists.

Diagnosis and treatment of viral hepatitis as part of programs for MSM and TGs	National Center for Disease Control and Public Health, Georgia	Allocation	2,648	3,892	0	It is assumed that 100% of all clients will be tested for HCV annually. Clients will be referred for HBV vaccination depending on the availability of this service. Budget ('allocation') for this intervention contains funds required for HCV tests procurement. Procurement prices are based on the results of the latest tender. No rapid tests are budgeted in Y3 as they will be procured from the state budget. HCV positive individuals will be referred to HCV treatment facilities to be able to benefit from the State HCV Elimination Program treatment component	Not applicable
		Above	0	0	0		

Description of Intervention ²

Front line service providers will offer tandem testing to MSM and TG and their female partners for HIV, HCV and HBV as a standard option. Clients who tested positive will be referred for further confirmation and initiation of treatment if required.

HIV testing and counseling as part of programs for MSM and TGs	National Center for Disease Control and Public Health, Georgia	Allocation	32,434	35,525	34,504	<p>Outreach and delivery of HIV testing and counseling from mobile service delivery units and stationary points is a key activity under this intervention. Intervention budget ('main allocation') includes costs for: 1) Fuel procurement for Mobile Laboratories support 2) salary of VCT counselors, social workers/ counselors, drivers, who will be engaged into the services provision through mobile laboratories; 3) HIV rapid tests procurement (for stationary points and outreach). It is assumed that by 2018 80% of all reached MSMs and all MSM's female sexual partners (5% of all reached MSMs) will be tested at list once per year. Procurement prices are based on the results of the latest tender. No rapid tests are budgeted for Y3 as the tests will be procured from the state budget.</p>	Additional \$5,783 is budgeted for 2018 in the state HIV program for procurement of HIV and HCV tests for testing of 3,855 MSM.
Description of Intervention ²							
Please refer to HIV testing notes in Module 1. HIV testing and counselling conducted at Tanadgoma sites, during counselling, also through mobile laboratory outreach, and also at the "Healthy Cabinets", where they receive STI testing and treatment. The latter is envisaged since some MSM refer to the Healthy Cabinets directly or following the outreach, and have not been provided HTC during mobile lab outreach or at Tanadgoma centers. Also, HTC will be provided to female partners of MSM, in case they are referred/brought to Tanadgoma centers.							
Pre Exposure Prophylaxis and other interventions for MSM and TGs	National Center for Disease Control and Public Health, Georgia	Allocation	17,323	22,241	32,873	<p>Key activities: 1) Study on female sexual partners of MSM and intervention design (Qualitative Research). 2) Utilization of modern information and communication technologies to promote essential services and deliver prevention information included in "main allocation". Budget include costs for: development of the site, elaboration of quarterly themes, technical maintenance, assessment of intervention. 3) Piloting of the Pre Exposure Prophylaxis. Costs are calculated based on current market prices for the similar activities.</p>	Not applicable.
Description of Intervention ²							
MSM is population with the highest HIV prevalence among all KAPs. At the same time, 51.4% of MSM report having female partners as well. Due to high risk of transmission to the general population, during 2016, a qualitative study is planned for identifying possible ways of reaching female partners of MSM. After the conduction of study, some focused interventions will be designed and included in the BCC guidelines targeting MSM. An interactive web site will be developed to MSM community where MSM will be recruited. The sites will be widely used for increasing the knowledge regarding HIV and STI prevention among MSM, risk reduction communication and promoting condom use; three members of MSM community will be recruited and trained for on-line communication with MSM, including the chat room communications. Pre exposure prophylaxis will be piloted among MSM. The program will include development of selection criteria for the treatment program, initial laboratory screening, initiation of treatment and follow up period laboratory screenings by National AIDS Center, relevant communication, referrals and case management activities will be conducted by preventive service delivery units.							

Programmatic Gap

Coverage Indicator : KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services

Current National Coverage	Year	Source	Latest Results	CCM Comments
	2013	Other (specify) Routine monitoring data	10.2	
01/2016 - 12/2016		01/2017 - 12/2017	01/2018 - 12/2018	
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	17'000	17'000	17'000	
B. Country targets (from National Strategic Plan)	4'250 25.00 %	5'950 35.00 %	8'500 50.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	17,000 100.00 %	17,000 100.00 %	17,000 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	4'250 25.00 %	5'950 35.00 %	8'500 50.00 %	Minimal package of services includes provision of: condom and HIV risk reduction communication.
F. Coverage from Allocation amount and other resources C+E	4,250 25.00 %	5,950 35.00 %	8,500 50.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	4,250 25.00 %	5,950 35.00 %	8,500 50.00 %	

Coverage Indicator : KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results

Current National Coverage	Year	Source	Latest Results	CCM Comments
	2013	Other (specify) Routine monitoring data	8.0	
01/2016 - 12/2016		01/2017 - 12/2017	01/2018 - 12/2018	
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	17'000	17'000	17'000	
B. Country targets (from National Strategic Plan)	3'060 18.00 %	4'250 25.00 %	6'800 40.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	17,000 100.00 %	17,000 100.00 %	17,000 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	3'060 18.00 %	4'250 25.00 %	6'800 40.00 %	
F. Coverage from Allocation amount and other resources C+E	3,060 18.00 %	4,250 25.00 %	6,800 40.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	3,060 18.00 %	4,250 25.00 %	6,800 40.00 %	

Module: Prevention programs for sex workers and their clients															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Total Targets	Targets							
			N #	%	Year	Source		Year 1		Year 2		Year 3		N #	%
								D #		D #	%	D #	%		
KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	National Center for Disease Control and Public Health, Georgia						Allocation + Other Sources	2,610.0	40.0	3,263.0	50.0	3,915.0	60.0		
			1,719.0	26.3	2014	Reports (specify)	6,525.0		6,525.0						
			6,525.0				Above+Allocation+Other sources								
Comments ¹															
KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results	National Center for Disease Control and Public Health, Georgia						Allocation + Other Sources	1,958.0	30.0	2,610.0	40.0	3,263.0	50.0		
			1,288.0	19.7	2014	Reports (specify)	6,525.0		6,525.0						
			6,525.0				Above+Allocation+Other sources								
Comments ¹															
Module budget - Prevention programs for sex workers and their clients															

Allocated request for entire module	USD 998,299				Above allocated request for entire module		USD 0
Intervention	Intervention budget (request to the Global Fund only)						Other funding ⁴
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³	

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Behavioral change as part of programs for sex workers and their clients	National Center for Disease Control and Public Health, Georgia	Allocation	122,440	122,929	125,743	<p>The coverage targets for basic outreach and prevention among SW are: 2610 or 40% of the estimated SW population size in 2016, 3263 (50%) in 2017 and 3915 (60%) in 2018. Key activities: 1. Outreach and delivery of basic prevention services (including VCT, HCV and syphilis testing and questionnaire-based screening for TB) from stationary service delivery units; 2. Outreach and delivery of basic prevention services (including VCT, HCV and syphilis testing and questionnaire-based screening for TB) from mobile service delivery units; 3. Development of a case management protocol to facilitate expedient progression to required HIV care and treatment; 4. Delivery of case management by outreach and prevention service providers in collaboration with PLHIV support organisations and clinical facilities; 5. Introduction of detailed BCC protocols regulating verbal communication between front-line service providers and clients; 6. Finalization and endorsement of outreach and service delivery standards (also part of the Objective 3); 7. Utilization of modern information and communication technologies to promote essential services and deliver prevention information to higher income segments of SW population; 8. Development of interventions targeting clients and regular partners of FSW; 9. Peer Education training – these trainings are conducted regularly to recruit new or retrain old peer educators. 10. Distribution of condoms and lubricants; 11. Distribution of printed materials – 1 copy per person per year – mainly for new clients or for providing information about new harm reduction or HIV prevention services. 12. Strengthening human resource capacity of the existing sites in line with the increasing workload (related to involvement in comprehensive case management facilitation of client progression along the continuum of care, more intensive behavior change communication, and better tailoring of services to various segments of the target population); Includes human resource costs as well as staff induction and in-service training costs; 13. Program management and administration, monitoring and reporting, documentation, dissemination, development of standard tools, templates and documents at the SR level; 14. Study on partners/clients of FSW and intervention design; 15. Survey on effectiveness of internet-based interventions for FSW Activities are budgeted based on the current cost of GF HIV program implementation adjusted to the proposed increase in coverage in Y1-Y3 and estimated inflation in Y2-Y3.</p>	Not applicable.
		Above	0	0	0		

Description of Intervention ²						
Prevention interventions are conducted in the five big cities of Georgia: Tbilisi (the capital), Batumi (Adjara region), Kutaisi (Imereti region), Zugdidi (Samegrelo region) and Telavi (Kakheti region). The model of service provision is the following: NGO Tanadgoma provides all services except STI testing and treatment. The latter services are provided based on the STI clinics (called "Healthy Cabinets"), located in the same five cities, by subcontractor of Tanadgoma – Georgian Association of Dermato-Venerologists. Two mobile laboratories are functioning under the current program – one in Tbilisi and another – in Batumi and Kutaisi. The latter travels in shifts from Batumi and Kutaisi, 2 weeks per city. Although HTC is taking place at Tanadgoma offices as well as at the Healthy Cabinets, still some segment of the target group does not refer to either of the sites for testing. Mobile labs are used to bringing testing service at the FSW gathering/working places and cruising areas. For 2016-2018 additional outreach using mobile laboratories is planned to cover other cities close to those already covered, such as Rustavi and Gori (close to Tbilisi), Kobuleti (close to Batumi), etc. This activity will increase coverage both geographically and in terms of the target group representatives being contacted and tested. During 2016, a qualitative study is planned for identifying possible ways of reaching partners/clients of FSWs. After the study is conducted, some focused interventions will be designed and included in the BCC guidelines targeting FSWs. It is also planned to design and print a booklet for FSWs partners (could include split in two types – one for partners and another – for clients, e.g. truck drivers). As other interventions, CSWs will benefit from testing on HCV. Relevant referrals will be provided for individuals screened positive to the confirmation and treatment services.						
Condoms as part of programs for sex workers and their clients	National Center for Disease Control and Public Health, Georgia	Allocation	21,942	28,804	35,941	Budget for this intervention contains funds required for condoms and lubricants procurement ('allocation'). It is planned to distribute in average 45 condoms and 15 lubricants per FSW per year. Procurement prices are based on the results of the latest tender.
		Above	0	0	0	Not applicable.
Description of Intervention ²						
Condoms and lubricants as an essential component of HIV preventive package will be distributed to SW and their clients. This service will be available in 5 big cities Tbilisi, Kutaisi, Batumi, Zugdidi and Telavi.						
Diagnosis and treatment of STIs (sex workers and their clients)	National Center for Disease Control and Public Health, Georgia	Allocation	135,812	148,160	159,859	STI testing will be offered to clients based on the results of initial outreach screening at the service uptake. For budgeting purposes it is assumed that 60% of all clients will utilize the STI testing services. Given the IBBSS syphilis prevalence rate of 10,8%, 6% of clients will be treated for syphilis each year. Budget include costs for service provision (staff and overhead costs), procurement of test systems and other health products for testing, STI drugs procurement. Intervention is budgeted based on the current cost of GF HIV program implementation adjusted to the proposed increase in coverage in Y1-Y3 and estimated inflation in Y2-Y3.
		Above	0	0	0	Not applicable.
Description of Intervention ²						
STI testing and treatment services are considered to be an essential part of the combination of HIV prevention services offered to KAPs. List of STIs includes: syphilis, chlamydia and trichomoniasis. This services will be available in 5 big cities: Tbilisi, Kutaisi, Batumi, Zugdidi and Telavi.						

HIV testing and counseling as part of programs for sex workers and their clients	National Center for Disease Control and Public Health, Georgia	Allocation	30,985	33,289	32,395	<p>Outreach and delivery of HIV testing and counseling from mobile service delivery units and stationary points is a key activity under this intervention. The coverage targets for community-based HIV testing among SW are 1958 or 30% of the estimated size of SW population in 2016, 2610 (40%) in 2017, and 3263 (50%) in 2018. Intervention budget ('main allocation') includes costs for: 1) Fuel procurement for Mobile Laboratories support 2) salary of VCT counselors, social workers/ counselors, drivers, who will be engaged into the services provision through mobile laboratories; 3) HIV rapid tests procurement (for stationary points and outreach). It is assumed that 77% in Y1, 80% in Y2 and 83% in Y3 of all reached FSWs will be tested at list once per year. Intervention also include HIV testing of CSWs' sexual partners (392 in Y1, 489 in Y2 and 587 in Y3). Procurement prices are based on the results of the latest tender. No rapid tests are budgeted for Y3 as the tests will be procured from the state budget.</p>	<p>In 2018 the additional \$8,169 is budgeted in the state program to cover the cost of procurement of HIV and HCV tests for 5445 SWs.</p>
		Above	0	0	0		

Description of Intervention ²

Please refer to HIV testing notes in Module 1

Programmatic Gap

Coverage Indicator : KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services

Current National Coverage	Year	Source	Latest Results	CCM Comments
	2014	Other (specify) Routine monitoring data	26.3	
	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	6'525	6'525	6'525	Data from Population Size Estimation of Female Sex Workers In Tbilisi and Batumi, Georgia 2014
B. Country targets (from National Strategic Plan)	2'610 40.00 %	3'263 50.01 %	3'915 60.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	6,525 100.00 %	6,525 100.00 %	6,525 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	2'610 40.00 %	3'263 50.01 %	3'915 60.00 %	Minimal package of services includes provision of: condom and HIV risk reduction communication.
F. Coverage from Allocation amount and other resources C+E	2,610 40.00 %	3,263 50.01 %	3,915 60.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	2,610 40.00 %	3,263 50.01 %	3,915 60.00 %	

Coverage Indicator : KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results

Current National Coverage	Year	Source	Latest Results	CCM Comments	
	2014	Other (specify) Routine monitoring data	20.0		
		01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	6'525	6'525	6'525	Data from Population Size Estimation of Female Sex Workers In Tbilisi and Batumi, Georgia 2014	
B. Country targets (from National Strategic Plan)	1'958 30.01 %	2'610 40.00 %	3'263 50.01 %		
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %		
Programmatic Gap					
D. Expected annual gap in meeting the need A-C	6,525 100.00 %	6,525 100.00 %	6,525 100.00 %		
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount	1'958 30.01 %	2'610 40.00 %	3'263 50.01 %		
F. Coverage from Allocation amount and other resources C+E	1,958 30.01 %	2,610 40.00 %	3,263 50.01 %		
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %		
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	1,958 30.01 %	2,610 40.00 %	3,263 50.01 %		

Module: Prevention programs for other vulnerable populations (please specify)															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Total Targets	Targets							
			N #	%	Year	Source		Year 1		Year 2		Year 3		N #	%
								D #	N #	%	N #	%	N #		
KP-2e: Percentage of other vulnerable populations reached with HIV prevention programs - individual and/or smaller group level interventions	National Center for Disease Control and Public Health, Georgia		5,024.0		2014	Reports (specify)	Allocation + Other Sources	5,500.0	55.0	6,000.0	60.0	6,500.0	65.0		
			10,000.0	50.2			Above+Allocation+Other sources								
Comments ¹		Prisoners are included into HIV prevention interventions as other vulnerable populations.													
Module budget - Prevention programs for other vulnerable populations (please specify)															
Allocated request for entire module	USD 269,916					Above allocated request for entire module					USD 0				
Intervention	Intervention budget (request to the Global Fund only)				Cost Assumptions ³				Other funding ⁴						
	Responsible Principal Recipient(s)				Total Targets	Year 1	Year 2	Year 3							

Behavioral change as part of programs for other vulnerable populations	National Center for Disease Control and Public Health, Georgia	Allocation	5,298	5,601	5,870	Key activities: - Basic prevention services (including VCT, HCV testing); - Distribution of condoms and lubricants; - Referrals and access to ART for PLHIV; - OST (long term detoxification program); - Introduction of BCC protocols regulating verbal communication between prison health care workers and inmates (as part of counselling associated with HIV testing); - IEC Materials printing and distribution - it is planned 1 IEC per person per year. - Finalisation and endorsement of service delivery standards for penitentiary institutions (also part of the Objective 3); - Strengthening human resource capacity of prison health staff; - Program management and administration, monitoring and reporting, documentation, dissemination, development of standard tools, templates and documents Intervention are budgeted based on the current cost of GF HIV program implementation adjusted to the proposed increase in coverage in Y1-Y3 and estimated inflation in Y2-Y3.	Not applicable.
Description of Intervention ²							
Target population: Prisoners. Geographic scope: penitentiary institutions in Georgia. Combination of services offered to prisoners is based on HIV counselling and testing incorporating the essential prevention messages as well as ensuring accessibility of condoms in penitentiary institutions. VCT cabinets are functioning in 13 prisons throughout the country. They have been opened and equipped and became operational under the GFATM program. Staff of these VCT cabinets is penitentiary staff.							
Condoms as part of programs for other vulnerable populations	National Center for Disease Control and Public Health, Georgia	Allocation	5,176	5,880	6,629	Budget for this intervention contains funds required for condoms and lubricants procurement ('allocation'). It is planned to distribute in average 2 condoms and 2 lubricants per client per year. Procurement prices are based on the results of the latest tender. Prisons' MSM population is the main target for condom and lubricant distribution.	Not applicable.
Description of Intervention ²							
Ensuring availability of condoms and lubricants Target population: Prisoners. Geographic scope: penitentiary institutions in Georgia.							
HIV testing and counseling as part of programs for other vulnerable populations	National Center for Disease Control and Public Health, Georgia	Allocation	76,184	80,396	78,882	Intervention budget ('main allocation') includes costs for: 1) salary of medical coordinator, VCT counselors of VCT centers, project coordinator, regional coordinator, driver, who will engaged into the services provision among prisoners; 3) HIV rapid tests procurement (it is assumed that all prisoners reached by program will be tested). Intervention are budgeted based on the current cost of GF HIV program implementation adjusted to the proposed increase in coverage in Y1-Y3 and estimated inflation in Y2-Y3. No rapid tests are budgeted for Y3 as the tests will be procured from the state budget.	Additional \$7.902 is budgeted in the state program to cover the cost of procurement of HIV tests for prisoners in 2017. 5,270 tests will be procured.
Description of Intervention ²							
The numbers of inmates tested for HIV are equal with the coverage targets for basic prevention among prisoners above. Target population: Prisoners. Geographic scope: penitentiary institutions in Georgia.							

Module: Treatment, care and support

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline		Targets									
			N #	%	Year	Source	Total Targets	Year 1		Year 2		Year 3		
								D #	N #	%	N #	%	N #	%
Percentage of newly diagnosed persons who are enrolled in care	National Center for Disease Control and Public Health, Georgia		91		2014	Reports (specify)	Allocation + Other Sources	90		90		90		
Comments ¹	Targets for Y1-Y3 are set to be below (less then) 90%													
TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	National Center for Disease Control and Public Health, Georgia		2,541.0		37.4	2014	Other (specify)	Allocation + Other Sources	525.0	7.0	125.0	1.6		
			6,800.0				Above+Allocation+Other sources	7,550.0		7,880.0				
Comments ¹	Procurement of drugs for Second/third line ART for 525 persons for Y1 and 119 for Y2 budgeted on the results of the latest tender. Remaining cost of ARV drugs will be covered by the State Budget													
TCS-3: Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	National Center for Disease Control and Public Health, Georgia		2,084.0		82.0	2014	HMIS	Allocation + Other Sources	3,154.0	83.0	3,612.0	84.0	4,080.0	85.0
			2,541.0				Above+Allocation+Other sources	3,800.0		4,300.0		4,800.0		
Comments ¹														

Module budget - Treatment, care and support

Allocated request for entire module	USD 5,008,877	Above allocated request for entire module	USD 2,728
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Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions ³	Other funding ⁴
		Total Targets	Year 1	Year 2	Year 3		
Antiretroviral Therapy (ART)	National Center for Disease Control and Public Health, Georgia	Allocation	1,199,424	293,255	0	Procurement of drugs for Second/third line ART for 525 persons for Y1 and 119 for Y2 budgeted on the results of the latest tender. Budget includes funds for providing ART to mothers and to newborns as well as social care services to all newborns. Requested funds are calculated based on the assumption that 40 mothers and newborns will require such services during the year.	The State will fully cover costs for the first line ARV drugs. \$1,936.257 will be allocated during the three year period. Government will start funding the second line ARV drugs in 2017. The state budget will cover 79% and 100% of the estimated needs for the second line drugs in 2017 and 2018 respectively.
		Above	0	0	0		

 Description of Intervention ²

The intervention aims to ensure access to ART for all PLWH in need in accordance with evidence-based guidelines (in line with WHO recommendations), including in the region of Abkhazia Provide ARV drugs for first line treatment (coverage 3275, 3710, 4135, 2014 baseline 2228+313 in Abkhazia = 2541 for 1st and 2nd line), Provide ARV drugs for second-line and subsequent treatment options (coverage 525, 590, 665, 2014 baseline 2228+313 in Abkhazia = 2541 for 1st and 2nd line, unit – cost of treatment of 1 patient per year)

Counseling and psycho-social support	National Center for Disease Control and Public Health, Georgia	Allocation	147,496	149,959	155,957	Key activities: 1) Provide NGO-based psychosocial care and support services to PLWH based on the existing self-support centers operated by the PLWH Support Foundation. - Counseling and psycho-social support services for PLWH's; - Referrals to ART and other key services - Educational meetings for HIV positive people; - Meeting with PLWH family members to discuss issues of stigma and discrimination; - Different types of meetings for HIV positive people; - Meetings for HIV positive children; - Re-trainings for self-support center staff ; - Preparation of information materials ; - Conference dedicated to Candle Light Memorial Day ; - World AIDS Day Dedicated meetings ; - Visiting PLWH organizations abroad for experience sharing and networking - in Y1 as "main allocation" and Y3 "above"; - Organizing summer camps for HIV positive people. 2) Arrangements between the AIDS Center, PLWH Support Foundation, and Georgian Harm Reduction Network for the delivery of drugs to patients residing in remote regions of the country. 3) Inclusion of the description of civil society contribution in the official documents regulating the delivery of treatment for HIV infection. Intervention is budgeted based on the current cost of GF HIV program implementation adjusted for the estimated inflation in Y2-Y3 and estimated PLWHs' coverage of 1018 persons in Y1, 1222 persons in Y2 and 1466 persons in Y3.	Not applicable
		Above	0	0	2,728		

Description of Intervention ²

Target population: PLWH. Georgian PLWH organisations will continue performing a range of important functions related to ensuring the quality of care and treatment for PLWH, including necessary psycho-social support to patients and their relatives, advice on complex matters related to status disclosure, challenges faced by children and adolescents living with HIV, and participation in supply of ARV medicines to patients residing in remote areas of the country. Community-based organisations of PLWH will further engage in facilitating timely progression of PLWH to community-based support and clinical care. The role of community-based organisations in service development and delivery, quality assurance, and patients' monitoring will be formalized, and the delivery of social support and other essential services will be included in the revised official treatment protocols.

Case management activities among PLWH	National Center for Disease Control and Public Health, Georgia	Allocation	2,214	4,185	6,045	1. Support effective linkage of PLHIV to HIV and other medical care, as well as supportive services (case-management) will be implemented under this intervention. It is assumed that 3600 persons will be targeted in Y1, 4200 in Y2 and 3900 in Y3. 2. There were WHO recommendations regarding collaboration between HIV and TB program. TB program could provide cartridges for GeneXperts in order to enable TB testing in the AIDS center facilities. Isoniazid for HIV patients in TB program. There is specific TB/HIV protocol.	Not applicable
		Above	0	0	0		

Description of Intervention ²

Target population: PLWH. Geographical scope: all regions of Georgia Implementation approach: Case management activities will be implemented among PLWH for effective linkages to ART, OST, TB and other key services. There were WHO recommendations regarding improving collaboration between HIV and TB program. Although, the relevant activities are described in the HIV NSP, implementation and budgeting will be part of TB CN.

Out-patient care	National Center for Disease Control and Public Health, Georgia	Allocation	49,789	52,279	54,370	<p>Out-patient care package under this component includes laboratory tests, x-ray, ultrasound diagnostics, STI prevention, does not include CD4. The later is considered in pre-ART care.</p> <p>Intervention budget include staff and other costs necessary for provision of palliative care for chronically ill patients. It is assumed that these services will be needed for 1500 persons per year.</p>	<p>Costs for HIV out-patient care infrastructure and human resources are largely covered by the State. The annual allocations will increase from \$1,339,767 in 2016 to \$1,740,642 in 2018.</p>
		Above	0	0	0		
Description of Intervention ²							
<p>Target population: PLWH. Geographical scope: all regions of Georgia, excluding conflict region of Georgia The high patient engagement in HIV treatment and care in Georgia has been possible through implementing effective service delivery model. This model provides free essential medical services related to HIV disease management, including outpatient services such as 4-monthly comprehensive clinical and laboratory evaluations, as well as HIV in-patient services for all those in need.</p>							
Pre-ART care	National Center for Disease Control and Public Health, Georgia	Allocation	251,468	294,364	0	<p>Intervention budget includes tests procurement for Laboratory monitoring (CD4 cell count) in Y1 and Y2 and workshop on disclosure and notification HIV status conduction (one workshop in Y1).</p>	<p>The state will cover the cost of the third year laboratory monitoring (CD4 cell count) in the amount of \$340,154.</p>
		Above	0	0	0		
Description of Intervention ²							
<p>Linking and retaining people living with HIV (PLHIV) into HIV care is a top priority for HIV National Program. Patients eligible for and enrolled in antiretroviral therapy (ART) are the main focus of retention efforts, but those not yet eligible for ART must also be retained in care. Evidence-based approaches will be implemented to meet client needs and expectations to support retention. Currently Georgia is implementing the 2013 WHO guidelines recommending treatment initiation at CD4 count level of <500 cells/mm³. The recommendation had been fully rolled-out in the country in November-December 2013 and even in such a short period of time more than 90% coverage was ensured. This indicates that pre-ART care is adequate and ART is universally available for all patients with known HIV status. Latest data indicates that 95% of those diagnosed and known to be in need of treatment were on ART by the end of 2014. This activity aims to ensure timely CD4 testing at a facility level. The testing service will be complemented by a full array of effective interventions (e.g. counselling, clinical assessment etc) as per national guidelines. Pre-ART care will be offered to all PLHIV across the country.</p>							
Treatment adherence	National Center for Disease Control and Public Health, Georgia	Allocation	418,506	443,628	423,183	<p>Key activities: 1. Ensure effective program delivery including in the region of Abkhazia (human resources such as management, logistics and technical personnel, as well as program administration and overhead costs, including transportation costs, health equipment maintenance costs, communication etc.). Home-based services implemented through mobile units (except of Abkhazia) for those who cannot attend clinical facilities - budget include national center and three regional centers staff, cars maintenance and overhead costs; 2. Maintain operation of AIDS Health Information System (HIV/AIDS clinical database) and implement other M&E activities (Includes salaries for personnel to operate the system, including data quality control assessments, Site visits). 3. Ensure quality of service delivery: a) Update and develop clinical practice guidelines b) Implement quality control/clinical audit for clinical care and ART c) Implement quality control for laboratory services (includes HR costs for personnel conducting quality control activities and costs of participating in WHO recommended external quality assurance program). Intervention is budgeted based on the current cost of GF HIV program implementation adjusted to the estimated inflation in Y2-Y3</p>	<p>Not applicable.</p>
		Above	0	0	0		
Description of Intervention ²							
<p>Target population: PLWH. Geographical scope: all regions of Georgia Implementation approach: Adherence support will be provided by clinic-based and home based services. Clinic-based services include monthly monitoring and counselling on adherence during monthly medication pick-ups. Out of clinic/home-based adherence support services are delivered by so called mobile units that operate at AIDS treatment facilities countrywide, except of Sukhumi Centre.</p>							

Treatment monitoring	National Center for Disease Control and Public Health, Georgia	Allocation	901,644	78,976	82,135	Following Key activities are budgeted based on the current cost of GF HIV program implementation adjusted to the estimated inflation in Y2-Y3. - procurement of HIV plasma viral load and HIV drug resistance testing for Laboratory monitoring) – only in Y1, Starting from Y2 it is planned that Laboratory monitoring will be financed from state budget; - Implement clinical audit – involvement of 4 Expert; - Implement laboratory QC – involvement of 4 Expert; - Implement laboratory QC - External QA scheme; - Ensure quality of service delivery (Support human capacity strengthening through training) – 5 trainings per year in each year.	Procurement of HIV plasma viral load and HIV drug resistance testing for laboratory monitoring will be financed from the State budget starting from 2017 (77% of the total estimated amount). The full coverage will be provided from the state in 2018.
		Above	0	0	0		
Description of Intervention ²							
Target population: PLWH. Geographical scope: all regions of Georgia Specific scope for treatment monitoring is based on latest National Guidelines (in line with WHO recommendations). Quality improvement measures will be in place to maximize effectiveness of this intervention.							

Programmatic Gap

Coverage Indicator : TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV

Current National Coverage	Year	Source	Latest Results	
	2014	Other (specify) Routine monitoring data	37.4	
	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	7'550	7'880	8'180	These numbers are based on Spectrum 2014 model and will change when the new model finalized by this summer.
B. Country targets (from National Strategic Plan)	3'800 50.33 %	4'300 54.57 %	4'800 58.68 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	3'275 43.38 %	4'175 52.98 %	4'800 58.68 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	4,275 56.62 %	3,705 47.02 %	3,380 41.32 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	525 6.95 %	125 1.59 %	0 0.00 %	
F. Coverage from Allocation amount and other resources C+E	3,800 50.33 %	4,300 54.57 %	4,800 58.68 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	3,800 50.33 %	4,300 54.57 %	4,800 58.68 %	

Module: HSS-Health information systems and M&E

Module budget - HSS-Health information systems and M&E

Allocated request for entire module	USD 684,526	Above allocated request for entire module				USD 147,465	
Intervention	Intervention budget (request to the Global Fund only)					Cost Assumptions ³	Other funding ⁴
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3		

Analysis, review and transparency	National Center for Disease Control and Public Health, Georgia	Allocation	79,938	0	9,920	Key activities: • HIV incidence estimation studies using recent infection testing algorithm (RITA) – one per each Y1 as 'allocation' and Y2 as "above" allocation; • Operational research to evaluate patient engagement in HIV care, including evaluation of factors associated with disengagement from care – one per each Y1 as 'allocation' and Y2 as "above" allocation; • Operational research to identify the barriers for PWID (including women who inject drugs) in accessing VCT and OST services – one in Y1; • Operational research to identify the barriers for MSM in accessing VCT services – one in Y1; • Operational research at Health Care Settings to identify key factors related to stigma and develop recommendations for evidence-based interventions – one in Y1; • Assessments of health service utilization and patient satisfaction among people living with HIV –in Y1 and Y3. Costs are based on estimated costs for the similar activities.	Not applicable
		Above	0	0	39,679		

Description of Intervention ²

The development of effective policies and interventions requires up-to-date knowledge of epidemiology and response implementation data. The program includes essential epidemiological and operational studies to ensure adequate intervention design. Improved knowledge of specific needs and vulnerability factors affecting various segments of KAPs will enable the development of effective and tailored interventions. Operational studies to identify essential factors associated with the risk of HIV transmission as well as the factors influencing the effectiveness of outreach and service delivery will also be conducted. Collection and analysis of regional level data will allow for setting appropriate targets at the regional/municipal level. Participatory quality assessments of the drug scene and other essential contextual characteristics will allow for better understanding of changes affecting KAPs and the risk of HIV transmission, and for timely adjustment of the interventions. The existing program monitoring system will be further strengthened. The envisaged improvements relate to operationalization of HIV prevention national database to be developed and piloted in 2015 within GF program, more consistent utilization of Unique Identification Codes; revision and adjustments in the essential monitoring and evaluation definition; better triangulation of available sources of data including program monitoring and periodic surveillance data; as well as disaggregation of program monitoring data by the most epidemiologically significant segments of KAPs. The possibility of aligning databases utilized by health care facilities and NGOs in order to support clients' progression along the continuum of services will be analysed.

Development of methodology for triangulating the program coverage data	National Center for Disease Control and Public Health, Georgia	Allocation	43,603	30,999	29,759	Intervention budget (allocation) includes costs for participation in international knowledge exchange forums. Costs are based on the average estimated costs for the similar activity.	Not applicable
		Above	37,062	48,835	0		

Description of Intervention ²

This includes costs for the development of methodology for triangulating the program coverage data, as well as costs associated with the development and alignment of monitoring systems utilized by the civil society service providers to KAPs and the clinical facilities.

Surveys	National Center for Disease Control and Public Health, Georgia	Allocation	265,949	224,358	0	This intervention aimed to support IBBSS combined with size estimation studies among PWIDs (Y1-Y2), FSWs (Y1, Y3), MSMs (Y2), as "allocation" and Prisoners (Y2) as "above" allocation. The current cost of GF HIV program implementation was adjusted to the proposed increase in coverage in Y1-Y3 and estimated inflation in Y2-Y3.	Integrated bio-behavioral surveillance studies (IBBSS) among FSW incorporating population size estimates is budgeted under state allocations in 2018 in the amount \$91,613.
		Above	0	21,889	0		

Description of Intervention ²

A range of studies will be conducted to improve the knowledge of HIV and related epidemics in Georgia through conducting of key population size estimates in geographic areas not covered by the previous studies.

Module: Removing legal barriers to access
Module budget - Removing legal barriers to access

Allocated request for entire module		USD 292,736			Above allocated request for entire module			USD 408,041	
Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions ³		Other funding ⁴	
		Total Targets	Year 1	Year 2	Year 3				
Community-based monitoring of legal rights	National Center for Disease Control and Public Health, Georgia			Allocation	24,758	25,995	0	Intervention includes costs for Strengthening of LGBT community capacity on HIV prevention and advocacy effort (conduction of ToT trainings, trainings for LGBT leaders, informational awareness meetings etc.). Y1 and Y2 activities - "allocation", Y3 - "above".	
				Above	0	0	27,035	Not applicable	
Description of Intervention ²									
Community based organizations of MSM and TGs will be strengthened through different training activities, to improve community members skills for BCC and organizing community mobilization activities as well as for adequate referrals to other prevention and treatment services. This intervention will be implemented in the following largest cities of Georgia: Tbilisi, Batumi and Kutaisi.									
Legal and policy environment assessment and law reform	National Center for Disease Control and Public Health, Georgia			Allocation	34,701	28,805	22,022	Key activities: - Technical assistance to the MoLHSA Working Group and CCM for developing the transition plan. - The working group meetings to support and monitor the implementation of assessment recommendations and the transition plan; to assess and revise operational policies required for smooth transition to governmental funding of activity areas currently funded from external sources – 4 per each year (in Y2 2 meetings in "above"; in Y3 all in "above"); - High level stakeholder meetings to ensure involvement of all key players including the parliament of Georgia representatives of MoLHSA, MoCLA, Ministry of Interior, International agencies (EU, UNDP, UNODC, WHO) and community representatives - 4 meetings per year; - Technical assistance (local experts) to revise HIV related legislation and develop operational policies, regulations and guidelines to support enforcement of revised legislation to address issues affecting access to HIV services (Experts and KAP involvement) - in Y1 all in "allocation"; in Y2 50% "above"; in Y3 all in "above"; - Working meetings of CSO and associations of lawyers and human rights protection organisations on addressing HIV related discrimination. This cooperation will lead to development of joint plans of action. Costs are based on the average estimated costs for the similar activity.	
				Above	0	7,631	15,871	Government will support production of health accounts according to the WHO System of Health Accounts framework to monitor spending within the National HIV/AIDS Program. \$25399, \$26669 and \$27735 will be allocated in Y1, Y2 and Y3 respectively for TA and implementation support.	
Description of Intervention ²									
The proposed program includes support to specific measures aimed at legislative changes and development of regulations and operational policies required to ensure uninterrupted delivery of essential HIV prevention and care services with special focus on the key affected populations. Improved collaboration of public and civil society service providers with law enforcement agencies and other relevant stakeholders will ensure the most effective practical application of the developed regulations and policies. The government will collaborate with community-based organizations representing PLWH and KAPs to design and implement effective stigma reduction strategies, which will have beneficial impact on service uptake and retention. This intervention envisions the following: 1. Establishment of MoLHSA working group of relevant stakeholders on transition planning. The planning will include assessment/revision of operational policies required for smooth transition to governmental funding of activity areas currently funded from external sources. The draft transition plan will be developed and submitted for approval to the CCM by the end of 2016. 2. Assessment of gaps in the cascade of care for KAPs in accordance with WHO/UNAIDS/UNODC recommendations and international best practice in order to identify funding gaps and make necessary budgeting adjustments for optimal funding allocations for outreach, prevention, detection of HIV, care and treatment; 3. Assessment/revision of operational policies required for smooth transition to governmental funding of activity areas currently funded from external sources. The System of Health Accounts will be strengthened to produce a set of comprehensive and internationally comparable accounts on HIV /Aids spending to inform resource allocation decisions.									

Policy advocacy on legal rights	National Center for Disease Control and Public Health, Georgia	Allocation	98,311	0	0	Key activities: - Media campaigns in order to support stigma elimination, promotion of VCT and other services, and general awareness; - Drug policy round tables and working group meetings on legislation analysis; - Annual drug policy conference (incorporating policy development and advocacy planning workshop); - Advocacy campaigns devoted to relevant events such as AIDS Memorial Day, International Day Against Drug Abuse and Illicit Trafficking, International Hepatitis Day, International Overdose Awareness Day, and World AIDS Day (including printed materials); - Thematic capacity development workshops and trainings for KAP Network activists; Costs are based on the average estimated costs for the similar activity. Y1 activities - "allocation", Y2 and Y3 - "above".	Not applicable
		Above	0	110,619	115,043		

Description of Intervention ²

This intervention includes setting specific policy development and advocacy tasks associated with specific HIV prevention and care priorities. These tasks will be elaborated in the national policy development and advocacy plan designed by the relevant stakeholders with support from the PR and technical guidance from the Policy and Advocacy Advisory Council consisting of representatives of the main stakeholders including KAPs, PLWH, and organizations representing their interests. Systematic monitoring of progress towards the main objectives of the policy and advocacy plan will ensure eventual attainment of the set priority targets.

Training on rights for officials, health workers and police	National Center for Disease Control and Public Health, Georgia	Allocation	58,144	0	0	Intervention include activities (trainings and meetings) for stigma reduction in all settings (trainings for Health Care Providers) and strengthening PLWH Community. About 900 health care workers and 100 representatives of police and other law enforcement agencies will be trained annually to reduce HIV related stigma and improve their attitude and practice for HIV case management. Budget is based on the current cost of GF HIV program implementation adjusted to the proposed increase in coverage in Y1-Y3 and estimated inflation in Y2-Y3.	Not applicable
		Above	0	64,628	67,214		

Description of Intervention ²

Addressing stigma and discrimination in the general population, among health care workers, law enforcement personnel and other groups will be implemented through stronger engagement of the PLWH Support Foundation and other CBOs in the activities targeting stigma among health care workers and other population groups, collaboration of PLWH and KAP organisations with professional associations of lawyers and human rights protection organisations on addressing discrimination cases, utilization of mass media for social advertising targeting stigma and discrimination, promotion of VCT, other services, and general awareness.

Module: Program management									
Module budget - Program management									
Allocated request for entire module		USD 970,476			Above allocated request for entire module			USD 0	
Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions ³	Other funding ⁴		
		Total Targets	Year 1	Year 2	Year 3				
Grant management	National Center for Disease Control and Public Health, Georgia	Allocation	300,362	318,762	351,352	Costs are based on the 2014 year actual costs adjusted by the 5% inflation in 2017-2018.	Not applicable.		
		Above	0	0	0				

Description of Intervention ²

This is to support PR's operations to ensure an adequate management support for the grant throughout the full implementation period.

E. Financial Gap Analysis and Counterpart Financing

Country: Georgia				Currency: USD						
Component: HIV/AIDS				Cycle: January - December						
Year of CN Submission: 2015										
Current and previous				Estimated						
Part One: National Strategic Plan Funding Needs and Resources										
Total Funding Needs									Data Sources/Comments	
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020		
Total Funding needs for the National Strategic Plan (provide annual amounts)	20,320,000	22,586,000	32,117,596	20,084,857	18,456,357	19,987,975			NSP for 2011-2016 (Scenario 2) and NSP for 2016-2018 One time investment intended for the infrastructure at amount of USD 4.5 million is included in Y1. Amounts related to the service delivery are increasing in the 2016-2018 period.	
LINE A: Total Funding needs for the National Strategic Plan	75,023,596			58,529,189						
Domestic Resources									Data Sources/Comments	
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020		
Total Resources										
Domestic source B1: Loans										
Domestic source B2: Debt relief										
Domestic source B3: Government revenues	4,948,619	8,166,782	7,993,412	11,034,256	10,424,784	12,453,949			GARP, NSP	
Domestic source B4: Social health insurance										
Domestic source B5: Private sector contributions national	1,603,891	1,774,080	1,774,080	1,378,942	2,203,309	2,553,321			GARP, NSP	
LINE B: Domestic Resources	6,552,510	9,940,862	9,767,492	12,413,198	12,628,093	15,007,270	0	0		

External Resources									Data Sources/Comments
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020	
Netherlands		81,619							GARP
World Bank (WB)	2,269								GARP
The United Nations Children's Fund (UNICEF)	172,205	187,906							GARP
United Nations Population Fund (UNFPA)		33,500	40,000						GARP
United States Government (USG)	874,941	534,953							GARP
Other	585,417	224,540							GARP
European Union/European Commission		68,379							GARP
Switzerland		20,510							GARP
LINE C: External Resources	1,634,832	1,151,407	40,000	0	0	0	0	0	
Global Fund Resources									Data Sources/Comments
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020	
GEO-H-GPIC	7,503,138	1,213,723							
GEO-H-NCDC		4,656,523	10,535,886						
LINE D: Global Fund Resources	7,503,138	5,870,246	10,535,886	0	0	0	0	0	
Total Request									
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020	
Total anticipated resources (annual amounts)	15,690,480	16,962,515	20,343,378	12,413,198	12,628,093	15,007,270	0	0	
LINE E : Total anticipated resources (Line B+C+D)		52,996,373				40,048,561			
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)	0	0	11,774,218	7,671,659	5,828,264	4,980,705	0	0	
LINE F: Total anticipated funding gap (Line A - E)		22,027,223				18,480,628			
LINE G: Total Funding Request to the Global Fund			0	7,557,879	5,122,993	4,521,452			
LINE H: Funding request within the Allocated Amount			0	7,509,761	4,882,154	4,254,091			
LINE I: Funding request above the Allocated Amount			0	48,118	240,839	267,362			

Part Two: Overall Health Sector - Government Health Spending

Government Health Spending									Data Sources/Comments
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020	
Domestic source J1: Loans									
Domestic source J2: Debt Relief									
Domestic source J3: Government funding resources	324,979,411	408,238,296	365,490,623	374,731,776	392,757,625	411,003,932			
Total government health	324,979,411	408,238,296	365,490,623	374,731,776	392,757,625	411,003,932	0	0	

Part Three: Counterpart Financing

Low income = 5% low income, lower lower-middle income = 20%, upper lower-middle income (high level) = 40%, upper-middle income = 60%

Counterpart Financing									
	01/2013 - 12/2013	01/2014 - 12/2014	01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	01/2018 - 12/2018	01/2019 - 12/2019	01/2020 - 12/2020	
Total government resources	4,948,619	8,166,782	7,993,412						
Average of government resources	7,036,271								
Average of request within allocated				0					
Counterpart financing based on existing commitments								100.00%	
Average of total request				0					
Counterpart financing based on total funding request								100.00%	

Footnotes

1 - Target Assumptions :

Please describe:

- 1) overall assumptions used in calculating targets,
- 2) anticipated rate of scale-up,
- 3) population size estimates,
- 4) description of indicator/package of services,
- 5) data source,
- 6) other relevant information

2 - Description of Intervention :

Please describe:

- 1) rationale for Global Fund support,
- 2) linkages to national strategic plan,
- 3) target population and geographic scope,
- 4) implementation approach, and
- 5) other relevant information.

Please differentiate between scope of allocated and above allocated request

3 - Cost Assumptions for the request of the Global Fund

Please describe:

- 1) cost assumptions and data sources,
- 2) key activities,
- 3) other relevant information.

Please differentiate between allocated and above allocated

4 - Other funding received for this intervention (including scope of activities funded)