

## Georgia Country Coordinating Mechanism

### Oversight Committee

Meeting dedicated to the discussion of the HIV and TB dashboards for Period 5

October 16, 2015

**David Ananiashvili** – Chair of the Oversight Committee;

**Nino Lortkipanidze** – NCDCPH, PIU, GFATM TB Program Manager

**Keti Stvilia** - NCDCPH, PIU, GFATM HIV Program Manager

**George Kutchukhidze** – NCDC, PIU, TB M&E Officer

**Alexander Asatiani** - NCDCPH, PIU, GFATM HIV M&E Specialist

**Giorgi Soselia** – NCDCPH, PIU, GFATM HIV M&E Specialist

**Eka Ruadze** - NCDCPH, PIU, GFATM HIV M&E Officer

**Irina Grdzeldze** – CCM Executive Secretary

**Natia Khonelidze** – CCM Administrative Assistant

The meeting was dedicated to the discussion of any existing or potential challenges observed in GFATM funded programs implementation and discussion the data for HIV and TB dashboards for P5.

**Alexander Asatiani** – presented the financial, management and programmatic data that constituted the basis for the HIV dashboard for P5.

While speaking on M6 (difference between current and safety stock), Mr Asatiani noted that the methadone is delivered in P6, as for 1 ml syringes IDA order arrives on week 34.

The following comments were presented with regard to programmatic indicators:

***Number of MARPs (IDUs, MSM and FSWs) covered with HIV testing and counselling (including provision of results*** - Number of PWIDs reached with VCT services during P3 is 9540; Number of MSM 875 and number of FSWs 756. Total number - 11,171 (source for the data is electronic database of SRs - GHRN and Tanadgoma).

***Number and percentage of MSM reached with HIV prevention programmes - defined package of services*** – Despite underachievement in coverage of FSWs and MSM, the SR has demonstrated relatively improved performance. PR has ongoing communication with SR how to further improve the coverage data. PDI methodology proved to be effective among MSM in

general. The same strategy was successfully tested among FSWs in Telavi. The PR and SR will continue this discussion to develop better strategies/methodologies for the NFM period.

***Number and percentage of eligible adults and children currently receiving antiretroviral therapy*** - 2808 patients were receiving ART as of June 30, 2015 (Source is electronic database of National AIDS Center). The denominator was updated by the NCDC through Spectrum in June, 2015, as it was requested in the GF Management letter of May, 2015. New Denominator is 4689 (the previous one was 5080). The new figure was provided by surveillance department of NCDC and is agreed with UNAIDS.

***Number of prisoners covered with VCT (HIV testing and counseling, including provision of results)*** - The main reason of underachievement is the decreased total number of inmates comparing with the baseline number (10,000 vs. 24000 in 2013).

***Number and percentage of IDUs reached with HIV prevention programmes - defined package of services*** - Coverage data for IDUs doesn't include the secondary clients any more as it was suggested by the GF Management Letter (Clients that were reached by the program beneficiaries and not by outreach workers).

***Number and percentage of FSWs reached with HIV prevention programmes - defined package of services*** - Although, there is underachievement in coverage of FSWs and MSM, relatively improved performance has been demonstrated by the SR. PR has ongoing communication with SR how to further improve the coverage data. PDI methodology proved to be effective among MSM in general. The same strategy was successfully tested among FSWs in Telavi. The PR and SR will continue this discussion to develop better strategies/methodologies for the NFM period.

***Percentage of individuals receiving OST who received treatment for at least 6 months*** - 588 people were receiving OST through GF funding continuously over the period of 6 months . Opening of a new OST center has contributed to increased results.

***Number of patients with HIV Hep C co-infection receiving Hep C treatment*** - As agreed with the FPM, the indicator will be reported in February 2016; The initiation of Hep C elimination program in Georgia that includes free treatment with Hep C new medicines (Sovaldi, Harvoni) resulted in decreased interest of HIV patients with hep C co-infection in treatment with pegylated interferon and ribavirin. Although, by the end of 2015 good achievements in number of AIDS patients who will receive the treatment (they will receive interferon and ribavirin procured within the GF program + Sovaldi provided by the state program) is anticipated.

Mr. Asatini stressed that following initial arrangement, dashboards for both grants are produced and reported on quarterly basis. Halving semi-annual targets officially approved by the GFATM under respective grant agreements derives quarterly targets in dashboard data entry sheet. In order to enhance tracking and visualization of programmatic progress as well as achieve full

compliance with core documents such as Performance Framework and PU/DR, Mr. Asatiani proposed switching to semi-annually cumulative reporting principle. Namely, while maintaining dashboard reporting quarterly cycle, targets in Q2 and Q4 of the calendar year will be set in accordance with the Performance Framework's semi-annual values and achievements will be reported respectively - replicating values reported in PU form routinely delivered to the GFATM every six months after validation procedures. Based on dashboard rating calculation scheme, still, Q1 and Q3 periods will reflect quarterly achievements in comparison with halved semi-annual targets.

By this means the dashboard will illustrate validated and the most recent programmatic cumulative data available in correlation with approved targets under the grant agreement. Other conditions and principles concerning program management, finance and procurement sections of the dashboard will remain the same.

The meeting participants discussed the proposed initiative. Mr. Ananiashvili noted that it will be presented to the OC and when/if the agreement is reached is presented to the CCM for endorsement.

The meeting participants discussed the outcomes of the site visit to Tanadgoma and current status of the implementation.

**Giorgi Kuchukhidze** - presented to the members the financial, management and programmatic data that constituted the basis for the TB dashboard for P5. The dashboard attached.

While discussing M6 (difference between current and safety stock). Mr. Kuchukhidze noted that the Cycloserine was delivered in September and thus stock out did not happen. The joint effort of PR and SR has resulted in the substantial scale-up of HIV testing has resulted in increased achievement of the target (82% in P5 versus 66% reported in P4)

Afterwards the meeting participants focused on the cash incentive scheme implementation and on-going analysis. It was noted that the site visit to TB Center can coincide with GLC/GDF mission to Georgia in November.

Mr. David Ananashvili focused on the issue of conducting site visits to Adjara region as per OC work-plan. The best timing for the visit was indicated as December, 2015.

Since next CCM meeting most probably will not happen until the end of November Mr. Ananishvili proposed to share with the CCM dashboards for P5 by e-mail once the recommendation of the OC are issued.

**David Ananiashvili**

Chair of the Oversight Committee

**Irina Grdzeldze**

Executive Secretary to the CCM