



**GEORGIA COUNTRY COORDINATING  
MECHANISM:  
MODE OF OPERATION AND PRINCIPLES  
Orientation Package for new CCM Members  
3<sup>rd</sup> Edition  
January  
2016**

**Acronyms:**

CBO - Community-based Organization

CIF - Curatio International Foundation

COI- Conflict of Interest

CSO-Civil Society Organization

DOT - Directly Observed Therapy DST - drug susceptibility testing

EPA – Eligibility and Performance Assessment

FBO – Faith-based Organization

FSW – Female Sex Worker

G-CCM – Georgia Country Coordinating Mechanism

GHRN - Georgian Harm Reduction Network

HAPS - HIV/AIDS Patients Support Foundation

HIV/AIDS – Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

IDACIRC - Infectious Diseases, AIDS and Clinical Immunology Research Center

IDU – Injecting Drug User

KAP – Key affected Population

LFA – Local Fund Agent

MSM - Men who have sex with men

M/XDR-TB – Multi/ Extensively Drug-Resistant Tuberculosis  
NCDCPH –National Center for Disease Control and Public Health  
NCTBLD - National Centre for Tuberculosis and Lung Disease

NFM –New Funding Model

NGO –Non-Governmental Organization

NTP – National Tuberculosis Program

OC – Oversight Committee  
PLHIV - People living with HIV  
PLWD – People Living with Disease

PUDR – Progress Update and Disbursement Report

PWIDs - People who inject drugs

PR – Principal Recipient

SR – Sub-recipient

SSR – Sub-sub-recipient

TB - Tuberculosis

### **Key Definitions**

*The Global Fund:* a public-private partnership and international financing institution dedicated to attracting and disbursing resources to prevent and treat HIV and AIDS, TB and malaria.

*CCM members:* representatives of government, multilateral and bilateral development partners, nongovernmental and faith-based organizations, affected communities, academic

institutions and the private sector officially (s)ected to serve as regular members, an Georgia governance body overseeing grants from the Global Fund.

*Members' constituencies:* organizations, and in some cases groups of individuals, which are represented by one or more members of the CCM Constituencies can be based on geographic regions, sectors or on a like-minded approach to issues.

*CCM Secretariat:* the staff of the Secretariat.

*Principle recipient (PR):* entity legally responsible for implementation and management of awarded grants, as set out in a grant agreement between the entity and the Global Fund. PR is required to ensure regular communication with the CCM as per the Articles of the Grant Agreement. There are number of articles in the Global Fund Grant Agreement, which mandates PR to communicate with the CCM. (1) As per Article 7 of the Grant Agreement, PRs are legally obligated to cooperate with CCMs and to be available to meet with them regularly to discuss plans, share information and communicate on program-related matters. PR is also legally obligated to provide program-related reports and information to the CCM upon request. (2) As per Article 15, PR is legally obligated to provide CCMs with a copy of all reports submitted to the Global Fund. (3) As per Article 25 of the Grant Agreement, PR is legally obligated to copy CCMs on all notices, requests, documents, reports or other communication exchanges with the Global Fund Secretariat. Similarly, as per Articles 47 and 48 of the Global Fund's Guidelines and Requirements for Country Coordinating Mechanisms, CCM members are called to share information with and report back to their constituents in an open and timely manner, and should respond to requests for additional information.

*Sub-recipients (SRs):* organizations that receive Global Fund financing through the PRs in order to carry out activities that are part of the grant agreements.

*Sub-sub-recipients (SSRs):* organizations that receive Global Fund financing through the SRs in order to carry out activities that are part of the grant agreements.

*Local Fund Agent (LFA):* local, independent agency contracted by the Global Fund to provide oversight of the PR on behalf of the Global Fund. Before the Global Fund signs a grant agreement, the LFA assesses the capacity of the nominated PR in the areas of financial management, programmatic management, monitoring and evaluation, and procurement and supply management. On an ongoing basis, it verifies the PR's periodic

progress updates and disbursement requests, and undertakes other ad hoc monitoring activities.

## **Introduction**

### ***Global Fund in Georgia***

The Global Fund to Fight AIDS, Tuberculosis and Malaria was established in 2002 and mobilizes and invests nearly US\$4 billion year to support programs in more than 140 countries. Total sum of the Malaria, HIV/AIDS and TB grants signed with Global Fund is equal to US\$ **122,497,727**.

- HIV/AIDS - **75,178,855 US\$**
- Tuberculosis- **43,818,162 US\$**
- Malaria - **3,500,710 US\$**

The Global Fund has been the most significant funding source for TB and HIV Programs in the country. The Global Funds support counts for approximately of 50% HIV/AIDS total financing and two/third of TB total financing.

The Country Coordinating Mechanism (CCM) represents the main tool for the Global Fund for ensuring local ownership and transparency of decision-making process

### ***The Georgia Country Coordinating Mechanism (G-CCM)***

The Georgia Country Coordinating Mechanism (G-CCM) was established in 2003 by the Government of Georgia and other relevant and interested stakeholders in order to access Global Fund grant monies, ensure those funds were well-coordinated within the national response, and provide national oversight and ownership of grant implementation. Its status was re-affirmed and further strengthened in 2012 as the national coordination body for HIV, TB, and malaria (Resolution #220, June 18, 2012) The G-CCM is bound by the laws, regulations, and authorities of the Government of Georgia. It represents a multi-sectoral public-private partnership of governmental, non-governmental, and development partner entities and operates on a voluntary basis. The goal of the G-CCM is to strengthen measures to fight HIV/AIDS and TB in Georgia through multi-sectoral coordination and effective and inclusive dialogue among appropriate stakeholders, including key affected populations and persons living with or having lived with the diseases. One of the core responsibilities of the G-CCM is to monitor its status and functioning to ensure that it continues to comply with Global Fund eligibility requirements and minimum standards. It will also strive to implement the Global Fund guidelines and directives for CCMs.

## 1. The Global Fund grants

Currently there are two active grants funded by the Global Fund – GEO-H-NCDC (HIV/AIDS) and GEO-T-NCDC (Tuberculosis)

### 1.1.GEO-T-NCDC. Grant Overview

**Title: Sustaining Universal Access to Quality Diagnosis and Treatment of All forms of TB, Including M/XDR-TB. (GEO-T-NCDC)**

The overarching **Goal of the Program** is to reduce the burden of tuberculosis in Georgia by sustaining universal access to quality diagnosis and treatment of all forms of tuberculosis.

**Implementation Period:** April 1, 2014 – June 30, 2016

#### **Program Objectives:**

1. To strengthen the NTP management, coordination, monitoring and evaluation;
2. To improve diagnosis of TB including M/XDR-TB;
3. To ensure quality treatment of all forms of TB; and
4. To ensure adherence to TB treatment by intensive patient support and follow up.

#### **Principal Recipient/ Sub-Recipient:**

The National Center for Disease Control and Public Health (NCDCPH) serves as PR of the Grant. The program is run by the single SR, the National Centre for Tuberculosis and Lung Disease (NCTBLD) is in charge of implementation of the majority of planned activities through the network of TB service-providers countrywide, including penitentiary system.

#### **Budget Breakdown By Main Headers:**

| #  | Category                                    | Total Euro: |
|----|---|-------------|
| 1  | Human Resources                             | 645 020     |
| 2  | Technical Assistance                        | 187 068     |
| 3  | Training                                    | 60 800      |
| 4  | Health Products and Health Equipment        | 1 827 475   |
| 5  | Medicines and Pharmaceutical Products       | 5 509 495   |
| 6  | Procurement and Supply Management Costs     | 606 524     |
| 7  | Infrastructure and Other Equipment          | 87 993      |
| 8  | Communication Materials                     | 0           |
| 9  | Monitoring and Evaluation                   | 228 419     |
| 10 | Living Support to Clients/Target Population | 1 832 699   |
| 11 | Planning and Administration                 | 178 269     |
| 12 | Overheads                                   | 19 230      |
|    | Total:                                      | 11 182 992  |

## **Program Activities:**

- 1) To strengthen the NTP management, coordination, monitoring and evaluation**
  - ✓ To be performed in both civilian and penitentiary sectors; and
  - ✓ By provision of technical assistance with priority issues in TB control and M&E system management, central and regional NTP supervision of TB and PHC facilities, penitentiary institutions, and program management of NTP Central and Regional Units.
- 2) To improve diagnosis of TB including M/XDR-TB**
  - ✓ Strengthening the laboratory capacities for TB and M/XDR-TB diagnosis, including sputum smear microscopy, culture, LED microscopy and DST (drug susceptibility testing) to first-line drugs;
  - ✓ Sustaining reliable routine drug resistance surveillance, a regular specimen transportation system country-wide, upgrading reference and regional laboratories for rapid DR-TB diagnosis and ensuring external laboratory quality control and quality assurance; and
  - ✓ Targeted support of case-finding activities among at-risk population groups, such as screening of IDUs for TB, entry screening for TB in penitentiary institutions, and HIV counselling and testing among TB patients.
- 3) To ensure quality treatment of all forms of TB**
  - ✓ Sustaining universal access to quality treatment of all forms of TB, including M/XDR-TB;
  - ✓ Procurement of anti-TB drugs (first-line, second-line and third-line for TB and M/XDR-TB patients and side effect drugs; and
  - ✓ Laboratory and clinical monitoring of effectiveness of TB treatment including DST to second-line drugs, and ensuring individual infection control and protection measures for staff.
- 4) To ensure adherence to TB treatment by intensive patient support and follow up**
  - ✓ Incentives for TB and M/XDR-TB patients including transportation of visiting Directly Observed Therapy (DOT) supporters and patients to DOT center; and
  - ✓ DOT incentives for PHC nurses and monitoring visits

## **New Funding Model | Concept Note – Tuberculosis**

The new TB Concept Note was submitted to the Global Fund in July, 2015. The Concept Note is tailored to the new National Strategic Plan (NSP) for TB, covering 2016-2020 (the document was endorsed by the CCM on 09 July 2015). The new NSP states the **overall Goal of TB control** in Georgia as *‘to decrease the burden of tuberculosis and its impact over the overall social and economic development in the country, by ensuring universal access to timely and quality diagnosis and treatment of all forms of TB, which will decrease illness and deaths and prevent further development of drug resistance’*. The CN was submitted to the GFATM and undergoes a grant making process. Full funding request for the CN is **11,906,737 USD** that includes the savings from the current (GEO-T-NCDC) program – 3,294,491 EUR.

**Implementation period:** July 1, 2016 – December 31, 2018

## **Program Objectives:**

1. To provide universal access to early and quality diagnosis of all forms of TB including M/XDR-TB
2. To provide universal access to quality treatment of all forms of TB including M/XDR-TB with appropriate patient support
3. To enable supportive environment and systems for effective TB control

## **Program Interventions:**

- 1.) To provide universal access to early and quality diagnosis of all forms of TB including M/XDR-TB**

- ✓ Rollout of Xpert MTB/RIF technology
- ✓ Contacts' investigation, screening and active case finding for TB among high-risk groups including people living with HIV

**2.) To provide universal access to quality treatment of all forms of TB including M/XDR-TB with appropriate patient support**

- ✓ Treatment monitoring, management of adverse drug reactions and comorbidities
- ✓ TB infection control in health care facilities
- ✓ Preventive treatment and vaccination against TB

**3.) To enable supportive environment and systems for effective TB control**

- ✓ Strengthening core health system functions for TB control

Advocacy, communication, social mobilization (ACSM) and civil society engagement for TB control

**1.2.GEO-H-NCDC. Grant Overview**

**Title: Sustaining and scaling up the existing national responses for implementation of effective HIV/AIDS prevention activities, improving survival rates of people with advanced HIV infection by strengthening treatment and care interventions in Georgia**

**Implementation Period: 01.04.2014-31.12.2015 extended to 31.06.2016**

**Goal:** To reduce HIV transmission among most-at-risk population group and reduce mortality of PLHIV in Georgia

**Objectives:**

- a) HIV Prevention among most at risk population groups (People who inject drugs (PWIDs), female commercial sex workers (FSWs), Men who have sex with men (MSM) and prisoners);
- b) ensuring universal access to Antiretroviral treatment (ART) and related clinical and laboratory monitoring for People living with HIV (PLHIV);
- c) providing treatment of hepatitis C with pegylated interferon and rebavirin along with relevant clinical and laboratory monitoring to PLHIV infected with hepatitis C virus;
- d) providing palliative care and supporting operations of self-support centers of PLHIV;
- e) Conducting scientific and operational studies for assessment of program outcomes.

**Principal Recipient/ Sub-Recipient:**

The National Center for Disease Control and Public Health (NCDCPH) serves as PR of the Grant. The following institutions are implementing the Program as SRs:

- Infectious Diseases, AIDS and Clinical Immunology Research Center (IDACIRC)
- Center for Mental Health and Addiction Prevention
- Information Medical-physiological support center Tanadgoma;
- Georgian Harm Reduction Network (GHRN),
- HIV/AIDS Patients Support Foundation (HAPS);
- Curatio International Foundation (CIF);
- CBO Real People, Real Vision.

- LTD - “BCG Research”
- LTD - “McCann Erickson”

Program Budget by main categories:

| Categories                                   | BC   | EUR               |
|--|------|-------------------|
| Human resources                              | HR   | 5,154,745         |
| Technical and Management Assistance          | TA   | 367,108           |
| Training                                     | T    | 390,723           |
| Health products and health equipment         | HPHE | 3,565,111         |
| Pharmaceutical products (i.e. medicines)     | MPP  | 5,140,297         |
| Procurement and supply management costs      | PSM  | 1,005,977         |
| Infrastructure and other equipment           | IE   | 312,464           |
| Communication materials                      | CM   | 113,889           |
| Monitoring & Evaluation                      | ME   | 316,615           |
| Living Support to clients/target populations | LS   | 198,640           |
| Planning and administration                  | PA   | 102,544           |
| Overheads                                    | OVE  | 913,404           |
| Other:                                       | OTH  |                   |
| <b>Total cost by BCs</b>                     |      | <b>17,581,515</b> |

**Activities:**

- Advocacy for development of supportive environment for implementation of HIV prevention programs;
- Mobilization of PLHIV to ensure sustainability of ART
- Reduction of HIV related stigma and discrimination
- Mobilization of LGBT community for HIV prevention
- Implementation of media campaign for reduction of HIV related stigma and discrimination
- Needle and syringe exchange programs implementation among PWIDs, methadone substitution treatment programs implementation among opioid dependent PWIDs;
- HIV prevention among FSWs, MSM and prisoners;
- ART provision among AIDS patients;
- Supporting ART adherence through operation of mobile units;
- Providing home-based palliative care to PLHIV
- Supporting operations of self-support centers of PLHIV;



- Behavioral and biomarkers prevalence assessment and population size estimation studies among PWIDs;
- Behavioral and biomarkers prevalence and population size estimation studies among FSWs;
- Behavioral and biomarkers prevalence and population size estimation studies among MSMs;
- Behavioral and biomarkers prevalence study among prisoners;
- ART resistance assessment study;
- HIV related stigma assessment survey among health care workers

### **New Funding Model | Concept Note – HIV**

The HIV Concept Note was submitted to the Global Fund in April 2015 for 16.446 million USD, that includes the savings from the current (GEO-H-NCDC) grant with amount of 5.170.001 million EUR. The Concept Note is submitted for the period of 2016-2018. In March 2016 the updated CN documents should be submitted for the GAC2 (Grant Approval Committee meeting N2) for final approval and endorsement. The grant period considering the current extension (till June 31, 2016) will be moved to July 1, 2016- June 31, 2019.

### ***Programme Objectives:***

Objective 1: Prevent HIV transmission, detect HIV, and ensure timely progression to care and treatment among the key affected populations;

Objective 2: Improve HIV health outcomes through ensuring universal access to quality treatment, care and support;

Objective 3: Ensure sustainably strong response to the epidemic through enhanced government commitment, enabling legislative and operational environment, and greater involvement of civil society;

## **2. Legislative Framework and Governance Documents**

- Georgian Government Resolution #220 of 18 June, 2012 on Establishment of One National Authority – the Country Coordinating Mechanism against HIV Infection/AIDS, Tuberculosis and Malaria Diseases in Georgia and Approval of its Charter. (Annex 1, also available at: <http://www.georgia-ccm.ge/wp-content/uploads/CCM-Decree-2012.pdf>)
- CCM Governance Manual (Annex 2, also available at <http://www.georgia-ccm.ge/wp-content/uploads/Georgia-CCM-Governance-Manual1.pdf>)
- Global Fund guidelines and directives for CCMs (Annex 3, also available at: <http://www.theglobalfund.org/en/ccm/>)

## **3. Mandate of the G-CCM**

The Mandate of the G-CCM is to coordinate development of Global Fund Concept Notes and their submission under the New Funding Model; nominate Principal Recipients (PRs) for implementation of Global Fund grants; provide oversight to all Global Fund supported programs; manage and mitigate internal conflict of interest issues, especially in relation to Concept Note submission, PR nomination, and grant oversight; and, fulfill other duties as given by Resolution #220.

## **4. General Principles of the G-CCM**

The G-CCM represents and is accountable to country-level stakeholders in requesting financing from the Global Fund and other development partners as given by Resolution #220. It provides strategic oversight to ensure effective and strategic implementation of programs under such funding. There shall only be one G-CCM to represent the country. The G-CCM members represent the interest of country-level stakeholders and as individuals they are accountable to the sectors and constituencies they represent. The G-CCM adheres to the principles of good governance, including broad and inclusive participation, democratic and consensus-based decision-making, full transparency, cooperative partnership, and efficient operation. The G-CCM will ensure that activities supported by the Global Fund and other donors are fully consistent with Georgia's national strategies to combat HIV/AIDS and TB and the principles contained within them. The G-CCM shall ensure that its membership includes people living with HIV and of people affected by TB, as well as, key affected populations based on the most current socio-epidemiological data. People affected by TB may include people who have lived with these diseases in the past or who come from communities (geographically or socio-economically defined) where the disease is endemic. The G-CCM members representing civil society constituencies will be (s)electd by their own constituencies based on a transparent, inclusive, and documented process developed within each constituency. The G-CCM will have a policy to manage conflict of interest that applies to all G-CCM members (See Annex 4, also available at: <http://www.georgia-ccm.ge/wp-content/uploads/COI-Policy-F1.pdf>) and across all G-CCM functions. The G-CCM will apply the conflict of interest policy throughout the life of Global Fund grants and document the application of this policy.

## **5. Core Functions of the G-CCM**

### **5.1. Development of Concept Notes**

The G-CCM shall coordinate the development of Concept Notes through transparent, inclusive and documented processes that engage a broad range of stakeholders, including G-CCM members and non-members, and in the solicitation and review of activities to be included in the application. The documented process will be made available publicly as part of the invitation for expressions of interest to participate in the development of the Concept Notes for the Global Fund.

The G-CCM shall clearly document efforts to engage people living with the diseases and key affected populations in the development of Concept Notes, including most-at-risk populations.

The G-CCM shall ensure that concept notes are aligned with national development objectives and strategies and are harmonized with efforts by other national and international entities.

For each Concept Note developed, the G-CCM will ensure that the application undergoes both an internal review by G-CCM members and an external review by technically competent individuals and/or organizations. Anyone reviewing the Concept Note(s) must not have any immediate and/or apparent conflicts of interest in the development and review of concept notes.

### **5.2. Nomination of Principal Recipients (PRs) for implementation of Global Fund grants**

The G-CCM shall nominate/select one or more PRs prior to submission of its Concept Note(s).

The G-CCM shall document a transparent process of nomination of all new and continuing PRs based on clearly defined and objective criteria. The selection criteria and process shall be made available publicly as part of the procedures followed in the invitation for expression of interest to participate in PR selection.<sup>3</sup>

The G-CCM shall document the management of any conflicts of interest that may affect the PR nomination process.

The G-CCM can nominate/select both government and non-government PRs.

Currently there is one PR for both active Global Fund grants. The CCM has nominated the same PR, National Center for Disease Control and Public Health as PR for TB and HIV grants under NFM.

### **5.3. Oversight and Program Implementation**

The G-CCM shall submit and follow an oversight plan for all financing approved by the Global Fund. The plan will detail specific oversight activities, how program stakeholders will be engaged in oversight functions, individual and/or constituency responsibilities, and a costed work plan (work plan and budget) with an annual calendar of activities. Stakeholders that will be involved in oversight include CCM members and non-members, particularly non-government constituencies and people living with the diseases.

The G-CCM shall establish an oversight body and ensure that it has an adequate set of skills and expertise or access to those skills and expertise via a pool of experts to conduct effective periodic

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<sup>3</sup> Global Fund rules governing PRs shall be taken into consideration by the G-CCM for the selection process which will include: experience, program management and monitoring capacity, financial management systems, monitoring capacity and past reputation as a PR. Further, the G-CCM shall also consider the relevance of the Concept Note to the national disease control strategy, the value added by the PR, the technical expertise of the PR and the capacity to coordinate with other PRs

oversight<sup>4</sup>. The G-CCM's oversight body will conduct oversight activities to discuss challenges with each PR and identify problems, potential reprogramming and corresponding reallocation of funds between program activities, if necessary.

The G-CCM's oversight body is not a decision-making entity. It only analyzes data and information obtained in the course of oversight activities and makes recommendations to the full G-CCM. The G-CCM will take decisions and corrective actions whenever problems and challenges are identified by the oversight body.

The G-CCM Oversight Committee shall receive and review copies of Dashboards from the PR for its oversight function purposes.

For each G-CCM Concept Note financed by the Global Fund, the G-CCM shall come to a clear understanding with the corresponding PR between the oversight function of the G-CCM and the implementation and monitoring functions of the PR. Both stakeholders (the G-CCM and PR) will ensure the smooth coordination of information sharing necessary to maintain the clarity of roles. The G-CCM shall not involve itself in monitoring and evaluation of the day-to-day management of grants, implementation details, SR management, and shall concentrate on the overall grant performance and performance indicators.

The G-CCM will share oversight results with the Global Fund Secretariat and in-country stakeholders regularly through the process defined in its oversight plan.

### **5.3.1. Composition of the Oversight Committee**

Consists of 5, maximum 7 members

Membership's term – two years

The CCM may reelect or reappoint oversight committee members up to 2 times.

Chair and Vice Chair of the CCM do not serve on the oversight committee

The number of representatives from the public sector must equal the number of representative from the civil society

At least one member has to be a representative of the people living with the three Global Fund diseases or People who are at risk of these diseases

Oversight members from the public sector are nominated by the government

Representatives of Bi- and multi-lateral organizations are nominated by their own constituency

Oversight committee members representative from the civil society are selected by (nominated or elected) by the CCM members from their constituency. CCM members from the civil society constituency can propose candidates or propose themselves as candidates.

Among them, civil society representatives in the oversight committee must include at least one person with knowledge and experience in TB programming and another one with knowledge and experience in HIV programming.

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<sup>4</sup> According to the GF requirements, skills should include: a) financial management; b) disease-specific expertise; c) programmatic management; d) procurement and supply chain management; and, e) understanding of living with or being affected by the diseases.

The role of the Oversight Committee is to: analyze reports submitted by the PR including the annual PR audit report, and conduct at least one field visit per year to each PR to monitor progress and provide guidance in addressing the challenges in implementation<sup>5</sup>.

The current composition of the Oversight Committee is presented in Annex 5.

### **5.3.2. Main Tools of the Oversight**

- HIV and TB Dashboards
- Monitoring of implementation as per selected criteria on a quarterly basis
- Presenting results at the CCM meetings
  - Oversight Committee meetings
  - Site visits<sup>6</sup>

#### ***Table 1. Dashboard sample***

The table is presented for illustrative purpose. The completed version of the dashboards can be obtained through the Secretariat at the following e-mail address: [admin.ccm@caucasus.net](mailto:admin.ccm@caucasus.net) or through the CCM web-site<sup>7</sup>

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<sup>5</sup> G-CCM Oversight Plan is available at: [http://www.georgia-ccm.ge/?page\\_id=381&lang=en](http://www.georgia-ccm.ge/?page_id=381&lang=en);

<sup>6</sup> The Minutes of the OC meetings including site visits are available at: [http://www.georgia-ccm.ge/?page\\_id=707&lang=en](http://www.georgia-ccm.ge/?page_id=707&lang=en)

<sup>7</sup> [http://www.georgia-ccm.ge/?page\\_id=776&lang=en](http://www.georgia-ccm.ge/?page_id=776&lang=en)

## Dashboard: Georgia - HIV / AIDS

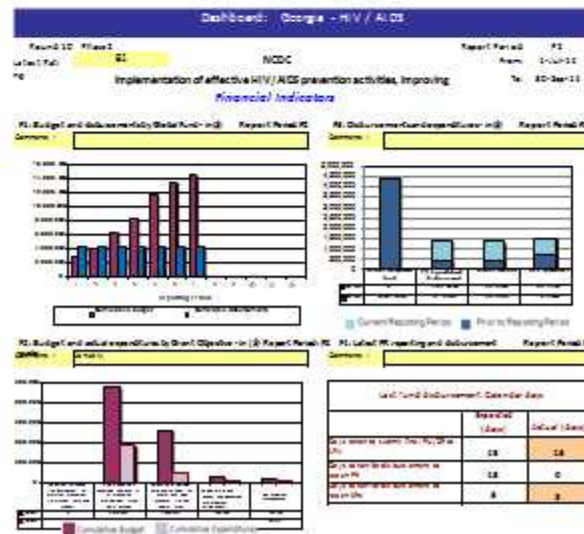
HIV / AIDS Round 10, Phase 2

Grant No.: GEO-H-NCDC

Select the option you want to see:



## Finance Indicators



**Dashboard: Georgia - HIV / AIDS**

**Report Period 1:** 2017

**Report Period 2:** 2018

**Category:** National

**Indicator:** Coverage of effective HIV/AIDS prevention activities, improving survival rates of people with HIV

**Sub-indicator:** Coverage of effective HIV/AIDS prevention activities, improving survival rates of people with HIV

**Target:** 100%

**Actual:** 100%

**Comment:** Coverage of effective HIV/AIDS prevention activities, improving survival rates of people with HIV

**Report Period 1:** 2017

**Report Period 2:** 2018

**Category:** National

**Indicator:** Coverage of effective HIV/AIDS prevention activities, improving survival rates of people with HIV

**Sub-indicator:** Coverage of effective HIV/AIDS prevention activities, improving survival rates of people with HIV

**Target:** 100%

**Actual:** 100%

**Comment:** Coverage of effective HIV/AIDS prevention activities, improving survival rates of people with HIV

The dashboard displays two main indicators for HIV/AIDS prevention in Georgia. The first indicator, 'Coverage of effective HIV/AIDS prevention activities', shows a 100% coverage for both 2017 and 2018. The second indicator, 'Coverage of effective HIV/AIDS prevention activities, improving survival rates of people with HIV', shows a 100% coverage for both 2017 and 2018. The dashboard also includes a table of data for the 'Coverage of effective HIV/AIDS prevention activities' indicator, showing a 100% coverage for both 2017 and 2018.

| Indicator  | 2017 | 2018 |
|--|------|------|
| Coverage of effective HIV/AIDS prevention activities | 100% | 100% |

**Dashboard: George's - HIV/AIDS**

Round 10 Phase 1  
 Start: 1/1/2019  
 End: 10/31/2019

Report Period: 10/31/2019  
 From: 10/31/2019  
 To: 10/31/2019

**Initiation of effective HIV/AIDS prevention activities, improving survival rates of people with advanced HIV/AIDS**

*Programmatic Indicators*

Number of people (18-64, 15-64 and 15-44) initiated with HIV testing and receipt of further and second-line ART (18-64) initiated with HIV prevention, a further + a second-line programmatic indicator and a further + a second-line programmatic indicator

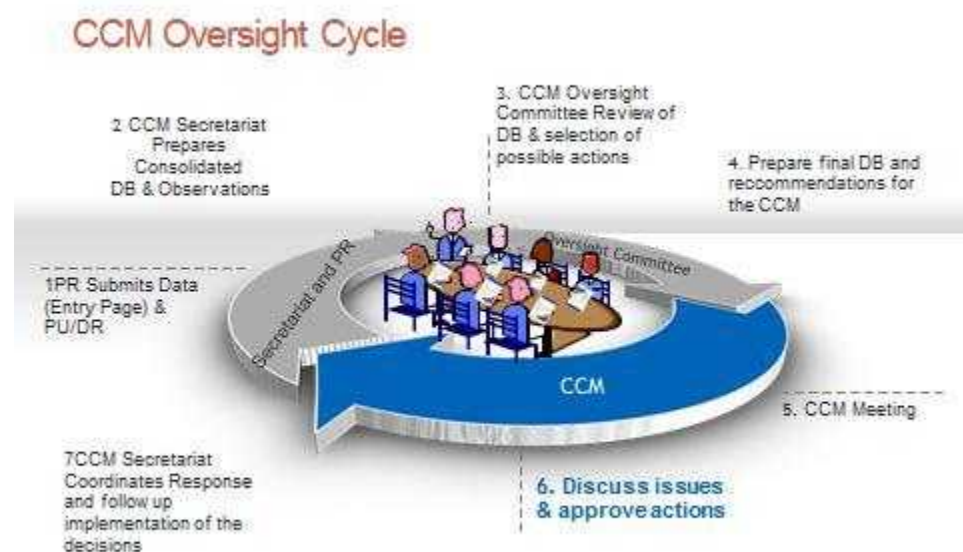
Gender: M F

| Indicator  | Target | Actual | 85% - 89% | 90% - 95% | > 95% | Comments  |
|--|--------|--------|-----------|-----------|-------|---|
| Number of people (18-64, 15-64 and 15-44) initiated with HIV testing and receipt of further and second-line ART (18-64) initiated with HIV prevention, a further + a second-line programmatic indicator and a further + a second-line programmatic indicator | 2,780  | 2,870  | 88%       |           |       |   |
| Number and percentage of people (18-64, 15-64 and 15-44) initiated with HIV prevention, a further + a second-line programmatic indicator and a further + a second-line programmatic indicator  | 680    | 630    | 91%       |           |       |   |
| Number and percentage of people (18-64, 15-64 and 15-44) initiated with HIV prevention, a further + a second-line programmatic indicator and a further + a second-line programmatic indicator  | 1,230  | 1,120  | 98%       |           |       |   |
| Number of people (18-64, 15-64 and 15-44) initiated with HIV prevention, a further + a second-line programmatic indicator and a further + a second-line programmatic indicator   | 1,820  | 1,810  | 97%       |           |       |   |
| Number and percentage of people (18-64, 15-64 and 15-44) initiated with HIV prevention, a further + a second-line programmatic indicator and a further + a second-line programmatic indicator  | 11,000 | 7,139  | 65%       |           |       | This indicator is not yet fully operational                           |
| Number and percentage of people (18-64, 15-64 and 15-44) initiated with HIV prevention, a further + a second-line programmatic indicator and a further + a second-line programmatic indicator  | 630    | 730    | 116%      |           |       |   |
| Number of people (18-64, 15-64 and 15-44) initiated with HIV prevention, a further + a second-line programmatic indicator and a further + a second-line programmatic indicator   | 120    | 127    | 106%      |           |       |   |
| Number of people (18-64, 15-64 and 15-44) initiated with HIV prevention, a further + a second-line programmatic indicator and a further + a second-line programmatic indicator   | 110    | 72     | 66%       |           |       | This is due to the two people who did not receive ART by the deadline |

## Recommendations

| Dashboard: Georgia - HIV / AIDS  |   |   |               |
|--|---|---|---------------|
| Round 10 Phase 2   | Report Period: P2   |   |               |
| Latest Rating: <b>53</b>   | NCD   | From: 1-Jul-14  | To: 30-Sep-14 |
| of effective HIV/AIDS prevention activities, improving survival rates of people wi |   |   |               |
| Recommendations  |   |   |               |
| Are all funds reaching implementation levels and being spent according to budget?  |   |   |               |
| Financial  | Summary Comments  | Recommendations   |               |
| P1   |   |   |               |
| P2   | are they ready for implementation of objective 1 start in January | Follow up with PR regarding the preparation for objective 1 |               |
| P3   |   |   |               |
| P4   |   |   |               |

**Table 2. CCM Oversight Cycle**





#### **5.4.Other major functions of the G-CCM**

Apply the Terms of Reference of the G-CCM and modify them whenever necessary. Respond to enquiries from stakeholders and the Global Fund concerning Concept Notes and grant implementation. Deliberate on and approve major changes in program implementation plans proposed by the Principal Recipients. Any other functions as given by Resolution #220

### **6. Composition and structure**

#### **6.1.Main Principles of Organizing Structure**

The percentage of CSOs shall not be less than 40% of the CCM members. These members are selected by their constituencies in a transparent, inclusive, and documented process. The CCM ensures adequate representation of key affected populations taking into account the socio-epidemiology of the three diseases. The CCM ensures adequate representation of PLWD, taking into account the socio-epidemiology of the three diseases. Due consideration is given to gender balance (CCM female membership is at least 30%). The conditions to avoid the Conflict of Interest are observed. To guarantee effective decision making, the CCM ensures that the number of members in the CCM with CoI does not exceed 1 person per constituency.

#### **6.2.Membership**

As per CCM Governance Manual CCM membership is structured within three sectors and consists of the following constituencies. Maximum number of members-30

- **Sector 1:** Government, including government-owned enterprises: **12** (40%)
  - Permanent organizational members of the government sector: **5**
    - Ministry of Labor, Health and Social Affairs;
    - National Centers for Disease Control and Public Health;
    - Infectious Diseases, AIDS, and Clinical Immunology Research Center;
    - National Center for Tuberculosis and Lung Diseases; and,
    - Center for Mental Health and Prevention of Addiction
  - Other government representatives, including other line ministries: **7**
- **Sector 2:** Civil society organizations: **14** (47%)
  - The following constituencies as listed below:
    - NGOs (either international or national) active in the area of HIV/AIDS (3)
    - NGOs (either international or national) active in the area of TB (2)
    - **Key affected populations**
      - People who inject drugs (1)
      - Man who have sex with man (1)
      - Other HIV KAP (1)
      - TB KAP as defined and prioritized by the National TB Strategy(1)
    - People living with HIV/AIDS (1)
    - People living with or previously living with TB (1)

- Faith-based organizations: **1**
- Academic/ educational/research institutions: **1**
- Private sector: **1**
- **Sector 3: Development Partners: 4 (13%)**
  - Bilateral development partners: **2**
  - Multilateral development partners: **2**

*Each member of the government sector is considered to be representing a different constituency.*

*Each member of the KAP is considered to be representing a difference constituency.*

Current composition of CCM is presented in Annex 6.

All G-CCM members (individuals) are designated for a two-year term renewable for one additional two-year term.

### **6.3.Alternates**

Each voting member shall have one designated alternate who is ideally a senior member of the same organization. Alternates must be from the same constituency as the designated voting member. Names of alternates must be forwarded to the CCM Secretariat for inclusion on the CCM membership list. Each constituency shall select alternate G-CCM members of the same number as the members representing the constituency in the G-CCM.

An alternate member shall attend G-CCM meetings only in the absence of the member. A member shall not be represented in the G-CCM by any other person other than the alternate member.

It is the responsibility of each member to ensure that his or her alternate is kept fully up to date on the discussions and activities of the G-CCM.

An alternate member is not eligible to stand as candidate for the post of Chair or Vice-Chair of the G-CCM or any of its committees. In the absence of a Chair, an alternate member cannot replace the firm member in his or her capacity as a Chair (or Vice-Chair).

An alternate member shall have all other rights and privileges as the member.

### **6.4. Selection Procedures**

G-CCM members representing each sector/constituency shall be chosen by that sector. Each selection process shall be described in a document that is accessible publicly, and shall be conducted in a transparent, inclusive, and documented process. An announcement for membership renewal will be sent by the G-CCM Secretariat to all concerned constituencies after consultation with the G-CCM.

**Government members (12):** The permanent organizational members shall nominate an individual to serve as a G-CCM member and shall be endorsed by the G-CCM. The non-permanent organizational members from the government sector shall be decided upon by the G-CCM and approached by G-CCM leadership and requested to nominate an individual for endorsement by the full G-CCM.

**Multilateral and bilateral development members (4):** Four members shall be elected to represent bilateral and multilateral development partners. Of these four members, two members will represent the bilateral sector and two members will represent from the multilateral sector. Each of these constituencies will nominate their members according to their corresponding procedures which should be transparent, inclusive, and documented.

**Civil society members specific to NGOs and CBOs (5):** For this category:

the G-CCM will develop a clear definition of this constituency before its election; the election process must be transparent, inclusive, and documented; if possible, elections should be managed by a neutral third party and include due diligence of all participating organizations; and, elections must be timely.

**Key affected populations for HIV and TB, and malaria (4):** The same civil society election procedures as listed in Section 30.3 above should be applied to this group.

**People living with or affected by HIV and TB (2):** The same civil society election procedures as listed in Section 30.3 above should be applied to this group.

**Academic, educational and research institutions member (1):** The G-CCM leadership will approach the top-tier medical and public health institutions and request that one volunteers to represent this constituency. The selected G-CCM member should have relevant technical competence.

**Private sector member (1):** This G-CCM will request that this constituency nominate a member with relevant experience and the procedure should be transparent, inclusive, and documented.

**Faith-based organizations (1):** This G-CCM will request that this constituency nominate a member with relevant experience and the procedure should be transparent, inclusive, and documented.

All (s)elections should be conducted in a transparent, inclusive and documented process. If there are complaints, whistleblowing, or any disputable situation, the G-CCM can withhold acceptance of a member until further resolution or ask for repeated (s)election process with different candidates. A thorough investigation would be conducted before rejecting a member.

All (s)electd G-CCM members must receive the endorsement of the current G-CCM membership.

## **6.5.Rights of voting members:**

The voting members of the G-CCM have the following rights: to be oriented to the G-CCM and its functions; to participate in all discussions and activities of the G-CCM; to participate in development of Concept Notes; to sign or decline to sign Concept Notes for submission to the Global Fund; to participate in the selection of PRs; to participate in oversight processes and activities; to receive timely advance notice for all G-CCM Meetings; to receive the results/minutes of the G-CCM meetings for review and comment in a timely manner; to notify the G-CCM of any member's real or potential conflict of interest; to be treated as an equal partner on the G-CCM; to share information and participate fully in discussions; to vote on any matter, put to a vote and request a voting procedure if appropriate; and, to nominate persons for G-CCM leadership positions.

## **6.6.Individual responsibilities**

Individual members of the G-CCM have the following responsibilities: All G-CCM members must adhere to the terms of this Governance Manual and all procedures of the G-CCM. Each G-CCM member represents the interests of their entire constituency, and not his- or herself or organization. They should share information with their constituents in an open and timely manner, and should respond to requests for additional information. G-CCM members must consult their constituents regularly so that they can reflect their views and concerns in G-CCM decisions and meetings. These consultations should be reflected in the work plans that each constituency develops and demonstrate that G-CCM representatives are soliciting inputs from their constituency members and providing feedback to those same members.

All G-CCM members must attend and participate in all G-CCM meetings in a responsible manner. In the case where a member is unable to attend in person, the member must make sure his/her alternate attends the meetings. A G-CCM member or his/her alternate cannot miss more than 51% of G-CCM meetings in any twelve-month period. Members who do not attend at least 51% G-CCM meetings in any twelve-month period or do not send his/her alternate instead can be removed from the G-CCM based on a majority vote of the G-CCM. Depending on the original (s)election procedure, the member with the next highest votes will be asked to replace the removed member or a new representative will be nominated from within the constituency. All G-CCM members during G-CCM meetings should freely share relevant experiences and information. All G-CCM members must respect and abide to the G-CCM decisions.

All G-CCM members must declare real or perceived conflict of interests. Members should recuse themselves from the meeting when the G-CCM is discussing an issue which could have an impact on them or their organization.

## **6.7.Specific constituency responsibilities**

Government members represent the views of, and report back to, the senior leadership of the Government of Georgia. They coordinate G-CCM activities and decisions with other national programs. They act as liaisons between the G-CCM and government agencies and ensure program sustainability.

Civil society organizations (NGOs, CBOs, and FBOs) must play an independent watchdog role and have a primary responsibility for advocating for community interests. Activities supporting this role should be documented in a work plan as per Global Fund Minimum Standard L.

People living or affected by the diseases should provide feedback on the quality and impact of the programs based on consultations with their constituent members. Activities supporting this role should be documented in a work plan as per Global Fund Minimum Standard L.

Private sector and academic members can share both technical and managerial expertise with the G-CCM. These sectors can provide insight into the design of the programs in terms of cost-effective interventions, as well as, provide important conduits for accessing information about state-of-the-art technological developments.

Multilateral and bilateral partners are essential as providers of technical and management assistance to the G-CCM. Their role should be country partnership driven, and they are well positioned to facilitate harmonization of G-CCM activities with other foreign aid initiatives in the country.

## **6.8.Hierarchy of Authority and Leadership**

The hierarchy of authority within the G-CCM will be the full CCM (minuted consensus decisions and voted decisions), Chair and Vice-Chair. The Vice-Chair only has formal powers when acting on behalf of the Chair.

The G-CCM shall elect from among its members a Chair and Vice-Chair. Any G-CCM member can nominate another G-CCM member for the position of Chair or Vice-Chair. Both nominations must be seconded by another G-CCM member. Once the Chair is nominated, seconded, and elected, then the Vice-Chair will be nominated, seconded, and elected.

The Chair and Vice-Chair of G-CCM shall be elected by a vote of G-CCM members by a show of hands or by secret ballot voting.

The Chair and Vice-Chair must be from two different sectors.

Either the Chair or Vice-Chair must be present for the scheduled G-CCM meeting. If both are absent, the meeting will be cancelled and re-scheduled.

### **G-CCM Chair**

The G-CCM shall have one Chair.

The Responsibilities of the Chair shall include: call and chair G-CCM meetings; propose and seek approval of the agenda and minutes of the most recent meeting at the subsequent G-CCM meeting; inform the G-CCM of the activities of the sub-committees, if any; seek the opinion of the Vice-Chair on all important matters.

No individual may serve more than four years as Chair. If the Chair resigns, retires or is transferred, the Vice-Chair shall serve as Chair until the position is filled, at which time the new incumbent will automatically take over as Chair for the remainder of the term.

### **G-CCM Vice-Chair**

The G-CCM shall have one Vice-Chair.

The Vice-Chair shall perform tasks delegated by the Chair, stand in for the Chair when the Chair is unable to fulfill his/her functions, and provide advice to the Chair as requested.

No individual may serve more than four years as Vice-Chair. If the Vice-Chair resigns, retires or is transferred, an election shall take place at the G-CCM meeting at which the Vice-Chair's departure is announced.

## **6.9.Organizational Structure**

The G-CCM will be comprised of committees to ensure its effective and efficient functioning. These committees will be chaired by G-CCM members who are specifically skilled to perform the required functions of the sub-committees. The G-CCM shall have an Oversight Committee. The G-CCM reserves the future right to constitute an Executive Committee. The G-CCM may set up ad-hoc committees as needs arise (e.g. the G-CCM Secretariat Performance Review Committee; technical working groups; a communications committee; a conflict of interest committee; and, 5) a Concept Note development committee.

Currently G-CCM has an Oversight Committee. A working groups are created per needs arise.

#### **6.10. Secretariat**

The G-CCM shall establish a Secretariat and approve its Terms of Reference and operations procedures. The Executive Secretary of the G-CCM Secretariat shall provide overall supervision, management, and guidance to the G-CCM Secretariat. The G-CCM Secretariat shall be comprised of a minimum of two full-time staff. This will include a G-CCM Executive Secretary and an Administrative Assistant.

The main responsibilities of the G-CCM Secretariat are:

to coordinate the meetings of the G-CCM and its sub-committees, including: preparing draft agendas, issuing meeting reminders, distributing agendas, making logistical arrangements for members to attend meetings, preparing draft minutes, and distributing the minutes; to distribute Global Fund guidelines and other documents including concept note drafts, PR reports and other documents relevant to the functioning of the G-CCM; to coordinate annual Eligibility and Performance Assessments (EPA), and update the results and Performance Improvement Plan progress through the GF EPA electronic platform; to support oversight activities; to maintain and update distribution lists; to maintain the records of the G-CCM, including G-CCM membership lists; to issue public announcements on calls for Concept Notes; to prepare and submit reports to the Global Fund; to respond to enquiries from the Global Fund (after consultations with the G-CCM Chair); to share information with the LFA, the PRs, and other stakeholders, including members of the public; to support the work performed by Concept Note writing teams; to support the country dialogue process as part of Concept Note development; to assist with the membership renewal and other membership related issues; to support constituencies' engagement activities according to the work plan and budget; and, to carry out other functions as specified in the G-CCM Secretariat Terms of Reference or as determined by the G-CCM Chair.

### **7. Procedures of the CCM activities**

#### **7.1 CCM meetings**

The G-CCM shall hold at least six (6) meetings per year.

Per Resolution #220, extraordinary and/or additional meetings may be called by the Chair or the Vice-Chair or may be called pursuant to a request submitted to the G-CCM Secretariat by at least one-third (10 of 30) G-CCM Members who have voting rights.

The Local Fund Agent (LFA) shall have a standing invitation to attend all G-CCM meetings. At least one G-CCM member without any conflict of interest should be in attendance at any LFA debriefing for a PR.

#### **Quorum:**

Per Resolution #220, no decision made at a G-CCM meeting is valid unless at least two-thirds (66%) of G-CCM members or their alternates are present at the time of the decision. If G-CCM members are unable to reach quorum for a G-CCM meeting, the Chair may request that G-CCM members vote electronically on urgent issues provided that at least a simple majority agree to an electronic vote on the particular issue at hand. This electronic voting procedure, however, does not count toward the minimum requirement of six (6) meetings per year.

## **Voting & Decisions:**

Per Resolution #220, decisions will be taken by a simple majority provided that there is a quorum, except in the case of modifying the Governance Manual which will require a two-thirds majority vote. In the case of a tie, the G-CCM Chair will have the deciding vote.

The G-CCM may decide to remove a member by a two-thirds majority vote, if there is quorum in circumstances where it perceives that said member has not explicitly declared a conflict of interest and offered to be recused from participation in the relevant discussion and/or decision(s). Any such issue will be documented in the minutes of the meeting.

Decisions shall be made preferably by consensus; in case consensus cannot be achieved it will be by a show of hands vote or by secret ballot, if a majority of voting members request that the vote be conducted by secret ballot (e.g. for particularly sensitive issues).

## **Notice and Agenda:**

All G-CCM members must receive prior notice of each meeting of the G-CCM by at least one week. The notice must include the proposed agenda. The agenda may be modified, based on G-CCM member feedback, and must be approved at the start of each meeting. Background papers should be sent to members at least one week prior to the meeting. PR progress reports must be included among the background papers every six months<sup>8</sup>.

## **Minutes/Proceedings:**

Draft minutes/proceedings of G-CCM meetings shall be prepared and distributed to all G-CCM members by the G-CCM Secretariat within two weeks of each meeting. At the following meeting, these draft minutes/proceedings shall be discussed, amended as necessary, and formally approved.

The G-CCM Secretariat shall distribute approved minutes/proceedings of meetings of the G-CCM sub-committees to all G-CCM members.

The minutes/proceedings of G-CCM meetings shall record any decisions passed by a vote, and shall record any major dissents articulated at the meeting to any such decision (unless those dissenting agree that the dissent need not be recorded in the minutes).

## **8. Communication and Information Sharing**

CCM Communication plan is attached in Annex 7, also available at: <http://www.georgia-ccm.ge/wp-content/uploads/CommunicationsPLAN-GEOCCMJuly2015-FINAL1.pdf>

For further reading please visit G-CCM Governance Manual

## **9. Principles of Accountability and Reporting**

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<sup>8</sup> PUDRs are also available at: [http://www.georgia-ccm.ge/?page\\_id=1543&lang=en](http://www.georgia-ccm.ge/?page_id=1543&lang=en)

The CCM as the institution, coordinating activities funded by the Global Fund on the national level, is accountable before the Global Fund.

To ensure accountability and involvement of concerned parties the CCM shall:

- a) Develop and publish work plan on an annual basis<sup>9</sup>;
- b) Place within a web space the appropriate materials created during activities performed by the CCM;
- c) Ensure awareness and involvement of concerned parties, timely response to their applications, provide them with information within a reasonable term.

#### **10. CCM Eligibility and Performance Assessment (EPA)**

CCMs are required to carry out a CCM Eligibility and Performance Assessment and produce a complete diagnostic, which includes facilitating the self-assessment and evaluating CCM compliance levels with Eligibility Requirements and Minimum Standards to determine the level of functionality of the CCM.

Requirements 1 and 2 are assessed at the time of Concept Note submission. Requirements 3-6 are assessed annually through the CCM Performance Assessment tool. G-CCM has conducted EPA with technical assistance for France Expertize in September 2014. The results of self-assessment are presented in Annex 8.

<sup>9</sup> CCM working plan is available at: <http://www.georgia-ccm.ge/wp-content/uploads/CCM-action-plan-2015-F- updated-June-2015-F1.docx>

#### **11. Further reading**

For further reading please visit:

<http://www.theglobalfund.org/en/ccm/>

<http://portfolio.theglobalfund.org/en/Country/Index/GE>

[http://www.georgia-ccm.ge/?page\\_id=15&lang=en](http://www.georgia-ccm.ge/?page_id=15&lang=en)