

# Civil Society Organizations on Georgia's Transition Plan

## Introduction

The current document provides information about a small-scale focused study conducted in Georgia in the framework of Community, Rights & Gender Technical Assistance (CRG TA) Program supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The purpose of the CRG TA Program is to ensure that civil society, including key and vulnerable populations and networks are meaningfully engaged in transition-related processes in a handful of relevant countries.

Eurasian Harm Reduction Network (EHRN) as one of the CRG TA Providers in the CEECA region, initiated collection of feedback from civil society and community actors on the high-level policy document and an action plan – Georgia's Transition and Sustainability Plan (TSP), in order to **understand the opinion of civil society on the content of this document and also to identify possible needs for technical support for meaningful engagement of communities in the process if its implementation and monitoring.**

While working on the study EHRN became informed about extensive (and maybe even unprecedented) efforts undertaken in Georgia to engage representatives of KAPs in the development of Georgia's transition plan. To our information, not only communities had a chance to share the comments and reactions to the TSP as members of CCM, which endorsed the final version, but the documents have been taken for extensive discussions in the Policy and Advocacy Advisory Council (PAAC) as well.

Nevertheless, after becoming more familiar with the TSP and attachments to it and listening to the opinion of different interested parties on it EHRN got a feeling that the plan is missing a few essential components to protect interests of the PWUD communities, ensure their increased engagement in planning and service provision and provide sufficient grounds for sustainable funding for quality harm reduction services. For instance, in case of HIV prevention, including harm reduction services the TSP heavily relies on existing priorities and financial allocations already stipulated in other strategic documents and doesn't provide neither legal nor financial guarantee for the sustainability of key harm reduction services in country such as OST and NSP programs after the termination of the Global Fund funding.

Also, there is overall concern that the majority of civil society and community representatives actively involved into the implementation of HIV prevention processes in country are not really familiar with the content of TSP itself and its annexes in particular. They feel no ownership of the Plan as there is no any particular mechanism of the monitoring and control of its implementation at a place.

Although a feedback from CSOs on the TSP presented in this document is mainly positive and do not provide a critical view on its content and weak points, we hope that it will help to attract more critical

attention of other civil society and community representatives to the TSP and issues of its implementation and monitoring.

## Structure

This document is structured as following:

- Firstly, it provides a [brief background](#) on national policy level activities regarding transition
- Secondly, gives a brief review of the [methodology](#) used;
- Thirdly, reviews [feedback](#) from interviewed stakeholders; and
- Finally, provides summary of [key findings and recommendations](#).

## Background

The Global Fund (GF) has been supporting HIV and TB programs in Georgia since 2003 and 2005 respectively. In accordance with the funding allocation policies of the GF, funding for those programs gradually transition to domestic sources and therefore, GF-supported TB and HIV programs envision gradual increase of public allocation.

In order to support gradual takeover of TGF supported activities by the Government of Georgia (GoG), the LEPL National Center for Disease Control and Public Health (NCDCPH), as a primary recipient of the GF funds, has initiated the process of development of the national Transition and Sustainability Plan (TSP).

The TSP was elaborated through a transparent and participatory process with close involvement of all major stakeholders including Country Coordination Mechanism (CCM), and focused involvement of the Ministry of Labor, Health and Social Affairs of Georgia (MoLHSA), NCDCPH, TB and HIV service providers, civil society and community-based organization (CSOs and CBOs) and patients' groups.

The Policy and Advocacy Advisory Council (PAAC) composed of experts and representatives of Key Affected Communities (KAPs), advocacy groups and other civil society representatives was established to advise the TSP development process.

The plan outline, as well as its specific sections, were presented and discussed at seven PAAC meetings and two CCM general assemblies. PAAC approved the TSP final document and recommended it for CCM approval. **In January 2017, the plan was approved by the Georgian CCM.**

**The overarching goal** of the TSP is to ensure a smooth transition from GF funding of HIV and TB national response to domestic sources by the year 2022.<sup>1</sup>

The TSP has two objectives:

1. To create conducive legal environment to ensure smooth implementation of HIV and TB national response and achieve greater engagement of civil society organizations (CSOs - non-governmental

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<sup>1</sup> Curation International Foundation. Georgia Transition Plan

organizations, professional associations, community organizations) through public funding, targeted at modification of **External Environment Domain**; and

2. To enhance structural, institutional and HR capacity of the country to implement and manage HIV/AIDS and TB interventions without interruption or compromising the scale, the scope and the quality of national HIV and TB national responses, targeted at modification of **Internal Environment Domain**.

## Methodology

With the aim to collect a feedback from CSOs on the TSP, Eurasian Harm Reduction Network (EHRN) conducted semi-structured interviews with 5 CSO representatives, including those involved in HIV and TB advocacy and service delivery targeting Key Affected Populations (KAPs).

Semi-structured interviews were guided by the questionnaire (Annex 1), which repeated the structure of the TSP and collected feedback – comments, sufficiency, reflection of need and timelines of activities proposed in the TSP under each objective and applicability of M&E plan and the budget to reach those objectives from a community perspective.

The following organizations were selected for the interviews:

- “Equity Movement” (MSM)
- “Georgian Health Promotion and Education Foundation” (TB)
- “Georgia Harm Reduction Network (GHRN)” (PWID)
- “Real People Real Vision” (PLHIV)
- "Center for Information and Counseling on Reproductive Health - Tanadgoma" (MSM, FSW)

## Limitations:

The current study is a small-scale initiative and it not intended to give the comprehensive review of the process. Rather, the purpose of the study is to identify key achievements and pitfalls of community engagement in national policy dialogue on TB and HIV national response transition process. Therefore, the study included interviews only for a limited number of key respondents.

Due to the nature of the study, it treats respondents as stakeholders representing the position of civil society, including, communities (and community-based organizations) as well. It is well understood that civil society position might differ from that of communities, although, under this study, those differences have not been accounted for.

## Results

### 1. Participation and elaboration process

All respondents stated that the TSP was elaborated through a transparent and participatory process involving SCOs representatives, giving them opportunity to presents their essential needs and ideas and whenever possible, incorporate those needs in the development process.

CSO representatives think that it is important to maintain their active involvement during the TSP implementation period, which is sufficiently reflected in the TSP Responsibility Matrix.

All the respondents have been the part of CCM, PAAC and/or Thematic Working Group discussion platforms and had a chance to contribute towards the TSP development.

### 2. TSP objective 1: External environment

TSP External Environment Domain mainly analysis legal/regulatory environment for quality service provision and activities proposed should create conducive environment for:

- Smooth implementation, mainly meaning that there are no legal/regulatory barriers to provide and obtain/receive services; this could be broken down into two main piece of regulations related to (i) criminalization of drug use and lack of legal barriers to provide harm reduction services, and (ii) creation of collaborative environment and routine coordination; while
- Community engagement, mainly covers issue related to access to domestic funds for NGO actors to provide services through exiting public procurement mechanisms.

To obtain feedback on activities envisioned in the TSP external environment section the respondents were asked to give their opinion to what extent the activities aimed on creation of conducive legal environment and creation of enabling environment for CSO engagement in HIV & TB national response were in line with the needs of CSOs and whether they were relevant in relation to the timelines of their implementation, M&E approach and planned budget.

#### 2.1. Create conducive legal environment for HIV national response

**By the nature of the current legislation/regulation system in the country, the section has been more topical for HIV/harm reduction activists, while little to no input had been collected from individuals working in the field of TB.**

##### **Relevance of existing work to the needs of communities:**

In general, all CSO representatives participating in interviews think that objectives, activities and corresponding indicators aimed on creation of conducive legal environment for HIV national response are in line with the needs of civil society and communities.

##### **Implementation challenges:**

Implementation process for each activity and especially, the course of legislative amendments represents a concern for CSOs. These activities are focused on strengthening coordination and advocacy to adopt and/or implement the amended legislative and policy framework for drug control in the country, therefore, represents a high interest of CSOs working in the field of harm reduction. They think that these activities are of a vital importance for effective implementation of harm reduction programs in Georgia; without addressing the challenges of existing restrictive drug policy, Georgia will not be able to run harm reduction services.

**Legislative/regulatory challenges:**

There is also an intensive work on development and enforcement of the new a Four-pillar Drug Policy, Anti-Drug Strategy and Action Plan and GHRN is actively involved in this process.

However, legislative amendments recently approved by the Ministry of Justice of Georgia envision partial liberalization of drug policy with regards to less punitive measures for Cannabis and Marijuana. These amendments cannot remove legal barriers to HIV& harm reduction services and are not relevant to legislative changes envisioned in TSP. Therefore, CSO representatives consider important to continue intensive coordination, advocacy and policy dialogues for adoption of proper amendments.

**Coordination/Cooperation:**

There is already an increased coordination among key players, relevant government bodies, civil society, parliamentary committee (Healthcare and Social Issues Committee, Human Rights Committee and etc.) and the National Platform on Drug Policy Reform<sup>2</sup>. Starting from January 2017, they have bi-weekly meetings within the Platform with all key stakeholders on the amendments to be adopted in order to remove barriers to HIV & harm reduction services.

## **2.2. Create enabling environment for CSO engagement in HIV & TB national response**

TSP objective to create enabling environment for CSO engagement in HIV & TB national response envisions the following activities: (1) Review State Procurement Law and relevant regulations to identify potential barriers for social contracting; (2) Assess the barriers and opportunities for CSOs to satisfy the state procurement requirements and (3) Capacity building for CSOs.

CSOs have added value for the HIV/TB National Programs to combat those diseases, such as reaching out KAPs, mobilizing communities, channeling information and delivering services.

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<sup>2</sup> The National Platform on Drug Policy Reform: in 2016 the Georgian Drug Users Community Group (GeNPUD) initiated creation of National Platform for Drug Policy. The platform brings together 33 entities representing civil society, service providers, research organizations, and drug user community groups. The platform provides opportunity to discuss issues related to the harms caused by Georgia's repressive drug policy; there is a policy reform group that proposes changes to existing laws

### **Public procurement/social contracting**

CSO representatives positively assess the fact that TSP envisions the activity to review State Procurement Law and relevant regulations to identify potential barriers for social contracting under the state funding. However, the majority of respondents do not expect that the review will result in needed amendments. Thus, respondents were skeptical of procurement regulations becoming more conducive for non-governmental service providers to receive funds.

There are some rigid tendering procedures, especially, those associated with presenting the bank guarantee required in the tender application that restricts the participation. This might not represent a barrier for some CSOs that are financially/organizationally strong, but it is a serious obstacle for many less developed CSOs and, especially, for community-based organizations (CBOs). CSO representatives consider this as an important advocacy area that needs intensive work on a high political level to develop more flexible funding mechanisms and to find compromising solutions; otherwise, the existence of many financially/organizationally weak CSOs and especially CBOs, which are currently providing services under GF-supported programs, will come into question.

### **Capacity building**

Respondents also positively assessed the activity to assess the barriers and opportunities for CSOs to satisfy the state procurement requirements and in case of need – to develop and adopt detailed operational manuals describing the rules and procedures for contracting CSOs for health service delivery. Capacity-building activities envisioned in the TSP are favorable and are in line with the needs for CSOs.

Overall, CSO representatives consider the activities presented in the section of external environment being relevant to the timelines of their implementation, M&E approach and planned budget.

## **3. TSP objective 2: Internal environment**

Activities under the internal environment domain of the TSP include measures aimed at:

- Enhancing (i) structural, (ii) infrastructural, and (iii) human resources for service provision; and
- Maintaining (“not compromising”) existing (i) scale, (ii) scope, and (iii) quality of services.

To obtain feedback on activities envisioned in the TSP internal environment section the participants were asked to give their opinion/comments on the relevance of the respective activities on (1) ensuring the efficient allocation of the financial resources necessary for the implementation of the national HIV and/or TB response; (2) ensuring policy development for production and continuous professional development of human resources for HIV/AIDS and TB programs and (3) ensuring the improvement of service delivery.

All respondents stated that the TSP activities specified under the abovementioned section are consistent and relevant to CSO needs, if fully accomplished; **Although, again, concerns are raised whether those will be properly implemented.**

### **3.1. Financial Resources**

With respect to efficient allocation of the financial resources, CSO representatives in the field of HIV underlined the importance of funding preventive interventions for KAPs and structuring funding priorities based on the disease burden (MSM group is considered a high priority).

HIV CSO representatives consider important the TSP activity - *to allocate commensurate funding for prevention programs targeting KAPs*. However targets for the respective indicators in 2018 are aligned with approved HIV National Strategic Plan 2016-2018 and are very low (1% for MSM, 3% for SW and 3% for PWID). For the subsequent years, these targets are to be defined. CSOs representatives underlined the importance of gradual increase and efficient allocation of state funding on prevention programs for KAPs before the GF funding is over.

In case of preventive interventions targeting PWID, CSO representatives consider the state funding irrelevant at the moment. Existing state social or healthcare programs do not deliver anonymous services, therefore the harm reduction service providers assume that under the state program the beneficiaries might be required to present ID numbers. Considering the existing repressive drug policy drug users might not seek to get services that are not anonymous. Therefore, harm reduction service providers think that state funded programs should be considered once removing the legislative barriers.

During the interviews CBO representative raised a concern that after the full transition to public funding, government may require cutting down the entire budget and in this case, preventive, as well as, care and support services delivered by community organizations will face the biggest threat.

CSO representatives emphasized the significance of allocating state funds to support HIV related research, including second generation studies (Population Size Estimation studies, IBBSs among KAPs) that are sufficiently reflected in the TSP. They believe that giving high priority to preventive services for KAPs, as well as educational-promotional activities for the general population is a cost-effective way for halting the epidemic; without robust preventive interventions, the financial burden for treatment will gradually increase.

### **3.2. Human Resources**

Policy development for production and continuous professional development of human resources for HIV/AIDS and TB programs is considered to be in line with CSO's needs. CSO representatives think that this will ensure adequate staffing in HIV/TB response, improve the quality of service delivery, ensure common understanding and standardized practice of outreach workers, social workers and etc. and at the same time will enable CSOs to satisfy state requirement. Institutionalization of HIV and TB training modules into the formal education system is another issue named essential by CSO representatives. In addition, TB representatives consider important to involve secondary education institutions as well, review school textbooks and conduct trainings for teachers. It should be noted that community/civil

society involvement in TB service delivery is mostly focused on information and education component, hence, the needs could be stated from that viewpoint only.

### **3.3. Service delivery**

Positive feedback was provided by CSOs on TSP objective to improve HIV services. HIV prevention service national standards for MSMs and CSWs and harm reduction service national standards are already drafted and will be presented to the governmental institutions for their review and approval, which is expected to be accomplished by the end of 2017. TB CSO representatives also positively assessed the TSP objective to support the implementation of the integrated, patient-centered care and prevention model.

Overall, CSO representatives consider the activities presented in the section of internal environment are relevant to the needs of the communities and proposed implementation timeline, M&E approach and planned budget is adequate.

### **4. Other issues**

The TSP envisions development of the costed HIV/AIDS National Strategy for 2019-2023 and Action Plan and costed TB National Strategy for 2021-2025 and Action Plan. All the essential needs of affected communities should be considered at this time as well.

The most important issue stated by the interview participants is the actual implementation and the monitoring process of the TSP. The external Peer Review Mechanism proposed by the TSP should actually monitor the process to promote adherence to and fulfillment of declared commitments from all responsible parties. The Mechanism should include CSO and community representatives.

## **Conclusions**

The main points of CSOs and community representatives' feedback on the TSP are as follows:

- The TSP elaboration was indeed a transparent and participatory process involving CSOs and community representatives;
- Whenever possible suggestions and recommendation from CSOs were considered during the development of the TSP;
- The activities presented in the TSP are to a greater extent consistent and relevant to the timelines of their implementation, M&E approach and planned budget;
- Actual political will, intensive work and active advocacy is needed to ensure harmonization of drug legislation;
- The development of flexible CSO-contracting mechanism within public financing is essential;
- Without flexible CSO-contracting mechanism, CSOs and especially, CBOs with less financial and technical capacities may not undergo tendering procedures, fail to receive public funds and finally cease their operations;

- Efficient allocation of the state funding on preventive intervention for KAPs will be the most important issue during the transition period;
- Monitoring the TSP implementation is critical;
- It would be beneficial to make the same assessment by the end of 2017 to get CSOs feedback on the TSP implementation process.

## Annex 1

**Interview Guide for CSO representatives' feedback on TSP****Introduction**

Hello, first of all thank you for taking part in this assessment process.

The Global Fund (TGF) has been supporting HIV and TB programs in Georgia since 2003 and 2005 respectively. With decreasing of external funding, the Government of Georgia (GoG) has to increase its share in financing of key TB and HIV control activities. Gradual takeover by the GoG of TGF supported activities should be well-planned to ensure sustainability in access to and quality of TB and HIV services. For this purpose, the Principal Recipient of the Global Fund grants - National Center for Disease Control and Public Health - has funded development of Georgia's Transition Plan. The main goal of the Transition Plan is scaled-up smooth transitioning from the Global Fund financing to full local financing of the National HIV/AIDS and TB Programs by 2022.

The Plan has two objectives:

3. External Environment: creating conducive legal environment for uninterrupted implementation of the National HIV/AIDS and TB response and ensuring increased NGO involvement through state financing;
4. Internal Environment: strengthening structural, institutional and human resources of the country in order to ensure uninterrupted high quality implementation of the HIV/AIDS and TB Programs with high coverage rates among the target population.

The TSP was elaborated through a transparent and participatory process with close involvement of all major stakeholders. In January 2017, the plan was approved by the Georgian Country Coordinating Mechanism (CCM).

Currently Eurasian Harm Reduction Network is seeking to collect a feedback from civil society and communities' representatives on the TSP aiming to share it with all interested parties including the Global Fund Secretariat. As being among the CSO representatives actively engaged in HIV/TB activities we would kindly ask you participate in the interview based on the following questionnaire. The results of the interviews will be summarized and shared with relevant interested parties. The anonymity of your responses will be secured.

**Key areas**

1. Respondent's characteristics:  
Age:  
Gender:  
Representing organization:  
Position:

**External Environment**

2. In your opinion to what extent the activities of TSP aimed on creation of conducive legal environment for HIV national response are in line with the needs of civil society \ communities?
3. In your opinion to what extent the activities of TSP aimed on creation of enabling environment for CSO engagement in HIV & TB national response are necessary and sufficient to achieve this objective?
4. Are the activities proposed in this section relevant to the timelines of their implementation, M&E approach and planned budget?

**Internal Environment***Financial Resource*

5. Are the activities of TSP aimed on ensuring the efficient allocation of the financial resources necessary for the implementation of the national HIV and/or TB response being sufficient / supportive for CSOs and key affected populations?
6. Are the activities proposed under this objective being relevant to the timelines of their implementation, M&E approach and planned budget?

*Human Resources*

7. Are activities of TSP ensuring policy development for production and continuous professional development of human resources for HIV/AIDS and TB programs, including CSO personnel being sufficient / supportive for CSOs and key affected populations?
8. Any comments on relevance of these activities in relation to the timelines of their implementation, M&E approach and planned budget?

*Service Delivery*

9. Are the activities of TSP concerning the improvement of HIV service being sufficient to ensure the transition and sustainability of services important for KAPs in Georgia?
10. Any comments on relevance of these activities in relation to the timelines of their implementation, M&E approach and planned budget?
11. Do you have any comments on any other TSP activities?
12. Are there any other gaps that were not addressed by TSP with regard to ensuring the transition and sustainability of services important for KAPs in Georgia?

Thank you for taking the time and sharing your opinions.