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GEORGIA HIV
PREVENTION PROJECT

Georgia HIV Prevention Project

End of Project Report
(February 2010–August 2014)

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Georgia HIV Prevention Project

End of Project Report
(February 2010 – August 2014)

Contract GHS-I-04-07-00005-00

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Table of Contents

	Page
Abbreviations	vi
Executive Summary	1
I. Introduction.....	4
Overview	4
II. Accomplishments	4
Objective 1: Prevention in primary risk groups.....	4
Objective 2: Intervention in groups likely to be infected next (youth)	10
Objective 3: Stigma reduction and policy interventions.....	15
III. Grant Management Accomplishments.....	21
IV. Key Challenges During Implementation	22
V. Lessons Learned and Recommendations	22
VI. Monitoring and Evaluation	24

Annexes

Annex A. Complete list of indicators tracked/tables (2010–2014).....	1
Annex B: Complete list of contractual and technical deliverables and reports, including conference abstracts and presentations	1
Annex C. Complete List of GHPP Grants (2010–2014).....	1

List of Figures

Figure 1: Screenshot of youth-friendly website, geoyouth.ge	13
Figure 2: Results framework and link to USAID's assistance objective	25

List of Tables

Table 1:	GHPP achievement of project results and deliverables.....	2
Table 2:	GHPP-conducted capacity-building trainings.....	17
Table 3:	Task Order project result deliverables	1
Table 4:	Detailed project results on output/process level	3
Table 5:	Indicator 1: Number of individuals who received counseling and testing for HIV and received their test results (disaggregated by target groups, NGOs, and location).....	8
Table 6:	Indicator 1: Number of individuals who received counseling and testing for HIV and received their test results (disaggregated by target groups, gender, and age)	8
Table 7:	Indicator 2: Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (disaggregated by target groups, NGOs, and location)	9
Table 8:	Indicator 2: Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (disaggregated by target groups, gender, and age).....	10
Table 9:	Indicator 3: Number of individuals trained to promote HIV/AIDS prevention and RH/FP through other behavior change beyond abstinence and/or being faithful (disaggregated by target groups and location).....	10
Table 10:	Indicator 4: Number of free condoms distributed among IDUs, FSWs, and MSM (disaggregated by target groups, NGOs, and location).....	11
Table 11:	Indicator 5: Number of IEC materials distributed among young people, IDUs, FSWs, and MSM (disaggregated by target groups, NGOs, location).....	12
Table 12:	Indicator 8: Number of local organizations provided with technical assistance in strategic information, HIV-related policy development, and/or institutional capacity building Indicator 9: Number of individuals trained in strategic information (includes M&E, surveillance), HIV-related policy development, and/or institutional capacity building (disaggregated by affiliation of trainees).....	12

Table 13:	Indicator 14: Number of newly diagnosed HIV-positive individuals referred to clinical care, including RH/FP services (disaggregated by target groups and location)	15
Table 14:	Indicator 14: Number of newly diagnosed HIV-positive individuals referred to clinical care, including RH/FP services (disaggregated by target groups, gender, and age)	15
Table 15:	Indicator 16: Number of youth participated in interactive peer education sessions and attending the healthy lifestyle information sessions (disaggregated by location)	16
Table 16:	Indicator 16: Number of parents participating in group trainings on HLC topics (disaggregated by location)	16
Table 17:	GHPP deliverables and reports	B-1
Table 18:	List of GHPP grants	C-1

Abbreviations

ACETT	Applied Civic Education and Teachers Training Program
AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
BCC	Behavior Change Communication
BPU	Bemoni Public Union
BSS	Behavioral Surveillance Survey
CBT	cognitive behavioral therapy
CCM	Country Coordinating Mechanism
CDD	Center for Democracy and Development
CIDA	Civil Development Agency
CLI	community-level intervention
COP	Chief of Party
CSO	civil society organization
CYDA	Caucasus Youth Development Association
DO	Development Objective
DQA	Data Quality Assessment
FOG	Fixed Obligation Grant
FP	family planning
FSW	female sex workers
GCRT	Georgian Centre for Psychosocial and Medical Rehabilitation for Torture Victims
GHPEF	Georgian Health Promotion and Education Foundation
GHPP	Georgia HIV Prevention Project
GHRN	Georgian Harm Reduction Network
GOC	Georgian Orthodox Church
GoG	Government of Georgia
GPB	Georgia Public Broadcasting
GPIC	Global Projects Implementation Center
GUC	grant under contract
GYDEA	Georgian Youth Development and Education Association
HBV	hepatitis B virus
HCT	HIV counseling and testing
HCV	hepatitis C virus
HIV	human immunodeficiency virus
HLC	Healthy Lifestyles Curriculum
HRU	Health Research Union
IDU	injecting drug user
IEC	information, education, and communication

IOCC	International Orthodox Christian Charities
IR	Intermediate Results
KAP	key affected populations
LGBT-Georgia	Lesbian, Gay, Bisexual, and Transgender–Georgia (local NGO)
M&E	monitoring and evaluation
MARA	Most-at-risk Adolescents
MCCU	Maternal and Child Care Union
MCLA	Ministry of Correction and Legal Assistance of Georgia
MML	mobile medical laboratories
MOC	Ministry of Corrections
MOES	Ministry of Education and Science
MOJ	Ministry of Justice
MOSYA	Ministry of Sports and Youth Affairs
MOU	Memorandum of Understanding
MSM	men who have sex with men
NAEC	National Examination Center
NCDC	National Center for Disease Control and Public Health
nGnI	New Generation New Initiative
NGO	nongovernmental organization
NTP	National TB Control Program
PATH	Program for Appropriate Technology in Health
PFID	Partners for International Development
PLHIV	people living with HIV
PMP	Performance Monitoring Plan
PMTCT	prevention of mother-to-child transmission
PSA	public service announcement
PTF	Prevention Task Force
PWID	people who inject drugs (same as IDU)
RH	reproductive health
RPRV	Real People Real Vision (local NGO)
RTI	RTI International [trade name of Research Triangle Institute]
SC	Save the Children
SHIP	STI/HIV Prevention Project
SMS	short message service
SO	Strategic Objective
SIG	Simplified Cost Reimbursement Grant
STG	Standard Cost Reimbursement Grant
STI	sexually transmitted infection
TASC3	Technical Assistance and Support Contract 3

TB	tuberculosis
TG	Tanadgoma (Center for Information and Counseling on Reproductive Health)
TPDC	Teachers' Professional Development Center
TPP	Tuberculosis Prevention Project
UAYG	Union of Azerbaijanian Youth in Georgia (local NGO)
UN	United Nations
UNFPA	United Nations Population Fund
URC	University Research Co., LLC
USAID	United States Agency for International Development
USD	United States dollar
VCT	volunteer counseling and testing
WAD	World AIDS Day

Executive Summary

The United States Agency for International Development/Caucasus (USAID/Caucasus)–funded Georgia HIV Prevention Project (GHPP) led a major effort to support human immunodeficiency virus (HIV) prevention among key affected populations (KAPs) to avert the spread of HIV to the general population. To achieve this aim, GHPP

- conducted comprehensive prevention activities among primary risk groups;
- developed interventions for groups likely to be infected next (youth); and
- improved the enabling environment for a sustainable national HIV response through capacity building, stigma reduction, and policy activities.

GHPP was a Technical Assistance and Support Contract 3 (TASC3) Task Order, awarded to RTI International (RTI) and implemented in partnership with Save the Children (SC), Program for Appropriate Technology in Health (PATH), and numerous local nongovernmental partners and government stakeholders from

February 2010–August 2014. GHPP developed and implemented HIV prevention activities for KAPs, namely, people who inject drugs (PWID), sex partners of PWID who do not inject drugs, men who have sex with men (MSM), female sex workers (FSWs), and at-risk youth. GHPP’s work was carried out with a commitment to supporting the Government of Georgia (GoG) in HIV prevention policy development and in strengthening the local capacity of government institutions and nongovernmental organizations (NGOs) to ensure long-term sustainability of high-quality HIV prevention interventions in the country. GHPP worked at the individual, community, society, and policy levels to reduce HIV-related stigma and discrimination in Georgia.

The enhanced national HIV prevention effort to effectively target KAPs in Georgia is the most critical GHPP accomplishment over the four-and-a-half–year project. National capacity for organization and delivery of quality HIV prevention services has significantly improved, which is currently carried out in keeping with the best international guidelines and standards. The project has helped to develop the technical and organizational capacity of a critical mass of national NGOs to deliver relevant services through their outreach and work in local communities across the country. As a result of GHPP technical assistance, the Georgian National Center for Disease Control

GHPP’s work was carried out with a commitment to designing, piloting, implementing, evaluating, and advocating in an effective manner such that comprehensive HIV prevention activities are carried out in an environment that:

- Considers current international standards and best practices
- Builds local capacity and leadership
- Supports full participation of KAPs and PLHIV
- Supports partnership and cooperation between government and the local NGO/CSOs
- Improves the policy environment for strengthening HIV prevention efforts at the national level
- Reduces stigma and discrimination.

and Public Health (NCDC) has improved technical capacity for HIV surveillance, as well as for planning, budgeting, implementing, and monitoring and evaluation (M&E) of HIV prevention services and programs. This institutional capacity is now put to great use and directly applied through NCDC’s management of the Global Fund-supported HIV grant program.

GHPP’s technical assistance has supported the Georgian Ministry of Education and Science (MOES) to successfully institutionalize healthy lifestyle education in the formal secondary education system in Georgia. Currently, in all secondary schools nationwide, through routine biology lessons, 15–18 year old students improve their knowledge on the most critical issues of HIV and drug prevention, the harms of tobacco and alcohol use, as well as the risks related to early pregnancy. Similarly, GHPP provided technical assistance to the Ministry of Corrections (MOC) and MOES to institutionalize a targeted psychosocial-educational prevention intervention among incarcerated youth, youth on probation, and at-risk youth that can be identified outside of the penitentiary system. GHPP’s small grant program engaged new local youth NGOs such that they are now experienced and have improved capacity to design and implement extra-curricular interactive interventions and activities (e.g., a youth-friendly website such as www.geoyouth.ge and peer education). These approaches taken together prepare a strong foundation for sustained improved HIV/drug prevention and promotion of healthy lifestyles among general and at-risk youth beyond the life of the project.

Additionally, through GHPP efforts, the policy environment for strengthening HIV prevention efforts has improved at the national level. This improvement was mainly achieved through GHPP contributions to the development of the Anti-drug National Strategy and Action Plan for 2014–2016, the development of HIV counseling and testing (HCT) in penitentiary system policy, the development of the National Behavior Change Communication (BCC) Strategy targeting KAPs and at-risk youth, and sustained HIV stigma reduction interventions, including the institutionalization of training curricula on HIV prevention and HIV associated stigma, as well as ethical issues in the media and the medical schools of national leading universities.

Table 1 below presents GHPP achievement on the Project Results Deliverables as defined by the Task Order AID-GHS-I-00-07-00005, dated February 4, 2010, and modified on July 31, 2014:

Table 1: GHPP achievement of project results and deliverables

Project Results Deliverable	Targets Set By Task Order	Achieved/ Completion
By the end of the project, 8,500 injecting drug users (IDUs) reached through community outreach that promotes HIV/AIDS prevention and RH/FP through other behavior change beyond abstinence and/or being faithful	8,500	8,502

Project Results Deliverable	Targets Set By Task Order	Achieved/ Completion
By the end of the project, at least 1,700 IDU partners reached	1,700	1,749
By the end of the project, 8,800 individuals received counseling and testing for HIV and received their test results, including FSWs who received RH/FP counseling	8,800	9,641
By the end of the project, 10,000 students reached through the combined Healthy Lifestyles curriculum and Fostering Healthy Lifestyle program	10,000	132,220
By the end of the project, National HIV Prevention Communication Strategy developed	National HIV Prevention Communication Strategy developed	National HIV Prevention Communication Strategy developed
By the end of the project, key legislation or national policies affecting HIV/AIDS revised	Key national policies affecting HIV/AIDS revised	Two key national policies developed/ revised: <ul style="list-style-type: none"> ◆ HCT policy for the penitentiary system; ◆ National Anti-Drug Strategy 2014–2016
By the end of the project, 370 health providers trained in HIV-related stigma and discrimination reduction	370	374
By the end of the project, 8 million person-view of stigma reduction messages through TV	8 million person-view	47,960,412 person-view

For further details about the project deliverables, please see the Annexes section.

In Annex A:

- **Table 3** presents detailed comments and clarifications about the actual results presented above.
- **Table 4** presents detailed project results for outputs at the process level achieved over the life of the project.
- **Tables 5–16** present disaggregated data from **Table 3** for each output/process-level indicator.

In Annex B:

- **Table 17** presents a complete list of all GHPP contractual technical deliverables and reports, including conference abstracts and presentations.

I. Introduction

Overview

This document presents the end-of-project report, covering the period of February 2010–August 2014, for the Georgia HIV Prevention Project Task Order, implemented by RTI International, with subcontractors Save the Children and PATH; and key local NGO partners, the Center for Information and Counseling on Reproductive Health—Tanadgoma (TG) and Bemoni Public Union (BPU), and 15 other new NGO/civil society partners. The goal of GHPP was to support HIV prevention among KAPs to avert the spread of HIV to the general population. Implementation of the project significantly contributed to Intermediate Result (IR) 3.4.2, “Increased knowledge of health-promoting practices” and IR 3.4.5, “Improved quality of health services,” which support USAID/Caucasus’ Strategic Objective (SO) 3.4, “Increased use of social and health services and changed behavior.”

GHPP implementation was organized around the following three main objectives:

- Objective 1: Prevention in primary risk groups (KAPs)
- Objective 2: Intervention in groups likely to be infected next (youth)
- Objective 3: Stigma reduction and policy interventions.

GHPP supported achievement of the Strategic Assistance Objective for Investing in People and the Assistance Goal of Improving the Delivery of Social Services by promoting HIV prevention practices that will save lives.

II. Accomplishments

Objective 1: Prevention in primary risk groups

GHPP has significantly contributed to enhancing HIV prevention among KAPs (PWID and their non-IDU partners, FSWs, and MSM) in Georgia. This prevention was primarily carried out by expanding a package of HIV prevention services and increasing geographical coverage. Over the life of the project, GHPP supported HIV prevention service delivery to KAPs in seven major cities in Georgia. GHPP partner NGOs—TG, BPU, Lesbian, Gay, Bisexual, and Transgender–Georgia (LGBT-Georgia), and Real People Real Vision (RPRV)—implemented activities in Tbilisi, Kutaisi, Batumi, Zugdidi, and Telavi; the NGO Indigo worked in Rustavi, and the Union of Azerbaijanian Youth in Georgia (UAYG) worked in Marneuli. Thanks to GHPP support, there is now a critical mass of local NGOs with improved technical capacity to deliver quality HIV prevention services among KAPs in different regions that did not exist five years ago. The broadening and capacitating of the NGO/civil society organization (CSO) sector is a key legacy of USAID’s investment and the achievements of GHPP; in keeping with current

international standards and best practices, GHPP developed, adopted, and implemented a number of innovative interventions and approaches that significantly contributed to

Key Achievements

- Improved delivery of expanded package of HIV prevention services to KAPs
- Improved HIV prevention activities in the penitentiary system
- Improved PLHIV counseling and referral to clinical services.

Key Partners

- SC, PATH, TG, BPU, Indigo, UAYG, LGBT-Georgia, RPRV, Georgian Harm Reduction Network (GHRN), Tbilisi Ecclesiastic Academy, International Orthodox Christian Charities, the Georgian Orthodox Church (GOC) Anti-Narcotic Center, and Aversi
- NCDCPH, MOC.

Key Products/Deliverables

- Community-level intervention model targeting PWID
- Pharmacy-based pilot intervention targeting KAPs
- Standard guides on provision of an expanded package of HIV prevention services to KAPs
- Resource Requirements for Providing Preventive Interventions for Key Populations (a study with costing tool)
- A national database for registration of HIV services delivery to KAPs
- A toolkit and manual for monitoring of HIV prevention.

improving the quality of HIV prevention services in Georgia.

Delivered expanded package of HIV prevention services to KAPs

In 2010, GHPP began with the delivery of the basic package of services to KAPs, which included HCT and the distribution of information, education, and communication (IEC) materials and condoms. During 2011–2013, through consultations with GHPP partners, the basic package has gradually evolved into an expanded package, by including additional services, such as counseling and testing for the Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV), counseling for tuberculosis (TB), and counseling for and referral to reproductive health/family planning (RH/FP) services. The abovementioned services were primarily delivered during outreach in the field (e.g., KAP gathering places) as well as at the office settings in

the aforementioned seven major cities of the country. For HIV, HBV, and HCV testing, GHPP introduced and scaled up the use of simple rapid (whole blood) tests, which significantly facilitated the procedure of testing in the field and helped to increase the coverage. The counselling and testing were accompanied by dissemination of an array of IEC materials that included messages about HIV, HCV, HBV, and other sexually transmitted infections (STIs), and challenged underlying attitudes, motivations, and behaviors that put people at a higher risk for contracting the aforementioned infections. GHPP disseminated various types of leaflets, flyers, and booklets among target populations during peer education and outreach activities, which were usually combined with condom distribution. A peer-driven intervention to improve KAP referral to HCT and other HIV prevention services was one of the core activities GHPP routinely implemented over the life of the project. GHPP identified and trained KAP peer leaders and volunteers to distribute IEC materials and condoms, provide risk reduction counseling, and facilitate access to HCT and referral to other services as needed. In addition, GHPP partner, TG, operated two mobile medical laboratories (MMLs) to

deliver HCT to key populations at their gathering places—one in Tbilisi and another in Kutaisi and Batumi.

To increase the coverage and quality of the expanded package of services among KAPs, GHPP designed and implemented a number of innovative approaches in cooperation with the project partners and described in detail below:

a Developed, implemented, and scaled up community-level intervention (CLI), targeting PWID and their partners

In 2010, GHPP and BPU experts designed a CLI model aimed at improving identification and referral of PWID and their partners to relevant services by various community members and groups. In 2011, the CLI model was piloted in Telavi, Kakheti Region. The intervention design was informed by a thorough assessment, conducted among targeted groups and their social network members, as well as by consultations with local stakeholders, such as regional government officials that included police, probation service, the media, substance abuse treatment centers, and STI clinics. The main purpose was to identify and train those community members who have the best potential for identifying and referring PWID and their partners to the relevant HIV prevention services delivered by NGOs or governmental facilities in the Kakheti Region. Results of the pilot showed that a number of community members or groups—such as local grocery stores, pharmacies, health providers, and Georgian Orthodox Church (GOC) priests—can best facilitate the aforementioned process. In 2013, the CLI model was successfully scaled up by BPU and TG in other GHPP-supported sites, including Tbilisi, Kutaisi, and Batumi.

b Developed and piloted pharmacy-based education of KAPs

From December 2010 through July 2011, in collaboration with PATH, GHPP designed and implemented a pharmacy-based education pilot. The main goal of this pilot, implemented in collaboration with the private pharmacy network Aversi, was to increase access to HIV prevention-related information and services among KAPs. As part of the pilot, GHPP trained 35 pharmacists from five Aversi pharmacies in Tbilisi, who subsequently started providing counseling and distributing IEC materials and referral cards among targeted groups. As a result of this pilot, pharmacists as key community partners were involved in CLI model implementation to identify and refer PWID and their partners to HIV prevention services in all GHPP sites.



Pharmacists being trained on KAPs counseling and referral to HIV prevention services, Tbilisi, November 29, 2010.

c Established collaboration with GOC to support CLI implementation



GOC priests being trained on HIV/drug prevention and referral to HIV prevention services, Tbilisi, June 22, 2012.

As described above, GOC priests have emerged as important community partners with a high potential for identifying and referring PWID and their partners to HIV prevention services. To further support the realization of this potential, and in cooperation with International Orthodox Christian Charities, the GOC Anti-Narcotic Center and the Georgian Harm Reduction Network (GHRN), GHPP trained GOC clergy on HIV/drug prevention issues, as well

as psychosocial counseling and referral of PWID and their partners to HCT services. In partnership with GHRN, GHPP developed a training manual and trained faculty members of the Tbilisi Ecclesiastic Academy (national leading institution for GOC priests' education) on the aforementioned issues. A Memorandum of Understanding (MOU) was signed between GHPP and Tbilisi Ecclesiastic Academy in May 2012, which provided a foundation for the institutionalization of this training program. Relevant topics on HIV/drug prevention were included in the General Psychology course routinely delivered to future priests at Tbilisi Ecclesiastic Academy, which further adds to the sustainability of GHPP technical assistance efforts.

d Supported outreach among MSM through the Internet

Two GHPP partner NGOs, TG and LGBT-Georgia (this is a local MSM NGO), used outreach through the Internet as an innovative approach to increase coverage of and referral to HIV prevention services among MSM. LGBT-Georgia mainly worked through the most popular gay sites such as www.love.top.ge and www.planetromeo.com, while TG operated through the Facebook page (<https://www.facebook.com/drihippocrates>); the latter was also used to disseminate detailed information on HIV prevention, including HCT and HBV/HCV testing, as well as information about STIs and STI self-treatment-related harm.

e Developed guidelines, methodologies, and tools to improve operations and the quality of HIV prevention service delivery to KAPs

To improve the quality of HIV prevention services delivered through local NGOs, GHPP developed the following documents and tools:

- **Guidelines for providing HIV prevention services to KAPs** – this resource was developed primarily for the field staff of service delivery organizations. It defines the scope, format, and setting for all services delivered within the expanded

package and promotes a standardized use of all relevant procedures and techniques, to ensure a high quality of the aforementioned services in daily practice.

- **Resource Requirements for Providing Preventive Interventions for Key Populations** – this costing study was conducted to estimate the financial resource requirements to implement preventive programs or services for KAPs in Georgia. The costing tool was designed to assist main stakeholders and NCDC to calculate costs of the different intervention packages for KAPs. Specifically, the tool is intended to help stakeholders to recognize the total financial requirements and mobilize resources necessary to support preventive interventions for these key populations.
- **A national KAP database and database operations manual** – this resource was developed to introduce and promote unified procedures and formats for registration and reporting HIV prevention (including harm reduction) service delivery data throughout Georgia. It includes detailed instructions for client coding, data elements, data entry, data management, and quality checks. A database is intended to be used at the project level for all NGOs involved in HIV prevention programs. This is a simple MS Excel spreadsheet with all necessary variables, enabling users to derive total cumulative results disaggregated by age, sex, location, risk group, and services provided.
- **A toolkit and manual for monitoring HIV prevention service delivery to KAPs** – this resource was developed primarily for NCDC and service delivery organizations to enable them to better monitor HIV prevention programs among KAPs. This document defines standard operating procedures for verifying the quality of reported data and assessing the data management and reporting systems for standard program-level indicators. This manual includes a complete list of necessary variables; all types of standard data-verification steps that can be performed at the program level; and protocols with special instructions, based on the indicator and type of service delivery; as well as methods of data management, data cleaning, and analysis.

f Enabled sustainability of HIV prevention services after GHPP ends

To ensure sustainability of these efforts, GHPP conducted a number of trainings and workshops for relevant staff of NCDC and HIV prevention service-delivery NGOs on the use of the aforementioned guidelines, manuals, and tools. All of these resources have been transferred to NCDC so that they can use them for quality service delivery within the framework of the newly awarded Global Fund Round 10 Second Phase HIV grant, as well as for other government-funded services and programs. In addition, GHPP made special efforts to strengthen referral of KAPs to HIV prevention services that will be continued through other donors' support after GHPP ends. Specifically, in February 2014, GHPP and GHRN signed an MOU that provided the foundation for the continuity

of HIV prevention service provision to PWID and their partners beyond the life of GHPP. This collaboration strengthened the referral of PWID and their partners by GHPP partner NGOs to the existing HIV prevention services that GHRN offers to their clients through the Global Fund-supported HIV/AIDS grant program. GHPP partner, TG, will continue providing HIV prevention services for FSWs and MSM with support from the Global Fund HIV/AIDS grant program at the sites where GHPP has been operating.

Improved HIV prevention activities in the penitentiary system

In cooperation with the MOC Penitentiary Department, GHPP developed a training program and trained 60 MOC psychologists and social workers from all prisons throughout the country. This training focused on HIV and drug prevention and the referral of released former IDU inmates to the appropriate civil sector health and social services. This training also included a separate course for psychologists and social workers working at women’s detention facilities, with a special focus on referral of released female prisoners to RH/FP services in the civil/private sector, as well as HIV prevention services for former drug user female inmates.



GHPP training MCLA social workers on HIV/drug prevention and referral to appropriate services for released PWID, Tbilisi, June 25, 2013.

Improved people living with HIV (PLHIV) counseling and referral to clinical services

Impact on PLHIV

- “If not for this program, I would never ever think that I could marry an HIV-negative woman—now I am really happy in my personal life; we are planning on having children. . .”
- “The fact that I met people with the same problem, working and enjoying life, encouraged me to move forward and find a new job that is really interesting to me. . .”
- “Having gotten so much information about HIV helped me to openly speak about my status with my partner and persuade him to get tested as well. . .”

Comments made by PLHIV during counseling

In 2012, approximately 8% of HIV patients in Georgia were considered to be lost to follow-up (i.e., not receiving clinical monitoring, treatment, and care), which considerably increases the risk of PLHIV transmitting HIV to their partners. To empower PLHIV to seek clinical services to start ART or enter a pre-ART program in a timely manner, GHPP provided a small grant to a local PLHIV NGO called Real People Real Vision (RPRV). Together with RPRV, GHPP developed the guides for counsellors to improve referral of newly

diagnosed PLHIV to clinical services. RH/FP and prevention of mother-to-child transmission (PMTCT) topics were included in the guides for counselling female PLHIV. All PLHIV counselled by RPRV were included in pre-ART programs or started ART treatment.

Tables 12–13 in **Annex A** present detailed results about the provision of HIV prevention services over the life of the project.

Objective 2: Intervention in groups likely to be infected next (youth)

The major result achieved through GHPP was the institutionalization of formal healthy lifestyle education in the secondary schools of Georgia. In cooperation with the MOES,

<p style="text-align: center;">Key Achievements</p> <ul style="list-style-type: none"> • Improved healthy lifestyle education in secondary schools of Georgia • Improved targeted prevention intervention for MARA • Improved extracurricular interactive youth interventions and activities (e.g., www.geoyouth.ge) <p style="text-align: center;">Key Partners</p> <ul style="list-style-type: none"> • MOES, TPDC, NAEC, SC, TG, BPU, MOC, MOJ, MOSYA, GCRT, CIDA, MCCU/HRU, nGnl, CDD, USAID/ACCET, Peace Corps, Davitiani <p style="text-align: center;">Key Products/Deliverables</p> <ul style="list-style-type: none"> • Evaluation of the Effectiveness of a Healthy Lifestyles Curriculum (HLC) among Students of Secondary Schools in Tbilisi and Telavi – Operations Research Report • HLC curriculum and teachers' manual • Adoption of Healthy Lifestyle Behaviors Research Study • Manual for CBT sessions • HIV/Drug Prevention among Youth – training manual for parents 	<p>GHPP developed, piloted, and scaled up at the national level a consolidated healthy lifestyles curriculum (HLC), which ensured the implementation of an HIV prevention general population strategy among Georgian youth. Additionally, GHPP used a targeted strategy for its work with at-risk youth. The project developed a targeted prevention intervention for most-at-risk adolescents (MARA)—defined as adolescents whose behaviors put them at higher risk of</p>
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contracting HIV—to encourage them to make healthier lifestyle decisions. Through advocacy and close collaboration with government stakeholders in its development, the MARA intervention has been institutionalized within the framework of relevant programs of MOC and MOES. GHPP also supported youth healthy lifestyles education through various extra-curricular interactive interventions.

contracting HIV—to encourage them to make healthier lifestyle decisions. Through advocacy and close collaboration with government stakeholders in its development, the MARA intervention has been institutionalized within the framework of relevant programs of MOC and MOES. GHPP also supported youth healthy lifestyles education through various extra-curricular interactive interventions.

Improved healthy lifestyle education among Georgian youth through developing and institutionalizing national consolidated healthy lifestyle curriculum in secondary schools nationwide.

Throughout the life of the project, GHPP made consistent efforts to promote and institutionalize healthy lifestyle education for Georgian youth. Guided by the MOUs between GHPP and the MOES signed in December 2010 and March 2012, GHPP supported the following activities:

- Developed the national consolidated HLC with teaching methodology, teaching materials, and visual aids to be used in delivering the HLC through routine biology lessons and focusing on five main thematic areas such as the harm of tobacco use, alcohol consumption, and drug use and dependence, as well as risks related to early marriage and pregnancy, STIs, and HIV/AIDS.
- Pilot tested consolidated HLC in 21 selected schools in Tbilisi and Telavi, which proved effectiveness of the curriculum. Accordingly, the MOES made a decision to start HLC implementation beginning in September 2012 in formal school settings nationwide.
- Provided technical assistance to MOES Teachers' Professional Development Center (TPDC) by training biology mentor-teachers and master trainers to continue with cascade training of biology teachers nationwide; also facilitated uploading the GHPP-produced HLC teaching materials at www.mastsavlebeli.ge—an online resource database for teachers.
- Organized HLC-focused knowledge-transfer meeting for biology textbook authors to improve textbook content and format to adequately cover HLC topics (beginning in 2012, Georgian secondary schools countrywide started teaching with newly approved biology school textbooks that incorporate healthy lifestyle topics).
- Provided technical assistance to national leading universities to develop and update undergraduate program for biology teachers to adequately focus on healthy lifestyle topics.

In parallel with the nationwide implementation of HLC and in collaboration with MOES, GHPP started regular monitoring and evaluation (M&E) of the healthy lifestyle education process in different regions of Georgia and provided recommendations on how to refine the HLC implementation process. Evaluation of the HLC implementation included focus group discussions among biology teachers and a critical review of respective sections of biology textbooks, which helped to identify a number of challenges related to teaching healthy lifestyle topics. Key challenges discovered included the quality of textbooks and teachers' guides, availability and access to resources, the lack of adequate training in HLC, and the need to include healthy lifestyle topics in the teachers' certification exams and students' national examinations, etc. Based on the results of ongoing M&E, at the final stage of the project implementation, GHPP delivered refresher courses on healthy lifestyle topics, with a major focus on RH issues, to TPDC biology mentor-teachers and master trainers. In partnership with the MOES, GHPP also worked with the authors of biology textbooks to update these authors on the main findings of the critical review of biology textbooks and teachers' guides, to better prepare them for writing the next edition of school biology textbooks, and to ensure the high quality of HLC learning materials, particularly related to RH topics. Continued regular M&E of HLC implementation is needed in the future to ensure that all technical problems and shortcomings (mainly related to training of teachers, availability of and access to technical resources, etc.) are

identified and addressed in a timely and effective manner through regular training and technical support.

Improved HIV/drug prevention and promoted healthy lifestyles among MARA

Remarks from the evaluation of the implementation of the MARA targeted intervention—Focus Group Discussion (FGD) among psychologists and social workers working with MARA, who conducted the intervention within their respective institutions in Tbilisi in June, 2014.

“I was surprised... they are too young —12–13 years old and they already have experience of different substance use, sexual experience; they smoke tobacco, they think that beer isn’t alcohol at all, that’s why it was very important to provide them with all this accurate information through MARA intervention...”

Social worker at Public School #15 in Samtredia

“[after the intervention] One boy told me that he previously smoked one pack of cigarette per day and now he counts each cigarette; another told me that he has desire to quit—he did it but just for two days... I think these are the first steps and are very important”

Psychologist at juvenile detention facility

GHPP carried out activities to improve HIV/drug prevention and to promote healthy lifestyles among incarcerated youth, youth on probation, and at-risk youth that can be identified outside of the penitentiary system. Within the frame of the MOU signed between USAID and MOC in February 2013, GHPP conducted the Adoption of Healthy Lifestyle Behaviors Research Study (also referred to as the MARA Study) with the aim to investigate the

initiation of HIV risky behaviors and to inform the development of a targeted prevention intervention for MARA. Guided by the results of this formative research and in collaboration with local NGO Georgian Centre for Psychosocial and Medical Rehabilitation for Torture Victims (GCRT), GHPP designed and pilot tested psychosocial-educational prevention intervention for MARA that are based on elements of Cognitive-Behavioral Therapy (CBT). The pilot results showed a positive trend in changing adolescents’ knowledge about the harms of tobacco, alcohol, and illicit drug use, as well as other HIV-associated risky behaviors. Subsequently, GHPP and GCRT trained 36 MOES and MOC psychologists and social workers on MARA-targeted prevention intervention, who then started implementation of CBT sessions in MOC- and MOES-relevant facilities as part of their routine work. GHPP further assisted these two ministries in conducting M&E of ongoing interventions and provided recommendations for improving the implementation within the framework of MOES and MOC respective programs.

Promoted healthy lifestyles among Georgian youth through extra-curricular interactive interventions and activities

“Youth are still looking forward to the commencement of the various contests through geoyouth.ge... Our staff continues successful administration of the website...”

CDD chairperson at GHPP final conference, July 16, 2014:

a Established and ensured the sustainability of the interactive youth website

In 2010, GHPP established a comprehensive youth-friendly website,

www.geoyouth.ge, and its associated Facebook page focusing on promoting healthy lifestyles by providing accurate and reliable information about high-risk behaviors to youth and their parents (see Figure 1 below). From 2010 to 2013, the website was operated by GHPP, in partnership with youth NGOs New Generation New Initiative (nGnI) and Center for Democracy and Development (CDD). Within the framework of GHPP small grants programs, the website was actively used for engaging youth in different types of nationwide web- and school-based competitions (e.g., photo, painting, poster, video, slogan, and other contests) with a primary focus on promoting healthy lifestyles and HIV/drug prevention. Contents of these competitions were driven by information provided on the website. To ensure the sustainability of the website beyond the life of the project, GHPP transferred the ownership of the website and its domain to the local GHPP partner NGO, CDD, in December 2013, and they have been fully responsible for operating the website ever since.

Figure 1: Screenshot of youth-friendly website, geoyouth.ge



b Raised awareness and knowledge on healthy lifestyles issues and HIV/drug use prevention among different stakeholders through small grants projects

Through its small grant projects GHPP has carried out a number of activities to increase awareness and knowledge concerning healthy lifestyles issues among youth, their parents, and other stakeholders (for detailed results please see Table 3 in Annex A).

GHPP, in collaboration with different governmental partners, including MOES, Ministry of Sports and Youth Affairs (MOSYA), and Ministry of Justice (MOJ), as well as local NGOs and international organizations and projects has intensively worked with youth on healthy lifestyle issues through training peer educators and conducting peer education

sessions at summer camps, universities, vocational training centers, and secondary schools throughout the country. GHPP-trained youth peer educators served as role models within their communities to talk to youth on importance of healthy choices, as well as distributing a number of IEC materials during these activities.

In cooperation with BPU, GHPP has developed a manual for teaching parents on HIV and substance abuse among youth and organized interactive information sessions for parents to raise their awareness of the importance of healthy lifestyles. In 2010 and 2011, GHPP, together with MOSYA and Georgian cellular network company “Beeline,” conducted short message service (SMS) campaigns that reached youth with healthy lifestyles messages in the form of SMS on a regular basis.

c Supported World AIDS Day (WAD) events

Through its small grants projects and in collaboration with local NGOs Davitiani, nGnI, and CDD, GHPP has been supporting organization of WAD events every first of December since 2010 (4 years). These events included various activities such as concerts of Georgian celebrity singers; final rounds of the nationwide contest on healthy lifestyle topics; exhibitions of the national competition winning posters, drawings, slogans, and photos; award ceremonies for winners of the aforementioned competitions; distribution of promotion materials; marathon races; and screening GHPP-produced short educational movies.



Award ceremonies of winners of different competitions; GHPP WAD event, 2011; Tbilisi, Georgia.



The final tour of the nationwide contest at “Muza” cultural center; GHPP WAD event, 2012; Tbilisi, Georgia.

The race from “Muza” cultural center to Vake Park, GHPP WAD event, 2012; Tbilisi, Georgia.

Objective 3: Stigma reduction and policy interventions

GHPP assisted the GoG in strengthening the national HIV/AIDS response focusing on those areas of HIV prevention where critical needs have been identified and documented

Key Achievements

- Improved national capacity for HIV surveillance as well as M&E of HIV/AIDS programs
- Provided a supportive policy environment for strengthening HIV prevention response
- Strengthened organizational and technical capacity of NCDC and local governmental and NGOs
- Offered sustainable HIV-associated stigma reduction interventions

Key Partners

- NCDC, National AIDS Center, Research Institute on Addiction, TG, BPU, PTF member organizations
- Parliamentary Committee on Health and Social Issues, Ministry of Justice; National Anti-drug Interagency Coordinating Council
- Ministry of Corrections
- Center for Training and Counseling (CTC)
- Leading medical universities and schools of media
- USAID-funding Nurse Education Program/ Partners for International Development; USAID-funded Sustain project/ John Snow International

Key Products/Deliverables

- Youth BSS reports: HIV/AIDS Knowledge, Attitudes, and Practices among School Pupils and University Students in Tbilisi
- Updated set of HIV national standard indicators
- Mapping the Future: Options of the Drug Policy in Georgia
- HIV Counseling and Testing Policy in the Penitentiary System of Georgia
- BCC strategy targeting key affected populations (PWID, MSM, FSWs) and at-risk youth
- A guide to BCC strategy development
- A manual for faculty members of school of journalism on the coverage of HIV and drug addiction issues in media created
- A resource manual for lecturers of medical universities on HIV/AIDS associated stigma and ethical and legal issues developed
- Six public service announcements and two short educational movies aimed at increasing HIV awareness and breaking the stereotypes surrounding HIV virus among the general public produced
- Prevention Task Force Charter
- A policy paper and a policy brief: "Sustainable HIV Prevention in Georgia: Challenges, Opportunities, and Recommended Actions"

in the HIV/AIDS National Strategic Plan of Action 2011-2016. GHPP has made considerable efforts to enhance policy environment for strengthening HIV prevention efforts at the national level. Significant progress has been made in terms of updating national HIV surveillance systems and strengthening the technical capacity of national governmental institutions and NGOs. GHPP has made considerable efforts to ensure the sustainability of HIV stigma reduction interventions beyond the life of the project.

Built institutional capacity of NCDC and local NGOs for HIV surveillance

GHPP developed standardized methodologies for the Behavioral Surveillance Survey (BSS) among school and university students in Georgia, and conducted the first ever survey among youth in Georgia: Youth Behavioral Surveillance Survey: HIV/AIDS Knowledge, Attitudes, and Practices among School Pupils and University Students in Tbilisi, Georgia. The NCDC and other key stakeholders participated in all stages of developing the BSS protocol and survey instrument, implementing the survey, preparing reports, and interpreting data. The BSS among youth generated reliable statistics on HIV knowledge, attitudes, and practices that streamlined all GHPP plans and activities with regard to youth, such as the design and implementation of HLC, teacher training materials and programs, youth websites. Similarly, BSS data informed all national stakeholders and helped them in refining HIV prevention

programs among youth. In addition, BSS provided a baseline for a follow-up BSS to be conducted in the coming years to examine trends in HIV-associated risk behaviors among youth in Georgia.

Provided technical assistance to the Government of Georgia in strengthening HIV/drug prevention national response

GHPP assisted the Parliament of Georgia in assessing the national drug policy and existing legal framework within the context of international drug policy and UN Conventions. An international drug policy expert, Mr. Eric Carlin, contracted by GHPP in collaboration with local high-level officials and key stakeholders and developed a report entitled Mapping the Future: Options of the Drug Policy in Georgia, which reviewed the national drug policy and provided a set of policy recommendations, including a roadmap for implementing drug policy reforms in Georgia. After establishing a National Anti-drug Interagency Coordinating Council in 2011, GHPP provided technical assistance to the Council and participated in developing the Anti-drug National Strategy and Action Plan for 2014-2016 approved by the government in December 2014.

Developed HIV Counseling and Testing Policy in the penitentiary system

Given constraints that incarceration imposes on prisoners' access to health care service, having clear national strategies to provide and scale-up access to HCT in the penitentiary system has been considered as one of the government's top priorities. Under the MOU signed between the MOC and USAID in February 2013, GHPP worked closely with the MOC and developed a national policy on HCT in the penitentiary system of Georgia. The transparent and participatory policy development process involved dialogue and close cooperation between prison authorities and medical personnel, GHPP, and other stakeholders from governmental and civil society organizations. Developing the HCT policy involved a thorough literature review to identify international standards and best practices and an analysis of Georgia's legal framework and established practices. The HCT policy has been institutionalized throughout the penitentiary system and promotes access to HCT, mitigates HIV-associated stigma and discrimination, and protects prisoners' rights by upholding standards of informed consent and confidentiality. Prison primary health care medical personnel and social workers have been trained accordingly.

Developed a National Behavior Change Communication (BCC) Strategy targeting key affected populations and at-risk youth

GHPP led the policy dialogues with key stakeholders, and through the national consultation process and with technical support from an international BCC consultant, Mr. Iain McLellan, developed a National BCC Strategy targeting KAPs (PWID, MSM, and FSWs) and at-risk youth. GHPP also produced the guide to BCC Strategy development, and provided training on the BCC Strategy and the guide to NCDC staff and service providers from various NGOs working on HIV prevention among KAPs.

Built technical capacity of NCDC and local NGOs to better plan, budget, and implement HIV prevention programs

GHPP provided considerable technical assistance to build the capacity of NCDC, a Global Fund HIV and TB grants Principal Recipient in Georgia, as well as other government institutions (Infectious Disease AIDS and Clinical Immunology Research Center, Research Institute on Addiction) and national NGOs to better plan, budget, and implement HIV prevention programs. GHPP conducted a training needs assessment of the government stakeholders and local NGOs to identify the key areas of capacity-building efforts, and developed a comprehensive training program that followed a logical sequence to ensure that material introduced later reinforce and build upon the knowledge gained from earlier training. GHPP supported provision of the training program to staff members from around 20 organizations, which included relevant modules and courses in both technical and organizational development areas (see *Table 2*).

Table 2: GHPP-conducted capacity-building trainings

Technical trainings to improve HIV prevention service provision	Trainings to strengthen institutional capacity
<ol style="list-style-type: none"> 1. Outreach to vulnerable groups 2. HIV testing and counseling 3. Peer education 4. Behavior change communication message development and strategies for targeting key populations 5. Costing of preventive strategies among key populations 6. Design and operation of National HIV Database for Key Populations 7. HIV surveillance: behavioral surveillance study among youth 8. Guidelines on provision of HIV prevention services for key populations 9. Monitoring and evaluation of HIV/AIDS programs 	<ol style="list-style-type: none"> 1. Institutional development and organizational strengthening 2. Proposal development and grant writing 3. Fundraising strategies 4. Marketing strategies and social media

Led the process of institutionalizing training curriculum for HIV prevention and HIV-associated stigma and ethical issues in the media and the medical schools of national leading universities

In 2011, GHPP made significant efforts toward making HIV stigma reduction interventions sustainable beyond the life of the project. GHPP, in partnership with three leading media universities in Tbilisi, developed a manual for faculty members of schools of journalism on the coverage of HIV and drug addiction issues in the media. In 2012, GHPP further expanded this initiative, and through extensive advocacy, managed to institutionalize a training course on media coverage of HIV and drug addiction problems

into training curricula for journalists in 10 media schools throughout the country. This was combined with the training the faculty members of partner media universities to develop technical capacity of academic staff to teach the standards of media coverage of HIV and drug addiction issues by using the GHPP-produced media manual. In addition, GHPP provided a series of training sessions for in-service journalists from various media outlets, including print and electronic media.

GHPP also worked with medical schools of three leading universities and developed a short resource manual for lecturers on HIV/AIDS-associated stigma and ethical and legal issues. Based on the resource manual, each university incorporated HIV stigma reduction topics into the medical bioethics training course. The module was also included in the course for post-graduate students of Tbilisi State Medical University. Similarly, GHPP established a partnership with the USAID-funded Nurse Education Program, which is implemented by Partners for International Development (PFID), and provided training of trainers for the PFID trainers. In addition, GHPP provided training among health care workers for surgeons from the Tbilisi Referral Hospital as well as resident surgeons from the Central University Clinic of the Tbilisi State Medical University. In close cooperation with the USAID-funded Sustain project, implemented by John Snow International, GHPP provided training on HIV-associated stigma to medical personnel, including obstetricians and gynecologists, augmenting training provided by the Sustain project (for detailed results please see Table 3 in Annex A).

Produced educational public service announcements (PSAs) and movies to reach out to the general public with HIV-stigma reduction messages

HIV-associated stigma and discrimination is driven by misunderstanding and misinformation, and continues to affect individuals and communities in Georgia, fueling the HIV epidemic by discouraging people from seeking testing and treatment. To reduce HIV-associated stigma among the general population, GHPP produced six PSAs aimed at increasing HIV awareness and breaking the stereotypes surrounding the HIV virus among the general public. These PSAs have been broadcast on various national and local TV channels. PSAs have been posted on popular websites—www.myvideo.ge and www.youtube.com—as well as the GHPP-produced youth website—www.geoyouth.ge.

While developing its BCC strategies, GHPP tried to incorporate some innovative messaging into its HIV educational sessions, traditionally held by the project for school-aged children.

With the aim of challenging HIV-associated stereotypes and reducing stigma and discrimination, GHPP produced two short educational movies on HIV stigma.

At the end of one movie session convened at the Bazaleti summer camp, a 14-year-old girl stood up and asked:

“Can I volunteer to become a blood donor?”

When she was told that in Georgia minors could not become blood donors, she got anxious and kept saying:

“There must be something I can do ... to contribute ... “

This session has proven that the movie not only can generate positive attitudes among viewers, but it also can encourage them to become actively involved in promoting public health and HIV prevention.

In 2011, GHPP produced a short educational movie *Stigma* that features an inspirational story of a family affected by HIV. The movie was broadcast on two TV channels and reached thousands in the population to promote HIV-stigma reduction messages. GHPP within its small grant program *HIV Education among Youth*, organized a movie viewing and discussion sessions for school children. The movie was well received by young people, and it generated more empathy toward PLHIV. This experience proved that the movie demonstration serves as an effective means of communication, raising HIV awareness and provoking discussions on HIV prevention as well as ethical and human rights issues related to HIV and AIDS.



Production of educational movie *Restarted Game*, October 2013

In 2013, GHPP produced its second educational movie entitled *Restarted Game* that has become very popular among Georgian youth. GHPP brought together PLHIV, movie critics, journalists, screenwriters, health care providers, and public health professionals to develop a movie script. The process of script writing was interactive and iterative, as all of the contributors weighed every single word to ensure that educational messages were delivered in a memorable way. The movie was broadcast on two

national TV channels and was screened at various HIV awareness-raising events, including WAD. The movie was also posted on popular websites www.youtube.com and www.myvideo.ge and promoted through social media. Since 2010, GHPP-produced PSAs were viewed 9,382 times in total. Since December 2011, the GHPP-produced educational film *Stigma*, which is posted on the websites www.youtube.com and www.myvideo.ge, was accessed 8,713 times in total; and the film *Restarted Game* produced in December 2013, was accessed 4,146 times. The number of viewers who have accessed the film through free social media avenues continues to grow.

The movie screening has become an integral part of GHPP-organized HIV peer education sessions. Active participation of youth and correct responses to health education questions posed to participants during educational sessions that followed the movie demonstration suggest that HIV prevention and stigma reduction messages are most

School children who participated in the GHPP-organized screenings of movies and educational sessions have said:

“...this was worth 1,000 lectures”

“I have read information about HIV transmission ways before... I have seen and listened to social ads on TV and or radio ...but until today I have never thought of what infected persons must be going through.”

effective and compelling when they are personalized, visually memorable, and carefully tailored for the intended target group.

Played a key leadership role in strengthening the coordination and professional networking of NGO/CSOs and other organizations through the Prevention Task Force (PTF)

GHPP coordinated the operation of the PTF, a professional network of around 30 governmental, nongovernmental, and donor organizations that was established by the USAID-funded STI/HIV Prevention Project (SHIP) in 2003. Since its establishment, PTF has become a well-acknowledged network of stakeholders that has been actively involved in all HIV policy development and advocacy initiatives in the country. PTF has its representation on the Country Coordinating Mechanism (CCM) through competitively elected NGO member organizations.

To ensure smooth operation of the PTF, through a participatory process and in coordination with all PTF member organizations, GHPP developed a PTF charter clearly compelling procedures for PTF standard operation, including membership, decision making voting, and election of CCM member organizations from PTF. GHPP's strategic approach was to handover the PTF secretariat function from GHPP to local NGOs that would generate a strong sense of ownership among local civil society, and for this purpose, pursuant to the approved charter, a new secretariat of the PTF composed of two local NGOs (GHRN and New Vector) was elected in 2013. The handover of the secretariat to local CSOs has greatly contributed to the PTF's long-term sustainability.

Conducted comprehensive situation analysis for the national HIV prevention response and produced a policy paper: "Sustainable HIV Prevention in Georgia: Challenges, Opportunities, and Recommended Actions"

To ensure the sustainability of HIV prevention efforts beyond the life of donor-funded programs, alongside capacity building of local institutions and NGOs/CSOs, it is critically important to mobilize civil society responses for better partnership and advocacy for allocating governmental funding for implementing HIV prevention policies, strategies, and programs. For this purpose, GHPP conducted a country situation analysis for HIV prevention and as a result of a lengthy and rigorous consultative process involving key stakeholders and experts from state institutions and civil society organizations, GHPP produced a policy paper: "Sustainable HIV Prevention in Georgia: Challenges, Opportunities, and Recommended Actions." The document serves as a situational snapshot of the HIV epidemic in the country, presents challenges and opportunities, and offers a set of policy recommendations to strengthen HIV national response in Georgia.

III. Grant Management Accomplishments

Over the life of the project, GHPP funded approximately US\$1.5 million in grants under contract (GUC) to local nongovernmental, not-for-profit organizations working in Georgia. In sum, 21 grants were awarded to 16 NGOs (see *Table 18* in Annex C). The small grant program was used as an approach to build the capacity of local NGOs to plan and manage HIV prevention programs and provide them with the capital to deliver HIV prevention services.

During the first year of the project, GHPP administered noncompetitive grants to three of the most experienced HIV NGOs—BPU, TG, and International Orthodox Christian Charities (IOCC)—that were included in RTI’s initial proposal to USAID. At the end of Year 1, GHPP conducted a transparent and competitive grantee selection process to expand the number and geographic distribution of grantees in order to engage and strengthen new NGOs to deliver HIV prevention services and information to KAPs and at-risk youth.

Grants were selected and managed in line with RTIs’ Grants Manual. Proposed applications were evaluated with consideration to GHPP’s work plan and objectives, the proposed program description and M&E plan, the management plan, evidence of past experience, reasonableness of the budget, and compliance with financial rules and regulations. In addition, pre-award assessments were conducted by project technical and finance staff to assess the organizational capacity to carry out proposed activities and identify areas for improvement and capacity building, if necessary. Selected grantees were approved by USAID.

During implementation, GHPP conducted regular and monitoring visits, and provided on-the-job training and support regarding reporting requirements for grantees. GHPP staff monitoring reports highlighted findings and provided detailed recommendations. Grantee partners’ meetings were also held on a regular basis to discuss issues like the implementation process, achievements and challenges, and future plans to build the relationships between the organizations and harmonize activities, as needed. Overall, the grant implementation process went smoothly and all planned activities were completed without any delay or failure. The only case when the grant contract was modified and closed earlier was associated with an on-going political situation in the country that inhibited grant program progress. The grantee, Union of Azerbaijanian Youth in Georgia, was working in Marneuli and was not able to achieve the set targets; upcoming presidential elections in the country made continuation and successful implementation of the planned activities uncertain and doubtful. The grant agreement was modified to revise the milestones and set targets to reflect the current situational context and ensure the targets were relevant and within the control of the grantee.

The grants administration throughout the duration of the project helped to improve the capacity of recipient NGOs, by strengthening NGO staff skills and organizational

systems to better manage and govern the funds. At the project's end, all GHPP-owned equipment and inventory will have been donated to grantees and partner organizations.

IV. Key Challenges During Implementation

During the second year of the project, GHPP was informed by USAID that the task order was unlikely to be fully funded, and that the project should anticipate not receiving approximately US\$1.4 million of the original task order ceiling. Hence, GHPP had to reduce the scope and budget of all activities, including the scope and budget of all subcontracts and major grants under contract. For example, the Year 3 budget for major grantees, BPU and TG, was reduced by approximately 80% compared with their Year 2 budget. This created a tense relationship with all partners as it required closing the project sites, reducing staff, decreasing operational costs, etc. These financial repercussions put the spirit of mutual work and effective collaboration between GHPP and its main partners at great risk. In addition, as a result of the reduction in the task order ceiling, the duration of the project was shortened by about 4 months. The project targets and deliverables have been modified accordingly.

During the life of the project, Georgia remained a country with a very harsh antidrug policy that included intensified drug testing and punitive strategies toward drug users, such as high fines and imprisonment. These antidrug regulations, which apply administrative and criminal penalties for personal use and possession of illicit drugs, impeded implementation of effective prevention interventions among PWID. Since 2008, there have been several advocacy and policy initiatives to amend national drug legislation, including amendments for the Drug Control Law and the Law on Narcotics, Psychotropic Substances, Precursors, and Drug assistance. However, none of the packages submitted to the Parliament were successful. Legal sanctions remain especially strict and oriented toward criminal penalties, where a more balanced public health-oriented approach would be essential, particularly to amend criminal liability.

According to Article 6 of the Law of Georgia on HIV/AIDS, all individuals have the right to undergo voluntary counselling and testing, including anonymous and confidential testing for HIV. Nevertheless, changes were endorsed in 2011 in the state program administration of the HIV/AIDS component, where each beneficiary is required to submit his/her identity card to a service provider to receive free testing. The new regulation has hindered access to free HIV testing services for key population groups, not only for PWIDs, but also for MSMs and FSWs because of social stigma and fear of disclosure.

V. Lessons Learned and Recommendations

At the final stage of the project implementation, in cooperation with the project partner governmental institutions and NGOs, GHPP conducted an in-depth situation analysis for HIV prevention and produced a policy brief: "Sustainable HIV Prevention in Georgia:

Challenges, Opportunities, and Recommended Actions.” Results of the aforementioned analysis combined with the 4-and-a-half-year GHPP experience, allowed us to formulate a number of critical recommendations for enhancing HIV prevention in the country, which are presented below:

- **Scale-up comprehensive HIV prevention for KAPs.** Prevention interventions should be scaled up to achieve sufficient coverage levels through strengthened outreach and peer-driven and community-level interventions. Preventive services should be expanded to other geographic areas, specifically to the cities with larger populations of KAP. Community empowerment is vital for these groups and efforts should be expanded to improve reach of MSM and PWID with HIV prevention services through representatives of the community groups. NGO capacity should be strengthened and their critical role in the HIV response recognized through targeted training, increased grant opportunities (from international donors, but primarily from GoG), and advocacy initiatives.
- **Improve early detection and timely initiation of ART.** Given the GoG’s commitment to universal ART access, special emphasis should be placed on improving early detection and strengthening referrals to treatment services. Early detection recommendations are
 - Improve HCT coverage among KAPs through community-based rapid testing and referral to relevant confirmatory testing services as needed.
 - Expand provider-initiated HCT at health facilities countrywide.
 - Promote the use of fourth generation HIV tests (including rapid tests).
- **Reduce stigma and discrimination to create a supportive environment.** Given rampant HIV-, drug use-, and homosexuality-associated stigma and discrimination in Georgia, the GoG, law enforcement agencies, human rights advocates, and NGOs are needed to monitor that human rights are not violated and address every occasion of harassment and violence against KAPs everywhere. Advocacy initiatives, such as public awareness campaigns involving mass media, vulnerable populations, and human rights activists, should be widely implemented to reduce HIV-associated stigma and discrimination and create a supportive environment for responding to HIV.
- **Foster policy reform and legal change to create an enabled environment for HIV risk reduction.** The Anti-drug Interagency Council should advise Georgian Parliament on aligning drug control legislation with international drug control treaties and international best practices, with an emphasis on prioritizing public health goals. Concurrently, the HIV/AIDS State Law—adopted by the Parliament of Georgia in 2009—protects PLHIV against discrimination. However, the Ministry of Labor, Health, and Social Affairs should resume working on the by-laws regulating the specifics of HIV testing policies, partner notifications, employment restrictions, etc., and foster the process of their endorsement.

- **Develop/upgrade information systems to better guide effective HIV prevention efforts among KAPs.** The GoG should ensure that up-to-date information is available through well designed and implemented size estimation studies for all KAPs in respective geographical regions. This requires adequate planning and budgeting to ensure that repeated studies are conducted with GoG financial support, particularly as donor funding dwindles. BSS studies among KAPs should be conducted regularly to monitor both biological and behavioral dynamics of the HIV epidemic in Georgia. The GoG should refine and adapt existing procedures for collecting HCT data to ensure that state program beneficiaries can access free HCT services without presenting their personal photo ID cards.
- **Secure funds for comprehensive HIV prevention.** The Financial Gap Analysis study conducted in 2013 suggests that to minimize the country’s reliance on external funding sources, substantial increases in national/public expenditures on HIV/AIDS should be planned and mobilized in coming years. Specifically, there is a need have an adequate amount of annual funding to abolish the funding gap observed in 2011 and 2012 and to be able to pay for necessary HIV prevention activities. It is recommended to carry out long-term financial sustainability analysis/planning to develop the best potential sources for mobilizing needed resources.

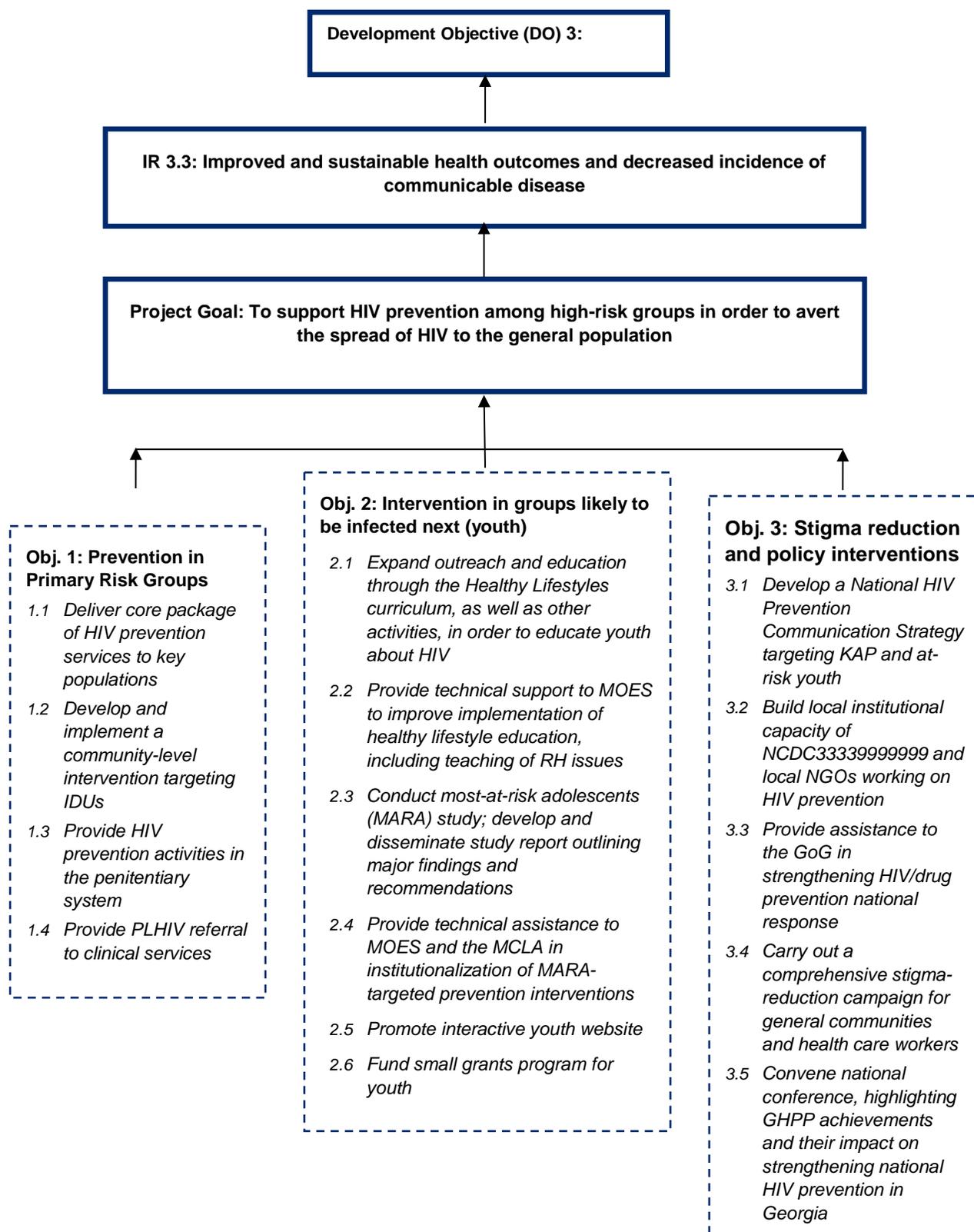
VI. Monitoring and Evaluation

The GHPP performance was evaluated based on the Performance Monitoring Plan (PMP) describing the project M&E system and indicators that were used for strategic decisions and reporting progress toward results to USAID. GHPP was reporting indicators on a quarterly basis. These GHPP reports were based in part on results indicator reports received from implementing partners who were also responsible for reporting on assigned process and output indicators according to the GHPP M&E framework (Figure 2).

Regular data collection was conducted through local partners using activity reports, a client registration system, and training records. Periodic data collection, such as Youth Behavioral Surveillance Survey, was conducted in Tbilisi in 2011.

Each project component team collected their required data and compiled them, analyzed them, and provided the results in reports and submitted digital data files in the GHPP central database.

Figure 2: Results framework and link to USAID’s assistance objective



Analysis of performance indicators included simple counts, percentages, and cross-tabulation. Analysis of most indicator data was disaggregated by geographic area, gender, respondent age, and by KAP categories (i.e., PWID, MSM, and FSWs).

GHPP reported progress on a quarterly basis. The quarterly report highlighted the progress on indicators against targets, cumulative results, data quality checks, key issues, challenges, and project adjustments, if necessary.

Data Quality Assessment (DQA) Procedures: The GHPP team integrated DQA procedures into all activities based on USAID’s publication *ADS 203 Assessing and Learning*. Recognizing that there was a trade-off between the cost and the quality of data, GHPP balanced these two factors to ensure that the data used were of sufficiently high quality to support the appropriate level of management decisions based on the project’s financial and staffing resources.

When conducting DQAs, team members used the Data Quality Checklist as a guide, which included the following:

Validity: Did the data clearly and adequately represent performance?

Reliability: Were data collection processes stable and consistent over time?

Timeliness: Were data collected frequently and were they current?

Precision: Did the data present a fair picture of performance with an acceptable margin of error?

Integrity: Were data objective, independent, and free of manipulation?

M&E Management Structure: The full-time M&E Specialist, who was responsible for planning, managing, and integrating data collection for the project, reported directly to the Chief of Party (COP). The M&E Specialist worked closely with the HIV Prevention Technical Expert, the HIV Policy and Advocacy Technical Expert, and local partners to collect monitoring data in accordance with the data collection schedule and quality standards.

Annex A. Complete list of indicators tracked/tables (2010–2014)

Table 3: Task Order project result deliverables

Objective	Project Results Deliverable	Targets	Actual Results by the End of the Project (July 31, 2014)	Comments
1. Prevention in primary risk groups	By the end of the project, 8,500 IDUs reached through community outreach that promotes HIV/AIDS prevention and RH/FP through other behavior change beyond abstinence and/or being faithful	8,500	8,502	This is the unique number of IDUs reached through community outreach that promotes HIV/AIDS prevention and RH/FP through other behavior change beyond abstinence and/or being faithful; this number is calculated from the national KAPs database
	By the end of the project, at least 1,700 IDU partners reached	1,700	1,749	This is the unique number of IDU partners reached through community outreach that promotes HIV/AIDS prevention and RH/FP through other behavior change beyond abstinence and/or being faithful; this number is calculated from the national KAPs database
	By the end of the project, 8,800 individuals received counseling and testing for HIV and received their test results, including FSWs who received RH/FP counseling	8,800	9,641	This is the unique number of individuals who received counseling and testing for HIV and received their test results, including IDUs, IDU partners, FSWs and their clients, MSM, and others who did not identify their status; this number is calculated from the national KAPs database

Objective	Project Results Deliverable	Targets	Actual Results by the End of the Project (July 31, 2014)	Comments
2. Intervention in groups likely to be infected next (youth)	By the end of the project, 10,000 students reached through the combined Healthy Lifestyles Curriculum (HLC) and Fostering Healthy Lifestyle Program	10,000	132,220	This result reflects the number of 8th, 10th, and 11th grade students in secondary schools of Georgia (official statistics from Education Management Information System website, www.catalog.edu.ge), reached through the combined Healthy Lifestyles Curriculum, including RH issues
3. Stigma reduction and policy interventions	By the end of the project, National HIV Prevention Communication Strategy developed	National HIV Prevention Communication Strategy developed	National HIV Prevention Communication Strategy developed	Main HIV prevention communication strategies are elaborated in the document titled "National Behavior Change Communication Strategy"
	By the end of the project, key legislation or national policies affecting HIV/AIDS revised	Key legislation or national policies affecting HIV/AIDS revised	Two key national policies developed/ revised: <ul style="list-style-type: none"> • HCT policy for the penitentiary system; • National Anti-Drug Strategy 2014–2016. 	These two national policy documents have been endorsed by GoG
	By the end of the project, 370 health providers trained in HIV-related stigma and discrimination reduction	370	374	This result reflects the number of trained health care workers from various primary and secondary health care settings throughout the country
	By the end of the project, 8 million person-view of stigma reduction messages through TV	8 million person-view	47,960,412 person-view	This is not the unique number of viewers. Viewers could be counted repeatedly. Viewership data are provided by Georgia Public Broadcasting (GPB TV).

Table 4: Detailed project results on output/process level

Objective No.	Service Delivery Area	Performance Indicators	Results		Comments
			Target Group	May 2010–July 2014	
1	Prevention: HCT	1. Number of individuals who received counseling and testing for HIV and received their test results, including FSWs who received RH/FP counseling	IDUs	5,029	These results reflect the number of unique clients by the end of the project (July 31, 2014). Given that the same client may have been tested repeatedly over the months/quarters/years, such clients are not double counted.
			IDU partners	1,376	
			FSWs	1,712	
			MSM	969	
			Others	555	Of 555 individuals, 180 were clients of FSWs; others did not identify their status.
			Total	9,641	For a results breakdown by GHPP partner NGO and geographic location, see Table 5 For a results breakdown by age group and gender, see Table 6.
1	Prevention: BCC community outreach	2. Number of individuals reached through community outreach that promotes HIV/AIDS prevention and RH/FP through other behavior change beyond abstinence and/or being faithful	IDUs	8,502	These results reflect the number of unique clients for this quarter. The same clients were often reached more than once during a certain period. Such clients are not double counted here; therefore, the cumulative number is not the simple sum of the results of the life of the project.
			IDU partners	1,749	
			FSWs	3,499	
			MSM	1,979	
			Others	1,030	Of 1,030 individuals, 311 were clients of FSWs; others did not identify their status.
			Total	16,759	For a results breakdown by GHPP partner NGO and geographic location, see Table 7. For a results breakdown by age group and gender, see Table 8.

Objective No.	Service Delivery Area	Performance Indicators	Results		Comments
			Target Group	May 2010–July 2014	
1	Prevention: BCC community outreach	3. Number of individuals trained to promote HIV/AIDS prevention and RH/FP through other behavior change beyond abstinence and/or being faithful	IDUs (peer educators)	618	For a results breakdown by geographic location, see Table 9.
			IDU partners (peer educators)	312	
			FSWs (peer educators)	213	
			MSM (peer educators)	132	
			Total	1,275	
1	Prevention: Condom distribution	4. Number of free condoms distributed among IDUs, FSWs, and MSM	IDUs	107,212	For a results breakdown by GHPP partner NGO and geographic location, see Table 10. Of the 17,433 condoms distributed, 5,795 were distributed to clients of FSWs and 11,638 to others who did not identify their status.
			IDU partners	18,339	
			FSWs	168,985	
			MSM	66,675	
			Others	17,433	
			Total	378,644	
1	Prevention: IEC materials distribution	5. Number of IEC materials distributed among young people, IDUs, FSWs, and MSM	IDUs	51,549	For a results breakdown by GHPP partner NGO and geographic location, see Table 11. Of the 1,806 IEC materials distributed, 722 were distributed to clients of FSW and 1,084 to others who did not identify their status.
			IDU partners	6,513	
			FSWs	12,591	
			MSM	3,292	
			Others	1,806	

Objective No.	Service Delivery Area	Performance Indicators	Results		Comments
			Target Group	May 2010–July 2014	
			Youth	24,069	
			Parents	1,298	
			Total	101,118	
1	Prevention: HIV Counseling and Testing	6. Number of service outlets providing counseling and testing according to national and international standards	N/A	8	This is the number of project-supported service outlets providing counseling and testing according to national and international standards (2 in Tbilisi, 6 in regions: Batumi, Kutaisi, Zugdidi, Telavi, Rustavi, and Marneuli)
		7. Number of individuals trained in counseling and testing according to national and international standards		21	This is the number of individuals trained in counseling and testing according to national and international standards
3	Stigma reduction	8. Number of local organizations provided with technical assistance in strategic information, HIV-related policy development, and/or institutional capacity building	N/A	33	This is the number of organizations that have participated in at least one capacity building training. For a results breakdown by organizations, see Table 12.
		9. Number of individuals trained in strategic information (includes M&E, surveillance), HIV-related policy development, and/or HIV-related institutional capacity	N/A	237	This result reflects the number of representatives of state organizations and NGOs involved in HIV prevention, who participated in at least one training. For a results breakdown by individuals trained, see Table 12.

Objective No.	Service Delivery Area	Performance Indicators	Results		Comments
			Target Group	May 2010–July 2014	
		building			
3	Stigma reduction	10. Number of individuals trained in HIV-related stigma and/or discrimination reduction	Priests	148	A total of 148 priests: from Tbilisi (49), Batumi (10), Kutaisi (26), Zugdidi (26), Telavi (9), Ozurgeti (13), Gori and other small regional centers (15) of Georgia were trained on HIV/drug prevention and stigma reduction
			Media school faculty staff	19	Journalists from various print and electronic media outlets and media schools' faculty members of leading Georgian universities were trained on HIV stigma and discrimination reduction
			Journalists	61	
			Health care workers	374	This result reflects the number of trained health care workers from various primary and secondary health care settings throughout the country
3	Stigma reduction	11. Number of people seeing stigma-reduction messages through TV	N/A	47,960,412	This is not the unique number of viewers. Viewers can be counted repeatedly. Viewership data are provided by GPB.
		12. Number of mechanisms supported with United States Government assistance for citizens to engage government	Prevention Task Force (PTF) Meetings	39	PTF meetings were conducted in Tbilisi, Batumi, and Kutaisi.
2	Prevention: Youth	13. Number of students reached through the combined HLC, including RH issues, at secondary schools	N/A	132,220	This result reflects the number of 8th, 10th, and 11th grade students in secondary schools of Georgia reached through the combined Healthy Lifestyles Curriculum, including RH issues
1	PLHIV referral to clinical services	14. Number of newly diagnosed HIV-positive individuals referred to clinical care, including RH/FP	PLHIV	331	For results breakdown by geographic location, see Table 13. For results breakdown by age group and gender, see Table 14.

Objective No.	Service Delivery Area	Performance Indicators	Results		Comments
			Target Group	May 2010–July 2014	
		services			
2	Prevention: Youth	15. Number of individuals trained to provide information/education on RH/FP and healthy lifestyle practices	MARA	36	This is the number of social workers and psychologists from MCLA, MOES Psychological Center, and local NGO “Toleranti” working with at-risk youth in the Samtskhe-Javakheti Region.
2	Prevention: Youth	16. Number of individuals covered by RH/FP and healthy lifestyle education topics	Youth	7,326	Out of 7,326 young people, 6,873 participated in interactive peer education sessions and attended the healthy lifestyle information sessions; 453 were trained as Youth Peer Educators/Leaders. For a results breakdown by geographic location, see Table 15.
			www.geoyouth.ge visitors	68,271	This number may also include fans of the GeoYouth Facebook page. The extent of the overlap cannot be determined precisely.
			GeoYouth Facebook page fans	10,521	This is the total number of “likes” registered from when the Facebook page was launched until the end of the project on July 31, 2014.
			MARA	50	This is the number of youth on probation (26) reached by psychosocial prevention intervention and incarcerated youth (24) attending HLC classes
			Parents	1,319	This is the number of parents participating in group trainings on participatory guidance and tools to use when talking to children about healthy choices. For a results breakdown by geographic location, see Table 16.

Tables 5–16 present disaggregated data from *Table 3* for each output/process-level indicator.

Table 5: Indicator 1: Number of individuals who received counseling and testing for HIV and received their test results (disaggregated by target groups, NGOs, and location)

Target group	Tbilisi		Batumi	Kutaisi	Zugdidi	Telavi	Rustavi	Marneuli	Total
	TG	BPU	TG	TG	TG	BPU	Indigo	UAYG	
IDUs	69	2,886	477	830	171	208	388		5,029
IDU partners	19	840	97	285	33	81	21		1,376
FSWs	488		513	312	95	59	234	11	1,712
MSM	608		215	146					969
FSW partners	20		77	41	33	9			180
Others	239	1	90	41		4			375
Subtotal by grantee	1,443	3,727	1,469	1,655	332	361	643	11	9,641
Total	5,170		1,469	1,655	332	361	643	11	9,641

Table 6: Indicator 1: Number of individuals who received counseling and testing for HIV and received their test results (disaggregated by target groups, gender, and age)

Target group	Male			Female		
	15–19	20–24	25+	15–19	20–24	25+
IDUs	101	453	4,445		4	26
IDU partners			4	43	189	1,140
FSWs			1	47	205	1,459
MSM	61	269	639			
FSW partners	19	41	117			3

Target group	Male			Female		
	15–19	20–24	25+	15–19	20–24	25+
Others	35	69	118	22	39	92
Subtotal by age group	216	832	5,324	112	437	2,720
Total	6,372			3,269		

Table 7: Indicator 2: Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (disaggregated by target groups, NGOs, and location)

Target group	Tbilisi			Batumi	Kutaisi	Zugdidi	Telavi	Rustavi	Marneuli	Total
	TG	BPU	LGBT	TG	TG	TG	BPU	Indigo	UAYG	
IDUs	87	4,821		984	1,315	181	293	811		8,502
IDU partners	22	1,101		152	332	34	85	23		1,749
FSWs	1,334			932	590	137	77	396	33	3,499
MSM	941		151	622	265					1,979
FSW partners	59			138	52	51	11			311
Others	434	1		231	49		4			719
Subtotal by grantee	2,877	5,923	151	3,059	2,613	403	470	1,230	33	16,759
Total	8,992			3,049	2,613	403	470	1,230	33	16,759

Table 8: Indicator 2: Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (disaggregated by target groups, gender, and age)

Target group	Male			Female			Transgender		
	15–19	20–24	25+	15–19	20–24	25+	15–19	20–24	25+
IDUs	118	755	7,593		7	29			
IDU partners			6	44	221	1,478			
FSWs			2	69	406	3,022			
MSM	85	418	1,468				2	3	3
FSW partners	29	53	224			5			
Others	127	108	292	29	44	119			
Subtotal by age group	359	1,334	9,585	142	678	4,653	2	3	3
Total	11,278			5,473			8		

Table 9: Indicator 3: Number of individuals trained to promote HIV/AIDS prevention and RH/FP through other behavior change beyond abstinence and/or being faithful (disaggregated by target groups and location)

Target group	Tbilisi	Batumi	Kutaisi	Zugdidi	Telavi	Rustavi	Total
IDUs (PEs)	348	76	90	54	46	4	618
IDU partners (PEs)	150	61	63	24	14	0	312
FSWs (PEs)	16	72	72	23	20	10	213

Target group	Tbilisi	Batumi	Kutaisi	Zugdidi	Telavi	Rustavi	Total
MSM (PEs)	19	56	57	0	0	0	132
Total	533	265	282	101	80	14	1,275

Table 10: Indicator 4: Number of free condoms distributed among IDUs, FSWs, and MSM (disaggregated by target groups, NGOs, and location)

Target group	Tbilisi			Batumi	Kutaisi	Zugdidi	Telavi	Rustavi	Marneuli	Total
	TG	BPU	LGBT	TG	TG	TG	BPU	Indigo	UAYG	
IDUs	1,321	38,609		18,366	33,105	1,971	4,907	8,933		107,212
IDU partners	419	7,881		1,902	6,035	337	1,539	226		18,339
FSWs	92,620			31,816	35,375	1,369	1,530	5,060	1,235	168,985
MSM	35,689		910	13,685	16,371					66,675
FSW partners	2,172			1,990	1,033	340	260			5,795
Others	8,928	12		2,380	238		80			11,638
Subtotal by grantee	141,149	46,502	910	70,139	92,157	4,017	8,316	14,219	1,235	378,644
Total	188,561			70,139	92,157	4,017	8,316	14,219	1,235	378,644

Table 11: Indicator 5: Number of IEC materials distributed among young people, IDUs, FSWs, and MSM (disaggregated by target groups, NGOs, location)

Target group	Tbilisi			Batumi	Kutaisi	Zugdidi	Telavi	Rustavi	Marneuli	Total
	TG	BPU	LGBT	TG	TG	TG	BPU	Indigo	UAYG	
IDUs	74	35,220		4,385	2,981	1,005	3,911	3,973		51,549
IDU partners	23	4,165		479	555	136	1,033	122		6,513
FSWs	2,460			4,068	1,855	756	857	2,439	158	12,591
MSM	989		65	1,302	934					3,292
FSW partners	14			270	116	163	159			722
Others	467	5		424	116		72			1,084
Subtotal by grantee	4,027	39,390	65	10,928	6,557	2,060	6,032	6,534	158	75,751
Total	43,482			10,928	6,557	2,060	6,032	6,534	158	75,751

Table 12: Indicator 8: Number of local organizations provided with technical assistance in strategic information, HIV-related policy development, and/or institutional capacity building

Indicator 9: Number of individuals trained in strategic information (includes M&E, surveillance), HIV-related policy development, and/or institutional capacity building (disaggregated by affiliation of trainees)

No.	Organizations	Individuals
1	NCDC	44
2	AIDS Center	10

No.	Organizations	Individuals
3	Research Institute on Addiction	5
4	TG	28
5	BPU	11
6	GHRN	13
7	Save the Children	1
8	New Way	7
9	Alternative Georgia	8
10	Indigo	5
11	nGnl/CDD	3
12	CIF	6
13	RPRV/World vision (Real People Real Vision)	8
14	NTP (National TB Control Program)	1
15	UNFPA (United Nations Population Fund)	1
16	URC/TPP (University Research Co., LLC /Tuberculosis Prevention Project)	1
17	GPIC HIV Program (Global Projects Implementation Center)	3
18	UNAIDS (Joint United Nations Programme on HIV/AIDS)	2

No.	Organizations	Individuals
19	Hera XXI	4
20	Human Rights Institute	3
21	MCCU/HRU	4
22	Center for Mental Health and Prevention of Addiction	1
23	HIV/AIDS Patients Support Foundation	6
24	Caucasian Social Marketing Association	1
25	Rubiconi	2
26	Akeso	3
27	GYDEA	2
28	Xenoni	1
29	New vector	3
30	Hepa +	1
31	MCLA	46
32	Altgeorgia	1
33	GHPP	2
Total		237

Table 13: Indicator 14: Number of newly diagnosed HIV-positive individuals referred to clinical care, including RH/FP services (disaggregated by target groups and location)

Target group	Tbilisi	Batumi	Kutaisi	Zugdidi	Telavi	Rustavi	Other	Total
IDUs	81	4	5	8	1	1	2	102
IDU partners	31			4			1	36
MSM	53		1	1			1	56
Others	116	11	1	2	2	2	3	137
Subtotal by sites	281	15	7	15	3	3	7	331

Table 14: Indicator 14: Number of newly diagnosed HIV-positive individuals referred to clinical care, including RH/FP services (disaggregated by target groups, gender, and age)

Target group	Male			Female		
	15–19	20–24	25+	15–19	20–24	25+
IDUs		2	99			1
IDU partners				1		35
MSM	1	19	36			
Others	2	15	70		5	45
Subtotal by age group	3	36	205	1	5	81
Total	244			87		

Table 15: Indicator 16: Number of youth participated in interactive peer education sessions and attending the healthy lifestyle information sessions (disaggregated by location)

Target group	Tbilisi	Batumi	Kutaisi	Zugdidi	Telavi	Gori	Tskaltubo	Gardabani	Poti	Total
School students attending healthy lifestyle information sessions	1,174	39	17	96	26		85	52	82	1,571
Youth attending peer education sessions	2,582	334	271	583	156	98				4,024
Youth participated in World AIDS Day activities	888									888
Movie discussion participants	166	88	136							390
Total	4,810	461	424	679	182	98	85	52	82	6,873

Table 16: Indicator 16: Number of parents participating in group trainings on HLC topics (disaggregated by location)

Target group	Tbilisi			Batumi		Kutaisi			Telavi	Tskaltubo	Total
	GHPEF	BPU/TG	nGnl/MCCU	nGnl	TG	GHPEF	nGnl/MCCU	TG	BPU	GHPEF	
Parents	471	71	3	3	1	306	2	1	26	435	1,319
Subtotal by grantee	545			4		309			26	435	1,319

Annex B: Complete list of contractual and technical deliverables and reports, including conference abstracts and presentations

Table 17: GHPP deliverables and reports

Category/activity	Accomplished Reports/Deliverables (including abstracts and presentations)
Contractual / project management	
Monthly Technical Briefs	Completed a total of 54 Monthly Technical Briefs submitted throughout the project
Quarterly Reports	Completed a total of 17 Quarterly Technical Progress Reports submitted throughout the project
Performance Management Plan	Completed a total of 9 Performance Monitoring Plans submitted throughout the project
Annual Work Plans	Completed a total of 5 Annual Work Plans submitted throughout the project
Final Report	Completed 1 Final Report submitted at the end of the project
Objective 1: Prevention in primary risk groups	
Reports	<ul style="list-style-type: none"> • Community-level intervention model targeting PWID • Pharmacy Interventions, Tbilisi, Georgia, 2012 • Standard guides on provision of core package of HIV prevention services to KAPs • Unit costs of HIV prevention strategies targeting KAPs
Tools	<ul style="list-style-type: none"> • Costing tool to derive unit costs of HIV prevention strategies targeting KAPs • A toolkit and manual for monitoring HIV prevention • A national database for registering HIV services delivery to KAPs

Category/activity	Accomplished Reports/Deliverables (including abstracts and presentations)
Conference Abstracts	<ul style="list-style-type: none"> • Community-level intervention for HIV testing and prevention in the Republic of Georgia, XIX International AIDS Conference, 2012 • Costing study to enable the National Center for Disease Control and Public Health (NCDC) to better plan, finance, and manage HIV prevention service delivery to key populations, XX International AIDS Conference, 2014 • Capacity building activities to enable national governmental and civil society organizations to better plan, finance, and manage HIV prevention programs targeting key populations, XX International AIDS Conference, 2014
Objective 2 Intervention in groups likely to be infected next (youth)	
Reports	<ul style="list-style-type: none"> • Operations Research Report: Evaluation of the effectiveness of a healthy lifestyles curriculum among students of secondary school in Tbilisi and Telavi, October 2011 • HLC Manual for Biology and Sports Teachers, 2012 • Training Manual for Parents, 2011 • Adoption of Healthy Lifestyle Behaviors Research Study, September 2013
Conference Abstracts	<ul style="list-style-type: none"> • The effectiveness of a school-based intervention to increase knowledge on health topics among secondary school students in the Republic of Georgia, XIX International AIDS Conference, 2012 • Interactive activities to raise awareness of risk behaviors for sexually transmitted infections, including HIV/AIDS, among Georgian youth, XIX International AIDS Conference, 2012 • Targeted cognitive behavioral therapy (CBT) interventions among most-at-risk adolescents in Georgia: Findings and next steps, XX International AIDS Conference, 2014
Objective 3 Carry out a comprehensive stigma reduction campaign for general communities, media representatives and health care workers	
Reports	<ul style="list-style-type: none"> • Youth Behavioral Surveillance Survey: HIV/AIDS Knowledge, Attitudes, and Practices among School Pupils and University Students in Tbilisi, Georgia; 2011 • Mapping the Future: Options for Drug Policy in Georgia; 2011

Category/activity	Accomplished Reports/Deliverables (including abstracts and presentations)
Policy Documents	<ul style="list-style-type: none"> • National BCC Strategy targeting key affected populations (PWID, MSM, FSWs) and at-risk youth; 2012 • A guide to National BCC Strategy Development; 2012 • A national policy on HCT in the Penitentiary System of Georgia; 2013 • A policy paper: <i>“Sustainable HIV Prevention in Georgia: Challenges, Opportunities, and Recommended Actions,”</i> 2014 • A policy brief: <i>“Sustainable HIV Prevention in Georgia: Challenges, Opportunities, and Recommended Actions;”</i> 2014
Resource Manuals	<ul style="list-style-type: none"> • A manual for faculty members of the School of Journalism on the coverage of HIV and drug addiction issues; 2012 • A resource manual for lecturers of medical universities on HIV/AIDS-associated stigma and ethical and legal issues; 2102
Visual IEC Materials	<ul style="list-style-type: none"> • Six public service announcements on HIV stigma and discrimination reduction; 2010–2013 • Short educational movie: Stigma; 2012 • Short educational movie: Restarted Game; 2014
Conference Abstract/Poster Presentation	<ul style="list-style-type: none"> • Entertainment as a vehicle for HIV prevention: An educational movie challenges stereotypes surrounding HIV in Georgia; 20th International AIDS Conference, July 20–25, 2014

Annex C. Complete List of GHPP Grants (2010–2014)

Table 18: List of GHPP grants

Period	Grantee	Grant title	Grant type	Total grant amount	Geographic location	Performance
May 10, 2010—February 28, 2011	Bemoni Public Union (BPU)	Georgia HIV prevention Project	Simplified Cost Reimbursement Grant to a non-U.S. NGO (SIG)	GEL 250,140	Tbilisi, Telavi	HIV prevention among KAPs and in groups likely to be infected next (youth)
March 1, 2011—July 31, 2014	Bemoni Public Union (BPU)	Georgia HIV prevention Project	Standard Cost Reimbursement Grant to a non-U.S. NGO (STG)	GEL 493,601	Tbilisi, Telavi	HIV prevention among KAPs and in groups likely to be infected next (youth)
May 10, 2010—February 28, 2011	International Orthodox Christian Charities (IOCC)	Promoting Healthy Lifestyles among Youth	Standard Cost Reimbursement Grant U.S. NGO (STG)	USD 91,347	Tbilisi, Kutaisi, Zugdidi, Batumi and Telavi	Promote healthy lifestyles among Georgian youth: training of clergy and youth leaders on HIV/AIDS and drug abuse
May 10, 2010—July 31, 2014	Center for Information and Counseling on Reproductive Health – Tanadgoma (TG)	HIV Prevention among KAPs and youth in four cities of Georgia	Standard Cost Reimbursement Grant to a non-U.S. NGO (STG)	GEL 1,286,781	Tbilisi, Kutaisi, Zugdidi, Batumi	HIV/AIDS prevention among high-risk behavior groups (female sex workers, men who have sex with men and injecting drug users) and youth in four cities of Georgia
August 1, 2010—November 30, 2010	Caucasus Youth Development Association CYDA	Georgia HIV Prevention Project	Simplified Cost Reimbursement Grant to a Non-U.S. NGO (SIG)	GEL 30,198	Tbilisi, Telavi, Batumi	Organize peer education sessions on healthy lifestyles for youth at summer camps and youth focus group meetings to identify effective channels for communicating HIV and anti-drug messages

Period	Grantee	Grant title	Grant type	Total grant amount	Geographic location	Performance
October 15, 2010— December 15, 2010	Movement “Davitianni” at Georgian Patriarchate	Georgia HIV Prevention Project	Fixed Obligation Grant (FOG)	GEL 14,747	Tbilisi	Organize WAD activities on December 1, 2010
May 5, 2011— February 29, 2012	NGO Indigo	Georgia HIV Prevention Project	Fixed Obligation Grant (FOG)	GEL 42,971	Rustavi	HIV prevention among KAPs in Rustavi City
March 1, 2012— January 31, 2014	NGO Indigo	Georgia HIV Prevention Project	Simplified Cost Reimbursement Grant to a Non-U.S. NGO (SIG)	53,374 GEL	Rustavi	HIV prevention among KAPs in Rustavi City
June 21, 201— February 21, 2012	New Generation New Initiative (nGnl)	Georgia HIV Prevention Project	Fixed Obligation Grant (FOG)	GEL 34,978	Tbilisi	Implement activities that will promote healthy behaviors among youth through educating on healthy lifestyles, including negative aspects of illicit drug use and associated risks including HIV infection
September 14, 2012— December 14, 2012	New Generation New Initiative (nGnl)	Georgia HIV Prevention Project	Fixed Obligation Grant (FOG)	GEL 12,000	Tbilisi	Implement activities that will promote healthy behaviors among youth through educating on healthy lifestyles, including negative aspects of illicit drug use and associated risks including HIV infection
June 3, 2011— January 31, 2012	Georgian Harm Reduction Network	Georgia HIV Prevention Project	Fixed Obligation Grant (FOG)	GEL 38,858	Tbilisi, Gori, Zugdidi and Batumi	<ul style="list-style-type: none"> Design and conduct training of Georgian Orthodox Church (GOC) priests on psychosocial counseling, stigma reduction, and referral of drug users to organizations providing HIV voluntary counseling and testing (VCT); Incorporate this training course into existing curriculum of Tbilisi Theological Academy

Period	Grantee	Grant title	Grant type	Total grant amount	Geographic location	Performance
August 2, 2011—December 2, 2011	Georgian Health Promotion and Education Foundation	Georgia HIV Prevention Project	Fixed Obligation Grant (FOG)	GEL 10,000	Tbilisi, Kutaisi, Tskaltubo	Provide training to parent groups to raise their awareness of the importance of healthy lifestyles, including HIV/AIDS and drug issues, with particular emphases on participatory guidance and tools to be used when talking to children about healthy choices
August 10, 2011—January 10, 2012	Georgian Maternal and Child Care Union (MCCU)	Georgia HIV Prevention Project	Fixed Obligation Grant (FOG)	GEL 19,985	Tbilisi, Batumi, Kutaisi, Telavi, Gori	Promote healthy behaviors among youth through peer education on healthy lifestyles, including negative aspects of illicit drug use and associated risks including HIV infection
September 18, 2012—January 18, 2013	Georgian Maternal and Child Care Union (MCCU)	Georgia HIV Prevention Project	Fixed Obligation Grant (FOG)	GEL 9,025	Tbilisi, Batumi, Rustavi	Peer education on healthy lifestyles among schoolchildren at youth leadership houses of public service halls and at school-based civics clubs of the funded Applied Civic Education and Teachers Training Program (ACETT)
April 3, 2013—October 11, 2013	The Union of Azerbaijanian Youth in Georgia	Preventive measures against HIV infection, among FSWs from Marneuli	Fixed Obligation Grant (FOG)	GEL 13,360	Marneuli	Provide HIV preventive services to FSWs in a city of Marneuli
May 13, 2013—December 28, 2013	Center for Democracy and Development (CDD)	Choice is up to you-2013	Fixed Obligation Grant (FOG)	12,000 GEL	Tbilisi and Batumi	Implement activities that will promote healthy behaviors among youth through educating on healthy lifestyles, including negative aspects of illicit drug use and associated risks, including HIV infection
May 28, 2013—June 30, 2013	Real People Real Vision (RPRV)	Improve referral of newly diagnosed PLHIV to clinical services	Fixed Obligation Grant (FOG)	18,773 GEL	Tbilisi	To improve referral of newly diagnosed PLHIV to clinical services

Period	Grantee	Grant title	Grant type	Total grant amount	Geographic location	Performance
July 8, 2013— April 30, 2014	LGBT Georgia	Prevention in primary risk groups	Fixed Obligation Grant (FOG)	8,010 GEL	Tbilisi	To improve referral of MSM to HIV prevention services
September 5, 2013— January 5, 2014	Health Research Union (HRU)	Healthy lifestyle educational interventions among youth	Fixed Obligation Grant (FOG)	GEL 14,313	Tbilisi, Rustavi, Zugdidi, Kutaisi, Batumi, Ozurgeti, Telavi, Ambrolauri, Mtskheta, Gori, Akhaltsikhe.	To conduct healthy lifestyle educational interventions among youth in partnership with the USAID-funded Applied Civic Education and Teachers Training Program (ACETT)
April 10, 2014— July 10, 2014	Health Research Union (HRU)	Healthy lifestyle educational interventions among youth	Fixed Obligation Grant (FOG)	GEL 6,973	Tbilisi, Rustavi, Mtskheta	To work on peer education in support for the healthy lifestyle promotion among youth
September 23, 2013—January 31, 2014	Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT)	Design and pilot targeted prevention interventions among incarcerated youth, youth on probation, and at-risk youth and healthy lifestyle educational interventions among youth	Fixed Obligation Grant (FOG)	24,184 GEL	Tbilisi	To design and pilot targeted prevention interventions among incarcerated youth, youth on probation, and at-risk youth and healthy lifestyle educational interventions among youth