

# Capacity-Building Activities To Enable National Governmental and Civil Society Organizations To Better Plan, Finance, and Manage HIV Prevention Programs Targeting Key Populations in Georgia

Tea Tsagareli,<sup>1</sup> Tamar Kasrashvili,<sup>2</sup> Mzia Tabatadze,<sup>2\*</sup> Alison Mitchell LeFew,<sup>3</sup> Rajeev Colaco,<sup>3</sup> and Mamuka Djibuti<sup>2</sup>

<sup>1</sup>Save the Children, <sup>2</sup>GHPP/RTI International, and <sup>3</sup>RTI International

## 1. Introduction

According to the Georgian Infectious Diseases, AIDS & Clinical Immunology Research Center, Georgia is currently considered a low-HIV-prevalence country with a concentrated epidemic among key populations. Without targeted prevention efforts aimed at reaching sex workers, men who have sex with men, and injecting drug users, Georgia could transition to a more generalized epidemic. The role of both government and civil society organizations (CSOs, including community-based organizations [CBOs]) in HIV prevention is crucial, particularly when key populations are hidden because of restrictive drug policies and HIV-related stigma. Many Georgian CSOs have strong outreach capacity but limited ability to plan, budget, monitor, and scale up HIV prevention programs. The USAID-funded Georgia HIV Prevention Project (GHPP) is building the capacity of the National Center for Disease Control and Public Health (NCDCPH), a Global Fund Principal Recipient in Georgia, other government institutions (National AIDS Center, Research Institute on Addiction, and Mental Health Policy and Programmes Management Center), and CSOs/CBOs to better plan, budget, and implement HIV prevention programs.



Institutional development and organizational strengthening (IDOS) training, conducted by the Center on Training and Consultancy (CTC); participants from Tbilisi, Kutaisi, Rustavi, and Batumi represent five CSOs



Monitoring and evaluation training, conducted at the NCDCPH, with NCDCPH staff and representatives from local CSO partners also implementing programs funded by The Global Fund

## 2. Materials and Methods

As part of its capacity-building strategy, GHPP conducted a preliminary training needs assessment of its government stakeholders and local CSOs/CBOs in Tbilisi, Kutaisi, Zugdidi, and Telavi. Based on the needs assessment, GHPP prioritized the key areas of capacity building required and developed a comprehensive training program that follows a logical sequence. Information is presented in order such that material introduced in later courses reinforces and builds upon knowledge gained from earlier training.

Special focus was placed on newly established CBOs (formed in 2013–2014) that represent the most vulnerable key populations, such as current or former drug users (especially female drug users), ex-prisoners who served sentences for drug use–related crimes, and female sex workers. These CBOs have limited, if any, capacity to plan and manage programs and raise funds but are critical to strengthen in order to reach those most vulnerable.

### The training program includes the following modules:

- Outreach to vulnerable groups
- HIV testing and counseling
- Peer education
- Behavior change communication message development and strategies for targeting key populations
- Monitoring and evaluation of HIV/AIDS programs
- Costing of preventive strategies among key populations
- Design and operation of the National HIV Database for Key Populations
- HIV surveillance: Behavioral surveillance study among youth
- Institutional development and organizational strengthening
- Proposal development and grant writing
- Program budgeting and management
- Fundraising strategies
- Marketing strategies and social media

### GHPP has built government stakeholders' and more mature CSOs' capacity to use the following GHPP-developed tools, practice manuals, and methodologies, which include

- guidelines on provision of HIV prevention services for key populations,
- a costing tool for HIV prevention strategies and services,
- a national key populations database for registration of HIV services delivered and tracking outputs/outcomes, and
- a toolkit for monitoring HIV prevention service delivery to key populations.

## 3. Results

Based on the feedback from the training participants, the capacity-building process was found to be more effective when it was tailored to concrete needs and opportunities. For example, the GHPP trainings were focused on enabling local organizations to better plan and implement upcoming Global Fund HIV grant program activities.

The capacity-building trainings brought together stakeholders from government institutions and CSOs/CBOs, and this helped to establish a sense of professional partnership and promote collaboration among key players.

Discussions during training sessions were interesting because participants were drawn from a range of different institutions, and each brought different perspectives to contribute.



Marketing strategies and social media training, conducted by CTC



Stakeholders interactively engage in capacity-building training



HIV stakeholders partake in training on the National HIV Behavior Change Communication Strategy development

## 4. Conclusions and Recommendations

The GHPP-led capacity-building activities have helped CSOs/CBOs and the government stakeholders to better plan programs, develop strategies targeting key populations, and improve and monitor the quality of service provision. Key stakeholders can better recognize total financial requirements and calculate costs for different HIV prevention strategies targeting key populations in Georgia; these are capacities that the NCDCPH especially will draw upon in the implementation of the Global Fund programs (HIV and TB) in 2014–2016.

### Recommendations include

- conduct a training needs assessment among stakeholders to prioritize needs and deliver tailored education before planning capacity-building interventions;
- group training participants according to their background, knowledge, and work experience to support focused training and capacity building for specific needs or opportunities; and
- promote time for government stakeholders and CSOs/CBOs to engage with each other to establish professional partnerships.

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## More Information

\*Presenting author: Mzia Tabatadze, GHPP  
+995.591.409.504  
mtabatadze@ghpp.org

Alison Mitchell LeFew, RTI  
+1.919.541.5840  
amitchell@rti.org

RTI International  
3040 E. Cornwallis Road  
Research Triangle Park, NC 27709

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[www.rti.org](http://www.rti.org)

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