

Survey Response Details

Response Information

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Response Details

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1) Country

Georgia (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Please enter in DD/MM/YYYY format

16/03/2010

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8) Describe the process used for NCPI data gathering and validation:

Data for the National Composite Policy Index (NCPI) have been collected by administering NCPI questionnaire recommended by the UNGASS. The questionnaire was translated into Georgian and distributed among all key stakeholders. Part (A) of the questionnaire has been completed by the Government officials and Part (B) by the Civil Society Organizations, Bilateral Donors and Un

Agencies. All completed NCPI questionnaires were reviewed by the technical coordinators, data consolidated and preliminary results were discussed at the National consultation meeting organized by the UNAIDS. Two separate meetings were held for government organizations, and NGOs/donor organizations. A final workshop with key stakeholders to present, discuss and validate the NCPI responses and the write-up of the findings have been conducted

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

In case responses to specific questions were different, all answers were discussed in details during the national consultations and agreement and consensus have been reached among all stakeholders.

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

There have been no concerns to report

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11)

NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Country Coordinating Mechanism	Eka Iashvili	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Labor, Health and Social Affairs	Nanuka Shatberashvili	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Correction and Legal Assistance	Nika Megrelishvili	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Ministry of Finance	Nino Gugenishvili	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Ministry of Education	Irina Kurdadze	A.I, A.II, A.III, A.IV, A.V
Respondent 6	National Center for Disease Control and Public Health	Levan Baramidze	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Infectious Diseases, AIDS and Clinical Immunology Research Center	Nino Badridze	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Infectious Diseases, AIDS and Clinical Immunology Research Center	Nikoloz Chkhartishvili	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Research Institute on Drug Addiction	Khatuna Todadze	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Georgian Health and Social Projects Implementation Center	Akaki Lochoshvili	A.I, A.II, A.III, A.IV, A.V
Respondent	Georgian Health and Social Projects		

Respondent 11	Georgian Health and Social Projects Implementation Center	Nino Khetaguri	A.I, A.II, A.III, A.IV, A.V
Respondent 12	National Center for TB and Lung Diseases	Iagor Kalandadze	A.I, A.II, A.III, A.IV, A.V
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1 HIV/AIDS Patients Support Foundation	Izoleta Bodokia	B.I, B.II, B.III, B.IV

14)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 Counseling Center Tanadgoma	Nino Tsereteli	B.I, B.II, B.III, B.IV
Respondent 3 WFP	Khatuna Epremidze	B.I, B.II, B.III, B.IV
Respondent 4 "Alternativa" Georgia	David Otiashvili	B.I, B.II, B.III, B.IV
Respondent 5 Curatio International Foundation	Ketevan Chkhatarashvili	B.I, B.II, B.III, B.IV
Respondent	Natalia	

Respondent	Organization	Checkbox® 4.6 Name	Options
6	UNFPA	Natalia Zakareishvili	B.I, B.II, B.III, B.IV
7	UNAIDS	Lia Tavadze	B.I, B.II, B.III, B.IV
8	WHO	Amiran Gamkrelidze	B.I, B.II, B.III, B.IV
9	World Bank	Nino Moroshkina	B.I, B.II, B.III, B.IV
10	Save The Children Federation	Mzia Tabatadze	B.I, B.II, B.III, B.IV
11	UNHCR	Tamar Magradze	B.I, B.II, B.III, B.IV
12	Georgian Peer Foundation	Zurab Tatanashvili	B.I, B.II, B.III, B.IV
13	Georgian + Group	David Ananiashvili	B.I, B.II, B.III, B.IV
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15)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

Page 7**16) Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2006-2010

17)

1.1 How long has the country had a multisectoral strategy?**Number of Years**

7

18)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	No	
Labour	No	
Transportation	No	
Military/Police	Yes	Yes
Women	No	
Young people	Yes	Yes
Other*		

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19)

Part A, Section I: STRATEGIC PLAN**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

Target populations	
a. Women and girls	No
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	No
j. Prisons	Yes

Cross-cutting issues	
k. HIV and poverty	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	No

20)

1.4 Were target populations identified through a needs assessment?

No (0)

Page 10

21)

IF NO, explain how were target populations identified?

Target populations were identified by considering country local context and through national consultation meetings

Page 11

22)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

1. Injecting drug users 2. Men who have sex with men 3. Sex workers 4. Youth 5. Prisoners 6. Military and uniform personnel

23)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

24)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	No

25)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

26)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

Representatives of NGO sector including PLWHA are members of CCM and Prevention Task Force (PTF) which is the unity of NGOs working in the field of HIV prevention.

27)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

28)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

No (0)

Page 13

29)

Part A, Section I: STRATEGIC PLAN**Question 1.10 (continued)****IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why**

The strategic plan document was informally approved by the CCM, but was not legally endorsed by the Government of Georgia, so harmonization of donors' HIV related programs to the national multi-sectoral strategy was not undertaken

Page 14

30)

Part A, Section I: STRATEGIC PLAN**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?**

Yes (0)

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31)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	No
e. Other: Please specify	

32)

2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	No
Antiretroviral treatment	No
Care and support (including social security or other schemes)	No
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	No
Reduction of stigma and discrimination	No
Women's economic empowerment (e.g. access to credit, access to land, training)	No
Other: Please specify	

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33)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

No (0)

Page 17

34)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

35)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	No
Condom provision	No
HIV testing and counselling	No
Sexually transmitted infection services	No
Antiretroviral treatment	No
Care and support	No
Routine screening of military and uniform personnel	Yes

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36)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

37)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

38)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

There are several mechanisms to ensure the laws are implemented; These mechanisms include sub-laws, ministerial decrees and state programs

39)

Briefly comment on the degree to which these laws are currently implemented:

The mechanisms for Law enforcement are not adequate and sufficient. Lack of sub-laws and decrees

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40)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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41)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

42)

IF YES, briefly describe the content of these laws, regulations or policies:

Georgia's drug legislation is very restrictive; Consumption of drugs is an administrative misdemeanour; first-time offenders are punished with a fine about \$300 or jail time of up to 30 days. Needle exchange services at the penitentiary system are legally prohibited; MST recently became available for limited number of persons at the pre-trial detention cells

43)

Briefly comment on how they pose barriers:

Georgian Criminal Code does not distinguish between possession of drugs for personal use or for dealing. Any amount of heroin is considered to be a "large amount" and is punishable by up to 12 years of imprisonment. As a result, Georgian prisons are crowded with drug users who are detained because of drugs they kept for personal use. Needle exchange services at the penitentiary system are legally prohibited; MST recently became available for limited number of persons at the pre-detention cells

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44)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

45)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

46)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

47)

Part A, Section I: STRATEGIC PLAN**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

48)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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49)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

50)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

Page 27

51)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

Coverage is monitored only for the program "treatment, care and support".

52)

Briefly explain how this information is used:

Data on the coverage are used for future planning and projection

Page 2853) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

54)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

Coverage is monitored by Regional and district levels

55)

Briefly explain how this information is used:

Information is used for future planning and development of state programs

56)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

57)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)**

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

7 (7)

58)

Since 2007, what have been key achievements in this area:

Key achievements in this area are following: Increasing of state budget, introduction of MST in the country

59)

What are remaining challenges in this area:

Country does not have one national Monitoring and Evaluation (M&E) system/framework.

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60)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

61)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

62)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1996

63)

2.2 IF YES, who is the Chair?

Name Sandra Elisabeth Roelofs
Position/title First Lady of Georgia

64)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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65)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

27

66)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

7

67)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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68)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

No (0)

Page 35

69)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

0

70)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	No
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	No
HIV advocacy; Human rights advocacy	Yes

71)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

Page 36

72)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

Yes (0)

Page 37

73)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****IF YES, name and describe how the policies / laws were amended:**

AIDS Law has been reviewed and endorsed by the Parliament of Georgia; A new law is fully consistent with the National AIDS Control policies Anti-narcotic policy document has been reviewed as well but is not yet endorsed

74)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

Needle exchange services at the penitentiary system are legally prohibited; MST recently became available for limited number of persons at the pre- detention cells

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75)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

9 (9)

76)

Since 2007, what have been key achievements in this area:

Key achievements in this area are following: Increasing of state budget, introduction of MST in the country

77)

What are remaining challenges in this area:

Further support is required to accelerate anti-narcotic law endorsement process

Page 39

78)

Part A, Section III: PREVENTION**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?**

No (0)

Page 40

79)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

No (0)

Page 41

80)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

81)

2.1 Is HIV education part of the curriculum in:

primary schools? No
secondary schools? Yes
teacher training? Yes

82)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

83)

2.3 Does the country have an HIV education strategy for out-of-school young people?

No (0)

84)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

No (0)

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85)

Part A, Section III: PREVENTION

Question 3 (continued)

IF NO, briefly explain:

Country does not have a separate policy or strategy to promote information, education and

communication (IEC) and other preventive health interventions for most-at-risk and vulnerable sub-populations. Priority preventive interventions are defined at the national HIV/AIDS strategy document.

Page 44

86)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

6 (6)

Page 45

87)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

88)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

Specific needs for HIV prevention programs have been identified through the BSS studies conducted among different sub-populations (CSWs, IDUs, MSMs, and prisoners). The study results were used for the purposes of intervention planning, advocacy and policy-making.

89)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	

Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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90)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

91)

Since 2007, what have been key achievements in this area:

Increasing of State financing, Introduction of MST.

92)

What are remaining challenges in this area:

Restrictive regulations and regulatory acts.

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93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

95)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

96)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

Through the program monitoring future needs are defined

98)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	Don't agree

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99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

100)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

Yes (0)

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101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 4 (continued)****IF YES, for which commodities?:**

ARVs and MST

Page 53

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

103)

Since 2007, what have been key achievements in this area:

Development of clinical management guidelines, Achievement of universal coverage of all registered cases

104)

What are remaining challenges in this area:

Limited funds for care and support programs to expand coverage of PLWH and their family members

Page 54

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

N/A (0)

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106)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

No (0)

Page 58

107) **Part A, Section V: MONITORING AND EVALUATION**

Question 1 (continued)

IF NO, briefly describe the challenges:

The process of the development of M&E system has been recently initiated.

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108)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

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109)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

This is a general nondiscrimination provision; general nondiscrimination provision is included in the several laws, but due to the lack of enforcement mechanisms such as nondiscriminatory statutes implementation of laws is not adequate;

110)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

No (0)

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111)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

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112)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

113)

IF YES, briefly describe the content of these laws, regulations or policies:

Consumption of drugs is an administrative misdemeanour; State regulations and attitudes of prison authorities are highly restrictive; The laws on drug addiction prevention and control are not adequate for implementing effective interventions aimed at reducing HIV/AIDS related risk (in public and penal sectors).

114)

Briefly comment on how they pose barriers:

State laws, regulations and policies that are relevant to drug use and preventive work among IDUs and prisoners are limiting factors for effective national response Preventive programs among prisoners are limited. Needle exchange programs are prohibited at the penitentiary system. MST is recently introduced and covers only limited number of persons in the pre- detention cells.

Page 88**115) Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

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116)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Through HIV/AIDS strategic plan equal access to HIV/AIDS prevention, treatment, care and support is guaranteed.

117)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

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118)

Part B, Section I. HUMAN RIGHTS**Question 5 (continued)**

IF YES, briefly describe this mechanism:

Reported cases of HIV specific discrimination are addressed through NGO sector and CCM involvement

119)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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120)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)**IF YES, describe some examples:**

PLWH are members of PTF and CCM as well. They actively participate in the development and implementation of policy documents or programs. MARPS and other vulnerable population are not involved in this process.

121)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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122)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

HIV prevention services are limited for prisoners: Needle exchange programs are prohibited at the penitentiary system. MST is recently introduced and covers only limited number of persons in the pre- detention cells.

123)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

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124)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

125)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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126)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

Equal access regardless age, gender, citizenship, and social status for most-at-risk populations and other vulnerable subpopulations to HIV prevention, treatment, care and support is ensured in the country

127)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

No (0)

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128)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

No (0)

129)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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130)

Part B, Section I. HUMAN RIGHTS**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

Yes (0)

131)

IF YES, describe the approach and effectiveness of this review committee:

All research projects involving human subjects prior to implementation should be approved by ethical review committee. Ethical review committee provides timely response and guidance to conduct the research in accordance to national and international standards

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132)

– **Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work**

Yes (0)

133)

– **Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

134)

– **Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)

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135)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

IF YES on any of the above questions, describe some examples:

Ombudsman's office - Human Rights Committee in the Parliament of Georgia

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136)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

137)

– **Legal aid systems for HIV casework**

No (0)

138) – Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

139) – Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

140) 15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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141) Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
 IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	No
Other: please specify	

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142) Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
 Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

7 (7)

143) Since 2007, what have been key achievements in this area:

Development and endorsement of new HIV/AIDS Law

144)

What are remaining challenges in this area:

Effective enforcement mechanisms do not exist in the country

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145)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

5 (5)

146)

What are remaining challenges in this area:

Development of effective mechanisms to enforce laws and regulations

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147)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

148)

Comments and examples:

NGOs are actively involved in the HIV/AIDS strategy development process

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149)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

3 (3)

150)

Comments and examples:

Representatives of NGO sector were involved in the strategy development process; identifying country needs and priority directions but were not involved in the budgeting and budget monitoring process.

Page 105

151)

a. the national AIDS strategy?

4 (4)

152)

b. the national AIDS budget?

1 (1)

153)

c. national AIDS reports?

4 (4)

154)

Comments and examples:

HIV prevention services targeted to the MARPs are mostly provided by the NGO sector, treatment services are exclusively provided by the governmental institutions

Page 106

155)

a. developing the national M&E plan?

1 (1)

156)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

1 (1)

157)

c. M&E efforts at local level?

0

158)

Comments and examples:

Monitoring and Evaluation system does not exist in the country

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159) Part B, Section II. CIVIL SOCIETY PARTICIPATION

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

3 (3)

160)

Comments and examples:

People living with HIV are actively involved in HIV related activities, religious organizations are supportive of drug prevention services, although they create significant barriers to HIV prevention services, like condom promotion

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161)

a. adequate financial support to implement its HIV activities?

4 (4)

162)

b. adequate technical support to implement its HIV activities?

4 (4)

163)

Comments and examples:

The Global Fund and other donor organizations provide financial as well as technical support to NGO sector to implement its HIV activities.

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164) Part B, Section II. CIVIL SOCIETY PARTICIPATION

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sexworkers	>75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	25-50%

Clinical services (ART/OI)*	<25%
Home-based care	>75%
Programmes for OVC**	<25%

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165)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

6 (6)

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166)

Part B, Section III: PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes (0)

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167)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

Findings of the Bio-behavior surveillance studies among IDUs, CSWs and MSMs and prisoners were used as a tool for preventive program planning.

168)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree

Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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169)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

170)

What are remaining challenges in this area:

- Low HIV testing uptake corresponds to the high rate of late diagnoses
- Improvement of quality and scale of prevention programs through standardized approach with aim to change behavior rather than simple educational activities.

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171)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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172)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)**

IF YES, how were these specific needs determined?

The specific needs for treatment, care and support services are defined through program monitoring, without little involvement of NGO sector

173)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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174)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

175)

Since 2007, what have been key achievements in this area:

Achievement of universal coverage of all registered cases

176)

What are remaining challenges in this area:

HIV policies at the workplaces are not developed Shelters for homeless HIV patients does not exist in the country

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177)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

N/A (0)