

ROADMAP 2016

Meaningful participation of LGBT communities in implementation, monitoring and evaluation of HIV - related prevention programs in Georgia





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Roadmap 2016

Presented roadmap has been elaborated with financial support of The Global Fund to Fight AIDS, TB and Malaria under the framework of the Community, Rights and Gender Technical Assistance Program.

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Acronyms and terminology

AIDS	Acquired immune deficiency syndrome
Antiretroviral drugs	drugs that slow down replication of the virus and can greatly enhance quality of life, but they do not eliminate HIV infection
APCOM	Asia Pacific Coalition on Male Sexual Health
Bisexual	The person who is sexually attracted to both men and women
CCM	Country Coordination Mechanism
Coming out	The process by which one accepts one's own sexuality, gender identity, or intersex status (to come out to oneself); 2)The process by which one shares one's sexuality, gender identity, or intersex status with others (to come out to friends, etc.). This can be a continual, life-long process for homosexual, bisexual, trans and intersex people
ECOM	Eurasian Coalition on Male Health (ECOM)
Epidemic	epidemic is a disease that appears as new cases in a given human population (e.g. everyone in a given geographic area; a university, or similar population unit; or everyone of a certain age or sex, such as the children or women of a region) during a given period, at a rate that greatly exceeds what is 'expected' based on recent experience
Gay	Term used to refer to homosexual / same gender loving communities as a whole, or as an individual identity label for anyone who does not identify as heterosexual; male identified people who are attracted to other male identified people in a romantic, erotic, and/or emotional sense.
Gender identity	An individual's internal sense of being male, female, both, neither, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others
GFTAM	Global Fund to fight AIDS, TB and Malaria
NCDCPH	National Center for Disease Control and Public Health
HIV	Human Immunodeficiency Virus
Homophobia	Dislike of or prejudice against homosexual people
HPV	Human papillomavirus
Immunity	the ability of an organism to resist a particular infection or toxin by the action of specific antibodies or sensitized white blood cells

Incidence	HIV incidence (sometimes referred to as cumulative incidence) is the proportion of people who have become infected with HIV during a specified period of time
Infectious diseases	Infectious diseases are disorders caused by organisms — such as bacteria, viruses, fungi or parasites
KAP	Key Affected Population
Lesbian	Term used to describe female identified people attracted romantically, erotically, and/or emotionally to other female identified people
LGBT	Acronym representing Lesbian, Gay, Bisexual, Transgender
Opportunistic infections	An infection caused by pathogens (bacteria, viruses, fungi, or protozoa) that take advantage of an opportunity not normally available, such as a host with a weakened immune system, an altered microbiota (such as a disrupted gut flora), or breached integumentary barriers
Pandemic	A disease prevalent throughout an entire country, continent, or the whole world. Preferred usage is to write ‘pandemic’ when referring to global disease and to use “epidemic” when referring to country or regional level
PLHA	People living with HIV
Prevalence	Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time
PrEP	Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day
Prevention	The action of stopping disease from happening or arising
PTF	Prevention Task Force
Risk factor	Factor that increases the risk of being HIV infected
Risky behavior	A lifestyle activity that places a person at increased risk of suffering a particular condition
Sexual Orientation	An individual’s physical and/or emotional attraction to and desire to sexually or emotionally partner with specific genders and/or sexes. e.g., homosexual, heterosexual, bisexual, pansexual, asexual
STI	Sexually transmitted infection

TB	Tuberculosis
Transgender (TG)	An umbrella term describing a diverse community of people whose gender identity differs from that which they were designated at birth; 2) Expressions and identities that challenge the binary male/female gender system in a given culture; 3) Anyone who transcends the conventional definitions of man and woman and whose self-identification or expression challenges traditional notions of male and female.
Transgender man/FtM	Term used to identify a person who was designated a female sex at birth and currently identifies as male, lives as a man, or identifies predominantly as masculine
Transgender woman/MtF	Term used to identify a person who was designated a male sex at birth and currently identifies as female, lives as a woman, or identifies as feminine
Transition	period of time or series of events; 2) To physically change one's appearance, body, self-describing language, and/or behaviors in accordance with their gender identity. May be broken down in parts; social transition (language, clothing, behavior, legal documents) and physical transition (medical care such as hormones, and/or surgery)
Transphobia	Dislike of or prejudice against transgender persons
VCT	Voluntary counseling and testing

Introduction

The roadmap is developed within the technical assistance under the framework of the Community, Rights and Gender Technical Assistance Program of The Global Fund to Fight AIDS, TB and Malaria. Technical and logistical assistance in the process of creation of this roadmap was provided by ECOM - Eurasian Coalition on Male Health.

Georgian community based organization “LGBT Georgia” and number of other community-based organizations of LGBT communities operating in Georgia are the beneficiaries of the technical assistance.

Georgia has already completed the processes of concept note development and is in the process of grant making of funding from the GFATM. The meaningful involvement of community representatives of key-affected populations, including MSM and trans individuals, has to be ensured through-out the processes including the country dialogue, development of the Georgian National HIV/AIDS Strategic Plan for 2016-2018 (NSP) and the Global Fund grant Concept Note development. However, there is a need to develop a strategy for engagement during the implementation of the Global Fund grant and NSP and beyond, as well as strengthen overall participation of community-based organization in corresponding processes on all levels.

All priorities and activities of technical assistance are in line with the goals and objectives of NSP and Country Concept Note submitted to the GFATM, and are focused to contribute to better implementation of these plans/proposals. In frames of this technical assistance, the international and national consultants were invited to conduct the following activities:

1. To conduct an assessment of availability and, where it is possible, accessibility of services targeting LGBT community, specifically MSM and trans individuals, within Continuum of HIV Prevention, Treatment and Care (mapping of existing services).
2. Provide recommendations on role of community organizations in provision and ensuring access to services.
3. Assess organizational capacity in service provision and prioritize services for their potential incorporation into the community organizations’ work.
4. Develop or recommend existing monitoring and evaluation tool(s) that LGBT community organizations can use for the assessment of accessibility and quality of services targeting MSM and TG individuals.
5. Conduct mapping of stakeholders (service providers, local and national decision makers, international and foreign partners) operating in Georgia in the field of HIV, sexual health, as

well as human rights protection, assess levels of partnership of these stakeholders with LGBT organizations for increasing uptake of HIV prevention and treatment services by gay men and other MSM and TG individuals.

6. Provide recommendations on development/improvement of a partnership/networking between these stakeholders and LGBT community organizations aiming to ensure the community meaningful engagement into provision of the key services and key decision-making.
7. To summarize outputs of all above-mentioned activities, to conduct a national workshop on development an LGBT Community Roadmap / Plan to improve the community engagement into the GFATM related processes and the National HIV/AIDS Strategy 2016-2018.

Based on abovementioned activities, personal face to face interviews with representatives of LGBT organizations and activities, review of existing literature and surveys hired consultants developed the Roadmap 2016. An important part of the creation of the roadmap was field trip to Kutaisi and Batumi (along with Tbilisi) conducted by the consultants. During the trips interviews were conducted with representatives of LGBT community organizations and service provider organizations providing HIV related services to LGBT groups, LGBT community activists, also health professionals (doctors, plastic surgeons, STI specialist, psychologists, psychiatrists, gynecologist etc.) who might serve LGBT persons. Topics discussed included: types of services provided to LGBT persons; availability and access to prevention services; current and possible future partnerships and collaborations with other CSO/NGOS, community organizations and state actors; current issues and gaps within community organizations; experience of working with LGBT communities; involvement of LGBT persons and organizations in planning and implementing of HIV related projects/actions etc.

The goal of the roadmap elaboration is to ensure meaningful participation of LGBT communities in implementation, monitoring and evaluation of the Global Fund-supported programs/projects. The objectives of the roadmap elaboration are:

- To assess the availability and accessibility to HIV services (prevention, treatment and care) for representatives of LGBT communities;
- To assess the needs of community organizations and community members in terms of organizational capacity, provision of HIV related services, human resources etc.
- To assist LGBT organizations to better understand the importance of planning, initiating and implementing community based HIV prevention programs;

- To explore the possibilities and needs of collaboration among LGBT community organizations and other service providing organizations;
- To develop M&E tools to assess the accessibility and quality of services.

The draft of the roadmap was sent also to LGBT community organizations and all interested stakeholders to receive critical feedback and considerations. Following the roadmap dissemination the document with its recommendations and M&E tools were actively discussed during the workshop at Kachreti, Georgia on June 20-21, 2016. Interested community organizations (LGBT Georgia, Identoba, Themida), community activists and representatives of “Tanadgoma”, AIDS center and CDCPH participated in the workshop. The draft of roadmap with its findings and recommendations was discussed during the meeting. Also community organizations and activists were given the information on HIV National Plan 2016-2018, implementation of Global Fund grant and future developments and experience of working with MSM in Georgia (best practices, current structure). The meeting was conducted in interactive way and all the parties were given the possibilities to express their opinions. The community organizations presented at the workshop agreed with the findings, conclusions and recommendations described in the roadmap. On July 6, 2016 in Tbilisi there was another working meeting where the final version of the roadmap and tool for measuring access and quality of HIV prevention services were accepted and community organizations expressed the willingness to advance their work in the field of HIV prevention and to follow the recommendations given in the roadmap. LGBT organizations also declared that they would start to work on elaboration of their internal strategies how to incorporate HIV prevention work in their organizational structures.

One more interesting initiative under the Community, Rights and Gender Technical Assistance Program of GFTAM was the training on the development of a test (pilot) project for PrEP (May 10-11, 2016). The training was led by experts from APCOM with support from MSMGF and ECOM. Community organizations, activists, representatives of CCM, AIDS center and NCDCPH, also NGOs providing services to LGBT persons were presented at the training.



The training was comprised of two parts: the first part was aimed at community representatives, while the second was for medical professionals. The first group discussed how to ensure a high level of knowledge among the LGBT community on how to support gay and other MSM using PrEP, and how to ensure cooperation with doctors. Meanwhile, the group of doctors discussed how the overall scheme of PrEP services should look and how to monitor and evaluate the pilot project. The small follow up coordination meeting dedicated to community engagement to PrEP pilot project was held late with participation of community organizations, activists and friendly NGOs. LGBT organizations agreed to cooperate with each other and to be involved in each stage of pilot project such as, information campaign on PrEP, training and informational material development, coordination and conduction of trainings/informational sessions, also community organizations express their willingness and readiness to take part in clinical component as well.

Acknowledgements

The roadmap was prepared by Sergo Chikhladze, Kakhaber Kepuladze and Nino Tsereteli (Tanadgoma). The authors would like to acknowledge the financial support provided by the GFATM under the Community, Rights and Gender Technical Assistance Program and technical support provided by ECOM - Eurasian Coalition on Male Health.

This roadmap would not have been accomplished without collaboration with NCDCPH of Georgia. The authors like to acknowledge the valuable assistance of LGBT community organizations: “LGBT Georgia”, “Identoba”, and “Themida” and service providing organizations: “Center for Information and Counseling on Reproductive Health – Tanadgoma”, “Healthy cabinets” functioning under the Association of Dermato-venerologists, Infectious Diseases, AIDS and Clinical Immunology Research Center, LGBT resource centers under the GFATM funded project.

Special thanks are extended to Mr. Gennady Roshchupkin - technical support coordinator (ECOM) and Ms. Mariam Kvaratskhelia – project manager (LGBT Georgia) for providing valuable technical and logistical support.

The authors also wish to thank all participants who agreed to dedicate their time and effort to the creation of the roadmap.

Brief overview of HIV situation in Georgia

The HIV epidemic remains a significant public health concern in Georgia. Since the detection of the first case of HIV in 1989, the rate of new HIV diagnoses in the country has been increasing. The latest estimate of the number of people living with HIV (PLHIV) in Georgia is 7000 and 45% of these people are not aware of their status. 5732 PLHIV were officially registered by June 2016. Most of them are adult persons 29-40 y.o.; 4244 –males and 1488- females. AIDS was developed in 3290 cases and 1127 died from AIDS complications. In 2016 (by June 10) 320 new HIV cases were detected in Georgia. 3309 patients use ARV treatments. Epidemiologically distribution of HIV cases by ways of transmission are the following: heterosexual way -43%, injecting drug use -45,8% and homosexual way -8.3%¹. Georgia remains as low prevalence country in region with 0.3% (0.2-0.4%) prevalence in adult (15-49y.o.) population but there is a serious threat to HIV spreading. The latest available evidence indicate that the HIV epidemic in Georgia is largely concentrated among key affected populations and particularly, men having sex with men (MSM). HIV prevalence among MSM dramatically increased from 6.4% in 2010 to 25.1% in 2015². With this data, Georgia becomes a regional leader in terms of HIV prevalence among MSM population. Quite alarming is the situation in Adjara region where HIV prevalence is much higher than country average. According to the expert opinions, this situation is connected with high turnover of tourists in Adjara regions, neighboring to borderline, seaside position of the region and high consumption of commercial sex services.

HIV/AIDS National Strategic Plan (NSP) 2016-2018

Global Fund Grant Concept Note

HIV/AIDS National Strategic Plan 2016-2018 was accepted in 2016. The overarching goal of the national strategy for 2016 -2018 is to turn the HIV epidemic in Georgia in the reversal phase through strengthened interventions targeting key affected populations (KAP), and significant improvement in health outcomes for PLHIV. In order to achieve this goal NSP will concentrate on the following three objectives:

¹ http://www.aidscenter.ge/epidsituation_eng.html (data by June 10, 2016)

² HIV risk and prevention behavior among Men who have Sex with Men in Tbilisi and Batumi, Georgia. Bio-Behavioral Surveillance Survey in 2015. Study Report

1. HIV Prevention and Detection: Improve the effectiveness of outreach and prevention and ensure timely detection of HIV and progression to care.
2. HIV Care and Treatment: Improve HIV health outcomes through ensuring universal access to quality treatment care and support.
3. Leadership and Policy Development: Ensure sustainably strong response to the epidemic through enhanced government commitment, enabling legislative and operational environment, and greater involvement of civil society.

According to NSP 2016-2018 the following expected outcomes from effective implementation of preventive efforts should be achieved by 2018:

- ✓ By the end of 2018, HIV prevalence among PWID, SW and prisoners is contained under 5% each.
- ✓ By the end of 2018, HIV prevalence among MSM is contained under 15%.
- ✓ Rate of late HIV detection is reduced from 62% to 30% by 2018.

Targets for coverage MSM population by essential prevention services and HIV testing by the end of 2018 are as follows:

Risk groups	2016	2017	2018	
MSM coverage	4250 (25%)	5950 (35%)	8500 (50%)	cumulative
MSM testing	3060 (18%)	4250 (25%)	6800 (40%)	cumulative

2016-2018 NSP also defines the indicative list of preventive service to be offered to MSM in accordance with identified needs:

- ✓ Distribution of condoms and lubricants
- ✓ Behavior change communication and counselling (including ICT-based)
- ✓ Voluntary counselling and testing for HIV, including introduction of saliva tests
- ✓ Facilitated progression to care and treatment for PLHIV
- ✓ STI (inclusion of STI testing and treatment in case management agenda)
- ✓ HCV and HBV testing and referrals for treatment, inclusion of HCV treatment and HBV vaccination in case management agenda
- ✓ Questionnaire-based screening for TB and referrals for further TB diagnostics and treatment
- ✓ Legal aid

- ✓ Psychosocial support.

According to NSP the government will collaborate with community-based organizations representing PLHIV and KAPs to design and implement effective stigma reduction strategies, which will have beneficial impact on service uptake and retention.

Uninterrupted funding of community-based outreach and prevention services for KAPs will prevent the increase in the number of new HIV cases, transmission of HIV to sexual partners of KAPs and further to the general population, reduce pressure on the clinical and social care system, as well as the future health care expenditure for treatment of HIV infection. Taking into account the expected significant decrease in funding available from external sources, the government of Georgia is planning to increase state budget allocations for HIV prevention and treatment to the level required to sustain and scale-up the country response to HIV and start reversing the HIV epidemic³.

According to Global Fund Grant Concept Note, new areas of work where the government is planning to allocate funding are community-based HIV and HCV testing. The procurement of rapid tests for both infections by the government for distribution among NGOs implementing outreach and basic prevention activities among KAPs is planned for 2017 and to fully cover the needs is planned by 2018.

In order to increase number of MSM reached by HIV prevention program it is planned to increase involvement of CBOs in HIV prevention activities. Three community resource centers already run by CBOs (established in 2015) and 2 more new resource centers are planned to be opened in 2017 that will improve linkages of MSM communities to HIV prevention and treatment services. An interactive web site will be developed to MSM community that will be used for increasing the knowledge regarding HIV and STI prevention among MSM, risk reduction communication and promoting condom use; three members of MSM community will be recruited and trained for on-line communication with MSM, including the chat room communications. The site will be widely used for referral of MSM to HIV prevention, ART and STI diagnostic and treatment services and popularization of PrEP⁴.

Global Fund Grant Concept Note also envisages strengthening of LGBT community capacity on HIV prevention and advocacy effort through training activities.

³ THE GEORGIAN NATIONAL HIV/AIDS STRATEGIC PLAN FOR 2016–2018. Endorsed by the CCM Georgia on April 15th 2015

⁴ Global Fund Grant Standard Concept Note (2016-2018). Investing for impact against HIV, tuberculosis or malaria.

Review of existing surveys

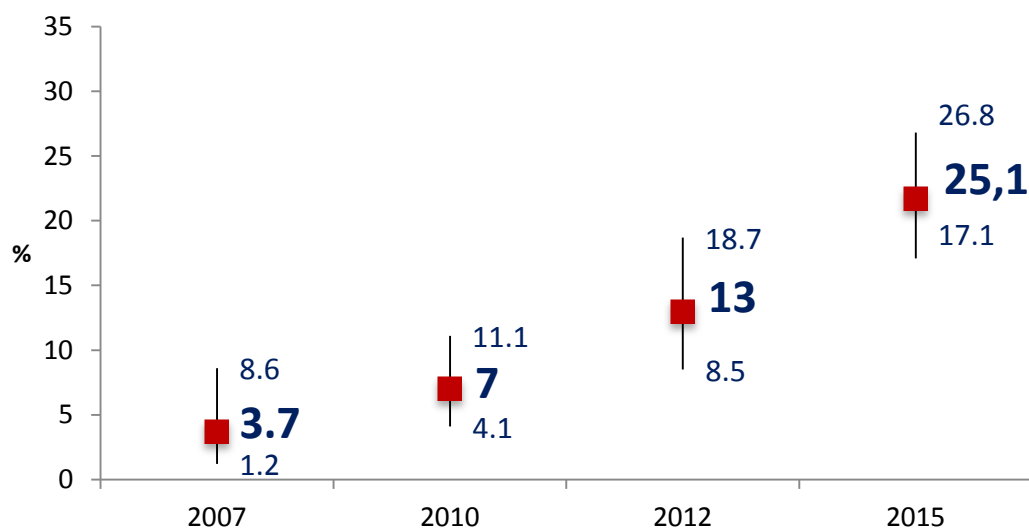
HIV risk and prevention behavior among Men who have Sex with Men in Tbilisi and Batumi, Georgia. Bio-Behavioral Surveillance Survey in 2015.⁵

The first Bio-Behavioral Surveillance Survey among MSM in Georgia was conducted in 2005 with support of Global Fund. The survey sample was not representative as only 70 MSM participated in the survey. However, that first attempt played significant role to plan and expend further researches and projects in that area. The first survey revealed the low level of knowledge on HIV, high rate of risk behaviors and low usage of condoms among MSM. As a result, MSM population of Georgia attracted huge attention from donors and NGO sector.

The second BSS survey among MSM was conducted in 2007 with support of USAID financed project “SHIP” implemented by “Save the Children”. All other BSS surveys were conducted with support of Global Fund in 2010, 2012 and 2015.

Last four surveys were very interesting and useful in terms of spreading and control HIV situation within the group.

Graph 1. HIV epidemics in MSM population in Georgia.

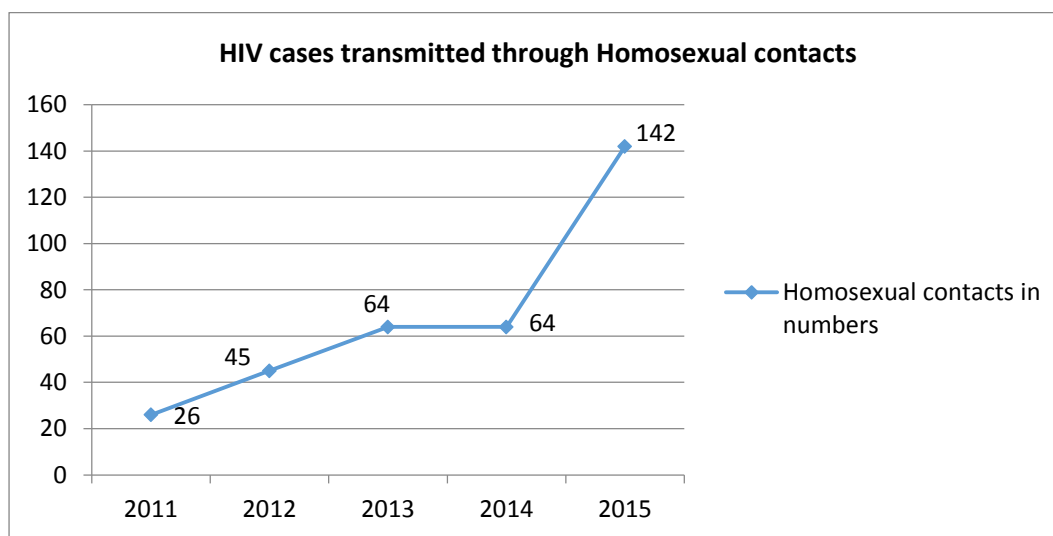


As the graph 1 shows, concentrated epidemic was detected in 2010 among MSM and this number has been dramatically increasing since that. BSS conducted in 2015 shows that Georgia becomes the regional leader in terms of HIV prevalence (25, 1%) among MSM population. The HIV situation in MSM population in Georgia started initiating serious discussions and thoughts for further planning and actions.

⁵ <http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/152.pdf>

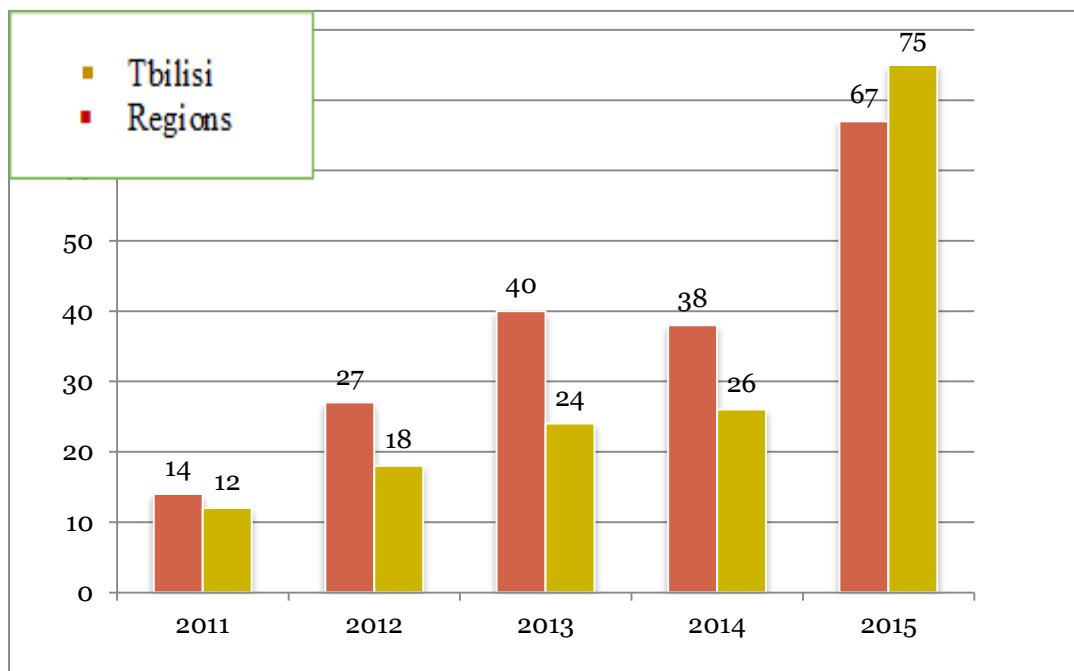
It is worth to mention that in 2015 the share of HIV cases transmitted through homosexual contacts in country contexts increased significantly as well (Graph 2).

Graph 2. HIV cases transmitted through homosexual contacts.



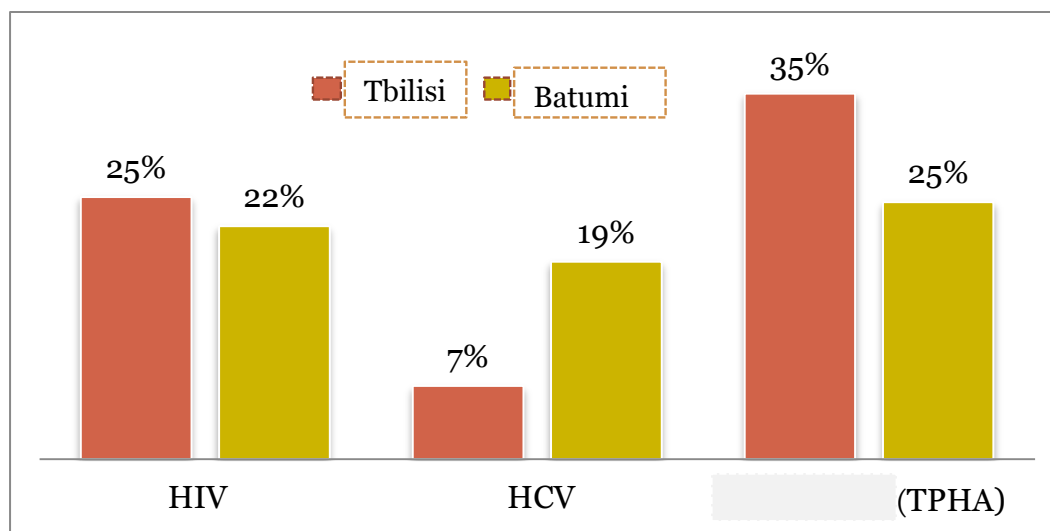
During the recent years, HIV cases significantly increased in regions of Georgia (Graph 3).

Graph 3. HIV in Georgian regions.



BSS 2015 reveals also interesting data on other diseases such as syphilis and Hepatitis C Graph 4).

Graph 4. Syphilis and Hepatitis C among MSM in Tbilisi and Batumi.

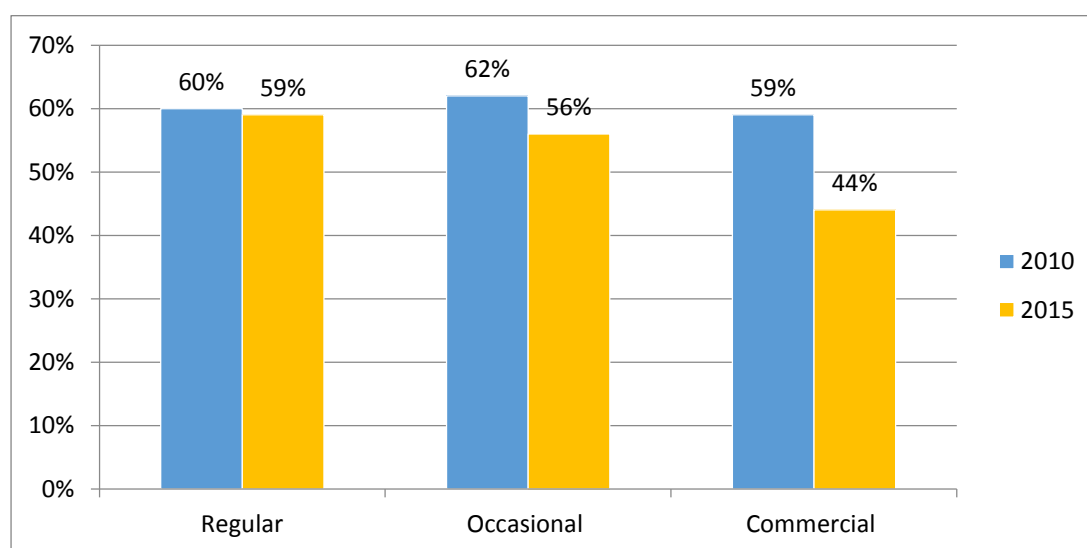


Very concerning is the situation with high prevalence of HCV in Batumi. Though the spreading of injecting drug use is not as high and that correlation is quite difficult to explain.

HIV testing rate is a bit higher in 2015 comparing 2010, though this increase is not statistically significant.

Despite the fact that knowledge on HIV is higher in 2015 than it was in 2010, the usage of condoms with different types of sexual partners during anal sexual intercourse remains low (Graph 5).

Graph 5. Condom use among MSM with different types of sexual partners.



BSS shows that risky behavior practice is widely spread among MSM. MSM have different types of sexual partners including both sex – male and female. The rate of condom use is quite low with both female and male partners. MSM are involved in group sex practice as well. The existing data from survey arises the questions about correlation between quite high knowledge on HIV and high risky behavior practice among MSM. Especially in the situation when HIV prevalence is 25, 1% inside the group. The huge increase in HIV prevalence inside the group creates a real possibility to leak the infection from MSM population to general population.

Population Size Estimation of Men who have Sex with Men in Georgia 2014.⁶

During the decades, it was impossible to make a size estimation of MSM population in Georgia. All approximate calculations were based on expert opinions and it was quite difficult to properly plan and evaluate existing MSM oriented programs and projects.

The first attempt to conduct MSM size estimation in Tbilisi was done in 2010 and then, in 2014 with support of Global Fund MSM size estimation was conducted in 2 cities of Georgia Tbilisi and Batumi. Data received were extrapolated to all MSM population in Georgia.

Taking into account the different MSM population size estimated by various methods in Tbilisi, the median estimates for size of MSM population are 5,100 (acceptable interval 3,243-9,088). This is the 1.42% (acceptable interval 0.9 - 2.53%) of the adult male population in Tbilisi.

Based on NSU findings and ad hoc corrections, the size of MSM population is 450 (acceptable interval 344-566) in Batumi. It means the prevalence of MSM in Batumi is 1.15% (acceptable interval 0.88-1.42%).

After extrapolating for the remainder of Georgia There are approximately 17,200 MSM in Georgia, with lower acceptable bound of 11,700 MSM and an upper acceptable bound of 27,600 MSM. This overall estimate suggests that the prevalence of MSM in Georgia is only 1.32% (acceptable interval 0.89-2.11%) of the adult male population.

Abovementioned calculations established the basis for further MSM oriented programs planning and implementation.

Identifying needs for and accessibility of HIV-related services for transgender individuals in the South Caucasus. Analysis of qualitative research. Combination HIV prevention among

⁶ <http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/148.pdf>

*transgender individuals for three countries of the South Caucasus (Armenia, Azerbaijan, Georgia). 2013*⁷

There is very limited data and surveys on transgender persons in Georgia. The only qualitative survey in South Caucasus was conducted in 2013. According to survey results: There is a low knowledge among transgender people on sexual health and gender identity issues. It is important to raise transgenders' awareness on sex reassignment and its complication. The survey reveals that there is no accepted guidelines and procedures needed for sex reassignment procedure; In all South republic countries there is a high transphobia, stigma and discrimination towards transgender individuals. What is interesting, highest level of unprotected sex practice is among Georgian transgenders. According to the survey, there is no prevention programs in Georgia oriented on transgender persons.

*2012. Needs assessment for MSM-friendly health services in Georgia. Attitudes of medical personnel to MSM patients. The Research Report (Tbilisi, Kutaisi, Batumi, Telavi). 2012*⁸

According to the survey results: Medical providers are interested to learn more about HIV/STIs prevention among MSM and are ready to undergo special training dedicated to these topics, if such training is available. The same time, breach of confidentiality in medical facilities (including HIV prevention services) providing services to MSM population remains a serious problem in Georgia. Survey reveals that some part of MSM do not refer to medical services due to fear of stigmatization based on their homosexual behavior.

*HIV Infection and Related Stigma and Discrimination among Men who have Sex with Men and Transgenders in Georgia. 2012*⁹

Literature review showed that stigma and discrimination towards MSM remains an active issue in Georgia. The education on reproductive and sexual health issues is not provided in schools. LGBT related stereotypes, myths and misbelieves are still widely spread in Georgian society including medical professionals. One of the main recommendations of this desk review was to expend HIV prevention programs targeting MSM and to develop the indicators in HIV National Strategic Plan 2011-2016 (coverage, preventive services etc.).

⁷ <http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/127.pdf>

⁸ <http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/118.pdf>

⁹ <http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/111.pdf>

Roadmap 2013¹⁰.

The roadmap 2013 was elaborated under the project “Promote national guidance on comprehensive package and improved access to quality HIV prevention programs for MSM and transgender”. The goal of the project was to increase access to HIV/AIDS prevention programs for MSM and Transgender people in Georgia.

The roadmap contains following conclusions: Based on the detailed information provided in the document, it is clear that National HIV/AIDS Strategy (2011-2016) does not reflect existing situation and activities envisaged under this strategy do not correspond any more to increased needs in this direction. HIV prevalence among MSM is high and steadily increases. High risk practices are quite widespread. HIV/AIDS knowledge is not high; stigma, discrimination from society as well as from medical workers while receiving medical services is very high, which prevents MSM from referring to medical facilities (there is certain mistrust towards medical doctors, strengthened by low awareness on LGBT issues among doctors); these conditions present also barriers to using protection and increase self-stigmatization. In the end, all these factors contribute to high-risk behavior and increase chances of HIV infection among transgenders and MSM.

Overview of LGBT and MSM oriented prevention work in Georgia, existing services

First HIV positive person among MSM in Georgia was detected in 1990. During the same year 3 more HIV positive cases were detected and 2 of them admitted having homosexual contacts in their lives. MSM population was considered as high-risk population in terms of HIV infection in 90s however, no programs/projects existed that time targeting MSM. As a result detection of HIV cases among this group was very low and even decreased until 2001. In 2001, first MSM oriented HIV and STI prevention programs appeared and inclusion of MSM in prevention programs and service delivery became possible. All prevention programs/projects were financed by external donors such as, Cordaid, USAID/Save the children, Oxfam, USAID/RTI. Implementation of those programs was done by only organization “Tanadgoma –Center for Information and Counseling on Reproductive Health”. At the initial stage of program implementation coverage of MSM was low, minimal required package was not defined and diversity of available services was quite limited.

¹⁰ A roadmap for enhancing HIV response in Georgia. 2013

In 2004 Tanadgoma started the project “Strengthening the existing National Responses for implementation of effective HIV/AIDS prevention and control activities in Georgia” with financial support of Global Fund. Under this project targeted work on MSM population in terms of HIV and STI prevention was possible. The prevention work comprised of: risk reduction counseling, VCT, IEC materials provision, informational-educational meetings with target groups, peer education trainings, outreach work, condom provision, face to face and hotline counseling. STI institute was also involved in MSM oriented prevention work and “healthy cabinet” was established at the premises of this institute where community members were able to receive free of charge and anonymous counseling and diagnostic/testing on STIs.

Self-organization of Georgian LGBT communities started in 2005. Initially a few events were held in Tbilisi nightclubs. In 2006 first LGBT organization “Inclusive Foundation” was established. Within the frames of regional project „PRECIS” Inclusive foundation in partnership with Tanadgoma conducted awareness raising of community members on HIV/STI and peer education activities. Dozens of community activists were trained as peer educators and started their activist work. First LGBT magazine “ME” was designed and printed by “Inclusive Foundation” where one section was dedicated to reproductive and sexual health. “Inclusive Foundation” functioned until 2010. After 2010 organization “Identoba” was registered and became the successor of “Inclusive foundation”. The same year “Women initiative support group –WISG” was registered. WISG has been working on LBT thematic. The following year another LGBT organization, “LGBT Georgia” was registered.

Existence of several community organizations created solid platform to start working on effective community based interventions. It was obvious to strengthen organizations’ capacity in how to work on health related issues. “Tanadgoma” with support of Swedish organizations RFSU and SIDA in cooperation with Georgian NGO “CTC Georgia” started the short project which aimed to strengthen and mobilize LGBT organizations and communities in order to develop common platform and strategic vision. After the end of project community organizations did not express their preparedness to work on SRHR issues as that direction was not considered as priority area of their interests. The scheme of common platform was developed but it did not result in effective partnership.

In 2012 “LGBT Georgia” started working in the project GHPP financially supported by USAID/). Within the project, LGBT Georgia’s trained social workers carried out outreach work to identify and refer beneficiaries to existing prevention services. They disseminated IEC materials and condoms among community members and implemented internet interventions through social networking. Abovementioned project enabled LGBT organization to be actively involved in HIV

prevention activities and to acquire necessary skills to work with MSM population. In addition, certain level of trust was established between community members and community organization. The project ended in 2013.

In 2015 one more community organization “Themida” was established. The organization declares working on MSM and TG health issues as one of its priorities.

Advocacy work also have been done by the organizations. In 2011 “Tanadgoma” organized first South Caucasus conference on HIV/AIDS Among Men Who Have Sex With Men and Transgender People. Interested stakeholders from Georgia, Azerbaijan, Armenia and Ukraine participated in the conference. Sub regional recommendations for countries were elaborated how to work on HIV issues among MSM and TGs in those countries.

In 2015 within the Global Fund supported program two LGBT organizations “Identoba” and “LGBT Georgia” were involved in the project “Strengthening of LGBT organizations in HIV/AIDS prevention work”. Three resource centers were opened in Tbilisi, Kutaisi and Batumi. During the 16 months of project implementation, 144 LGBT community leaders and 30 trainers were trained on HIV/AIDS and LGBT thematic issues. 1300 beneficiaries attended informational-educational meetings/events. During the project representatives of LGBT organizations acquired the skills necessary for health related projects management and knowledge on Global Fund rules and regulations. In 2015 LGBT community presented its representative to country CCM. LGBT community leaders are involved in country dialogues as well. In 2015 organization “Identoba” with support of Swedish RFSU organized counseling and testing on HIV and STIs on the premises of community organization where invited specialist is providing services for community members.

In 2016 with support of GFTAM, ECOM and Georgian NCDCPH new initiative has been started. The aim of this initiative is to provide a technical assistance to community organizations how to plan and implement innovative methods of prevention such as PrEP. The accent is given to full community involvement in the process.

During the mapping which was the part of roadmap creation, the following organizations were identified which are provided services to LGBT community members or MSM:

- „Center for Information and Counseling on Reproductive Health - Tanadgoma (Tbilisi, Kutaisi, Batumi)
- “Healthy cabinets” functioning under the Association of Dermato-venerologists (Tbilisi, Kutaisi, Batumi)
- Infectious Diseases, AIDS and Clinical Immunology Research Center (Tbilisi)

- „Identoba“ (Tbilisi)
- LGBT resource centers under the GF funded project. Implementing partners: “LGBT Georgia” and “Identoba”. Overall coordination done by “Tanadgoma” (Tbilisi, Kutaisi, Batumi).

Services provided and sources of funding are given below in the Chart 1.

Chart 1.Existing HIV services (cities, organizations) available for LGBT communities and MSM population

Organization	Tbilisi	Kutaisi	Batumi	Provided services	Sources of financing
“Tanadgoma”	X	X	X	<ul style="list-style-type: none"> • Free of charge VCT for MSM • Risk reduction counselling on HIV/STIs for MSM • Informational-educational meetings for MSM on SRHR issues • Outreach work for MSM • „Peer to Peer“ interventions • Popular leader program (PLP) • Referral of MSM to existing free of charge services 	Global Fund/NCDC
“Identoba”		X	X	<ul style="list-style-type: none"> • informational-educational meetings for representatives of LGBT communities on SRHR issues • Preparation of LGBT community leaders on HIV/AIDS thematic issues • Referral of MSM to existing free of charge services 	Global Fund/NCDC
	X			<ul style="list-style-type: none"> • Free of charge VCT for representatives of 	RFSU

				<p>LGBT communities</p> <ul style="list-style-type: none"> • Risk reduction counselling on HIV/STIs for representatives of LGBT communities • Condom distribution among representatives of LGBT communities • Referral to AIDS center 	
LGBT Georgia	X			<ul style="list-style-type: none"> • informational-educational meetings for representatives of LGBT communities on SRHR issues • Preparation of LGBT community leaders on HIV/AIDS thematic issues • Referral of MSM to existing prevention services 	Global Fund/NCDC
Healthy cabinet	X	X	X	<ul style="list-style-type: none"> • Free of charge VCT for MSM • Free of charge diagnostics and free of charge (partially) treatment on STIs (syphilis, gonorrhea, trichomoniasis) 	Global Fund/NCDC
AIDS center	X			<ul style="list-style-type: none"> • Free of charge VCT and treatment for MSM 	National Program

Tool for assessing availability, quality, accessibility and coverage of services

(See ANNEX 1)

This tool is designed to be used by LGBT community organizations in order to assess existing services for LGBT community members. Services included in the tool are based on international, regional and Georgian guidelines and best practices. The following sources were used during elaboration of this tool:

- Signs of a Hidden HIV Epidemic: Men Who Have Sex with Men in Eastern European Countries. Package of prevention, care and support services for men who have sex with men, and lesbian, gay, bisexual and transgender people. 2011.
- “Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations”, World Health Organization, July 2014;
- „Services for gay men and other men who have sex with men“, UNAIDS 2014;
- Service package for MSM elaborated in Georgia: “Prevention of HIV infection among Men who have Sex with Men. National recommendation for clinical practice/national standard” elaborated under a EU-funded project “Broader Introduction of Effective HIV Prevention Strategies Targeting Populations at Most Risk in the ENPI-East Region” in 2015;
- MSMIT: Implementing Comprehensive HIV and STI Programs with Men Who Have Sex with Men. Practical guidance for collaborative interventions, 2015.

Besides, since the presented tool is a part of the roadmap, mapping of existing services as well as review of HIV prevention for LGBT community and MSM were taken into consideration during its elaboration.

List of services provided and described in the tool can be enriched – expanded or shortened based on the needs of the LGBT community or particular organization using this tool, for particular purposes. However, the approach to measure availability, quality, accessibility and coverage of services shall stay the same.

The tool is simple and user-friendly, does not require a lot of baseline information and will inform further interventions in order to reach recommended package of comprehensive services in sexual health, namely, in HIV prevention, treatment, care and support.

Instructions for using the tool:

This tool will be implemented by LGBT organizations. Each organization, depending on its human, program or financial resources will decide which methods or ways to use during implementing this tool. They may create working groups or use representatives, which will conduct a survey among LGBT community members that have used listed services. Various methods can be used, such as individual interviews, focus group discussions with community members, or using internet-based surveys. In case of some indicators LGBT organizations will need to have access to some type of healthcare information, or might need to contact service provider organizations.

This tool does not provide a unified method for its implementation, which would fit all organizations. Decision about methodological approach shall be taken by management of the organization.

Each service listed in the tool will be is measured/assessed according to four indicators:

Availability: is measured simply by existence of the particular service. Assessment of this indicator is either “Yes” or “No”. Consequently, absence of the service indicates that it is necessary to advocate for its establishment and provision for the LGBT community.

Quality: is measured in two directions: a) beneficiaries’ satisfaction. This is measured by assigning one of the three evaluations to each service by the beneficiaries - low, medium, high. While assessing overall quality (as perceived by the services’ beneficiaries), the option which has the highest number in naming is the final assessment of this particular service. For example, if majority of the beneficiaries assess quality of a particular service as “medium”, then “medium” will be the final assessment of this service. b) Compliance to the existing state-defined standards. In case of some particular services (e.g. voluntary counseling and testing on HIV) state-defined standards exist (<http://www.ncdc.ge/AttachedFiles/GEO561.pdf>). Organizations can get this standard and based on it conduct more detailed interviewing of the beneficiaries. However, in most of the cases such standards do not exist, consequently, assessing quality of the services will rely solely on the beneficiaries’ satisfaction level. Organizations have to decide on their own, whether they will use both of the indicators or not, since assessing the second indicator requires additional work and the organizations may not have sufficient resources for that at that particular moment.

Accessibility: is measured in two directions: s) Financial accessibility. If the price of a service is higher than existing minimum that is estimated to be spent on healthcare from the consumer

basket, then the service is practically not accessible financially. Amount estimated for healthcare can be checked at the website <http://geostat.ge/> (e.g., 2016 consumer basket can be found at http://www.geostat.ge/cms/site_images/_files/georgian/methodology/price/samomxmareblo%20kalatis%20metodologiis%20shesaxe%202016.pdf). b) Geographical accessibility. If a person needs more than 1 hour to reach and receive particular services from his/her place of living, then this service is not accessible. To sum up, the organizations will have to assess these two indicators of accessibility.

Coverage: is assessed by the management team of the organization or a person/team specifically assigned for the assessment process. It is measured by the number of beneficiaries using these services. The higher the number, the higher the coverage. It should be taken into consideration that sometimes service provision is conducted under some project/program and it has planned to reach defined number of beneficiaries for this service. Consequently, coverage indicator could rely on data derived from the program. However, if this is not the case for some services, then it is advisable to use simple numbers for the coverage.

Main findings and conclusions

Main findings and conclusions provided below are based on literature review, review of existing surveys, summary of face to face interviews and assessment of LGBT community organizations, LGBT activists as well as representatives of other non-community organizations providing HIV services to LGBT persons conducted within the technical assistance provided by ECOM.

Finding 1: Enabling environment for LGBT community organizations in HIV related program planning and implementation: HIV/AIDS National Strategy of 2016-2018 adequately reflects the needs of MSM population and prevention programs targeting MSM are realistically planned. Strategy offers the necessary preventive services to MSM and describes the indicators and goals to be reached by 2018. At the same time, the strategy gives less attention to transgender persons and LGBT community in general. However, that is understandable from epidemiological point of view as HIV epidemic has been identified only in MSM population.

National strategy also declares that the government will collaborate with community-based organizations representing PLHIV and KAPs to design and implement effective stigma reduction strategies, which will have beneficial impact on service uptake and retention.

Strengthening of LGBT community's capacity on HIV prevention and advocacy efforts through training activities are also given quite high priority in Georgia's Concept Note submitted to the Global Fund under NFM in 2015.

In order to increase number of MSM reached by HIV prevention program it is planned to improve involvement and participation of CBOs in HIV prevention activities. Three community resource centers run by CBOs (established in 2015) and two more resource centers to be established soon are planned to be functioning in the coming year.

Conclusion: To sum up, main national documents related to future of HIV prevention care and support among MSM envisage increased coverage through communities' better involvement and participation.

Finding 2: LGBT organizations' interest in working on health and particularly, on HIV prevention issues: organizations and groups in three Georgian cities - Tbilisi, Batumi and Kutaisi - expressed their increased interest towards HIV/AIDS topics as well as health issues in general.

LGBT organizations and community members explore the information existing in the environment about service provider organizations working in the field of HIV prevention and refer community members to different services in case of necessity. However, face to face interviews with LGBT organization representatives reveal that they do not have defined list of organizations where referrals can be done. Also, they do not know exactly what types of prevention services are available on the premises of those organizations. The representatives of community organizations and community activists admit they do not have sufficient information on modern prevention methods, especially on PrEP. In addition, the behavioral surveys demonstrate that despite quite high knowledge on HIV transmission and risky behaviors, condom use is quite low among MSM population.

LGBT organizations do not have organizational strategies on health issues, including reproductive and sexual health. According to community organizations representatives, they lack clear vision on how to be involved in HIV related prevention work, how to plan and implement relevant actions/projects. However, organization "Identoba" provides consultation and testing on HIV and STIs for community members through inviting a specialist from AIDS Center.

Conclusion: LGBT organizations show an increased interest to work in the field of HIV prevention. However, they lack the skills to explore and search the information about existing and available services in structured way. Also, while getting the information is not kept and updated for further systematic use.

Finding 3: Accessibility of HIV services and geographical coverage: The majority of LGBT organizations and community members declare that access to and availability of HIV prevention services is much more ample in Tbilisi rather than in regions. Kutaisi and Batumi offer fewer possibilities to community members in terms of HIV prevention. In those cities free of charge prevention services are available only on premises of "Tanadgoma" and "Healthy cabinets" functioning under the Global Fund project. It is worth mentioning that in the regions LGBT organizations are not represented at all (they do not have offices in abovementioned cities); only

LGBT resource centers exist there for about 1 year already. According to community members, because of high stigma and discrimination, especially prevalent in the regions, LGBT persons usually do not apply for prevention or any other medical services to medical facilities. They prefer to undergo testing and consultation at friendly NGOs where anonymity and confidentiality are more guaranteed.

The majority of community members declare that the services provided by community organizations or friendly NGOs are not comprehensive. To receive the whole package of services (like testing, counseling, condoms/lubricants, IEC materials, trainings etc.) community members have to go to different locations and receive those services from different organizations. The majority expresses willingness to receive the necessary services at one location. According to them, when the services are dispersed at various locations, it creates additional obstacles for them in terms of wasting finances and time.

Conclusion: HIV prevention services are more available in capital cities while the regions are underserved. Existing services are geographically scattered and it is impossible to get all required services at one location. Community members prefer to apply more to NGO services due to their friendly attitude.

Finding 4: The needs of LGBT organizations: According to managers and representatives of LGBT organizations, they lack human resources as well as technical and managerial skills; also their material-technical resources are insufficient. However, some of the LGBT organizations have realistic opportunity to receive core-funding from well established donor (case of “Identoba”). Despite of their interest related to healthcare work, LGBT organizations do not have qualified personnel able to train the activists on HIV prevention work and/or increase the capacity of community members on HIV related issues in general.

Resource centers established within the Global fund project are not fully functioning and occupied, as only few (2-3) informational-educational meetings/workshops are held in each of them during the month. Existing resource centers are linked to project activities and not to implementing organizations (“Identoba” and “LGBT Georgia”) which makes them unstable and limited in capacity. According to resource centers’ staff, to attract the community members to resource centers is quite an issue. There is no evidence showing how those centers could meet the real needs of community and whether those resource centers should be expended geographically and if expanding to which direction.

Field trip visits and review of existing services shows that HIV positive LGBT persons cannot receive specific services though, community-based self-support organization “HIV/AIDS support foundation” exists in Georgia and is functioning in all 3 cities (Tbilisi, Batumi, Kutaisi). Services provided include medical, psychological, social and spiritual support for chronically ill patients, and are implemented by health workers and non-health caregivers, including PLHA. However, LGBT PLHA tailored interventions do not exist and they (as well as representatives of other key populations) are treated in similar way as PLHA from general population. According to community members and LGBT organizations, PLHA from LGBT community have special needs and require specific services and those needs are not met at all. LGBT organizations themselves also do not target PLHA LGBT persons.

The vast majority of LGBT activists and community organizations indicate the desperate need of psychologist and psycho-social support for community members.

Part of LGBT organizations experience the difficulties in fundraising activities. The representatives of LGBT organizations declare the lack of proposal writing skills, also difficulties how to attract donors and obtain financial resources.

Conclusion: LGBT community organizations need capacity building in human resource management, organizational management, fundraising etc. Special needs of PLHA from LGBT community are not met and no service provider organization targets PLHA LGBT persons. Psycho-social support for LGBT community members is not considered in existing prevention programs.

Finding 5: Partnership among organizations and referrals: According to LGBT activists, in regions they encounter problems while referring clients to different service provider organizations. Community members seek the information on service providers and sometimes collaborate with them (referring and sending beneficiaries to those services), however, partnership relations with those organizations are not established and no collaboration documents (memorandum, agreement etc.) are in place. According to representatives of LGBT organizations, the scope of assistance from friendly organizations is limited as well as there is no clear vision of possible future cooperation and partnership. Interviews held during the field trips revealed that there are no common programs or shared vision among LGBT organizations too with regards to HIV prevention and prioritization of health-related directions of their work. The majority of LGBT organizations’ representatives agrees that the common platform of

community organizations should be established. The platform can facilitate the coordination among LGBT organizations and makes possible establishing shared/common vision how to implement community based HIV prevention activities and how to increase the coverage of prevention services.

Conclusion: Communication between LGBT organizations and other service provider organizations exists. However, this communication is not structured and documented. There is no shared vision among community organizations with regards to HIV prevention and prioritization of health related directions of their work in general.

Finding 6: Issues with transgender individuals: Interviews held during the field trips revealed that there is very low level of knowledge on transgender persons' needs among those specialists who might be in contact with transgenders: psychologists, psychiatrists, plastic surgeons, endocrinologists. Specialists agree that there is no regulations regarding transgenders and/or algorithms regarding sex reassignment. Based on face to face meetings with community members it is clear that the visibility of transgenders is on zero level in the regions. Community activists indicate only few cases of transgender individuals in regions and in all cases those transgender persons quickly move to capital city. The existing data on transgender individuals in Georgia is very limited. Few qualitative surveys and interviews with community activists indicate high level of stigma and transphobia towards transgender individuals which prevent them to use existing HIV prevention services.

Conclusion: The visibility of transgenders community members is very low. Existing data on transgenders in Georgia are very limited and less reliable. There are no prevention or any other health services oriented on Transgender needs.

Recommendations

The following recommendations have been elaborated based on main findings and conclusions described above. The recommendations are grouped based on relevant sectors: community organizations, service provider NGOs and medical organizations, donor organizations and governmental sector (shown in Chart 2). Also, recommendations are divided as programmatic, internal and external (cooperation).

- It is recommended to conduct additional qualitative survey exploring low level of condom use among MSM population;
- It is recommended to conduct surveys exploring the health needs of transgender population;
- It is advisable to conduct awareness raising trainings/workshops on new methods of HIV prevention (such as PrEP) among community members and medical personnel working in the facilities providing prevention services to LGBT community members. Include MSMIT and SWIT as a preferable reference documents for planning and development of such workshops/trainings;
- While planning prevention programs/actions, it is absolutely required to consider the needs of HIV positive LGBT individuals and also, to involve those persons actively in all phases of projects/programs implementation;
- While planning and financing the projects/programs for LGBT communities it is required to consider psychologist or psycho-social rehabilitation component for community members;
- It is recommended to conduct organizational and programmatic capacities' building trainings for LGBT organizations (organizational management, fundraising, human resource management, counseling technics on HIV, community outreach work etc.);
- It is highly advisable to explore the possibilities and needs to expand LGBT organizations or resource centers geographically;
- For those LGBT organizations which express the interest in working on HIV and health issues, it is advisable to elaborate internal organizational strategies how to work on health related issues;
- It is required that the expert organizations working in HIV prevention and healthcare field in general provide technical assistance to LGBT organizations in program planning and build up an effective referral system;

- More attention is required to use innovative and new technologies (computer softs, mobile applications, social networking etc.) for planning and implementing HIV prevention activities
- It is recommended to conduct the sensitization workshops for governmental organizations and providers of medical services on needs and specificity of LGBT communities;
- It is desirable to establish a platform of existing LGBT organizations in order to to elaborate common vision on HIV prevention issues and to better coordinate the activities implemented by various LGBT organizations;
- It is recommended to establish/expand partnership relationships and build up an effective referral system among LGBT organizations and other friendly organizations providing prevention services to LGBT communities.
- It is recommended to strengthen advocacy work with governmental structures on both regional and central level in order to obtain national government grants and “social contract” between municipalities and community organizations;
- Given recommendations should be reviewed by July 2017 to be in line with programs/projects and country strategy by that time.

Recommended action plan for promotion of this Roadmap:

- LGBT organizations will be main promoters of this roadmap.
- Finalized version of this roadmap will be sent to all community organizations, activists, NCDCPH, NGOs and organizations working on HIV prevention.
- The roadmap will discussed at Georgian CCM and PTF.
- The roadmap will be published on Tanadgoma’s and LGBT Georgia’s web site.
- The roadmap with its findings and recommendations will be discussed during regional and country meetings, workshops and trainings dedicated to HIV/AIDS, MSM and LGBT issues in general.

Chart 2. Recommendations.

	Recommendations	LGBT community organizations	NGOs providing prevention services to LGBT communities	Medical facilities providing services to LGBT communities	Governmental structures / Municipalities	Donor organizations
Programmatic	It is recommended to conduct additional qualitative survey exploring low level of usage of condoms among MSM population					
	It is recommended to conduct surveys exploring the health needs of transgender population					
	It is advisable to conduct awareness raising trainings/workshops on new methods of HIV prevention (such as PrEP) among community members and medical personnel working in facilities providing prevention services to LGBT community members. Include MSMIT and SWIT as a preferable reference documents for planning and development of such workshops/trainings					
	While planning prevention programs/actions, it is absolutely required to consider the needs of HIV positive LGBT individuals and also, to involve those persons actively in all phases of projects/programs implementation					

	While planning and financing the projects/programs for LGBT communities it is required to consider psychologist or psycho-social rehabilitation component for community members					
Internal	It is recommended to conduct organizational and programmatic capacities' building trainings for LGBT organizations (organizational management, fundraising, human resource management, counseling technics on HIV, community outreach work etc.)					
	It is highly advisable to explore the possibilities and needs to expend LGBT organizations or resource centers geographically					
	For those LGBT organizations which express the interest in working on HIV and health issues, it is advisable to elaborate internal organizational strategies how to work on health related issues					
	It is required that the expert organizations working in HIV prevention and healthcare field in general provide technical assistance to LGBT organizations in program planning and build up an effective referral system					
	More attention is required to use innovative and new technologies (computer softs, mobile applications, social networking etc.) for planning and implementing HIV prevention activities					

	It is recommended to conduct the sensitization workshops for governmental organizations and providers of medical services on needs and specificity of LGBT communities					
External	It is desirable to establish a platform of existing LGBT organizations in order to to elaborate common vision on HIV prevention issues and to better coordinate the activities implemented by various LGBT organizations					
	It is recommended to establish/expand partnership relationships and build up an effective referral system among LGBT organizations and other friendly organizations providing prevention services to LGBT communities					
	It is recommended to strengthen advocacy work with governmental structures on both regional and central level in order to obtain national government grants and “social contract” between municipalities and community organizations					

ANNEX 1. Tool for assessing availability, quality, accessibility and coverage of services

Healthcare services (HIV prevention, treatment, care and support services)

Service description	Availability	Quality	Accessibility		Coverage
			Financial	Geographical	
Provision of condoms and lubricants	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Behavioral interventions: Informational materials	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Behavioral interventions: peer education/POL/PDI/mentorship	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Behavioral interventions: internet-based interventions	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Behavioral interventions: Community education- mobilization events	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Risk reduction counseling	Yes/No	Low/Medium/High	Yes/No	Yes/No	
HTC	Yes/No	Low/Medium/High	Yes/No	Yes/No	
PeP	Yes/No	Low/Medium/High	Yes/No	Yes/No	
PrEP	Yes/No	Low/Medium/High	Yes/No	Yes/No	
ARV therapy	Yes/No	Low/Medium/High	Yes/No	Yes/No	

Prevention and treatment of opportunistic infections	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Supporting PLHA	Yes/No	Low/Medium/High	Yes/No	Yes/No	

STI prevention, diagnosis and treatment

Service description	Availability	Quality	Accessibility		Coverage
			Financial	Geographical	
STI prevention – individual and group counseling	Yes/No	Low/Medium/High	Yes/No	Yes/No	
STI prevention – provision of informational materials	Yes/No	Low/Medium/High	Yes/No	Yes/No	
STI testing	Yes/No	Low/Medium/High	Yes/No	Yes/No	
STI treatment	Yes/No	Low/Medium/High	Yes/No	Yes/No	
STI treatment adherence	Yes/No	Low/Medium/High	Yes/No	Yes/No	

Other health-related services

Service description	Availability	Quality	Accessibility		Coverage
			Financial	Geographical	
Counseling on viral hepatitis	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Hepatitis B screening	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Hepatitis B vaccination	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Hepatitis C screening	Yes/No	Low/Medium/High	Yes/No	Yes/No	
HPV screening			Yes/No	Yes/No	
Counseling on TB	Yes/No	Low/Medium/High	Yes/No	Yes/No	
TB screening	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Anal cancer screening	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Prostate cancer screening	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Cervical cancer screening (B/L/T)	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Breast cancer screening (B/L/T)	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Psychosocial support and counseling	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Treatment adherence	Yes/No	Low/Medium/High	Yes/No	Yes/No	

counseling					
Psychiatric support	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Endocrinologist's support	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Hormonal intervention (sex reassignment)			Yes/No	Yes/No	
Surgical intervention (sex reassignment surgery)	Yes/No	Low/Medium/High	Yes/No	Yes/No	

Other services

Legal services

Service description	Availability	Quality	Accessibility		Coverage
			Financial	Geographical	
Legal services	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Harm reduction services for drug users	Yes/No	Low/Medium/High	Yes/No	Yes/No	
Social worker services	Yes/No	Low/Medium/High	Yes/No	Yes/No	



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