

ANNEX I – Description of Action

Empowering civil society and professional organizations to ensure safe, secure and accountable society in Georgia

1.1. Description of the action

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i. Relevance of the action

The overall objective of the project - to reduce crime and drug abuse rates in Georgian society, especially among youth, women and the most vulnerable communities - well serves the global objective of the call to further strengthen the civil society in Georgia and promote human rights and fundamental freedoms. The Specific Objective of the action is highly relevant to the specific objective of the Lot 3 “to increase human security and safety” through building the capacity of government and CSO actors, supporting multi stakeholder partnerships and building sustainable human and technical capacity for preventing criminal behaviours and substance use, and strengthening the capacity of health sector to provide timely and effective care for people with substance use related problems. The action directly covers 5 out of 6 and contributes in one priority issue of the Lot 3. Namely, the objectives and outputs with respective activities, directly cover following priority areas: 1) *to contribute to addressing behavioural disorders and/or mental healthcare needs among children and youth and to prevent harmful behaviour such as substances use or criminal activities*; 2) *to support achievement of goals under at least six priority areas identified in the first National Drug Abuse Prevention Strategy of Georgia 2021-2026 as a key policy document (The action covers 7 priority areas)*; 3) *to contribute to better access to quality and evidence based treatment and rehabilitation programmes for drug users and people experimenting with substances*; 4) *to advocate for human rights based drug policy development and implementation*; and 5) *to contribute to improvement of civil protection practices through community mobilisation and building capacities of first responders*. Additionally, the action contributes in the priority issue 6) *to contribute to crime prevention at all levels, also addressing the so called ‘criminal mentality’, violent extremism and any kind of violent practises*. The action contributes in building the necessary capacity of a wide range of professionals (schools, law enforcement, Substance Use Disorder (SUD) treatment, and rehabilitation and harm reduction services). Substantial effort will be dedicated to the reframing and liberalising the drug policies, strategies and approaches, accompanied by the strong advocacy component. The advocacy component includes the advocacy of the revised drug policies within the framework of the project as well as strengthening future participatory decision-making regarding the drug related policies of the country. In this regard, local CSOs will be strengthened to ensure their effective participation in decision making on regional and central level. Along with other capacity building activities, the Crime and Addiction Prevention Councils in the regions, composed of the representatives of relevant CSOs, local government, experts and community members, will be established within the action. While designing policy documents, protocols, building capacity of different stakeholders and other key activities of the action, gender specific issues will be considered. Each activity will seek equal participation of men and women.

Crime prevention is a significant challenge in Georgia. Country does not have a unified prevention policy. Crime prevention is considered to be exclusively the function of the law enforcement. Due to the lack of adequate policies and methodology, the law enforcement bodies make ineffective decisions in planning and implementation of preventive, de-escalation of the conflict and its peaceful resolution measures on different levels. Therefore, state increases the presence of police and security services within the specific communities (e.g. people who use drugs) violating their basic human rights and putting them under constant control. The policies are more reactive and mostly operating via punitive measures, rather than pro-active by implementing rights-based services, aiming at social inclusion of people in vulnerable situations. Such approach leads to an unjustified and excessive use of power. No effective supervision mechanism for law enforcement bodies exists to facilitate effective preventive practices. Crime prevention within the educational facilities is critical. There is a lack of preventive mechanisms within the school environment to timely identify conflicts amongst the adolescents and address them effectively. Ineffective prevention led to the loss of lives of several school students in recent years.

Despite the sufficient evidence and data showing that anti-social and criminal behaviour among adolescents is a critical issue, no preventive policies have been introduced. According to the National Statistics Office of Georgia, 5,204 criminal offenses were committed by the age group of 14–29-years in 2020, which represent 755 per 100,000 of young population of the country. The most frequent antisocial behaviours among school and college/university students are gambling for money, shoplifting/theft, vandalism, appearing drunk or high in school/university and carrying a knife or other cold weapon (Sirbiladze T., Javakhishvili M., et al., 2019).

As mentioned above, no adequate policies are existing other than donor funded initiatives and activities implemented by the civil society groups. Therefore, there is a critical need to address the shortcomings on policy and institutional level. One of the key issues in adolescent antisocial behaviour is the substance use.

According to the ESPAD survey (NCDC, 2019), the rate of lifetime tobacco use among 15-16 year old school students is 36% (46% in boys, 27% in girls); 75% of students consumed alcohol at least once during the last 12 months (78% of boys, 72% of girls), 10% of the students (boys 13% and girls 3%) had a history of using cannabis. As stated by another study, two of three nightclub-goers declare the use of illicit psychoactive drugs in a club setting (Beselia, A., Kirtadze I., and D. Otiashvili, 2018). The issue of substance use and inadequate prevention, treatment and care services is closely interlinked with the shortcomings in crime prevention system as well as drug policies.

With an estimated 52,000 people who inject drugs (PWID), the 2.2% prevalence of injection drug use in Georgia ranks third highest in the world (UNODC, 2019). Results of the general population survey on drugs suggest that there might be up to 180,000 adults using different drugs regularly. Harm reduction services for PWID are available through 18 fixed harm reduction sites and 8 mobile van-based laboratories for HIV and hepatitis C (HCV) testing and needle/syringe exchange services. In 2019, such services were provided to about 28,000 PWID and their partners. Treatment for substance use disorders (SUD) is available in 10 narcological (addiction medicine) clinics providing abstinence-oriented in- and out-patient treatment. The clinics provided treatment to 2,298 patients in 2019. There are 20 state-funded sites for opioid substitution treatment (OST), and 8 private/commercial OST sites. 14,000 opioid dependent PWUD received OST in 2018. For comparison, only 241 individuals received long-term rehabilitation services in 2019 (Georgian National Drug Observatory, 2020).

Despite the government's acknowledgement of the need to reform the drug policy, the legislation remains rigid and prioritizes strict repressive measures over the human rights based approach. Drug use is criminalized and drug possession for personal consumption can carry a longer prison sentence than murder or rape. No alternatives to punishment that would support individuals to overcome their drug related problems are considered. In general, public attitudes support the current punitive and discriminatory approach.

As stated above, crime rates among adolescents are high in Georgia and are addressed only by disproportionally punitive mechanisms. Prevention, focusing on human rights and social inclusion is nearly non-existent. The issue of drug use in youth is critical. In this regard, the shortcomings are multiple – insufficient preventive measures implemented so far, are not based on evidence; no evaluation has been conducted to measure its impact or to inform future programming.

No **Continuum of Care (CoC)** is offered to people who use drugs (PWUD). Most PWUD visit primary healthcare professionals, but they are not referred to specialized care. Primary health care providers (up to 2,600 family doctors) avoid addressing drug related issues, mostly due to lack of competence and knowledge. As a result, many PWUDs remain beyond needed assistance. In 2019 no single case of referral from primary care providers was reported by SUD specialty clinics (NCDC, 2020). In addition, majority of PWUD face wide range of difficulties e.g., housing, family relations, employment. No agency or service provider has the capacity or mechanism of holistic assistance, leaving the PWUD deprived of needed care. In this regard, the action proposes CoC as a model of well facilitated care – to be started by early intervention and ended by the treatment in specialized care setting. Therefore, effective and coordinated **Integrated Care (IC)** is proposed to ensure that care and support is person-centred and needs-led, inclusive and holistic to address the wide-range of needs of PWUD.

Women who use drugs are more likely than men to face multiple barriers in accessing and enrolling substance abuse treatment due to absence of tailored preventive and care mechanisms, negative social attitudes to PWUD, double stigma towards women with SUD.

The proposed action is designed to build on previous actions in the field and to maximize synergies and cooperate with ongoing and upcoming national programmes and plans, namely: (1) 2021-2022 Anti-Drug Action Plan; (2) Treatment Demand Indicator (TDI) adapted and tailored to Georgian context (NCDC in collaboration with ALTGEO). During the previous years, ALTGEO trained all narcological clinics on using a customized online data collection tool. TDI allows to collect valid, comparable to EU data on treatment capacity, number characteristics of patients etc. Within the framework of the EU4MD project, European Treatment Facilities Survey was conducted by the Georgian National Drug Observatory in 2020; as a result, reliable data on project target group, existing services and their characteristics are available; The new data will inform the action to identify existing gaps in specialised service delivery system. On May 17, 2021 EMCDDA started a project in Georgia (EMCDDA4GE) aimed at supporting the implementation of the EU Prevention and Treatment Curricula. The efforts in the action will be synergized with this project. Namely, prevention and treatment methodologies within the action will be based on the standards and principles supported by the EMCDDA4GE, will complement each other thematically and after completion of the EMCDDA project (in 2023), will continue to support scale up preventive and treatment curricula.

ii. Target groups and final beneficiaries.

Considering the thematic priorities and the scope of the action the action will focus on diverse target groups such as: Representatives of the organizations providing services to the youth involved in crime and anti-social behaviour (at least 50 representatives from schools, police and public officials); school teachers, mentor-teachers and master trainers in Tbilisi and five regions (at least 215); Youth, parents and educators,

reached through web-portal (at least 20,000); Representatives of local CSOs representing and working with youth, professional youth workers (at least 100); Media representatives (at least 25); Representatives of the entertainment industry (at least 30); Representatives of local CSOs working in the field of health, social and youth affairs, reached through organizational capacity building activities (at least 150); Primary health and specialized SUD care facilities (at least 30); Professional personnel of drug abuse services (narcologists, psychologists, psychiatrists, social workers, nurses) (at least 100); Family doctors (at least 350); Representatives of decision-making bodies (authorities) (at least 100); Representatives of CSOs and health facilities trained on human rights based drug policy (at least 80); CSOs implementing services and advocacy projects via Financial Support to third parties (at least 12). Final beneficiaries of the action are Children (aged 7-14) - 490,000, among them 234,000 girls; Young People (aged 15-34) – 951,000 individuals, among them 461,000 women and girls; People Who Use Drugs (PWUD) - 178,500 individuals (aged 18-64), about 45,000 women; Family members of people who use drugs – about 500,000 individuals; Local communities in seven regions - 847,000, about 435,000 women; Individual police and law enforcement officials (at least 50 police officials); Resource Officers of Educational Institutions (at least 1600 Individuals).

Key constraints of organizations, both governmental and non-governmental, as well as individuals working with children and youth, engaged in education and prevention, while delivering services to PWUD lack access to Georgian language evidence-based knowledge and skills building resources, standardized approaches and coordination among similar and other services. The **constraints of final beneficiaries**, such as children and youth, have been lack of access to evidence-based preventive programs and resources that would equip them with knowledge and skills to reduce risks of engaging in criminal and/or violent behaviours as well as drug abuse. For the children and youth with mental health and substance abuse problems, the major constraint is a lack of access to specialized rehabilitation services. The PWUD in general are subjected to repressive legislative environment and lack access to health and social services. Social and internalized stigma, negatively complements the barriers to social inclusion and social functioning. CSOs/CBOs lack capacities to engage in advocacy with central and local governments.

The Action widely recognizes expertise of target organizations and communities, including unique understanding of ground level needs of beneficiaries and challenges faced by professionals involved in service delivery. Therefore, the vital element of the success for the action is active participation of representatives of the target groups and final beneficiaries across the activities. Relevant groups will be engaged in development of educational materials, guidelines, protocols, service standards as members of working groups, peer reviewers or team-members involved in pilot-testing novel interventions or training modules. People who use drugs will contribute to development of educational resources for their peers and to tailor novel interventions to the specific constraints they have; they will be actively engaged in dialogues and policy discussions related to policy/legal reforms, access to services, and human rights.

Project stakeholders include local and international organizations representing and working with youth, the Parliament of Georgia representatives of the Ministry of Education (MOE), office of the resource of educational institution, Ministry of Health (MOH), Ministry of Justice (MOJ), Ministry of Internal Affairs (MIA), the Academy of MIA, National Youth Agency, National Center for Disease Control (NCDC), regional and local authorities, prevention and treatment service providers and primary health care services, agencies working in crime prevention, drug policy field, human rights defenders, youth advocates, CSOs and CBOs in Tbilisi and focus regions. Preliminary consultations on primary needs, constraints and system gaps were held with CSOs working with children, youth and educational system, CBOs working with PWUD; with representatives of preventive and treatment service providers, primary health care representatives, Human Rights Defender's office, Interagency Council to Fight Drug Abuse, members of the Parliament. The consultations confirmed high relevance of the action design to the political, legal, methodological, social and other constraints in the field.

The **lead applicant and Co-applicant organizations** are credible organizations in different directions of the action: 1) **CSF** (The lead applicant has been transformed into the "CSF" Civil Society Foundation" since 2024) – is a pioneer and plays the key since 1994 role in providing technical and financial support to local CSOs in different directions, including drug related prevention, treatment and care services as well as advocacy. Lead applicant was transformed to the "Civil Society Foundation" CSF 2) **Alternative Georgia** - has sound experience and expertise in substance use research and education, and in drug policy advocacy. 3) **GFMA** is a national leader in the advancement of the teaching, research and improvement of patient care and the discipline of General Practice/Family Medicine. 4) **BPU** -has 25-year experience in the prevention of substance abuse and other antisocial behaviours and healthy lifestyle promotion; 5) **SJC** - has sound, 8-year experience and expertise in crime prevention and drug policy issues. The organization is one of the co-authors of liberalized drug policy law, initiated in the parliament in 2017. 6) **Xenon** – for more than 15 years, delivers preventive, treatment and rehabilitation services primarily for PWIDs and youth in Samegrelo, Upper Svaneti region. 7) **Step to the Future** – provides preventive, treatment and rehabilitation services in Gori (Shida Kartli) and Telavi (Kakheti) primarily for PWIDs and other populations in vulnerable situations. (Organizational capacities and relevance to the roles of the applicants in the action are described in the section 2.1.2 "Implementation Approach")

iii. The Intervention Logic

The **overall objective** of the action is to reduce crime and drug abuse rates in Georgian society, especially among youth, women and the most vulnerable communities. The proposed action envisages interventions under the **specific objective**, contributing to the overall objective and connected through project log-frame. Under this SO the interlinked activities meaningfully complement each other and serve as a logical consecutive step to achieve planned targets. Where relevant the team will carry out the needs assessment to inform the detailed planning of content and format of intervention. The regulatory documents will be updated and/or developed to enhance the regulatory framework and provide supportive environment for the activities. Regulatory documents include standards, service delivery guidelines and clinical protocols. At the next stage, educational resources will be available for professionals to acquire knowledge and skills enabling them to follow new standards and guidelines. The content of educational activities will respond to the most critical gaps in relevant fields identified during the needs assessment. Training and skill-building resources will prioritize the most effective evidence-based approaches and best practices available internationally. Networking and enhanced partnerships will be essential element of the action to ensure participatory planning, implementation and evaluation of relevant interventions. Community councils as a joint platform for local communities, professional groups and local governments will work together on drug and crime prevention and improving SUD care. Building prevention and service capacities, as well as policy reform starts with examining public perceptions and attitudes, which informs the detailed planning of awareness raising and advocacy activities for policy reform. The important part of the policy advocacy is developing thematic and organizational capacities of CSOs and supporting partnerships/networking.

The logic described above ensures that the overall objective is achieved through interlinked comprehensive packages of activities planned under the specific objective. the degree of achievement of specific objective will be measured by corresponding indicators, using as a reference the updated logframe matrix:

1.1. Number of legislative reforms or policy recommendations related to crime and drugs that are endorsed or being endorsed by the competent bodies. Respective output is: 1. Increased institutional capacities of the competent bodies to prevent, identify, timely intervene and tackle criminal and violent behaviours. Planned activities include examining gaps through comprehensive analytical research on crime prevention and developing and providing trainings to prevent youth and adolescent crime and violent behavior.

1.2. Number of health facilities that are providing care services based on the new protocols and approaches fostered by the intervention. Respective outputs are: 2. Improved capacities of health care service providers to support youth with a substance use disorder (SUD) and a co-occurring mental health or behavioural disorder; 4. Improved capacities of the health care system to incorporate and provide client-centered integrated care approaches. All necessary set of activities envisaged under these outputs include: strengthening the primary health care system via introducing relevant age sensitive clinical protocols and educational programs, enhancing collaboration between primary health care and specialized SUD services, developing new clinical protocols and guidelines and online training modules, introducing standardized tools for patient assessment and monitoring to increase the quality of care and to fill existing gaps in knowledge/skills of professionals working with PWUD.

1.3. Number of young people, at risk due to drug abuse or violent behaviour, who accessed new prevention, care and rehabilitation approaches (disaggregated by sex, age and/or type of participant). Respective output is: 3. Implemented evidence-based and practice-informed substance abuse prevention strategies and interventions. Under this expected output the action aims to integrate crime and drug abuse prevention policies in educational system, develop and introduce relevant curricula, trainings and skills building for schools, develop online resources (web platform) for professionals, educators, parents and youth, build thematic community alliances between CSOs, community groups and local governments.

1.4. Number of participants from state and non-state institutions, supported by the intervention, with increased awareness of human rights-based drug and crime policies and strategies (disaggregated by public, private and social sector). Respective output is: 5. Developed an inter-institutional dialogue, with the participation of CSOs, to improve the existing policy and programme framework related to crime and drugs. Under this expected output, the action will: develop annual shadow reports on drug policy, organize public attitude survey, develop proposals for legislative changes, conduct public awareness campaigns to support proposed reforms, provide legal support to victims of harsh drug legislation, and support the networking and build capacity of community organizations to engage in effective advocacy.

1.5. Number of competent institutions, schools and/or health care services providers that are using the content elaborated by the intervention for the implementation of crime and drug prevention strategies. Respective output is: 6. Improved capacities of CSOs and other relevant actors working in the field of health, social and youth affairs to participate in the design and implementation of crime and drug policies and strategies. Under this expected output the action aims to increase technical capacities of local CSOs on crime prevention and drug policy

strategies, provide financial and technical support to CSO third parties, improve knowledge of media representatives for ethical reporting on drug issues, and promote a safe environment at the entertainment venues.

Main assumptions under the SO are: The political situation in the country remains stable and democratic standards are maintained; There are no major economic or social shocks derived from the Russia-Ukraine war, the COVID 19 pandemic or other external factors; There is no major deterioration of public order and/or armed conflict at national or regional level; The national government remains committed to the fight against organised crime and abuse of illicit substances.

The risks related to the action implementation and relevant contingency plan is described in the table under the *section 2.1.4. Sustainability of the action*.

iv. **Capacity and situation improvement of target groups and beneficiaries**

The action aims to improve policy, organizational systems and human resource capacities, as well as general social environment to reach the overall objective. The activities equip relevant professionals with knowledge and skills, develop systems and mechanisms for coordinated/integrated work of organizations and increase capacity of services involved in crime/substance use prevention, treatment and rehabilitation. In response to the needs of CSOs/CBOs, the action will support the development of their specific technical and advocacy capacities. Representatives of the organizations providing services to the youth involved in crime and anti-social behaviour such as **school teachers, mentor-teachers, police officers and public administrators** will gain relevant knowledge and skills to implement effective evidence-based preventive interventions. **Youth, parents and educators** will have access to evidence-based programs and resources that would equip them with knowledge and strategies to prevent or reduce risks of engaging in criminal and/or violent behaviours and drug abuse. **Youth with mental health and substance use problems** will have access to specific services to address their health needs. **The PWUD** will benefit from improved legislative environment and better access to effective evidence-based health and social services. **Media representatives** will gain better understanding of ethical and human rights perspectives of the drug use phenomena and appropriate standards for reporting drug related issues. Representatives of the **entertainment industry** will obtain knowledge on the risks associated with drug use in nightlife setting, and will be able to engage in prevention and risk reduction activities. **Youth attending nightlife events** will have access to prevention and harm reduction information to protect their health and health of their peers. **Local CSOs** working in the field of health, social and youth affairs will improve thematic and organizational capacities to engage in service delivery and advocacy activities. They will also benefit from thematic networking and partnership with health facilities, community organizations and local governments. **Primary health and specialized SUD care facilities** will be able to adopt new protocols and specific procedures to improve management of patients with drug related problems. They will greatly benefit from improved systems and mechanisms for coordinated work. **Family doctors** will gain knowledge and skills to identify, manage and provide needed referral to individuals with SUD. **SUD professional personnel** will gain new knowledge and skills on the management of specific conditions and populations with SUD, and will have access to evidence-based, state of the art educational resources in Georgian language. Representatives of **decision-making bodies** (authorities) will benefit from better understanding of effective and evidence-based policies and strategies to address drug use issues.

v. **Description of Activities**

Preparation (initiation, contracting partners and preparing relevant procedures for

implementation)CSFCSF as the applicant organization will lead the preparatory activities such as: a) Contracting Partner organizations; b) Setting up the project management team and relevant PMT procedures (Described in implementation approach); c) Setting up Project Advisory Board (PAB); D) Developing Project Monitoring and Evaluation Plan; E) Developing Communication and Visibility Plan of the action and other relevant documents. **Communication and visibility material**, such as, project roll-ups, leaflets and other materials, will be prepared at the startup. **The project launch meeting** will be organized where representatives of different stakeholders from government and CSO sector will be invited. The action logic, timeline and other details will be presented during the startup.

The action is structured around the following expected outputs and indicators::

Output 1. Increased institutional capacities of the competent bodies to prevent, identify, timely intervene and tackle criminal and violent behaviours.

Indicators:

- 1.1.1. Number of people, integrants of state and non-state organisations, who have improved their skills to intervene criminal and violent behaviours (disaggregated by sex and/or age).
- 1.1.2. Number of public agencies that have received and discussed evidence based educational toolboxes to tackle criminal and violent behaviours.
- 1.1.3. Number of decision makers from relevant institutions/ local municipalities who have increased their knowledge about existing gaps to prevent youth and adolescent crime (disaggregated by sex and/or sector).

Training professionals to prevent, identify and tackle criminal and violent behaviours.

Activity 1.1.1.1 Devise a training course of the School Resource Officers to raise their capacity to identify, prevent, and detect violent acts. (Former 1.1.3)

Based on the methodology document and curriculum special training will be organized for the school resource officers in the Resource Center. The training will be held by the author of the prevention methodology and curriculum together with the project team. At least 20 officers will attend the training course.

#of participants at least 20; Responsible: SJC Timeframe: Month 27

Activity 1.1.1.2 Introducing the prevention and early intervention training curricula to work with adolescents with antisocial or behaviour disorder (Former 1.2.2)

Step 1: Training modules for working with adolescents and specialists providing service to the youth, involved in crime and anti-social behavior will be developed, using evidence-based EQUIP Program for the prevention and reduction of criminal/antisocial behavior. EQUIP is a Positive Peer Culture (PPC)-based cognitive-behavioral intervention for at-risk youth that seeks to establish a "climate for change" where youth can turn antisocial and self-destructive behavior into positive behavior. **Step 2:** Two 3-day trainings (ToT) will be provided to 30 representatives of the Center for Crime Prevention of the Ministry of Justice and the Psychosocial Assistance Center of the Resource Officer Service in the Ministry of Education and Science.

Deliverables: 1. Training modules; 2. # of training participants: 30; Responsible: BPU (with CSJ);

Timeframe: Months 13-18

Activity 1.1.2.1 Developing prevention methodology document and curriculum (Former 1.1.2)

Step 1: The methodology to prevent radicalization will be developed by the field expert for the office of the school resource officers and law enforcement agencies. **Step 2:** Based on the methodology, a specific curriculum will be developed for the office of the school resource officers to increase the awareness of individual resource officers on radicalization prevention. The curriculum will be submitted to the office of school resources officers to integrate into permanent course for officers. *Deliverables: Methodology document and curriculum; Responsible: SJC Timeframe: Months 13-23*

Activity 1.1.3.1 Executing analytical research on the crime prevention (Former 1.1.1)

Step 1: Relevant legislation and policy documents about crime prevention will be studied and critically analyzed. Secondary review of the research papers, relevant literature review, internet resources, regulatory framework assessment of the crime prevention, public information requests will be used to obtain sufficient information to critically assess the existing crime prevention policy in the country. **Step 2:** Producing critical research documents about the crime prevention policy. The analytical research document will contain findings and recommendations to increase the effectiveness of the crime prevention system. Public presentation of the document will be organized.

Publications: 1. Research Report (At least 40 pages); Responsible: SJC Timeframe: Months 9-14)

Activity 1.1.3.2 Conducting the research on school safety issues (Former 1.2.1)

Relevant legislation and policy documents on school safety issues will be studied and analyzed. Review of relevant literature and internet resources, in-person interviews with representatives from schools and the Office of Resource Officers of Educational Institutions, regulatory framework assessment, public information request from the relevant public institutions and other relevant methodology will be used to collect sufficient information for the school safety assessment in the country. The document will highlight the institutional and legal challenges of the school safety. Public presentation of the document will be organized for representatives from schools, relevant ministries, CSOs and other stakeholders (30 participants). *Publications: research document on the school safety in Georgia; Responsible: SJC; Timeframe: Months 6-15)*

Output 2. Improved capacities of health care system to support youth with a substance use disorder (SUD) and a co-occurring mental health or behavioural disorder

Indicators

- 2.1.1. Number of new age sensitive and specialised clinical protocols for SUD services that have been designed in a participatory manner incorporating international good practices and/or evidence-based techniques
- 2.1.2. Number of health professionals who have improved their knowledge on dual diagnosis among youth through the training modules (disaggregated by sex, age and sector)

Development of clinical protocols and guidelines

Activity 2.1.1.1. Translating and adapting guidelines on drug abuse and dual diagnosis including that among children and youth (former 2.1.1)

Qualified consultants will be identified and hired to develop guidelines on drug abuse and dual diagnosis among children and youth. The document will be based on the best international guidelines and adapted to the Georgian regulatory framework and health system specifics.

Deliverable: National Guideline on Management of Drug Abuse/Dual Diagnosis among Children and Youth.

Responsible: ALTGEO/BPU/GFMA; Timeline: Months 6-12.

Activity 2.1.1.2. Developing new age sensitive clinical protocols (SBIRT, ASSIST and AUDIT) for primary health care physicians (former 4.1.1)

With input and feedback by the Clinical Protocol/Guideline Development Advisory Group (PDAG) described under the activity 2.1.1, the project team and experts will develop protocols on SBIRT, AUDIT and ASSIST for primary health-care workers.

Deliverable: # of new protocols for primary healthcare professionals - 3.

Responsible: GFMA/ALTGEO; Timeline: Months 1-12.

Activity 2.1.1.3. Developing treatment and harm reduction protocols (OST in emergency, NSP in emergency, SUD among youth, SUD in pregnant women) for specialised SUD services (former 4.2.5)

New treatment and harm reduction protocols will be developed by consultants to be identified and contracted for each protocol. Each protocol will follow the structure and format required by the MoH. Two-day workshops for PDAG members will be organized to receive feedback and provide input in the draft protocols. 6-8 PDAG members will participate in each workshop, depending on their thematic expertise. Following the feedback from PDAG, protocols will be finalised and submitted to MOH for approval.

Deliverable: # of new protocols developed and submitted to MOH – 4

Responsible: ALTGEO/BPU/STF/Xenon/GFMA; Timeline: Months 7-18.

Activity 2.1.1.4 Conducting Service provider survey (assessing the needs and readiness to engage) (former 4.2.1)

The project team will conduct SUD service provider survey (individual face-to-face or online interviews) to examine needs, attitudes, readiness, barriers and facilitators of integration of joint care and referral protocols.

Deliverable: Report of the survey results; # of SUD providers surveyed – 57;

Responsible: ALTGEO/BPU/STF/Xenon/GFMA; Timeline: Months 13-24

Activity 2.1.1.5 Developing the protocol on referral and ethical information exchange for specialised SUD services (former 4.2.2)

The project team and experts will develop the protocol on referral and ethical information sharing for specialised SUD services, based on the SUD provider survey results, best international practices and tailored to Georgian context. Based on the feedback from SUD administrators (from the workshop organized under the activity 4.2.8) and PDAG review, the protocol will be finalized and integrated in SUD services.

Deliverable: # of SUD services who adopted and use new protocol and procedures - 15.

Responsible: ALTGEO/BPU/STF/Xenon/GFMA; Timeline: Months 13-24.

Activity 2.1.1.6. Organize 5 cycles of 2-day workshops for PDAG members to receive feedback and provide input in the clinical protocols and guidelines - ALTGEO (according to approved budget).

In total 9 clinical protocols or guidelines will be developed by AltGeo under the project. To ensure participatory process and generate ownership of newly produced documents among stakeholders, draft protocols/guidelines will be shared with a Protocol Development Advisory Group (PDAG). AltGeo will establish the PDAG in Year One, which will be composed of 15-20 leading specialists in the field of SUD, psychiatry, social work, and family medicine. Depending on the need, other specialists will be involved. The group will oversee and provide feedback on development of 6 clinical protocols/guidelines to be developed under the project. These protocols are: protocol on drug use and dual diagnosis; OST in emergency; NSP in Emergency; SUD among youth; SUD among pregnant women; protocol on referral and ethical information sharing for specialised SUD services. Two-day PDAG meetings will be organized to review protocols/guidelines developed by the consultants. In total 5 such meetings over the lifespan of the action is planned.

Deliverable: 5 PDAG meetings were conducted to discuss and finalize new protocols/guidelines for primary healthcare system and specialized SUD services.

Responsible: ALTGEO/BPU/STF/Xenon/GFMA; Timeline: Months 6-30.

Activity 2.1.1.7. Organizing sensitization workshop with SUD administrators – ALTGEO (former 4.2.8)

Two-day workshop for SUD administrators will be organized to present new protocols developed within the activity 4.2.2. Participants will discuss modifications and define optimal ways for protocol implementation.

Deliverable: # of specialized SUD service administrators signing cooperation agreement – 15.

Responsible: ALTGEO/BPU/STF/Xenon/GFMA; Timeline: Months 25-27.

Strengthening healthcare system response to drug use and dual diagnosis

Activity 2.1.2.1 Developing online training module on drug use and dual diagnosis including that among children and youth. (former 2.1.2)

Qualified consultant(s) will be identified and hired to develop a training module on the Management of Drug Abuse and Dual Diagnosis among Children and Youth. Training module will be tailored to fit the requirements for online education and will consist of training syllabi, video-presentation, pre/post-tests and reading materials. The module will be submitted to National Accreditation Committee under MoH for approval as a part of Continuous Medical Education (CME).

Deliverable: Online training module on dual diagnosis.

Responsible: ALTGEO/BPU/GFMA; Timeline: Months 10-39 (extension of implementation period to 39 months).

Activity 2.1.2.2 Mobilising health professionals to utilize online training module on dual diagnosis (former 2.1.3)

The project team will communicate the opportunity to participate in online training via formal/informal meetings, as well as e-mail and other communication means with relevant professional associations, universities and clinics, in order to disseminate information on the training module and motivate relevant health professionals to enroll. PDAG will contribute to this process.

Deliverable: # of health professionals completing online training - 50.

Responsible: ALTGEO/BPU/GFMA/STF/XenonCSF; Timeline: Months 16-21.

Activity 2.1.2.3 Providing ongoing technical support for new services to address drug use/mental health/dual diagnosis including that for young people. (former 2.1.4)

Senior experts involved in the project will provide ongoing oversight and technical assistance to the team of a new service to ensure the high-quality standards and needs tailored services for target population. Weekly debriefing meetings will be organized to discuss clinical cases and/or structural issues identified during the service delivery for the trained professionals such as psychiatrist, addiction physician, psychologist and social worker, working in Tbilisi outpatient clinic of GFMA.

Deliverable: # of patients with drug use/mental health problems received free qualified care – 50.

Responsible: ALTGEO/BPU/GFMA; Timeline: Months 19-39 (extension of implementation period to 39 months).

Output 3: Implemented evidence-based and practice-informed substance abuse prevention strategies and interventions.

Indicators:

- 3.1.1. Number of schools with increased capacity to implement evidence-based crime and substance abuse prevention measures
- 3.1.2. Number of municipalities where crime and drug prevention community councils are established and functioning
- 3.1.3. Number of people (professionals working on SUD, educators, parents and students, general population) with improved access to evidence-based information on substance use through functioning web platform www.cpr.ge (disaggregated as professionals vs other users)
- 3.1.4. Number of people who have participated in young led and community-based prevention and educational campaigns (disaggregated by sex and/or age)

Developing school safety policy concept and drug prevention programs

Activity 3.1.1.1 Implementing school-based prevention measures using school policies approach (environmental prevention) (former 3.1.1)

Step 1: The action team will create the manual for schools enabling them to develop and implement school

safety and drug policies. Such policies involve entire school community including teachers, students, parents/legal guardians. The policy framework guides the school community to manage delinquency and substance use related issues based on the human rights approach. **Step 2:** 5 schools will be selected in Tbilisi and 10 in five regions (15 schools in total): Samegrelo, Shida Kartli, Qvemo Kartli, Samtskhe-Javakheti and Kakheti (2 schools in each region). Ten rounds of 2-day trainings will be organized to support the schools in developing and implementing their safety and drug policies, including establishing transparent, human rights based mechanisms for managing drug-related or violent incidents.

Deliverables: 1. *Manual to guide schools in developing and implementing school policies;* 2. *School safety and drug policies introduced in 15 schools.*

Responsible: BPU (with CSJ, STF, Xenon); *Timeframe:* Months 1-12

Activity 3.1.1.2 Developing and piloting age-specific, evidence-based substance abuse prevention education programs for pre and late adolescents (Former 3.1.2).

Step 1: Evidence-based, consolidated substance abuse prevention curriculum will be developed, including teaching methodologies and teaching materials. The methodologies and materials will be used in teaching through routine lessons to the children and adolescents in elementary (age 6–10) and secondary (age 15–18) schools, increasing drug-related knowledge as well as social and self-management skills. **Step 2:** Piloting consolidated curriculum in selected 15 schools in Tbilisi and five regions, where school and drug policies will be introduced: 14 one-day trainings will be provided to elementary and secondary school teachers; The trained teachers will start delivering acquired knowledge to their students; At the end of piloting, **operations research study** will be conducted to document its implementation and effectiveness.

Step 3: Final version of the consolidated curriculum will be submitted to the MoES. Additionally, the Project will provide technical assistance to the MoES by training mentor-teachers and master teachers to facilitate nationwide scale up.

Deliverables: 1. *Consolidated substance abuse prevention curriculum;* 2. *# of trained teachers and master trainers – 215 (15 master trainers, 100 elementary and 100 secondary school teachers);* 3. *Operational study Report.* *Responsible:* BPU (with STF, Xenon); *Timeframe:* Months 6-36

Activity 3.1.2.1 Implementing comprehensive preventive measures to increase community readiness with their active engagement (Former 3.3.1).

Step 1: In order to develop a Community Profile and inform planning of preventive programs, the Project team will undertake Community Readiness Assessment on the action sites. **Step 2:** Establishing the network of coalitions - setting up of the Crime and Addiction Prevention Community Councils in five regions (Samegrelo, Shida Kartli, Qvemo Kartli, Samtskhe-Javakheti and Kakheti), consisting of local policy makers, police, parents, neighborhood members, teachers, youth centers and activists, other agencies, and organizations; Three meetings of the Community Councils will be organized in each region (5 regions); once in the year 2 (5 meetings) and twice in the year 3 (10 meetings). **Step 3:** Assisting councils in developing and implementing the action plan, using evidence-based Communities That Care (CTC) approach. A workshops in each region (5 in total) will be organized with the council members to develop community prevention action plans that will provide concrete steps and strategies; Coalitions/partnerships consisting of the key community leaders, agencies and organizations provide a substantial base to mobilize the community to address health or social challenges. **Step 4:** The project will support community coalitions to plan sustainability strategies in order to continue addressing youth crime and substance abuse after the completion of the action.

Deliverables: 1. *Functional Crime and Addiction Prevention Community Councils in 5 regions;* 2. *15 community mobilization public events.*

Responsible: BPU (with CSJ, STF, Xenon); *Timeframe:* Months 6-36

Access to evidence-based information on substance use

Activity 3.1.3.1 Developing and maintaining the multi-language interactive web-portal on drug prevention and harm reduction for parents, educators and youth, including those who experiment with/use drugs. (former 3.2.1)

Step 1: The implementing team will identify and contract a qualified company to develop an interactive multi-purpose web platform. The platform will be the first major national online resource for evidence-based information on psychoactive substances and will provide the audience with information on drug prevention and harm reduction. The platform will also contain online resources for club drug related risk reduction app (Activity 3.4.2) and training modules for health professionals developed within the action. It will also host National Drug Awareness Week (NDAW) campaigns (former 3.2.2).

Step 2: Project partners will work together to identify, translate, adapt and/or develop the educational and visual materials to be stored on the web platform. Content wise, the information will cover (but not limited to) effects of psychoactive substances, risks associated with use, prevention strategies, risk reduction strategies (including identifying risks, providing help during the intoxication).

Deliverable: *Functioning web platform; # of visits to the website – 20,000.*

Responsible: ALTGEO/BPU/GFMA/STF/Xenon,/SJC/CSF; *Timeline:* Months 8-39.

Activity 3.1.3.2 Conducting National Drug Awareness Week campaigns (former 3.2.2)

Step 1: The project team will contract a PR-company to develop NDAW communication strategy and visuals. The social media channels (Facebook and YouTube) of the project will be created and maintained by the PR company. The company will assist to promote the event, attract audience, and organize the NDAW each year with close coordination with the implementing team of the action.

Step 2: NDAW will be conducted annually (3 times during the project). Prior to the event, information on the NDAW will be disseminated widely through social media and other relevant channels. The students from public and private schools across the country, their parents and teachers will have an opportunity to send questions anonymously to a team of experts using an anonymous platform (e.g. Puddlet) before NDAW. During the event, high school students from around the country will have a chance to ask questions and receive evidence based answers on drug related issues. This will be the first of its kind event in Georgia and become a regular, annual activity. Experts of the addiction field will answer questions online on pre-announced day during the week. Pre-selected moderators will ensure that questions are forwarded to field experts in accordance with pre-assigned topics. The video recording of the event and transcripts of the Q&A will be uploaded on the web platform. Within the 2 weeks, experts will prepare answers to questions that were not discussed during the event. These questions and answers will be also posted on the platform.

Deliverable: # of NDAWs conducted - 3; # of target audience reached via online drug awareness activities – 10,000; Responsible: ALTGEO/BPU/GFMA/STF/Xenon/SJC/CSF; Timeline: In the months 10, 22 and 34.

Activity 3.1.4 Youth Led Community Mobilizations Public Events (Former 3.3.1)

The implementing team will organize youth-led community mobilization public events (sports competitions, photo exhibitions, street drama, etc.) in project sites.

Deliverables: 15 public events in 5 regions.

Responsible: BPU (with STF, Xenon); Timeframe: Months 18-36

Output 4: Improved capacities of the health care system to incorporate and provide client-centered integrated care approaches.

Indicators

- 4.1.1. Number of training modules and tools developed and accessible to healthcare professionals to strengthen integrated, client-centered SUD services
- 4.1.2. Number of training modules for primary health care professionals that have been integrated into family medicine curricula (formal education)
- 4.1.3. Number of health care professionals who have improved their knowledge and skills to implement new clinical protocols and specialised services (disaggregated by sex, age and/or sector)

Activity 4.1.1.1 Developing Online training module of ASI for specialised SUD services (former 4.2.3)

The project team will translate and adapt online training module on ASI for SUD professionals. The module will be incorporated into the web platform.

Deliverable: Free online training module on ASI available on the web portal

Responsible: ALTGEO; Timeline: Months 7-36.

Activity 4.1.1.2 Developing online training module on joint multidisciplinary care and referral for specialised SUD services (former 4.2.4)

The project team and experts will develop a training module on joint multidisciplinary care and referral for specialised SUD services. The module will be incorporated into the web platform.

Deliverable: Free online training module for specialised SUD services.

Responsible: ALTGEO/BPU/STF/Xenon/GFMA; Timeline: months 10-36.

Activity 4.1.1.3 Developing online training modules (management of NPS, dual diagnosis, cannabis, pregnant women, youth) for SUD professionals (former 4.2.6)

Step 1: The project team will identify and contract consultants to develop online training modules on (management of NPS, dual diagnosis, cannabis, pregnant women, youth) for SUD professionals. Online training modules will be pilot-tested with SUD professionals. **Step 2:** Finalised training modules will be submitted to the MOH for approval for CME. Modules will be incorporated into the web portal.

Deliverable: # of online training modules developed, submitted to MOH for approval for CME and are freely available at the web portal – 5; # of SUD professionals passed online pilot-test training – 50.

Responsible: ALTGEO/BPU/STF/Xenon/GFMA; Timeline: Through months 13-36.

Activity 4.1.1.4 Developing online assessment tools for professionals (ASI, ASSIST and AUDIT) and self-assessment tool for target group (former 4.2.7)

Project team will closely work with the contracted company (contracted in Activity 3.2.1) to develop web application to support online assessment tools for health professionals (ASI, ASSIST and AUDIT) and self-assessment tool for individuals with substance use problems. Assessment tools will be used by health professionals in their daily practice while working with patients. Self-assessment tool will provide individuals with the opportunity to examine their psychoactive substance use behaviour, identify high-risk practices and receive suggestion regarding professional assistance.

Deliverable: # of Online assessment tools for professionals (ASI, ASSIST and AUDIT) and self-assessment tool for target group developed - 4 (tools) (3 for professionals and a self-assessment)

Responsible: ALTGEO/BPU/STF/Xenon/GFMA; Timeline: Months 13-36.

Activity 4.1.2.1 Developing and integrating modules of SBIRT, AUDIT, ASSIST training into family medicine curricula (formal education) (former 4.1.2)

The project team and experts will develop training modules (both, for in-person and online trainings) for primary health care workers. GFMA, which is responsible for managing the formal education for family physicians, will incorporate training modules into the formal routine curricula for family physicians.

Deliverable: 3 training modules incorporated into the formal education curricula.

Responsible: GFMA/ALTGEO; Timeline: Months 10-21.

Activity 4.1.2.2 Training the primary healthcare professionals on SBIRT, AUDIT, ASSIST via in-person and online trainings (former 4.1.3)

In-service family physicians will be trained by the experts to utilize newly developed protocols. Training modules will be tested during in-person trainings and will be modified based on the feedback from participants. Finalized training modules will be offered online to primary health care professionals.

Deliverable: 3 online training modules; # of primary healthcare workers trained - 350 (50 in-person, 300 online).

Responsible: GFMA/ALTGEO; Timeline: Months 13-36.

Activity 4.1.2.3 Integrating online training modules SBIRT, AUDIT, ASSIST for primary health care professionals (continuous education) into the web platform (former 4.1.4)

Newly developed modules will be video-recorded incorporated into the web platform and will be freely accessible for relevant audience in primary healthcare system.

Deliverable: 3 training modules integrated in the web platform.

Responsible: GFMA/ALTGEO; Timeline: Months 10-36.

Piloting new model of integrated care

Activity 4.1.3.1 Providing ongoing technical support for SUD service providers to pilot new model of integrated care (former 4.2.9)

Senior experts will provide ongoing consulting to the teams of involved primary health care and specialised SUD clinics to ensure the high-quality standards and needs tailored services for target population. Weekly debriefing meetings will be organized to discuss clinical cases and/or structural issues identified during piloting. The project team will conduct a study to examine implementation process and assess barriers, facilitators, organizational readiness, perceptions of service providers and other implementation outcomes. The results of the study will inform next steps for scaling up the new model in other regions of Georgia.

Deliverable: # of regions where the new model is piloted – 6 (including Tbilisi); Implementation study report.

Responsible: ALTGEO/BPU/STF/Xenon/GFMA; Timeline: Months 19-36.

Output 5. Developed an inter-institutional dialogue, with the participation of CSOs, to improve the existing policy and programme framework related to crime and drugs

- 5.1.1. Number of political representatives and decision makers who have discussed about the rights-based drug policy reform, based on the public attitude survey and the project's studies and recommendations
- 5.1.2. Number of strategic litigation cases launched and supported by the intervention
- 5.1.3. Number of state and non-state institutions that have taken part in the design and implementation of the human drug policy campaign and the political advocacy process (disaggregated by public, private and social sector)

- 5.1.4. 5.1.4. Number of people, who have improved their knowledge on drug policy, stigma and human rights (disaggregated by sex, age and/or sector)

Advocacy campaign on drug policy, and safety at the entertainment settings

Activity 5.1.1.1. Executing the public attitude survey (Former 5.2.1)

The project team will execute the public attitude survey related to the existing drug policy and its possible liberalization perspectives in order to inform communication strategy and action plan of the humane drug policy campaign to be planned under the activity 5.2.2.

Deliverable: Public Attitude Survey Report; Timeframe: Months 7-12, Responsible: SJC

Activity 5.1.1.2. Executing studies to support the rights based drug policy development in Georgia (Former 5.1.2.)

Step 1: Preparing monitoring report on implementation of the Georgian Anti-Drug Action Plan 2021-2022 by the end of 2022. The monitoring document will contain a critical assessment of the implementation and specific recommendations for further implementation of the action plan. **Step 2:** Along with the monitoring, the project team will deliver three annual drug policy shadow reports. The reports will highlight the trends, court practices and development of drug policy. Shadow reports will be published annually by the end of the year. Public presentations of the reports will be organized.

Deliverables: 1 monitoring document and 3 annual shadow reports; Timeframe: Months 9-15; 21-24; 33-36.

Responsible: SJC & CSF (with the close collaboration with Altgeo and Bemoni)

Activity 5.1.2.1. Commencing strategic litigation and initiating legislative changes (Former 5.1.1.)

Step 1: Strategic litigation will be processed on the drug-related issues. The project team will work on the ten different administrative, criminal and constitutional cases and will submit a case to the European Court of the Human Rights (ECtHR) when needed. The project team will start working on the Administrative, Criminal and Constitutional cases, refer to the alleged violation of human rights in relation to the specific categories of drug related crimes and administrative offences. Strategic litigation will cover also the cases related to the alleged ill-treatment by the police and law enforcement officials. **Step 2:** Based on the strategic litigation processes/results, legislative changes of the drug policy liberalization will be prepared. The project team will elaborate the draft law at least in two primary directions: abolishing criminal liability for drug consumption and introducing alternative options to the existing punitive measures.

of Strategic litigation cases: 10; # of draft laws: 1

Responsible – leading: SJC, team members involved: CSF Altgeo, Bemoni; Timeframe: Months 1-36

5.1.3.1. Developing and Implementing communication strategy and action plan (Former 5.2.2)

Communication strategy and action plan for public information and advocacy campaign will be developed by the expert. Humane drug policy will be based on this strategy and action plan.

Deliverable: Communication strategy and action plan; Responsible: SJC; Timeframe: Months 13-36

5.1.3.2. Implementing humane drug policy campaign (Former 5.2.4.)

After having the communication strategy and the action plan, the project team will implement the campaign to increase public awareness on the humane drug policy. The campaign will utilize the tools such as: multi-media products, infographics, TV/Radio, social media advertisements etc.

of reaches in social and traditional media: 100 000; Responsible: SJC and other implementing partners;

Timeframe: Months 19-36

Activity 5.1.3.3 Promoting a safe environment at the entertainment venues (former 3,4,1)

Step 1: Guideline for the substance use prevention and harm reduction at recreational setting for representatives of the entertainment industry will be developed. Using the settings-based approach, the guideline will aim to provide necessary information to identify drug-related issues in these settings. It will also define a range of interventions such as infrastructural, regulatory and human capacity to prevent drug related negative consequences in recreational settings. One-day training/workshop will be held with the representatives of entertainment industry to raise their awareness on the issue. **Step 2:** Creating and administering web-application (App) for IOS and Google systems targeting youth to advance knowledge and skills on the issues related to substance at the entertainment venues. The app will contain information on club drugs and other psychoactive substances, symptoms of intoxication/overdose, first aid, prevention and safety guidelines.

Deliverables: 1. Guideline for the substance use prevention and harm reduction in recreational settings; 2. # of trained representatives of entertainment industry – 20;

Responsible: BPU and ALTGEO; Timeframe: Months 25-39

Activity 5.1.4.1 Organizing capacity building trainings on drug policy, stigma and human rights (Former 5.2.5)

Step 1: The project team will develop the training module and relevant materials. Three capacity-building

trainings for the local CSOs and CBOs will be organized. For easy access, the training materials will be available online. **Step 2:** The project team will organize training sessions for doctors and other medical personnel about human rights and drug policy. Training materials will become available online to ensure sustained access to training opportunity.

of participants – 80; Responsible: SJC, close collaboration with the whole project team;

Timeframe: Months 28-36

Output 6. Improved capacities of CSOs and other relevant actors working in the field of health, social and youth affairs to participate in the design and implementation of crime and drug policies and strategies

Indicators

- 6.1.1. Number of CSOs with improved technical capacities to engage in the design and implementation of crime and drug policies and strategies
- 6.1.2. Number of CSOs, supported by the intervention, that are implementing political advocacy strategies or providing drug and crime prevention services
- 6.1.3. Number of journalists with improved knowledge and tools for responsible, accurate and ethical reporting on drug issues (disaggregated by sex and/or age)

CSO awareness raising and advocacy for policy change

Activity 6.1.1.1 Developing and piloting curriculum for non-formal substance abuse and crime prevention education for organizations working with youth and professional youth workers (former 3.6.1)

Training curriculum for non-formal substance abuse and crime prevention education for organizations working with youth and professional youth workers will be elaborated; Six 3-day trainings (1 in Tbilisi and 5 in other project sites) will be delivered for representatives of youth-focused CSOs; Six 3-day trainings for professional youth workers will be conducted in the target regions. The final training curriculum will be submitted to the National Youth Agency for replication and institutionalization.

Deliverables: 1. Drug prevention curriculum 2. # of trained CSO representatives and youth workers - 100

Responsible: BPU and CSJ (with active participation STF, Xenon); Timeframe: Months 18-39

Activity 6.1.1.2 Providing organizational and thematic trainings for CSOs (former 6.1.1)

The project team and experts will develop the training curriculum and materials. The first training cycle will be provided online to 150 CSO/CBO participants from Tbilisi and at least 5 regions on the issues of substance abuse/crime prevention and advocacy. The second cycle will be provided during the summer school and will include the trainings on different issues of organizational development. At least 20 organizations will be involved in the summer school.

of participants of the trainings 150;

Responsible: CSF with close collaboration with the whole project team. Timeframe: Months 13 - 39

Activity 6.1.1.3. Organizing high-Level Meetings and final conference (former 5.2.3)

As a part of the drug policy liberalization campaign, at least 5 high-level meetings and one final conference will be organized engaging local and national governments, parliament of Georgia, CSOs working in the field and other stakeholders. The Commissioners of Global Commission on Drug Policy will be involved at the meetings. The activities will stimulate political will to change the repressive drug policy in the country.

Deliverables: 5 high-level meetings, One final conference; Responsible: CSF and co-applicant organizations; Timeframe: Months 25-41

Activity 6.1.2.1 Providing financial and technical support to CSOs' received Financial Support to Third Parties.

After the trainings, **open call for Financial Support to third parties** will be announced for CSO/CBOs (community based organizations) in Tbilisi and at least 5 regions to support innovative substance abuse/crime prevention and advocacy activities in different locations. The evaluation committee will be composed from representatives of implementing partners (one representative from each partner organization) and 3 external field experts. At least 12 CSOs will be selected for funding. Criteria for selecting CSO/CBOs for financial support, such as competition announcement, selection criteria, evaluation criteria, budget requirements, requested documents as well as obtained scores will be established by evaluation committee.

Overall objective of the Financial Support to third parties is to build thematic, technical and organizational capacities of local CSOs working in the field of health, social and youth affairs in five (6 including Tbilisi) different municipalities. Specific objective of the call is to increase potential of local CSOs in Tbilisi and regions by engaging them in substance abuse/crime prevention and advocacy interventions.

Expected outputs/results: Empowered CSO/CBOs are actively engaging in prevention and advocacy activities; effectiveness of third parties are positively influencing by the financial support within the action; minimum 12 CSO/CBOs are implementing prevention and advocacy activities with Financial support and mentoring of CSF; minimum 12 CSO/CBOs are empowered via supportive monitoring and technical assistance.

The types of activities eligible for financial support are: a) Developing, providing/ensuring access to evidence based information, free online trainings, etc.; b) Formal and informal meetings contributing to development of participatory approach; c) Networking activities with local CSO/CBO's and decision makers; d) Organizational development activities and e) fellowships/internships to attract young professionals in the

field. The financial support may be given to the CSOs/CBOs, working in the field of health, social and youth affairs in Tbilisi and in the regions of Georgia. The criteria for selecting Financial Support to Third Parties are: a) The applicant must work in the field of health, social and youth affairs; b) Must demonstrate cooperation (co-funding and/or other kind) with municipal and/or central government programs; c) Project duration must be 10 to 12 months; d) The applicant must demonstrate willingness and readiness to implement substance abuse/crime prevention and advocacy activities; e) Diversity in coverage and in beneficiaries will be also considered during selection. The exact amount of the Financial Support to third parties will be defined based on a) demonstrated capacities in project management, justification of action costs, relevance of the budget and content to the objectives of the call, transparency, advocacy potential, demonstrated ability to mobilize communities, institutional strength and financial sustainability of the organization. The amount to be given to the recipient CSO/CBO varies from EUR 10,000 to 30,000, depending on a scope of activities, selection criteria's described above, etc. Minimum 12 initiatives will be selected for Financial support.

In total, **EUR 360,000** is budgeted to issue for CSOs/CBOs as grants. The budgeted amount of the Financial Support to third parties will be fully spent on the CSOs/CBO. If total budget of selected 12 CSOs/CBO recipients receiving financial support do not reach maximum budget of **EUR 360,000**, more organizations will be awarded with funding. The criteria for selecting Financial Support to Third Parties, described above, are decisive for all selected CSO/CBOs.

The financial support may be given to CSO/CBOs, including community based organizations, registered or a non-registered group of activist's/community members, operating in Tbilisi or regions. Preference will be given to CSO/CBO's that prove their innovative approach to the theme and provide realistic budget, relevant to the activities, also diversity in coverage and in beneficiaries will be considered.

The preliminary set of the criteria for selecting the CSO/CBO's:

- Experience with similar actions
- Experience in project management/financial management
- Established financial system/procedures
- Developed enough organizational/administrative structure
- The estimated budget is adequate to the scope of activities, expected outcomes and potential impact - In case of non-registered group of activist's/community members, priority will be given to CSO/CBO's are eager to empower knowledge and increase capacity.

After selection of the Financial Support to third parties, orientation meeting will be organized to share instructions on financial, program areas of the grants implementation. Orientation and final meetings be will organize for CSOs in Tbilisi and regions. CSF will coordinate activities planned within the CSOs/CBO's received Financial Support to third parties and will organize supportive monitoring to identify challenges and empower local CSO/CBOs in Tbilisi and regions.

of CSOs/CBOs receiving Financial Support to third parties at least 12; # of CSO/CBOs empowered via supportive monitoring/technical assistance – at least 12;

Responsible: CSF with close collaboration with the whole project team. Timeframe: Months 13-41

Raising media awareness and competencies on standards for covering addiction issues

Activity 6.1.3.1 Building media capacity for ethical coverage of addiction issues via new standards and trainings (former 3.5.1)

Step 1: A key set of principles for journalists and editors will be elaborated together with the media regulators and organizations working on standards aiming responsible, accurate and ethical reporting of drug related issues; A memorandum with the Georgian charter of journalistic ethics will be signed. **Step 2:** Training course for journalists on ethical and accurate coverage of drug related issues will be developed and 30 media representatives from Tbilisi and five regions will be trained; Similar online training course will be also developed and made available for journalists. **Step 3:** Launching the Competition on the best publication in drug policy field for journalists from national and regional media: the competition for the best journalistic materials on the drug policy and protection of the rights of people who use drugs will be announced. The jury of well-known editors and journalists, as well as public activists and experts in drug policy, will determine the winners, who receive diplomas and incentives.

Deliverables: 1. The Media Standards 2. # of trained media representatives 30;

Responsible: BPU and CSF (with ALTGEO, STF, Xenon); Timeframe: Months 13-41

Activity 6.1.3.2 Providing scholarships to engage media in drug related issues (former 3.5.2)

The scholarship will be announced on jobs.ge, CSF and partners' websites and social media to select media representatives (journalists, bloggers, publishers of online media) from Tbilisi and regions of Georgia. The scholarship committee composed by the representatives of implementing 7 partners (one representative from each partner organization) and at least 1 external committee member: media expert or representative of Georgian charter of journalistic ethics. The overall objective of the scholarships is to Raise media

awareness and competencies on standards for covering addiction issues; Specific objective is to support Media representatives to contribute in rights-based drug policy and practice by awarding 7 media representatives with scholarships who will produce/publish at least 84 media products. Journalists will receive scholarships to develop and publishing accurate and ethical rights-based drug policy and practice related media products. The financial support will be given to the media representatives such as journalists, bloggers, social media representatives working in the field of health, social and youth affairs in Tbilisi and in the regions of Georgia. The criteria for selecting these entities and giving the financial support: a) The applicant/media representative must work in the field of health, social and youth affairs spheres; b) Must demonstrate willingness and readiness to develop and publish substance abuse/crime prevention related materials; c) Promoting results of Studies, evidence based information and best practices developed by implementing partners; d) Diversity of regions and beneficiaries will be also considered during selection; e) Scholarship duration will be 12 months. Fixed amount of EUR 100 will be issued to each awarded journalist for one year (EUR 1200 per scholar). The amount budgeted for the scholarships is EUR 8,400.

Deliverables: 1. # of journalists receiving scholarships – 7; 2. # of media products published - 84

Responsible: CSF, BPU (with ALTGEO, STF, Xenoni) Timeframe: Months 13-41

The Publications to be issued under the action: 1. Analytical research document on crime prevention; 2. School safety research document; 3. Monitoring and analytical report; 4. Annual shadow reports (3 reports); 5. Crime prevention methodology; 6. Crime prevention curriculum; 7. School safety research document; 8. Drug prevention curriculum (with training module) for CSOs and youth workers; 9. Guideline (with online training module) on drug abuse and dual diagnosis among children and youth; 10. Standards (with training curriculum for journalists and online training module) for the responsible, accurate and ethical reporting on drug issues; 11. Protocols with tools (SBIRT, AUDIT, ASSIST) for primary healthcare professionals (with online training modules); 12. Protocols on the referral and ethical information sharing for the specialised substance use disorder services (with 5 training modules and 4 online assessment tools); 13. Clinical protocols (i) management of SUD in youth, (ii) management of SUD in pregnant women, (iii) provision of OST in emergency situations, and (iv) provision of harm reduction services in emergency situations; 14. The public opinion survey report; 15. Communication strategy and two action plans; 16. Substance abuse/crime prevention and advocacy curricula (with training materials for SCOs); 17. Multi-language (Georgian, Azeri, Armenian) informative interactive online platform (web portal) with online

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training modules, interactive tables and pivot charts; 18. Implementation study report on evaluation of integrated care model.

vi. Financial Support to the Third Parties

Providing financial support to the third parties is a significant part of the action (**about 20.6% of the total action budget**) to contribute to output 6 ***Improved capacities of CSOs and other relevant actors working in the field of health, social and youth affairs to participate in the design and implementation of crime and drug policies and strategies***

The detailed procedures of Financial Support to Third Parties are described under the activities: 6.1.2.1 and 6.1.3.2

7 scholarships (Total EUR 8400; 0.47% of total budget) will be awarded for media representatives under the activity 6.1.3.2 Providing scholarships to engage media in drug related issues, will contribute in the output 6.1.3.2 Raised media awareness and competencies on standards for covering addiction issues, by practicing the ethical and content related standards and knowledge obtained during the activity 6.1.3.1 Building media capacity for ethical coverage of addiction issues via new standards and trainings;

12-20 Financial Support to Third Parties (Total EUR 360,000; 20.16% of total action budget) will be issued for the selected CSOs under the A 6.1.2..1 Providing financial and technical support to CSO Financial Support to Third Parties in order to achieve the output 6..

vii. The main studies conducted in view of defining the scope of the action.

The project activities are consequential to the numerous studies assessing the Georgian context. Georgia does not have an effective [crime prevention strategy](#), while national [drug policy](#) and drug-legislation is [extensively harsh](#). Eventual outcomes of such policy environment are [increased incarceration](#) rates and deteriorated socio-economic conditions of people who use drugs. On the other hand, preventive and harm-reduction programs do not work effectively, [especially in youth](#) population. [2019 Survey](#) on youth risk and protective factors shows that adolescents who present anti-social behavior need powerful interventions that strengthen empathy and counter negative peer influence. The survey also exposed the need for early intervention programs to prevent or reduce youth crime or anti-social behavior. The scope and priorities for SUD care component of the proposal were defined based on major studies conducted in the country. These include standardized annual [Drug Situation Reports](#), [Epidemiological Surveillance Surveys](#) and [General Population Survey on Drugs](#), but also thematic studies examining specific issue, such as [drug use in nightlife setting](#), [use of NPS](#), [impact of COVID on drug markets and drug user behavior](#), [barriers to service utilization](#) and others. Thus, the priorities of the proposed action well respond to the needs and gaps identified through comprehensive analysis of the best available evidence, and planned activities are best suited to address specific issues and challenges faced by the beneficiaries and stakeholders, both at institutional and individual/professional levels.

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1.1.2. Methodology (max 5 pages)

i. < Implementation methods

The consortium will implement a wide range of activities to realize the objectives of the action. These will include various capacity building activities (trainings, workshops), community mobilization and networking; community based initiatives and joint activities with public institutions and central/local governments, schools and private health care facilities; developing educational materials and other resources; developing practice standards, and guidelines; review and monitoring of national action plans and developing relevant reports; service providers' needs assessment studies, public opinion surveys, effectiveness studies and implementation research (for pilot interventions); strategic litigation and legal aid consultations; advocacy campaigns and awareness raising activities. The main means to implement planned action are mostly intellectual, including contracting qualified consultants, establishing professional working groups, developing knowledge transfer resources (training modules). Beyond staff computers, regular IT equipment, and other materials to support office work, an interactive, multi-purpose web platform will be created that will be the first major national online resource for sharing information, hosting drug use risk-reduction applications, awareness campaign, and online training courses). For increased efficiency, predominantly the office spaces of implementing partner organizations will be used for meetings or training; only for high-level meetings and consensus building workshops renting conference rooms and necessary equipment is expected. As the action implies to cover wide geographic area and geographic diversity of the communities, the implementing partners will also need transportation, accommodation/per diems.

Providing financial support to the third parties is a significant part of the action (about 20.6% of the total action budget) contributing to the output 6 . **Improved capacities of CSOs and other relevant actors working in the field of health, social and youth affairs to participate in the design and implementation of crime and drug policies and strategies**

rs. Namely with:

- **7 scholarships** will be awarded to media representatives under the activity 6.1.3.2 *Providing scholarships to encourage media engagement in drug related issues* will contribute to the output 6.1.3.2 *Raised media awareness and competencies on standards for covering addiction issues*, by practicing the ethical and content related standards and knowledge obtained during the activity 6.1.3.1 *Building media capacity for ethical coverage of addiction issues via new standards and trainings*;
- **12-20 Financial Support to Third Parties** will be issued for the selected CSOs under the A 6.1.2.1. *Providing financial and technical support to CSO Financial Support to Third Parties* in order to achieve the output 6..

ii. Building on previous actions

The proposed action builds on the results of previous actions implemented in the country and is designed to maximize synergies and cooperate with ongoing and upcoming programmes and plans at national level, namely: (1) 2021-2022 Anti-Drug Action Plan; (2) Treatment Demand Indicator (TDI) was adapted and tailored to Georgian context (NCDC in collaboration with ALTGEO). All narcological clinics were trained to use a customized online data collection tool. TDI allows to collect valid, comparable (to EU) data on treatment system capacity, number of patients, their characteristics and so on; (3) Within the framework of the EU4MD project, European Treatment Facilities Survey was conducted by the Georgian National Drug Observatory in 2020-2021; as a result, reliable data on the project target groups, existing services and their characteristics have been available; the project will greatly benefit from these new data which will help to identify existing gaps in specialised service delivery system. On May 17, 2021 EMCDDA started a project in Georgia (EMCDDA4GE) aimed at supporting the implementation of the EU Prevention Curricula and Treatment Curricula. We intend to cooperate with this project, our prevention and treatment methodologies will be based on the standards and principles supported by the EMCDDA4GE project, will be thematically complementary and after the completion of the EMCDDA project (in 2023) we will continue to support the scale up of prevention and treatment curricula.

iii. The organisational structure and the team proposed

Overall management of the action will be executed by the Project Management Team (PMT) led by the CSF project director and composed of representatives from each implementing partner. The PMT will meet regularly (at least monthly) to summarize progress, and plan coordinated implementation of the activities. CSF will take responsibility for overall management of the action, administering consolidated finances and preparing overall midterm reports for the EU.

Management/administrative staff of the action consists of the following personnel:

Project Directors (7 persons, from CSF, ALTGEO, GFMA, BPU, SJC, STF and XENON) are responsible for overall management of the action: oversees planning and implementation of activities within their respective organizations, monitors overall implementation process; supervises program and financial

reporting; ensures coordination and cooperation with co-applicant/partner organizations.

Project Managers (4 persons, from CSF, ALTGEO, GFMA, SJC) works closely with Project Director and provides technical support to daily activities, develops operational tools and agreements, monitors timelines, contributes to reporting; oversees the work of technical assistants and together with the Project Director carries out monitoring of the action.

Technical Assistants (TA 4 persons, from CSF, ALTGEO, BPU, SJC) provides technical support to the Project management team and other staff by handling a variety of tasks, including data collection, data organisation and filing, keeping project documentation up-to-date and accurate; scheduling meetings, and creating reports.

PR Manager (1 person from CSF) provides support to the project team in order to project visibility. S/he provides overall support of CSF staff and all partners in terms of visibility of the action. S/he will be responsible: to develop a detailed communication and visibility plan within the first three months of project implementation; to coordinate the communication activities with media, including social media. PR manager is developing media products: press realises, content for social media, ensures visibility of activities, manages the process of creating Multi-media products etc.

Communications Manager (1 Person from SJC) Communication manager plans events, provides information coverage, manages Multi-media product development within the activities of SJC; plans and implements the drug policy campaign with close collaboration and supervision of the SJC project manager and director.

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Finance Manager (7 persons, from CSF, ALTGEO, GFMA, BPU, SJC, XENON, STF) develops monthly operational budget of the action, monthly financial reporting, tracks action expenditures, ensures financial transactions are performed according to financial and administrative procedures and donor requirements, prepares midterm and final financial reports of the action.

Local Focal Point (2 persons, from Xenon and STF) provide technical support to the Project management team on local level (in Samegrelo and Shida Kartli regions) to project staff by handling a variety of tasks: mobilizing, engaging and coordinating local communities. Focal points will ensure better participation of diverse groups at local level.

Besides the above-mentioned personnel, different field specific experts will be hired to achieve the project objectives:

Senior Expert (4 persons, from ALTGEO /2/, BPU, GFMA) will be responsible to elaborate new protocols, training modules and conduct trainings; ensure participatory peer-review process for validation of new tools and guidelines; advocate with government officials for approval and institutionalization of project-produced deliverables within relevant structures at the national level.

Experts in crime and substance abuse prevention (3 persons, from BPU) - this professional team under the supervision of the Senior expert designs the methodologies, training modules assessment tools, conducts research, analyzes and processes information on daily implementation of the project, conduct trainings; Takes part in organizing all Community mobilization events; Participates in project-related meetings/workshops and events and are the core working force of the project.

Expert in Crime Prevention (1 person from SJC) – is responsible for creating a prevention methodology document and a curriculum for submission to the Police Academy. S/he is also responsible for conducting the relevant training course for the police officers based on the developed methodology document to improve their knowledge and skills about the effective prevention and detection of violent acts.

Expert in Communication Strategy (from SJC) – is responsible for developing a communication strategy and action plans for the project team, based on the results of the public attitude survey. Expert in communication strategy will exclusively on the activity 5.1.3.1 (Former 5.2.2)

iv. The role and participation of the various actors and stakeholders

At the initial stage a Project Advisory Board (PAB) will be formed and a Memorandum of Understanding will be signed. To ensure representation of relevant stakeholders, the PAB will be composed of 12 members: Team Leads from project partners – 7, PWUD community - 1, SUD service providers - 1, MoH – 1, MoES – 1, Healthcare Committee of the Parliament – 1; females will be represented equally. PAB members will be provided with detailed information regarding the project activities, roles and duties of partner organizations, the decision-making process, project oversight and quality control. Communication with PAB members will occur via e-mail messages and phone calls and regular in-person meetings. E-mail communication will be structured around project milestones and will disseminate information about the project activities and progress. In addition, when needed an input from PAB members related to specific issues will be obtained. There will be at least monthly update provided to PAB members via online communication. In-person meetings will be organized 4 times over the course of the project – initial meeting in year 1, and then one meeting at the end of every project year. These meetings will serve to inform PAB members about the project development, deliverables, outputs or issues; plan further steps in the project implementation; and facilitate communication and networking between members. In addition, ad-hoc thematic meetings focusing on a topic of interest, e.g. dissemination, evaluation, or standards will be conveyed. In addition, PAB members will be involved in a number of end of project meetings meant to present the results of the project,

and dissemination and advocacy events.

The lead applicant and co-applicant organizations have sound experience in all areas covered by the action. The roles in the action are assigned based on specific competencies of particular partner organizations, who are well recognized in their respective fields. The responsibilities and expertise mutually complement each other in order to implement the action most effectively. Each activity will be led by one particular partner, who is most experienced in the area and other partners will contribute. Various stakeholders (government agencies), target groups (service providers, final beneficiaries) are involved at different stages. State agencies and final beneficiaries will be involved in the Project Advisory Board to ensure the ownership and validity and best fit of the project deliverables to the national context. Drug prevention and treatment service providers will play an important role and contribute to the quality and the relevance of new tools, interventions and models for the needs of target groups by providing feedback and critical review at all stages of the project (e.g. Protocol Development Advisory Group).

CSF has sound experience in all areas covered within the actions. Since 1994 CSF has worked to build a vibrant and vocal civil society capable of holding government accountable to its citizens. Through grant-making and partnership projects CSF empowers civic organizations, civil rights activists and initiative groups to guard against threats to rights discourse and the risk of the country backtracking on democratic reform commitments. As a donor, the CSF has been open to working with both well-established organizations and fledgling activist groups to advance change across its priority fields. To achieve the change, it conducts in-depth research and identifies priority areas. The research executed by the foundation is largely geared towards identifying individuals and organizations best positioned to make difference. Grant-making, advocacy, litigation, awareness campaigns, publications, and conferences are in the list of regular activities of the organization. In frames of the proposed action CSF **will be responsible** for overall management, coordination and reporting to the contracting authority. CSF will also provide technical support of capacity building of CSOs, including support of CSO's via Financial Support to third parties and supportive monitoring process (and activities related to providing scholarships to engage media in drug related issues (CSF **will contribute** to the activities directed towards crime prevention and detection and activities related to the formation of the rights-based drug policy, as well as for activities towards building media capacity for ethical coverage of addiction issues via new standards

ALTGEO has sound experience and expertise in substance use research and education, and in drug policy advocacy. In the frame of EU TEMPUS funded project ALTGEO led a team of six Georgian universities to develop educational programs covering bio-psycho-social, economic and policy aspects of addiction. As a result of this project, in 2015 an MA in Addiction Science (Addictology) program in Ilia State University and short professional life-long courses in a number of other universities were launched. ALTGEO staff led and contributed to the development of National Harm Reduction Guidelines and 4 relevant protocols, and National Guidelines for Psycho-Social Rehabilitation of people with SUD. ALTGEO **will lead** activities directed towards the capacity building of specialised health care system (6 clinical protocols, 7 training modules, 3 online patient assessment and monitoring tools, and piloting of the novel integrated care model of service delivery) and the development of the web platform (set up of the online platform, ensuring relevant content and functionality, annual National Drug Awareness Weeks). ALTGEO **will contribute** to improving knowledge and skills of staff in entertainment industry), capacity building of the primary health care system), drug policy reform activities and capacity building of local CSOs

GFMA is a national leader in the advancement of the teaching, research and improvement of patient care and the discipline of General Practice/Family Medicine. It does this by setting and maintaining high professional standards for family medicine human resources - physicians, nurses and managers; evaluating functional characteristics of family medicine model; contributing towards the professional development and growth of family medicine human resources through participating in developing of postgraduate and undergraduate professional training program for FM; developing evidence based clinical and practice management guidelines and contributing to their implementation. GFMA **will lead** activities to build the capacity of a primary health care system (protocols and training modules for SBIRT, ASSIST and AUDIT, integration of new modules into the formal and post-diploma education for primary health care professionals, piloting new service delivery models in primary health care system). GFMA **will contribute** to developing resources for the web platform (Under the SO3) and to the evaluation of integrated care models.

BPU has 25-year experience in the prevention of substance abuse and other antisocial behaviours and healthy lifestyle promotion; Other expertise includes: Promote the rights of vulnerable population, including most-at-risk adolescents; Develop media campaigns and health education activities; Organize advocacy activities to promote policy change; Conduct qualitative and quantitative survey research in addiction field. Within the proposed action BPU **will lead** activities directed towards the capacity building of educational system and relevant personnel to tackle criminal and violent behaviours and development and implementation of evidence-based and practice-informed substance abuse prevention strategies and interventions. BPU will also contribute to drug policy reform activities and capacity building of local CSOs.

SJC has sound experience and expertise of working on the crime prevention and drug policy issues. SJC has worked on the drug policy liberalisation in the country for almost 8 years. The organization has implemented almost 10 projects implemented on the drug policy. SJC is one of the co-authors of the drug policy liberalisation draft law, initiated in the parliament in 2017. SJC **will lead** the activities directed towards crime prevention and detection and activities related to the formation of the rights-based drug policy. SJC will work on capacity building to improve knowledge and skills of individual police officers, local CSOs and

community organizations, doctors, and medical service providers. SJC will be actively involved in the activities planned and implemented by the partner organizations.

Xenon provides support to people with health and psychosocial needs, including youth, in Samegrelo Zemo Svaneti region. The organisation has implemented more than 40 harm reduction projects to ensure access to the healthcare services for people with SUD. Since 2008 the organisation has been engaged in advocacy to protect the rights of vulnerable groups and has been a pioneer in creation of female drug users-oriented model service in Georgia. In 2014-2018 Association Xenon implemented the PH International funded, youth project to promote healthy lifestyle and development of the psycho-emotional potential through sports and arts in children and adolescents. Since 2018 Xenon has become one of the program implementers of the National Program of Elimination C Hepatitis in Georgia. Xenon **will contribute** to the activities related to school safety and drug policy development issues, establishing of community coalitions, training of professional youth workers in the region, particularly in Zugdidi, Samegrelo region Xenon will participate in developing new Harm Reduction guidelines, SUD service referral protocols and in developing, piloting and evaluating new model of SUD service delivery. They will contribute to the development of the content on prevention and harm reduction for the web platform, and will take part in organizing and implementing national drug awareness weeks

STF works in 3 regions of Georgia – Shida Kartli, Kakheti and Samtskhe-Javakheti. For over a decade, organization has been providing harm reduction services, psycho-social assistance to vulnerable groups and has been engaged in advocacy and research to support availability and accessibility of evidence-based services. STF is a member of the Advisory Council of the municipality of Gori. As a result of STF advocacy efforts an opioid substitution treatment was introduced in the region of Samtskhe-Javakheti and the municipal government of Gori started to co-fund local harm reduction programs. STF **will contribute** to the activities related to school safety and drug policy development issues, establishing of community coalitions, training of professional youth workers, in region, particularly in Gori and Telavi in Shida Kartli, and Qvemo Kartli regions. STF will participate in developing new Harm Reduction guidelines, SUD service referral protocols and in developing, piloting and evaluating new model of SUD service delivery. They will contribute to the development of the content on prevention and harm reduction for the web platform, and will take part in organizing and implementing national drug awareness weeks .

Action widely recognizes expertise of target organizations and communities, including unique understanding of ground level needs of beneficiaries and challenges faced by professionals involved in care delivery. Therefore, the vital element of the success for the action is active participation of representatives of the target groups and final beneficiaries across all activities planned. Relevant target groups will be engaged in the development of educational materials, guidelines, protocols, service standards as members of working groups, peer reviewers or members of the teams to pilot-test innovative interventions or training modules. People who use drugs will contribute in development of educational resources for their peers and to tailoring the interventions to the specific needs/constraints and strengths of the target group; The community will be actively engaged in dialogues and policy discussions related to a) human rights, b) the policy reforms, and c) access to services.

v. Monitoring arrangements

Monitoring and evaluation will be an integral part of programme management. The lead applicant, CSF will be responsible for overall monitoring and evaluation, with active engagement of other implementing partners. The arrangements for project monitoring and evaluation will serve several purposes to measure progress towards achieving the objectives of the action. The M&E plan, to be elaborated at the start-up of the action, will specify mandate of each partner organization, define their responsibility and accountability measures for data collection and management, based on pre-defined indicators laid out in the logframe of the action. The M&E Matrix will be developed covering the following: Results chain (Specific Objectives and outputs); indicators (baselines, indicative targets and the columns to enter monthly value of each indicator), as well as the methods for data collection and analysis; time schedule and frequency; responsibilities; means of verification; resources, and risks. CSF will develop standard tools and templates, aligning each organizational data and standard reporting requirements across programme implementing partners.

The CSF will lead and coordinate the project management team (PMT) from representatives of project partner organizations, which will meet at least monthly to share the project progress and closely monitor processes and results. In order to ensure proper supportive monitoring for CSO Financial Support to Third Parties and Journalist scholars, PMT will be engaged in monitoring of implementation of their activities and provide technical support as needed.

While routine monitoring will focus on the implementation process and provide real-time information on ongoing project activities, program evaluation will complement monitoring by providing more in-depth assessment of program efficiency by examining what worked well and what did not. M&E results will inform management decisions for the future implementation of the action. Programme quality management system will involve both, Quality Assurance (QA) and Quality Control (QC) measures. Quality assurance will be employed as a proactive process-based, preventative measure defined during programme design stage and undertaken during programme implementation phase. This measure includes, not limited to, the following: standardization of program management and operational tools, checklists, staff training, development and adopting standard service guidelines and protocols, engaging a core group of technical experts to ensure producing quality deliverables. Quality Control will be product- or service based measures to ensure that quality requirements are fulfilled as well as to identify and correct errors in the programme final deliverables

and services before being replicated or scaled up. The QC measures include: piloting innovative services followed by the pilot evaluation studies; external peer-review and approval mechanisms for programme deliverables, such as guidelines, standards and protocols by independent group of experts (i.e., PDAG); sharing programme produced reports with wider network of stakeholders for validation and consensus building, etc.

vi. Internal/external evaluation processes

As a lead applicant, **CSF** plays the key role in coordination and organisation of the partner's activities under this proposed project by developing the methodology and by evaluating the project during its implementation in-house and post project with the assistance of an external non-partisan evaluator. In line with EU principles, project will dedicate budget to internal and external evaluation.

During the project implementation, reporting and *internal evaluation* will be carried out by CSF and co-applicant organizations. Based on results, achievements and challenges will be discussed with all project partners. Implementing partners will carry out monitoring of activities according to their roles and functions in the project. CSF, as the lead applicant and coordinating organization, will be responsible for overall reporting and will provide regular evaluation of the project implementation, including activities implemented by the partner organizations. Narrative and financial reporting requirements, mechanisms and procedures will be set out in Partnership Agreements between CSF and implementing partners.

At the end of the project *external project evaluation* will be carried out to assess project achievements and impact. The evaluation will also come up with recommendations for follow-up actions. The project will be audited by independent auditor company. External evaluation and audit costs are covered under the action budget (Budget line). All quantitative data will be disaggregated according to gender, ethnicity, geographic origin, and representation of marginalized groups.

vii. Visibility of the action and the contribution of the EU to its funding.

EU visibility is a political priority and a contractual obligation for all implementing partners, therefore the lead applicant and all partners will strictly follow manual of Communication and Visibility Requirements for EU External actions. CSF team, including PR manager, will develop a detailed communication and visibility plan within the first three months of project implementation, before the main operational activities are launched. Central purpose of the visibility plan will be to clearly highlight the EU support and its impact to all stakeholders and the general public. Visibility plan will include clear communication objectives, target groups, messages and tools to communicate the purpose and results of the action, will follow the whole project cycle from the beginning until the end, and will be consulted, agreed upon, and implemented under the guidance of the contracting authority.

The project allocates relevant budget for communication activities and assigns dedicated staff to ensure high-quality communication and visibility. Responsible staff will also ensure that EU Delegation is properly informed and consulted appropriately on all communication and visibility activities.

Year 1													
	Half-year 1						Half-year 2						
Activity	Month 1	2	3	4	5	6	7	8	9	10	11	12	Implementing body
Preparation (initiation and preparing relevant procedures for implementation)													CSF with all partners
A1.1.3.1 Executing analytical research on the crime prevention (Former 1.1.3)													SJC
A1.1.3.2 Conducting the research on school safety issues. (Former 1.2.1)													SJC
1.1.1.2 Introducing the prevention and early intervention training curricula for working with antisocial or behaviour disordered adolescents ((Former 1.2.2)													BPU, SJC
2.1.1.1 Translating and adapting guidelines on drug abuse and dual diagnosis including that among children and youth													ALTGEO, BPU, GFMA
2.1.1.2. Developing new age sensitive clinical protocols (SBIRT, ASSIST and AUDIT) for primary health care physicians (former 4.1.1)													GFMA/ALTGEO
2.1.1.3. Developing treatment and harm reduction protocols (OST in emergency, NSP in emergency, SUD among youth, SUD in pregnant women) for specialised SUD services (former 4.2.5)													ALTGEO/BPU/STF/ Xenon/GFMA
2.1.1.4 Conducting Service provider survey (assessing the needs and readiness to engage) (former 4.2.1)													ALTGEO/BPU/STF/ Xenon/GFMA
2.1.1.5 Developing the protocol on referral and ethical information exchange for specialised SUD services (former 4.2.2)													ALTGEO/BPU/STF/ Xenon/GFMA

2.1.1.6 Organize 5 cycles of 2-day workshops for PDAG members to receive feedback and provide input in the clinical protocols and guidelines - ALTGEO													ALTGEO/BPU/STF/ Xenon/GFMA
2.1.1.7 Organizing sensitization workshop with SUD administrators – ALTGEO (former 4.2.8)													
2.1.2.1 Developing online training module on drug use and dual diagnosis including that among children and youth. (former 2.1.2)													ALTGEO/BPU/GF MA
2.1.2.2 Mobilising health professionals to utilize online training module on dual diagnosis (former 2.1.3)													ALTGEO/BPU/GF MA/STF/Xenon
2.1.2.3 Providing ongoing technical support for new services to address drug use/mental health/dual diagnosis including that for young people. (former 2.1.4)													ALTGEO/BPU/GF MA
3.1.1.1 Implementing school-based prevention intervention using school-wide policies approach (environmental prevention) (former 3.1.1)													BPU. SJC, STF, Xenoni
3.1.1.2 Development and piloting age-specific evidence-based substance abuse prevention education programs for preadolescents and late adolescents (former 3.1.2).													BPU. STF, Xenoni
3.1.3.1 . Developing and maintaining the multi-language interactive web-portal on drug prevention and harm reduction for parents, educators and youth, including those who experiment with/use drugs. (former 3.2.1)													ALTGEO, BPU, SJC, GFMA, STF, Xenoni, CSF
3.1.3.2 Conducting National Drug Awareness Weeks (former 3.2.2)													ALTGEO, BPU, SJC, GFMA, STF, Xenoni, CSF
3.1.2.1 Implementing comprehensive community prevention intervention to increase community readiness and engage communities in prevention activities (former 3.3.1).													BPU, SJC, STF, Xenoni
6.1.3.1 Building media capacity for ethical coverage of addiction issues via new standards and trainings (former 3.5.1)													BPU, CSF, ALTGEO, STF, Xenoni, SJC
4.1.1.1 Developing Online training module for ASI for specialized SUD services (former 4.2.3)													ALTGEO, BPU, STF, XENONI, GFMA

4.1.1.2 Developing online training module on joint multidisciplinary care and referral for specialized SUD services (former 4.2.4)													ALTGEO, BPU, STF, XENONI, GFMA
4.1.1.3 Developing online training modules (management of NPS, dual diagnosis, cannabis, pregnant women, youth) for SUD professionals (former 4.2.6)													ALTGEO/BPU/STF/Xenon/GFMA
4.1.1.4 Developing online assessment tools for professionals (ASI, ASSIST and AUDIT) and self-assessment tool for target group (former 4.2.7)													ALTGEO/BPU/STF/Xenon/GFMA
4.1.2.1 Developing and integrating modules of SBIRT, AUDIT, ASSIST training into family medicine curricula (formal education) (former 4.1.2)													GFMA/ALTGEO
4.1.2.2 Training the primary healthcare professionals on SBIRT, AUDIT, ASSIST via in-person and online trainings (former 4.1.3)													GFMA/ALTGEO
4.1.2.3 Integrating online training modules SBIRT, AUDIT, ASSIST for primary health care professionals (continuous education) into the web platform (former 4.1.4)													GFMA/ALTGEO
4.1.3.1 Providing ongoing technical support for SUD service providers to pilot new model of integrated care (former 4.2.9)													ALTGEO/BPU/STF/Xenon/GFMA
5.1.2.1. commencing strategic litigation and initiating legislative changes (Former 5.1.1)													SJC
A 5.1.1.2. Executing studies to support the rights based drug policy development in Georgia (monitoring document, annual shadow reports and a on the drug policy) (Former 5.1.2.)													SJC, CSF
5.1.1.1. Executing the public attitude survey (Former 5.2.1.)													SJC

Year 2 and 3

Activity	Half-year 3	4	5	6	Implementing body
A1.1.3.1 Executing analytical research on the crime prevention (Former 1.1.3.)					
A1.1.3.2 Conducting the research on school safety issues. (Former 1.2.1)					
1.1.2.1. Developing prevention methodology document and curriculum (Former 1.1.2.)					SJC
1.1.1.1. Devise a training course for police officers to raise their capacity to identify, prevent, and detect violent acts (Former 1.1.3.)					SJC
1.1.1.2 Introducing the prevention and early intervention training curricula for working with antisocial or behaviour disordered adolescents ((Former 1.2.2)					BPU, SJC
2.1.1.3. Developing treatment and harm reduction protocols (OST in emergency, NSP in emergency, SUD among youth, SUD in pregnant women) for specialised SUD services (former 4.2.5)					ALTGEO/BPU/STF/Xenon/GFMA
2.1.1.4 Conducting Service provider survey (assessing the needs and readiness to engage) (former 4.2.1)					ALTGEO/BPU/STF/Xenon/GFMA
2.1.1.5 Developing the protocol on referral and ethical information exchange for specialised SUD services (former 4.2.2)					ALTGEO/BPU/STF/Xenon/GFMA
2.1.1.6 Organize 5 cycles of 2-day workshops for PDAG members to receive feedback and provide input in the clinical protocols and guidelines - ALTGEO					ALTGEO/BPU/STF/Xenon/GFMA
2.1.1.7. Organizing workshop with SUD administrators – ALTGEO (former 4.2.8)					ALTGEO/BPU/STF/Xenon/GFMA
2.1.2.1 Developing online training module on drug use and dual diagnosis including that among children and youth. (former 2.1.2)					ALTGEO/BPU/GFMA
2.1.2.2 Mobilising health professionals to utilize online training module on dual diagnosis (former 2.1.3)					ALTGEO/BPU/GFMA/STF/Xenon
2.1.2.3 Providing ongoing technical support for new services to address drug use/mental health/dual diagnosis including that for young people. (former 2.1.4)					ALTGEO/BPU/GFMA
3.1.1.2 Development and piloting age-specific evidence-based substance abuse prevention education programs for preadolescents and late adolescents. (former 3.1.2)					BPU. STF, Xenoni
3.1.2.1 Implementing comprehensive community prevention intervention to increase community readiness and engage communities in prevention activities (former 3.3.1).					BPU, SJC, STF, Xenoni
3.1.3.1 Developing and maintaining the multi-language interactive web-portal on drug prevention and harm reduction for parents, educators and youth, including those who experiment with/use drugs. (former 3.2.1)					ALTGEO, BPU, SJC, GFMA, STF, Xenoni, CSF

3.1.3.2 Conducting National Drug Awareness Week events (former 3.2.2)					ALTGEO, BPU, SJC, GFMA, STF, Xenoni, CSF
5.1.3.1 Promoting a safe environment at the entertainment venues. (former 3.4.1)					BPU, SJC, STF, Xenoni
6.1.3.1 Building media capacity for ethical coverage of addiction issues via new standards and trainings (former 3.5.1)					BPU, CSF, ALTGEO, STF, Xenoni, SJC
3.5.2 Providing scholarships to engage media in drug related issues					CSF, BPU, ALTGEO
6.1.1.1 Developing and piloting curriculum for non-formal substance abuse and crime prevention education for organizations working with youth and professional youth workers (Former 3.6.1)					BPU, ALTGEO, STF, Xenoni
4.1.1.1 Developing Online training module for ASI for specialized SUD services (former 4.2.3)					ALTGEO, BPU, STF, XENONI, GFMA
4.1.1.2 Developing online training module on joint multidisciplinary care and referral for specialized SUD services (former 4.2.4)					ALTGEO, BPU, STF, XENONI, GFMA
4.1.1.3 Developing online training modules (management of NPS, dual diagnosis, cannabis, pregnant women, youth) for SUD professionals (former 4.2.6)					ALTGEO, BPU, STF, XENONI, GFMA
4.1.1.4 Developing online assessment tools for professionals (ASI, ASSIST and AUDIT) and self-assessment tool for target groups (former 4.2.7)					ALTGEO, BPU, STF, XENONI, GFMA
4.1.2.1 Developing and integrating modules of SBIRT, AUDIT, ASSIST training into family medicine curricula (formal education) (former 4.1.2)					GFMA, ALTGEO
4.1.2.2 Training primary healthcare professionals on SBIRT, AUDIT, ASSIST via in-person and online trainings (former 4.1.3)					GFMA, ALTGEO
4.1.3.1 Providing ongoing technical support for SUD service providers to pilot new model of integrated care (former 4.2.9) in five regions of Georgia and assessing barriers and facilitators					ALTGEO, BPU, STF, XENONI, GFMA
5.1.2.1. commencing strategic litigation and initiating legislative changes. (Former 5.1.1)					SJC
5.1.1.2. Executing studies to support the rights-based drug policy development in Georgia (monitoring document, annual shadow reports and a special report on the drug policy) (Former 5.1.2.)					SJC, CSF
5.1.3.1. Developing and Implementing communication strategy and action plan (Former 5.2.2.)					SJC
5.2.3.1 High-Level Meetings and final conference					CSF
5.1.3.2. Implementing humane drug policy campaign (Former 5.2.4)					SJC
5.1.4. . Capacity building trainings about drug policy, stigma and human rights (Former 5.2.5)					SJC

6.1.1.2 Providing organizational and thematic trainings for CSOs					CSF
6.1.2.1 Providing financial and technical support to CSO sub-grantees.					CSF

Year 3+ Extension

Activity	Half-year 5	2024 half year 6	2025 (Jen_May)	Implementing body
1.1.1.1 Devise a training course for school resource officers to raise their capacity to identify, prevent, and detect violent acts. <i>(former 1.1.3)</i>				SJC
1.1.1.2 Introducing the prevention and early intervention training curricula for working with antisocial or behavior disordered adolescents ((Former 1.2.2)				BPU, SJC
1.1.2.1 Developing prevention methodology document and curriculum (former 1.1.2)				SJC
2.1.1.3 Developing treatment and harm reduction protocols (OST in emergency, NSP in emergency, SUD among youth, SUD in pregnant women) for specialized SUD services (former 4.2.5)				ALTGEO, BPU, STF, XENONI, GFMA
2.1.1.5 Developing protocol on the referral and ethical information exchange for specialized SUD services (4.2.2)				ALTGEO, BPU, STF, XENONI, GFMA
2.1.1.6. Organize 5 cycles of 2-day workshops for PDAG members to receive feedback and provide input in the clinical protocols and guidelines - ALTGEO				
2.1.1.7 Sensitization workshop for SUD administrators (former 4.2.8)				ALTGEO, BPU, STF, XENONI, GFMA
2.1.2.1 Developing online training module on dual diagnosis among youth (former 2.1.2)				ALTGEO, BPU, GFMA
2.1.2.2. Mobilizing health professionals to utilize online training module on dual diagnosis among youth (former 2.1.3)				ALTGEO, BPU, GFMA, STF, XENONI, SJC, CSF
2.1.2.3 Piloting service for addressing drug use/mental health/dual diagnosis problems for youth piloted and evaluate implementation process (2.1.4)				ALTGEO, BPU, GFMA

3.1.1.2 Development and piloting age-specific evidence-based substance abuse prevention education programs for preadolescents and late adolescents. (former 3.1.2)				BPU, STF, Xenoni
3.1.2.1 Implementing comprehensive community prevention intervention to increase community readiness and engage communities in prevention activities (former 3.3.1).				BPU, SJC, STF, Xenoni
3.1.3.1 Developing and maintaining the multi-language interactive web-portal on drug prevention and harm reduction for parents, educators and youth, including those who experiment with/use drugs. (former 3.2.1)				ALTGEO, BPU, SJC, GFMA, STF, Xenoni, CSF
3.1.3.2 Conducting National Drug Awareness Weeks (former 3.2.2)				ALTGEO, BPU, SJC, GFMA, STF, Xenoni, CSF
3.1.4.1 Youth Led Community Mobilizations Public Events (Former 3.3.1)				
4.1.1.1 Developing Online training module for ASI for specialized SUD services (4.2.3)				ALTGEO, BPU, STF, XENONI, GFMA
4.1.1.2. Developing online training module on joint multidisciplinary care and referral for specialized SUD services (former 4.2.4)				ALTGEO, BPU, STF, XENONI, GFMA
4.1.1.3. Developing online training modules (management of stimulant, dual diagnosis, cannabis, pregnant women, youth) for SUD professionals (former 4.2.6)				ALTGEO, BPU, STF, XENONI, GFMA
4.1.1.4 Developing online assessment tools for professionals (ASI, ASSIST and AUDIT) and self-assessment tool for target groups (former 4.2.7)				ALTGEO, BPU, STF, XENONI, GFMA
4.1.2.1 Developing and integrating modules of SBIRT, AUDIT, ASSIST training into family medicine curricula (formal education) (former 4.1.2)				GFMA, ALTGEO
4.1.2.2 Training primary healthcare professionals on SBIRT, AUDIT, ASSIST via in-person and online trainings (former 4.1.3)				GFMA, ALTGEO
4.1.2.3 Integrating online training modules on SBIRT, AUDIT, ASSIST for primary health care professionals (continuous education) into the web platform (former 4.1.3)				GFMA, ALTGEO
4.1.3.1 Piloting integrated care model in five regions of Georgia and assessing barriers and facilitators (4.2.9)				ALTGEO, BPU, STF, XENONI, GFMA

5.1.3.1 Promoting a safe environment at the entertainment venues. (former 3.4.1)				BPU, SJC, STF, Xenoni
5.1.1.2. Executing studies to support the rights-based drug policy development in Georgia (monitoring document, annual shadow reports and a special report on the drug policy) former 5.1.2)				SJC, CSF
5.1.2.1 commencing strategic litigation and initiating legislative changes (former 5.2.2)				SJC
5.1.3.1. Developing and Implementing communication strategy and action plan (former 5.2.2)				SJC
5.1.3.2 Implementing humane drug policy campaign (former 5.2.4)				SJC
5.1.3.3 Promoting a safe environment at the entertainment venues (former 3,4,1)				
5.1.4.1 Capacity building trainings about drug policy, stigma and human rights (former 5,2,5)				SJC
6.1.1.1 Developing and piloting curriculum for non-formal substance abuse and crime prevention education for organizations working with youth and professional youth workers (Former 3.6.1)				BPU, ALTGEO, STF, Xenoni
6.1.1.2 Providing organizational and thematic trainings for CSOs (former 6.1.1)				CSF
6.1.1.3. High-Level Meetings and final conference (5.2.3)				CSF
6.1.2.1 Providing financial and technical support to CSO sub-grantees. (former 6.1.2)				CSF
6.1.3.1 Building media capacity for ethical coverage of addiction issues via new standards and trainings (former 3.5.1)				BPU, CSF, ALTGEO, STF, Xenoni, SJC
6.1.3.2 Providing scholarships to engage media in drug related issues (former 3.5.2)				CSF, BPU, ALTGEO

1.1.4. Sustainability of the action (max 3 pages)

Impact on technical level: The action will significantly contribute to the quality of crime/substance abuse prevention, treatment and care services countrywide via: **a)** developing evidence based methodologies and standards (13 new guidelines and protocols for different groups of professionals; 3 standardized evidence-based client assessment and monitoring tools, adapted and available online for free for SUD professionals) **b)** providing training to a wide range of professionals in schools, law enforcement, SUD treatment, rehabilitation and harm reduction services (17 new training modules developed, piloted, submitted for accreditation to the relevant agency and available online for free as a resource for continuing professional education) **c)** reframing and liberalizing the drug policy, strategy and approaches (9 analytical reports to inform relevant discussions and decision making); and **d)** networking and sharing experience between the key stakeholders in the field. Technical and organizational capacity building of local CSOs will contribute in expansion and improvement of health promotion services in the regions of Georgia. Besides, the regional networks (community councils) engaging different actors will serve as a platform for sharing knowledge, skills and experience between the regional stakeholders. The networking activities will ensure accumulation of regional experience in the field.

Impact on socio-economic level: Socio-economic impact of the proposed action will be reflected on individual and collective health and wellbeing of the final beneficiaries, and their implications for economic development. Increased knowledge and skills of professionals, enhanced institutional mechanisms, improved quality of preventive, treatment and care programs will result in better quality of life of the people at risk or those who are already depended on drugs, as well as their family members. Importantly, this includes the enhanced quality of life for youth with mental health and substance use problems, as well with criminal and/or anti-social behavior. People with substance use problems will have increased access to evidence-based, integrated quality care based on their complex bio-psycho-social needs. 20,000 people, including youth, parents, educators, will have better knowledge on crime and drug prevention and drug-related risk reduction strategies. More than 5,000 young club-goers will have access and will use prevention and harm reduction resources through mobile application and web-platform developed within the action. These groups will have access to knowledge to reduce their drug related risks and to protect health. The local CSOs will be enabled to continue to play a critical role in delivering social services for people in vulnerable situations. Thus, the increased capacity of CSOs will contribute to the improved health and well-being of final beneficiaries, including vulnerable youth and people with drug-related issues. The action is based on the clear vision to address social inclusion of the population at risk to be or are excluded. The action will promote constructive and human rights-based attitudes of general population towards substance abuse issues, which will contribute to the development of tolerant, inclusive and democratic society in Georgia.

Impact on Policy level: The action will promote crime and substance abuse-related policies in the country. It will introduce evidence and a human rights-based approach. It will contribute in transforming current repressive drug policy to the rights-based, humane drug policy and introduce, pilot and document pragmatic, more effective strategies. Notably, the action will support local CSOs to act as partners for government and professional institutions and play a critical role in policy-making. Legislative changes will be initiated at least in 2 directions: 1. abolishing criminal liability for drug consumption and 2. introducing alternative options to replace existing punitive measures to promote the transformation of the current repressive drug policy. At least 10 strategic litigation cases will be processed to fuel policy and legal improvements in the field. Current drug policy trends will be permanently monitored during the action by producing 3 shadow reports, 1 monitoring document, and. Additionally, the public demand on more human drug policy will be promoted by a year-long humane drug policy campaign to sensitize the general public and increase their awareness on the issue.

The risk analysis and contingency measures

Risk category	Risk Event	Risk level (High/Medium /Low)	Relevant Mitigation Measures
Technical	Key stakeholders, incl. Ministries, municipalities, schools, health facilities and other agencies are not willing to participate in project activities	H	The action will have a demand-based approach and the flexibility to ensure that selected beneficiary stakeholders commit to active participation. A participatory approach will be used and key stakeholders will be involved at all stages. Transfer of responsibility to the stakeholders is a way to guarantee institutional sustainability.

			August 2024 Despite the fact that the ministries are reluctant to participate in the working meetings, the project's team will continue to work with the other relevant stakeholders including international actors
	Developed educational resources are not accepted by the target populations	L	All materials will be adapted to the local specifics, pre-tested by the target groups and modified based on the needs of the population.
Political	Sudden political changes that affect the possibility of social dialogue or negotiation	H	A regular internal monitoring of the political, social, and cultural situation relating to the project will be maintained to ensure sound management
	Lack of policy Coherence	H	Support for joint working Mechanisms. A balanced representation and active participation of the officials in the project advisory board and community coalitions.
	Weakening of Government's commitment to reforms	H	Continued political and policy dialogue with the authorities; Information and awareness campaigns for the institutions and for the general public will create higher demand on action related issues.
Socio-economic	Low public demand and discriminatory attitudes towards the final beneficiaries among the general public, hindering involvement of target populations, especially in the regions of Georgia.	M	Awareness raising campaigns for the public will consider the start point of public attitudes and will be planned accordingly to tackle the myths in the field fueling negative and discriminatory behaviors

Financial sustainability: There are solid grounds to continue implementation of activities after the completion of the action. Achieving the planned results, namely having developed methodologies and standards, trained professionals, established regional councils, on-line tools, will require minimal financial resources to function after the action is completed. The implementing partners are committed to continue numerous activities beyond the project cycle. Operation of the web-portal and mobile app will be financially sustained by the income of the Alternative Georgia (and its partner – Institute of Addictology at Ilia State University, Tbilisi). Crime/substance abuse prevention methodologies and curriculums will be submitted to the relevant ministries (Ministry of Education and science, Ministry of Justice, Police Academy of the Ministry of Internal Affairs) for their approval; Developed assessment, treatment and care guidelines and standards will be submitted to the Ministry of health. The government will continue providing improved healthcare and social programs, based on the protocols and methodologies provided by the action. Active involvement of local government in the action will ensure sustainability of the established crime/substance abuse community councils beyond the project life. The implementing partners will transfer ownership of the Councils to local municipal governments for operation.

Institutional sustainability:

The strategy to ensure institutional sustainability of the action (end their scale-up following the project) is embedded into its approach. All critical stakeholders and decision makers (MOH, MOE, MIA, MOJ), service providers (schools, SUD clinics, primary health care clinics, CSOs) and beneficiaries – will be involved in the action (as members of the Steering Committee and/or project partners) and have an input at all stages of the project. New interventions and models of prevention, treatment and care delivery will be built on existing educational and service delivery infrastructure. New models will be tailored based on the assessment of the organizational needs and barriers, will consider organizational readiness, structure and resources of providers, which will support the process of adoption and maintenance of innovations beyond the action's lifespan. Evaluation of the implementation process will inform future replication and scale-up opportunities. The project team will develop a comprehensive package of manuals that will describe the processes and resources required to replicate/expand new models and interventions.

The trained staff of the local CSOs (25 CSOs in 5 regions and Tbilisi), educational (15 schools) and health (30 health facilities) institutions will be enabled to implement effective programs to address and redress

crime/substance abuse issues and the needs of people who use drugs. The sustainability will be also fueled by improved capacity of the key stakeholders to advocate for human rights-based drug policy, improved crime/drug prevention, treatment and care interventions in Georgia. Established regional community councils will be able to support and engage in crime and drug use prevention and care not only during the project life cycle, but beyond, via increased capacity and based on sustainability plans formulated during the Action. Thus, strengthening institutional capacities, including organizational and thematic, in different institutions ensures institutional sustainability of the progress achieved by the action.

Policy level sustainability: The action directly implies to develop and advocate for policy and legislative initiatives, integrated and comprehensive plans and implementation strategies that promote long-term policy level results in health care, education, crime prevention and criminal justice. Legal amendments to support rights-based drug policy reform will ensure sustained changes in criminal justice and law enforcement practice. Improved prevention, treatment and care services will be sustained through creating supportive regulatory framework, state approval of new service standards, inclusion of new curricula in educational programs, state accreditation of new protocols and guidelines, online training platforms to provide continuous educational opportunities and reach wide groups of potential beneficiaries. Significant effort will be made to raise public awareness and create public demand for rights-based effective policy and practice to address drugs problems. Finally, the conference, at the end of the project, will facilitate the information and experience sharing between the CSOs and governmental bodies, responsible for policy development in the field. The conference will facilitate promotion and discussions on future strategies and unified, coordinated practice to respond to drug related issues.

Environmental sustainability: The activities planned under the action, such as technical assistance, document/data analysis, studies, trainings and meetings, documenting and information transfers, policy development have no significant adverse impact on the environment.

Dissemination and replication possibilities

The proposed action will give impetus to planning and implementing initiatives proved to be successful during the action in many respects: making services more available, accessible and attractive; having the workforce trained in new areas relevant to the crime/substance abuse; setting quality of care standards; and advocating for human rights of people in vulnerable situations. Theoretical and methodological tools developed during the action will enable the stakeholders from Tbilisi and other regions of Georgia to work using more effective, evidence and human rights-based approaches. The project team will develop a comprehensive package of Standard Operating Procedure (SOP) for each new intervention and model developed and piloted within the action. SOPs will be key facilitating factor to expand the action results by containing description of the processes and materials required to replicate and scale-up. The action will use an integrated knowledge translation approach with its multi-stakeholder, interactive and dynamic features. The approach implies close collaboration of the project team and end-users (decision-makers – state agencies; service providers – schools, police, primary health care clinics, SUD clinics; beneficiaries) from the initial stage of the project. In other words, the action will be a collaborative learning experience engaging all stakeholders and enhancing greater ownership and ultimate uptake of the action results. The dissemination strategy is composed of number of steps, such as identifying specific individuals (i.e. policy-makers, community, professional communities) and dissemination objectives; developing clear and informative audience-specific messages; identifying particular dissemination approaches and determining (and using) specific dissemination channels and tools. The team will utilize wide range of dissemination channels including social media, online forums, TV and radio, dissemination workshops, seminars, community meetings and interpersonal communication. Technical reports, scientific peer-reviewed papers, policy briefs, press releases, interviews and other tools will be used for dissemination. The detailed Communication and Visibility Plan will be elaborated at the initial stage of the project implementation and will contain: 1) a communication strategy, 2) an action plan for implementation and 3) an overview of allocated communication resources.

1.1.5. Logical Framework

See Annex I – Logical Framework.

1.1.6. Budget, amount requested from the contracting authority and other expected sources of funding

See Annex III.