

UNICEF ANNUAL REPORT for Georgia



1 EXECUTIVE SUMMARY

The final year of the 2006-2010 country programme brought a period of economic and post-conflict recovery. UNICEF worked with partners (Government, UN agencies, WB, EU, USAID, SIDA, Dutch, Irish and Italian Governments, NGOs, and Dutch, German, Irish, Italian National Committees) to ensure the most vulnerable children in Georgia were prioritised within the recovery process.

Results

The programme's key results during 2010 can be grouped into five main categories:

- *Improved availability of strategic information for effective policy review/results-based programming:* Through important studies and surveys including: Wealth Monitoring Survey; National Nutrition Survey; Health Communication Capacity Assessment; IDP-WASH assessment; School Readiness Study; Assessment of children in institutions; Development of juvenile justice indicators; and the RHS 2010/11.
- *Policy reviews and development:* Establishment of Child Rights Council under the Human Rights Committee in Parliament; Master plan to reduce Neonatal Mortality; Standards on inclusive education for children with disability; Plan of Action of Child Care System Reform. Furthermore, UNICEF coordinated the UNDAF Thematic Area: Poverty Reduction.
- *Assuring delivery of quality basic social services:* Reduced ratio of children-at-risk-of-institutionalization and in institutional care to those receiving alternative services; Rehabilitation and reintegration planning for convicted juvenile offenders; Procurement of vaccines for children.
- *Effective partnership in humanitarian response:* Responding to the Tajikistan polio outbreak, UNICEF supported two supplementary polio immunization rounds in Abkhazia through which, 98% of all children aged 0-17 years were reached.
- *Voice for children:* Support to the Child Rights' Centre of the Public Defender's Office in development of strategy/work plan. Number of responsible articles on children and respect for confidentiality improved significantly. UNICEF continued to highlight child rights issues through op-eds and advocacy press statements.

Challenges

The comprehensive privatization process in the health sector complicated engagement by development partners while also increasing the risk of exclusion for the vulnerable groups. The ongoing reform process highlighted the need for support to families who are above the official poverty line therefore excluded from Government support but who do not have resources to ensure adequate stimulation and care for their children, especially for children with disability. Decentralisation of pre-school education also remains a major constraint for addressing equity.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Georgia went through a relatively stable period in 2010. , following the impact of the triple crisis in 2009 of economic contraction, domestic political turbulence and the lingering impact of the conflict with Russia the previous August. The economy performed well among non-oil producing countries in the region with a growth of 5.3%. However, as the UNICEF supported Welfare Monitoring Study (WMS) concluded, almost one quarter of households and 28% of Georgia's children live below the poverty line. The

WMS further found that only 30% of the poorest economic quintile was accessing targeted social assistance. The poorest quintile also spent a tenth of what the highest quintile spent on health services.

The Ministry of Education and Science (MOES) led a rapid reform of the primary and secondary school curriculum addressing the low quality of education, upgraded computer accessibility for schoolchildren, and introduced a large-scale English language teaching scheme. The government continues to promote a more meritocratic and modern child-centred approach throughout primary and secondary education. Even so, some disparities remain in attendance and drop out ratios that affect ethnic minorities and the bottom quintile, and especially children living with disability more adversely. Pre-school enrolment remains low at an estimated 49% and with significant disparity: merely 17% of the lowest economic quintile children attend kindergartens compared to 70% of the top quintile.

Budget allocations for health (1.6% of GDP) and education (2.8% of GDP) remain lower than most countries in the region. About 75% of the total population is without any form of health insurance, and out of pocket payments therefore are a barrier to basic health services and a trigger for pushing families below the poverty line.

The privatization of health service delivery continued not without some deleterious impact on equity and quality of care.

Two key milestones in ensuring progress toward MDG 4&5 were reached with the drafting of a master-plan for strengthening the peri- and neo-natal health care system, including addressing the equity challenge, and the launch of a parent baby book with child patient history software and an SMS information texting service. The parent baby book was launched in minority languages and an illustration-only version to ensure they were accessible to the communities with the highest U5MR. The Georgian National Nutrition Survey highlighted overweight and obesity as public health concerns with rates of almost 20% amongst children under five and 42 % amongst women of reproductive age.

There were significant advances in the child protection agenda during the reporting period with the closure of 1 large scale children's home and 5 boarding schools for children with disability and special needs. Official data revealed a continued decrease in the number of children in institutional care: from approximately 5,000 children in 2005, to 1221 (including 81 children with disabilities and 165 infants) in 2010. Development of foster care, expansion of small group homes, social work capacity on prevention and family reunification have also been strengthened to support the process.

The Age of Criminal Liability for all crimes was revised from 12 to 14 years in the Substantive Criminal Code of Georgia and individual case management for reintegration of children in conflict with the law was introduced through the penitentiary and probation services.

Media monitoring revealed an increase in the number of articles responsibly reporting on children and respecting confidentiality rights in relation to those in conflict with the law and those who are victims of violence.

3. CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview:

2010 was the final year of the 2006-2010 Country Programme (CP). During the year the programme expanded its 'upstream work' with a strong focus on policies/advocacy on equity to ensure all children have access to quality basic social services. For example in

collaboration with the Ministry of Labour, Health and Social Affairs (MoLHSA) and the Chaim Medical Centre from Israel a master plan of action was initiated to improve mother and child health. As part of the ongoing Child Care System Reform, UNICEF assisted the MoLHSA with the development of a 2011–2012 Plan of Action.

With this renewed focus on equity, UNICEF worked closely with Government and partners to identify priorities/targets of the new country programme coinciding with the final 5 years of the Millennium Development Goals (MDGs). The new CPD approved by the Executive Board in June 2010 identified following programme results: (a) More children and mothers benefit from quality basic and alternative social services that address disparities; and (b) Key outstanding observations of the Committee on the Rights of the Child continue to be fulfilled and advanced. The strong equity focus is evident in the following specific targets:

- 80% of the poorest quintile are included in government social benefit programmes;
- 50% of children from the poorest quintile are enrolled in pre-school education, with an equal ratio of boys and girls;
- 70% of children-at-risk of institutionalization instead receive alternative services; and
- Increasing resources allocated for combating child poverty, inequality and disparities.

Under the 2008 “Law on Occupied Territories” the Government of Georgia developed in 2010 a number of related Government orders. A “State Strategy on Occupied Territories–Engagement through Cooperation” and a linked “Action Plan” were developed. Under the umbrella of these orders a third order ‘Modalities for Engagement of International Organizations and Foreign/International/Local Non-commercial Organizations in the Occupied Territories of Georgia’ was issued. It lays out criteria for the Government of Georgia to issue consent on implementation of activities in the occupied territories. UNICEF worked closely within a strategic partnership of UN sister-agencies and international NGOs to ensure humanitarian access to the most vulnerable populations is ensured under the new orders.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development:

Critical capacity gaps continue to be jointly identified with government partners in relation to strengthening of basic social services and addressing inequities.

In peri- and neo-natal care, UNICEF has supported a partnership between the Ministry of Labour, Health and Social Affairs, the Reproductive Health Council and the Chaim Sheba Medical Centre from Israel to systematically identify the major gaps in the sector and build a long-term strategy to bring it in line with international standards. This includes long-term coaching and capacity development (CD) of the entire sector, including the role of professional associations, private insurers, managers and technical health staff.

A new area of engagement for the Government has been developing communication strategies to ensure the most vulnerable citizens are accessing basic services. In minority areas, support has been provided to the Government to develop culturally and linguistically appropriate birth registration and health promotion approaches to address disparity in child and maternal health outcomes. Support is also provided to better understand the barriers which prevent those from the lowest quintile from accessing Targeted Social Assistance cash benefits, and ensure that the insights gained will inform strategies to address this issue.

UNICEF is supporting capacity development at all levels of the child welfare and juvenile justice systems. Following assessments of all staff in residential institutions, 175 staff and 12 small group home parents received training to raise their skill set on individual care planning for children. Committed caregivers in institutions are now being offered

the opportunity to work as small group home caretakers or foster families, to meet the growing demand for such services, as de-institutionalization continues. To support individualized rehabilitation work, the Penitentiary Department hired new staff including social workers and psychologists, all of whom were intensively trained using a methodology developed by UNICEF. Probation offices in 4 regions now support specialized staff, including special workers as well as dedicated Probation officers, to work with juvenile probationers on individualized rehabilitation planning.

There is a lack of national mechanisms for analysing performance and results in the health and education sectors, which calls for increased capacity building and strengthened mechanisms. More systematic and collaborative approaches, however, are observed in child protection, with Child Care Coordination Council and the Juvenile Justice Working Group, both of which have active UNICEF participation, working together.

3.1.2.2 Effective Advocacy:

As the result of advocacy and policy dialogue between the Ministry of Labour, Health and Social Affairs, USAID and UNICEF and in collaboration with key partners such as Everychild and Save the Children, the de-institutionalisation process was accelerated with a broad based commitment to abolish large residential institutions and expand comprehensive alternatives.

The dissemination of the nation-wide Welfare Monitoring Study informed an agreement between MoLHSA, USAID and UNICEF to undertake a 'Barriers to Access Study' to enable improved targeting strategies for social protection and other benefits for the lowest quintile.

Policy dialogue and advocacy on child nutrition was informed by Georgia's first National Nutrition Survey (GNNS), which was finalised in collaboration with the National Centre for Disease Control and Public Health (NCD/CPH). The Parliamentary Early Childhood Development (ECD) Alliance committed to drive forward amendment and reinforcement of existing legislation regarding nutrition in 2011.

Joint analysis of disparity of health outcomes of Azeri and Armenian minorities compared to the majority population convinced the Government of Georgia to launch the new Parent Baby Book and accompanying software in the 3 minority languages as well as Georgian.

The establishment of the Children's Rights Council in the Parliament, ongoing support to the Children's Rights Centre and support for local civil society organisations (CSOs) are all part of an ongoing drive to increase local capacity and mechanisms for indigenous advocacy and monitoring of child rights in Georgia.

The Country Office (CO) used new approaches in 2010 to highlight child rights issues in Georgia and demonstrate UNICEF's work. Advocacy approaches included an Op-Ed in Georgian and English language newspapers on national Children's Protection Day; many interviews on the different Georgian television and radio stations, including minority language broadcasting services; a half-hour television special on UNICEF's work in Georgia on the biggest commercial TV station in the Netherlands attracting half a million Dutch viewers; an 'In Focus' special on Georgia on PFO website; a Presentation on Child Protection Upstream work during March 2010 UNICEF Fundraising Forum in Madrid; and initiating the use of social media.

3.1.2.3 Strategic Partnerships:

UNICEF is active within the social sector and international assistance community in its dual capacity - as a co-chair of the working group on juvenile justice, and chair of the basic education donor coordination group, and works within the framework of the overarching Ministry of Finance/EU donor coordination process. UNICEF is an active member of the strategic partnership between UN agencies and international NGOs providing humanitarian assistance in Abkhazia. It chairs the Abkhazia social sector coordination group (Health, Education, WASH).

The Juvenile Justice Working Group has contributed to well coordinated and strategic partnership amongst the Ministry of Justice, the Ministry of Corrections and Legal Assistance, the European Union, Netherlands and Norwegian Governments and UNICEF in reform of the sector.

UNICEF assisted the Ministry of Labour, Health and Social Affairs (MoLHSA) in the establishment of the Child Care Coordination Council. The Ministry, UNICEF, USAID, UNDP, EU, WB and a number of CSOs have partnered together to support the child welfare reform process. Through dialogue amongst partners, a commitment has been made to move resources from large-scale institutions to alternatives including family reunification, foster homes, small group homes and day centres.

Through partnership with local authorities and disabled parents groups, model community day care centres have been established for children living with disability and for increasing their access to pre-school places. Lessons learned will form the basis for follow up in 2011.

In addition to UNICEF's traditional partnership with MoLHSA on promoting maternal and child health, partnerships with the Chaim Sheba Medical Centre from Israel, Georgian professional medical associations, and private health insurers have been strengthened under the umbrella of the peri- and neo-natal system strengthening programme.

The parliament has become increasingly engaged with the child rights agenda throughout the reporting period. UNICEF has supported the establishment of the Child Rights Council under the Human Rights Committee, the Early Childhood Development Alliance and the MDG Council both under the leadership of the vice speaker of Parliament and has worked in partnership with the Parliamentary Committee on Sports in developing a strategy for sports in schools.

3.1.2.4 Knowledge Management:

UNICEF partnered with the National Centre for Disease Control and Public Health (NCDCPH) to finalise Georgia's first National Nutrition Survey (GNNS). As part of the process, UNICEF brokered direct partnership with Centres for Disease Control in Atlanta and public health laboratories in Georgia - the first such international partnership in recent years.

Based on the sampling frame of a UNICEF supported national Wealth Monitoring Survey (WMS) a 'Barriers to Access to Social Services' survey was conducted among the bottom quintile of the respondents of the WMS to investigate reasons for limited usage of existing social protection services among the poor.

Quality control and strategic dissemination of the GNNS and the WMS were done in collaboration with MoLHSA, GEOSTAT and other key stakeholders.

Under the umbrella of the peri-natal master plan and in collaboration with MoLSHA and private insurers, UNICEF supported the mapping of maternity services throughout Georgia. The Parent baby book software also paved the way for the establishment of the child health portal which will go live in 2011 with accurate and up to date health records of children throughout Georgia.

To strengthen data collection and management, the Ministry of Justice was supported by UNICEF to lead a working group on the development of juvenile justice indicators in line with the UNICEF/UNODC indicators. UNICEF also supported the probation services in Tbilisi and Rustavi with the creation of a user friendly and updateable database of youth services in cities.

UNICEF, IRC and ACF conducted in 2010 an assessment of water, sanitation and hygiene (WASH) conditions in sites accommodating people displaced from internal conflict situations. The assessment built on the process used in 2009, asking IDPs to rate their own conditions and simultaneously undertaking a technical assessment of those conditions.

UNICEF collaborated with GEOSTAT in updating TRANSMONEE data sets on the situation of children and youth and a study on Gender Equality and Mainstreaming in the CEE/CIS region.

3.1.2.5 C4D Communication for Development:

Based on the findings of the 2009 WASH survey, a comprehensive community based campaign for improved household hygienic practices was conducted in 35 IDP settlements and kindergartens in collaboration with local WASH committees.

The parent baby book introduced in 2010 was field tested, in close collaboration with the Ministry of Health and Civil Registration Agency, amongst 600 people from different socio-economic background and amended based upon the findings. The field testing captured the ethnic, demographic and economic diversity of the target population and further informed the decision to use multiple languages for ethnic minorities and illustration-based materials for those with partial literacy.

A comprehensive social mobilisation campaign (including TV, radio, Billboards, SMS messaging) was developed and implemented in November and December 2010 to support the supplementary polio immunisation activities in Abkhazia.

Georgia participated in a Health Communication Capacity Assessment in 2010 which is informing the development of a relevant structure to implement the Georgian Health Promotion strategy.

Qualitative focus group discussions were included in the 'Barriers to Access to Social Services' among the bottom quintile (described in Sections 2 & 4 of the report) in order to inform improved communication messages to potential beneficiaries of targeted social assistance for the poor.

3.1.3 Normative Principles

3.1.3.1 Human Rights Based Approach to Cooperation:

The establishment of a Child Rights Council under the umbrella of the Human Rights Committee in the Parliament became operational in 2010 and serves as a lasting

structure for systematic review and policy dialogue on the major observations of the CRC Reporting Committee. The Council also drives further alignment of Georgian legislation with international norms, which continues to be supported by UNICEF in partnership with line ministries and other stakeholders in each sector.

In the design and drafting of the new 2011-2015 Country Programme, one of the two Programme Component Results addresses those rights, which as the CRC Reporting Committee noted, have remained unfulfilled. Human rights are also mainstreamed in the UNDAF, particularly in thematic area 2 on Democratic development whereby systematic efforts will be made to strengthen the capacities of rights holders and duty bearers, and improve human rights reporting processes as well as monitoring capacity in the country.

The existing country programme uses a human rights based approach to target assistance to the most vulnerable, including children living in poverty, those from Azeri and Armenian minority communities, children with disability, abandoned children, and children affected by conflict. A minority community (such as Azeri) has double the child and maternal mortality rates of the Georgian majority, lower birth registration, and poorer health seeking behaviour in general. Through policy dialogue with MoLHSA and the Civil Registration Agency, efforts have been made to address the cultural and traditional barriers through outreach birth registration campaigns and development of "easy to understand" Azeri language parent baby books which are also accompanied by personalised SMS messages to remind parents of key health and development milestones for their child.

The wrap-up in 2010 of the international response to the 2008 conflict-related situation yielded some important lessons linked to 'donor dependency' among beneficiaries and the absence of systematic 'exit strategies' by donor organizations. Most interventions did not have a sustainable approach, and there was limited focus on strengthening capacities of rights holders to claim their rights. Support from RO and HQ will be required to mainstream HRAB/CCCD in the new country programme, and to ensure its sustainability by avoiding the above pitfalls.

3.1.3.2 Gender Equality and Mainstreaming:

The Country Office undertook a gender assessment of the 2006-2010 country programme during the reporting period (the final version is available upon request). The assessment concluded that the office does ensure the systematic incorporation of gender mainstreaming throughout the programme cycle. It included a comprehensive gender analysis through the phases of programme planning, designing, implementation and M&E. However, efforts will be required to further strengthen gender mainstreaming in the next country programme based on the assessment.

Gender disparity is present in school enrollment and drop out, particularly amongst the Azeri minority, as also in the provision of health services, access for the disabled, and the situation of children in conflict with the law. It was recognized that stronger analysis of the situation of girls in Abkhazia is required and this will be included in future situation analysis of children in Abkhazia. The ongoing Reproductive Health Survey should contribute to this effort.

Broader gender issues covered in the forthcoming UNDAF are domestic violence, parliamentary representation, and employment rates. UNICEF is partnering with sister agencies in a joint UN programme of support to government on domestic violence. Parliamentary working groups on domestic violence and gender equality enabled the adoption of a law on gender equality, and national action plans on gender equality and

domestic violence with the collective support of UNFPA, UNIFEM, the Office of the Resident Coordinator, and UNICEF through a joint programme.

3.1.3.3 Environmental Sustainability:

In collaboration with the Ministry of Education and Science and the European Union, UNICEF is supporting the development of a disaster risk reduction (DRR) module in the national curriculum and its piloting in schools, including those in disaster prone regions of the country.

3.2 Programme Components:

Title: *Child protection*

Purpose:

This programme component aims at the development of a protective environment for the most vulnerable children (children in institutions, disabled, in conflict with the law, deprived of parental care, street children, and children victims of human trafficking). Priority is given to the improvement of institutional frameworks for effective child protection systems and the establishment of quality child and family care services. The programme also aims to improve social inclusion at pre-primary and primary education levels especially for the most disadvantaged children aged 4-10. Increased access for women and children living in conflict affected areas and IDPs to health and education and emergency response to natural disasters are also important priorities of this programme component.

Resources Used:

Total approved for 2010 as per CPD: USD 2,850,000

Total available for 2010 from all sources: RR 73,720; OR 2,457,818.55;

Total: 2,531,538.55

Any special allocations (list)

Thematic: Basic Education USD 427,240.62

Thematic: HIV/AIDS and children USD 21,250

List of donors

EU – USD 816,605.36

USAID - USD 238,021.53

Dutch Committee – USD 320,123.11

Irish Government – USD 227,975.69

Dutch Government – USD 195,708.88

Italian Government – USD 65,631.82

Italian NatCom – USD 50,888.85

German NatCom – USD 21,381.45

Result Achieved:

(1). Child Welfare Reform

Results Achieved

Child welfare reform advanced with the closure of 6 large-scale institutions whose residents were either reunited with families or placed in foster/small group home care. As a result, 260 children with disability were reintegrated in mainstream education. The Government made a commitment to close a further 17 of 26 residential institutions by the end of 2012 while increasing foster care and small group home placements and strengthening the capacity of social workers to make preventative interventions with

families. Standards for day care centres for children with disability and child protection referral procedures were introduced.

Proper case management and care planning for children was strengthened through systematic training of staff and review of all children in institutions.

Studies, Monitoring and Evaluations:

Joint evaluations of small group home capacity and residential institution staff were undertaken with MoLHSA informing the child welfare reform process.

Partnerships:

UNICEF supported the development of a Government led Child Care Coordination Council and provides support to the Ministry in driving forward the rapid reform of the child welfare system.

The child welfare reform is supported by a partnership between USAID and UNICEF, with US\$6.0 million committed to support the effort.

Constraints/Challenges:

There is a need for systematic oversight and regulation of social work and comprehensive commitment to support families who may be above the official poverty line but who not have resources to ensure adequate stimulation and care for children with disability in the family.

(2) AWP Protection and Inclusion of Socially Disadvantaged Children

Results Achieved:

The education system introduced a new curriculum, with UNICEF supporting the development of modules on healthy lifestyles, sports in schools and disaster-risk-reduction as well as the development of a comprehensive strategy for introduction of sports in schools.

A national pre-school policy and unified national curriculum for pre-school education were drafted and Early Childhood Learning and Developing Standards (ELDS) were successfully finalized. Standards on inclusive education for children with disability were developed for the pre-school sector and supported by training and piloting. An initial pilot in Tbilisi has now been adopted by four other municipalities.

A total of 3,500 children in Abkhazia have access to a network of 18 Social Community Centres providing basic protection, psychosocial, health and education services. During the reporting period, a child-sensitive approach to rehabilitation work with Juvenile offenders in the penitentiary system was adopted and training of justice sector professionals in Juvenile Justice Standards expanded

Systematic individual rehabilitation and reintegration planning for convicted juvenile offenders in detention was introduced and supported by the introduction of parole boards, expansion of staff and development of juvenile justice indicators. Four diversion schemes were piloted to review alternatives to incarceration.

Studies, Monitoring and Evaluations:

UNICEF completed studies on treatment and quality of education in detention. The results of a comprehensive study on Juvenile justice will be available in 2011.

A School Readiness Study was undertaken and results will be available in January 2011.

Partnerships:

UNICEF became chair of the coordination group on pre-school, primary and secondary school education under the broader Ministry of Finance/ European Union Donor Coordination umbrella. UNICEF provides support to the Fast Track Initiative by coordinating the local actors on the ground.

Partnership with the EU and Norwegian Mission of Rule of Law Advisers to Georgia supported the Government in ensuring that Juvenile Justice was treated as a major, discrete thematic area of reform, and that children's and women's rights were addressed across the Criminal Justice Reform Strategy.

UNICEF has established and chairs the Coordination group on child protection, education and health in Abkhazia.

Constraints/Challenges:

Decentralisation of pre-school remains a major constraint for addressing equity, and acceleration of inclusive education remains a challenge.

Future Workplan:

In terms of child welfare reform, 2011 will focus on support to building social work, foster care, daycare centre, small group home and referral system capacity, quality and standards as well as exploring barriers to access for social benefits amongst vulnerable families.

In juvenile justice, 2011 will focus on continued support to the probation and penitentiary systems and efforts to increase diversion and prevention.

UNICEF's work in the education sector will be expanded as part of the new CPD, with a focus on equity, quality and access in pre, primary and secondary school. Support will be given to the Ministry of Youth and Sports in technical development of its strategy on youth and also through collaboration with the Ministry of Education and Science and the Parliament to implement the nationwide strategy on sports in schools. Cross cutting advocacy with Government, sports federations and civil society actors to promote healthy and safe lifestyles in Georgia will also be an area of focus in 2011.

Title: *Advocacy and social monitoring for child rights*

Purpose:

The programme is focusing on the monitoring of CRC implementation by civil society/independent human rights institutions and state institutions for further policy work; supporting national monitoring systems to improve data collection and analysis; the development of evidence based social policies at national and local level; and strengthening of planning processes and integrated plans of action at local level to address the rights of the most vulnerable through better local governance, partnerships and alliances.

In 2010, the main results planned were: Strengthened architecture for children's rights in the Parliament through the Child Rights Council (a sub-group of the Parliamentary Human Rights Committee) and through the Children's Rights Centre of the Public Defenders Office (PDO); and Generation of strategic evidence on the situation of children including the finalisation, dissemination and advocacy related to the Welfare Monitoring Study on the impact of the global economic crisis on households.

Resources Used:

Total approved for 2010 as per CPD: USD 300,000
Total available for 2010 from all sources: RR: USD 226,000; OR: USD 65,010; Total: USD 291,010
Any special allocations (list)
Thematic: Policy Advocacy – USD 51,010
List of donors
USAID: USD 14,000

Result Achieved:

A Child Rights' Council was established under the Human Rights Committee of the Parliament of Georgia to promote alignment of all legislation with the CRC and serve as an advocacy forum for child rights' activists to lobby for legislative proposals. The Council has co-opted civil society and academic members, and has already initiated a draft law on Licensing Educational and Residential Care Institutions along with a law on Inclusive Education, for further consideration by the Parliament.

The Child Rights Centre of the Public Defender's Office developed a comprehensive strategy and a three-year working plan (2010-2013) on child rights' monitoring. The Charter of Journalists' Ethics Council elaborated an article on reporting on children and this was complemented with training of journalists, round table discussions, and production of guidelines on child friendly reporting. A child rights module was also introduced in four university journalist faculties. Monitoring revealed that the number of responsible articles on children and respect for confidentiality of reporting on children has improved significantly during the reporting period.

The internationally acclaimed Georgian opera singer Mr. Paata Burchuladze became the first UNICEF Goodwill Ambassador in Georgia. The UNICEF Georgia country programme was highlighted through inclusion of a profile in the global UNICEF National Committee Panorama website, and through a 30-minute Dutch TV special on UNICEF's work in Georgia.

Partnerships:

Key partnerships include the Public Defenders' Office, Journalism Faculties of key universities, the Parliament, and the Dublin Institute of Technology.

Constraints/Challenges:

A key constraint remains the lack of media regulation and quality assurance in the country.

Social Planning and Monitoring

Results Achieved:

In collaboration with MoLHSA, GEOSTAT (the Statistics Department) and University of York, a nationally representative Welfare Monitoring Survey (WMS) covering 4,808 households was finalized and disseminated widely. The panel survey, which will be updated bi-annually throughout the next country programme cycle, explores the impact of the global economic crisis and the recent conflict situation upon the welfare of Georgian Households.

The WMS was shared with policy makers, advocacy partners and the international development assistance community. A key finding from the survey was the under-utilisation of targeted social assistance cash benefits (TSA) by those entitled - particularly from the lowest economic decile. In order to identify the obstacles that

prevent vulnerable populations accessing their entitlements, USAID and UNICEF supported the Social Subsidies Agency in commissioning a 'Barriers to Access to Social Services Study' (BASSS), which will be finalized and disseminated early in 2011.

The WMS and BASSS have enabled enhanced policy dialogue on social protection and targeting in Georgia. Given that eligibility for health, education and prevention benefits are linked to the targeting system for income poverty, and that there is a correlation between poor child health outcomes amongst minorities who under-utilise health services, the BASSS will be essential in informing policy dialogue on how disparity is addressed throughout the life cycle of the child.

The country office made a strategic decision to shift from initiating a Multiple Indicator Cluster Survey to participating in and supporting the USAID, CDC, UNFPA supported Reproductive Health Survey (RHS), which started in June 2010 and will be completed by the end of 2011. Given the pace of change in the country and the proliferation of studies on children, including the WMS and the GNNS, the office also decided not to publish and disseminate the Situation Analysis in 2010.

Partnerships:

MoLHSA, Social Subsidies Agency (SSA) GEOSTAT, USAID and UNFPA remain the key partners in generation of strategic evidence and knowledge products on the situation of women and children in Georgia.

Constraints/Challenges:

A lack of funding prevented some of the work UNICEF had hoped to do with civil society and local authority actors on child friendly budgeting.

Future Workplan:

In 2011 UNICEF will continue to support the Public Defender's Child Rights Centre Office and the Child Rights Council and assist media and academia in strengthening capacity for child friendly reporting.

UNICEF will also focus on analysis and dissemination of the Barriers to Access Study, the next round of the Welfare Monitoring Study and the completion of the RHS. Costing of different policy options will be a priority for the new Social Policy Officer.

Title: *Health and nutrition*

Purpose:

This programme component addresses improvement of the quality of and access to the child survival services, and empowerment of families & caregivers in mother and child care. The programme is comprised of two AWP's: The Mother & Child Health Care and Early Childhood Development.

Key results planned for 2010 included development of the peri-natal system master plan, development and dissemination of the parent baby book and software, contributing to improvement of WASH facilities and practices in all new IDP settlements from the 2008 caseload and provision of basic community health and social services in conflict-affected areas.

Resources Used:

Total approved for 2010 as per CPD: USD 2,850,000

Total available for 2010 from all sources: RR: USD 305,696.35; OR: USD 2,283,336.47;

Total: USD 2,589,032.82

Any special allocations (list)

Thematic: Young Child Survival & Development: USD 25,818.58

List of donors

SIDA: USD 2,189,629.62

Italian NatCom: USD 67,888.27

Result Achieved:

(1) Mother and Child Health Care

Results

A Master Plan for comprehensive reform and system strengthening of the peri- and neo-natal care system was established through collaborative work between the Ministry of Health, Labour and Social Affairs and a number of other key stakeholders. Under the umbrella of the master plan, medical professional associations drafted 8 guidelines and protocols for peri- and neo-natal service provision which will also be endorsed in 2011. Policy dialogue and advocacy on child nutrition was informed by Georgia's first National Nutrition Survey (GNNS), which was finalised in collaboration with the National Centre for Disease Control and Public Health (NCDCPH). The Parliamentary ECD Alliance committed to drive forward amendment and reinforcement of existing legislation regarding nutrition in 2011.

Georgia participated in a Health Communication Capacity Assessment (HCCA) in 2010 which is informing the development of a relevant structure to implement the Georgian Health Promotion strategy.

Two rounds of polio SIAs were completed in Abkhazia with a coverage rate of 98%. Water and sanitation infrastructure and community based hygiene promotion was supported in 41 newly built settlements which house 19,000 people displaced by the 2008 conflict situation. In Abkhazia, 18 community based centres provided basic health and other services to children and their families.

Studies, Monitoring and Evaluations

A Health Communication Capacity study was undertaken with NCDCPH.

The GNNS was the first nationwide survey assessment of nutritional status in Georgia covering some 23,716 households.

The UNICEF-supported 2010 WASH assessment revealed that 45% of IDP settlements have sub standard water supply, bathing and sanitation facilities.

UNICEF is supporting the Reproductive Health Survey 2010/11.

Partnerships

The Master plan was led jointly by MoLHSA, the Reproductive Health Council, Sheba Medical Center, Israel, USAID/JSI, Medical Professional Associations, private health insurers and the World Bank.

NCDCPH was a primary partner in preparing for the supplementary polio campaign, the GNNS and the HCCA.

UNHCR and UNDP, ACF, World Vision and IRC were partners on IDP and conflict area programming.

Constraints/Challenges

Finalisation of the Master Plan had to be adjusted to the new policy of insurance companies taking responsibility for constructing hospitals in specific regions. The comprehensive privatization process in health sector is not necessarily focused on equity and quality. The absence of a single unified professional medical association remains an obstacle to building consensus on protocols and guidelines.

Early Childhood Development

Results Achieved

A parent baby book was launched with software which delivers age-appropriate SMS messages to every parent on key childhood development milestones.

To address targeted disparities, the book was published in two formats: one using text and illustrations, and a second which primarily uses illustrations. Both are available in 4 languages - Georgian, Armenian, Azeri and Russian to address worse health outcomes amongst minority children. The project is also a critical component of the new electronic patient history and child portal in Georgia.

Studies, Monitoring and Evaluations

The parent baby book was field-tested in accordance with internationally recommended approaches and its findings informed elaboration of the end product.

Partnerships

The parent baby book was supported by the Civil Registration Agency, MoLHSA, Reproductive Health Council and Parliamentary ECD Alliance.

Constraints/Challenges

Initially it was planned to transmit key information on ongoing state health programmes and services through the parent baby book software. However, due to the complexity of the data and ongoing changes in the provision of state programmes and services, this component was removed.

Future Workplan:

In 2011 UNICEF will continue to focus on: 1) Supporting partnerships to strengthen the peri- and neo-natal care system; 2) Health promotion and communication; 3) Generation of strategic evidence on child and maternal health; and 4) Support for essential children's health services in conflict affected areas.

Priorities will include implementation of the Master Plan on peri- and neo-natal care and advocacy for amendment and reinforcement of existing legislation regarding nutrition in 2011, based on the findings of the GNNS. 2011 will also focus on continued support to system-wide mainstreaming of the Positive Parenting Software and Parent-Baby Book.

4. OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure:

The office set the target of achieving predictable and consistent oversight of the country office assets and resources through regular CMT, PMT, GSM, CRC, JCC and other key bodies throughout the course of the year.

The CMT oversaw completion of the CPMP, the recruitment of 20 staff posts for the new CP and completion and endorsement of the ERM. These processes were embedded in the 2010 AMP.

The following key issues were addressed:

- Office transformation, including renovation of conference room; temporary annex for expanded programme team pending renovation of UN House fifth floor; and new office space in Abkhazia.
- Strengthening quality of donor reporting through creation of a template of donor proposals as well as reporting format and library of audiovisual materials.
- Negotiation with Ministry of Economic Development regarding rent-free warehouse as provided in the BCA.
- Advancing negotiations with Ministry of Finance on VAT exemption for UNICEF funded projects in collaboration with UNCT and OMT, though a final outcome is not expected until 2011.
- Through constant monitoring and other administrative efforts CMT managed to significantly decrease the number of single source contracts (SSAs) compared to previous periods and document the exceptional cases.
- Team building retreat for all staff.
- Consistent monitoring of programmatic and management indicators throughout the year.

4.1.2 Strategic Risk Management:

A Risk and Control Self Assessment exercise was completed through an office-wide participatory exercise, which identified and prioritised risks and recorded them in a Risk and Control Library for further reference.

In addition the office has undertaken an assessment of existing (prior to ERM) office risk management practices and effectiveness of control through the standard questionnaire developed for OIA.

To ensure an updated risk profile it was agreed to undertake the RCSA exercise every 6 month. This proposal was submitted to CMT for approval.

CO EPRP was migrated to the newly established EWEA web-portal. Editorial and access rights are allocated to all key programme and operations staff. Completion of the EWEA portal is expected in the first quarter of 2011. Risk analysis for Georgia on the EWEA portal is regularly updated and linked with the UNCT Contingency Plan. Security Management team meetings chaired by RC and managed by UNDSS are actively attended. Following UNICEF request additional security measures were put in place in UN House.

The Business Continuity Plan (BCP) is in place and updated every 6 months. The related issues are reflected in the respective work plans. The BCP is regularly tested with number of scenarios critical for the particular period.

2010 BCP infrastructure was tested through a BCP exercise based upon an Influenza Pandemic Scenario. All critical staff was requested to stay at home and undertake regular work related processes from home using the wireless EVDO type modem (Office has purchased such modems for all critical staff and several in addition for travel purposes). During the test all the critical functions were tested successfully; the IT systems (Citrix, ProMS, Lotus, etc) functioned appropriately.

Warden system is well in place. Quarterly zone checks are undertaken to ensure the wardens know each location of staff member's residence.

4.1.3 Evaluation:

The office has the current IMEP which is harmonised with the broader UNDAF M & E content. A new IMEP has been developed as part of the new CPAP. Limited, well-focused and in-depth evaluations are envisaged. There is limited capacity within the office and some capacity within the country for comprehensive quality evaluations. International consulting firms have some local capacity which could be paired with external assistance. Findings and recommendations are utilised by the office, but more efforts are necessary for creating a systematic process of utilising and sequencing dissemination of M&E products. The management is ready to be responsive to evaluation findings. Most programmatic actions were in response to monitoring findings rather than evaluations. Early 2010, USAID initiated a dialogue on a coordinated approach towards evaluations. However, due to different expectations by agencies about the function, role, and content of evaluation, it has yet to lead to a concrete coordination mechanism. The new UNDAF should provide a platform for coordinated UN M&E activities.

4.1.4 Information Technology and Communication:

A national parent baby book and software package was developed in collaboration with the Civil Registration Agency and Ministry of Health which will ensure that all parents have information on best parenting practices, receive individual SMS messages reminding them of key developmental and health milestones and different stages in the early life cycle, and personalised medical history is recorded so health professionals can access information on each child.

An external Software Development company was hired to develop a database for management of youth inclusion and participation services for the National Probation Agency as part of the UNICEF Juvenile Justice programme. The probation social workers will use the database for the juvenile probationers in 4 cities - Tbilisi, Rustavi, Kutaisi, and Batumi.

An external service provider assisted the juvenile justice programme in developing a widely accessible database and search mechanism for all types of legislative documents (including but not limited to decrees, norms, updates to laws or codex, etc.) available in Georgia.

In May 2010, as part of the BCP process, the Operations Management Team (OMT) organized a meeting of ICT staff to share experience, compare standards, share practices, and share information regarding the IP connectivity. The team analyzed the current situation and devised a strategic model indicating how to backup each other in case of connection failures, IT staff absence and contingency IT supply shortage. In addition, each agency was requested to develop a guide for the external IT specialist on what to do when acting as backup.

Key staff are fully equipped (Wireless EVDO modems) to have remote access (through Citrix technology) to important IT resources such as ProMS, Lotus, other services. In addition all staff has access to Citrix through regular Internet connectivity from home locations.

IT LTA on standard IT supply and services had been established with five vendors.

Critical databases are on daily back up schedule, and new backup system for users has been established. ProMS and Lotus Server/clients are updated as per standards. For emergency communication Bgan 700, Bgan 500, thuraya satellite phones, VHF/HF Radios and GSM modems for critical staff members are well prepared for use.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations:

The country office sent 100% of reports on time and all reports met the quality standards of donor reporting. In 2010, the CO managed to mobilize 90% of OR against the CPD ceiling of US\$ 24 million. Utilisation of funds, donor reporting, and DCTs are closely monitored through the CMT & PMT.

Close PBA monitoring enables appropriate use of resources and prevention of unnecessary extensions, though in cases where external conditions determine that an extension is in the best interests of UNICEF and the partner, an extension request may be submitted.

There was limited opportunity for participation in new modalities during the reporting period, though UNICEF continued to participate in a small-scale and ongoing joint programme on gender and on implementation of RHS. UNICEF has also been a major contributor to the drafting of a large scale joint programme on conflict-affected areas.

4.2.2 Management of Financial and Other Assets:

The 2010 Annual Work Plans were developed based on the approved UNDAF/CPD results; the donor proposals funding the respective AWP were also aligned to those results. In the middle of 2010, due to structural and other changes in some of the line ministries the AWP were reviewed and modified to meet the new governmental priorities.

The Deputy Representative and Heads of Sections included in their 2010 PER the following items: Develop/Ensure: (i) funding proposals and correct use of expenditures as stipulated in donors' conditions in MOUs/PBAs; (ii) each activity in AWP has planned activity outputs, and activity results are recorded; (iii) requests for extension of PBAs are sent at least 3 months prior to expiry date; and (iv) timely submission of donor reports.

CMT closely monitors the contribution management through fund utilization review and detail analyses of respective budget requisition, obligation and expenditure levels. In addition, CMT regularly reviews the DCT status and liquidation balances and instructs respective sections to take immediate steps as needed. (More details on CMT functionality through 2010 are provided above under Governance Structure).

By the end of Q3 of 2010, 81% of RR had been spent, and by the end of Q4, 100% of RR utilization was anticipated; almost 100% utilization of OR is achieved within the original duration of the PBA life; nearly 100% of OR-E PBAs are used within the original life of the PBA; CO has 2% of outstanding DCTs over 9 months.

4.2.3 Supply:

The small scale supply component functioned without major problems throughout the year.

In accordance with the MOU for vaccines and immunization devices, in 2010 the MoHLSA ordered procurement services on total value of US\$99,475.93. In addition, UNICEF led the order of Pandemic Influenza H1N1 Vaccines for UN staff and dependents.

All the planning deadlines by the Supply Directives were fully met. The implementation was regularly reviewed by CMT.

The supply chain work process was revised so programme sections initiate the supply requisition, supply staff review before the requesting programme section authorizes the PGM and thereafter the selection process is launched. This work process improved the quality of supply inputs and reduced the lead time of supply procurement.

As of 07/12/10, locally procured supplies valued at USD 161,005.79 represented over 88% of total procurement. The increased local procurement was justified by a rapidly developing local market.

UNICEF tasked by UNOMT/UNCT hired a cost-shared Print Consultant for evaluation of the printing market. As a result a high quality roster of ranked local printing companies is available. Later, UNICEF conducted joint UN bidding among the roster companies and following endorsement of UNOMT/UNCT, placed Long Term Arrangements (LTA) for all UN standard printing jobs effective until the end of 2011.

In addition to this LTA within OMT scope UNICEF CO conducted, on behalf of UN Agencies, two procurement selections for photocopying and Taxi Services.

The Government provided warehouse space free of charge. Contingency stocks were moved from the commercially hired warehouse to the new space.

UNICEF consigned most supplies in the name of the Government institutions. Direct distribution was limited to the conflict zones. Delivery occurred by UNICEF vehicles, by renting commercial trucks or through UNHCR trucking.

Supply-related services from Supply Division were at an adequate level. No delays or problems were observed for deliveries of direct and offshore supply.

In accordance with local procedures, the country office has to acquire humanitarian status for import of emergency programme supplies through an extensive process which can result in delayed humanitarian interventions. The CO (through OMT/UNCT) will try to explore a possibility for simplified customs procedure.

4.3 Human Resource Capacity:

The Human Resource planning for 2011-2015 cycle preparation was done through Result Based Budgeting (RBB) approach. Each result in the CPD/CPAP results matrix is linked to particular staff functions. In preparation for the new programme cycle there is a major increase in staff (from the existing 21 staff up to 34 staff). The majority of positions in the CO during the previous cycle were on TA. Sixteen new positions are OR as the need for these positions is linked to available OR funding. A minimum number of posts are on RR (9) to ensure programme delivery in case the OR funding will reduce.

In respect to position changes the office regularized 9 (1 IP, 3 NO and 5 GS) temporary positions; established 6 new posts (1 IP, 2 NO, 3 GS); abolished 2 posts (1 NO, 1 GS); and upgraded 4 NO posts.

The PAS is functional in the office. All staff are undertaking the process as per applicable (e-PAS, PER) format. All the 2009 PERS were closed without major disagreements between supervisors and supervisees; planning of 2010 process was done timely. Most supervisor-supervisee relations are open and healthy; beside the formal discussions there is frequent and ongoing performance feedback.

Staff Counselling recourses are available locally. PSVs at the duty station are periodically meeting each other to share experience or exchange the information. List of professional services for referring staff is available.

Most UNICEF staff (altogether 70%) regardless of their contract types have participated in 2010 in the UN care training sessions. A local NGO was contracted within the framework of UN joint project "Implementing UN cares minimum standards in Georgia". UN agencies operating in Georgia decided to launch the Joint Project and pool their contributions to this programme budget. UNFPA, which leads the UN Cares programme in Georgia, was identified as Managing agent of this JP. The sessions aimed to increase the participant's awareness on different aspects related to HIV prevention, UN Policies on HIV, stigma and discrimination, etc.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement:

Costs were reduced through an agreement with the Government to provide rent-free warehouse space for UNICEF. By the beginning of 2010 office was commercially leasing 200sqm space. With increased rent, the office had to search for alternative options as further increase in the cost was not affordable. UNICEF decided to approach Government and to request exercising the BCA right of government paid warehouse. As a result about 500 sqm space was allocated. The estimated annual saving is about 11,000 USD.

4.4.2 Changes in AMP:

The 2011 AMP will reflect the major changes in the staff structure. This will affect the key management documents such: as Table of Authority; Table of Authorizing, Certifying, approving, Paying officers; Compositions of various advisory/decision-making bodies (e.g. CMT, CRC, CRB etc).

The programme and operations priorities will be aligned to the new CP results. Regarding the ERM, during the 2011 AMP exercise it is planned to make a number of work processes risk informed as per the RCSA report which lists the work processes to be redesigned.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

- 1. WASH Assessment in New and Old IDP Sites and Selected Villages*
- 2. Country Analytical Report "Gender Issues 10 Years after the 'Women in Transition'*
- 3. Evaluation of Health Promotion and Communication system*
- 4. Assessment of Juvenile Probation in Georgia*

5. *Georgia Welfare Monitoring Survey*
6. *2009 Georgian National Nutritional Survey*
7. *The Treatment of Offending Children below the Age of Criminal Responsibility in Georgia*
8. *Education for Convicted Children in Detention in Georgia*
9. *Institutional Analysis of Potential Small Group Home Providers in Georgia*

5.2 List of Other Publications

1. *Early Learning Development Standards*
2. *Pre-school physical environment*
3. *UNICEF Newsletter*
4. *Convention on the Rights of the Child reprinting*
5. *It is about Ability*
6. *Interviewing children by media Booklet*
7. *Assessment of the juvenile justice reform system in Georgia*
8. *CRC – Child-friendly version*
9. *Video – Juvenile Justice*
10. *Video – Juvenile Justice*
11. *Two animation TV spots on juvenile justice*
12. *Georgia National Nutrition Survey*
13. *Parent Baby Book*
14. *Interviewing children by Police officers*
15. *Child Care Standards*
16. *Media and Child Rights Booklet*
17. *International standards on children in conflict with the law*
18. *Public Defender's Office Brochure*
19. *UNICEF Georgia 2011 Calendar*

6. INNOVATION & LESSONS LEARNED

Title: *Innovative Approaches to Promoting Better Parenting*

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Abstract:

The anticipated outcome of this intervention will be to ensure that: (i) all parents of newborns have a parent baby book accompanied by regular timely sms texts on key childhood developmental and health milestones and (ii) each child's health records will be systematically recorded on a child health portal to enable consistent health care throughout the lifecycle of the child. The intervention also addresses the cultural and traditional obstacles that lead to the poorest health outcomes, including higher child mortality in some communities. This innovation may be useful to other transitional or middle income countries which are trying to progress with the achievement of MDG 4 and 5.

Innovation or Lessons Learned:

The intervention was developed in collaboration with several partners including the Civil Registration Agency (CRA), the Ministry of Labour, Health and Social Affairs (MoLHSA), the Early Childhood Alliance in the Parliament, the First lady of Georgia, Mobile telephone service providers and other actors, and UNICEF.

Following its field testing, policy dialogue led to an agreement to ensure the project would reach the bottom economic quintile and other hard-to-reach minorities. The parent baby guidance book was published in two formats - one using text and

illustrations, and a second which primarily uses illustrations for the less literate. Both versions are available in 4 languages: Georgian, Armenian, Azeri and Russian to address worse health outcomes amongst minority children. The book is introduced as part of birth registration, for which the CRA is responsible in Georgia.

Potential Application:

The project could eventually be expanded to include information for parents on social protection benefits, health services and other key information through the SMS service. The partnership between the CRA, MoLHSA and private phone companies enabled the integration of the process of birth registration, provision of child health services, health promotion and outreach information for all parents in a holistic package.

Issue/Background:

The 2005 MICS indicated poor parenting information throughout Georgia and a correlation between low birth registration and comparatively high mortality in some minority and demographic groups. In 2008 and 2009, the CRA, with UNICEF and UNHCR support, embarked on a targeted birth registration campaign in minority community areas. Following up on the above, facilitated by UNICEF, the CRA and MoLHSA entered into a dialogue to determine how they could strengthen the links between birth registration and child health.

Strategy and Implementation:

Ongoing policy dialogue amongst all stakeholders built consensus on the need to: a) improve parenting practices throughout Georgia, b) ensure this process would include the groups with the highest child mortality and c) establish universal birth registration (especially among communities with low birth registration and high child mortality) and link it with systematic child health promotion and monitoring through the life cycle of the child.

The parent baby book was field tested and amended based on findings and the coalition of actors began a discussion with mobile services providers on how the process could reach out to Georgian citizens through mobile phone networks. Close to 100% of families in Georgia are estimated to have a mobile telephone.

Progress and Results:

The intervention was launched in December. The key results thus far have been the commitment to provide every child with the parent baby book, and to provide them access to the sms texting and include them in the Child health portal. The production of materials for ethnic minorities and for people with limited literacy is also a major commitment from the Government to address inequity in health outcomes for Georgia's children.

Next Steps:

The next step will be to monitor the use of the materials in 2011 and to a) identify any gaps in access to, or acceptance of, the service and b) assess how the service improves health outcomes, particularly amongst the most vulnerable.