

United Nations Children's Fund
Executive Board
First regular session 2006
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Revised country programme document

Georgia

Summary

The Executive Director presents the revised country programme document (CPD) for Georgia for final approval by the Executive Board. At the annual session of 2005, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been reviewed, taking into account, as appropriate, comments made by delegations during that session. No changes have been made to the text, but a summary results matrix has been added.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2006 on a no objection basis, unless at least five members have informed the secretariat in writing by 9 December 2005, of their wish to bring the country programme before the Board.

<i>Basic data[†]</i> <i>(2003 unless otherwise stated)</i>	
Child population (millions, under 18 years)	1.2
U5MR (per 1,000 live births)	45
Underweight (% , moderate and severe)	3
Maternal mortality ratio (per 100,000 live births, 2001)	52
Primary school attendance/enrolment (% net, male/female, 1999, 2001/2002)	99/100, 91/91
Primary schoolchildren reaching grade 5 (% , 2000/2001)	94
Use of improved drinking water sources (% , 2002)	76
Adult HIV prevalence rate (% , 15-49 years, end 2003)	0.1
Child work (% , children 5-14 years old)	—
GNI per capita (US\$)	830
One-year-olds immunized against DPT3 (%)	76
One-year-olds immunized against measles (%)	73

† More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Following the contested legislative elections in November 2003, the Rose Revolution movement brought a team of young government leaders to power and a sense of hope and optimism to the people of Georgia.

2. At a meeting in Brussels in June 2004, donors from 31 countries and 12 international organizations pledged significant financial support to Georgia, totalling approximately \$1 billion. Georgia was chosen by the United States Government as one of 16 countries to receive support from the Millennium Challenge Account. The Government of Georgia has begun a number of significant reforms in the education, protection and health care sectors, in collaboration with the United Nations, the World Bank and the European Union.

3. The Government's regaining of control over the Autonomous Republic of Adjara firmly established Tbilisi as the political centre of the country. However, the chronic conflicts in Abkhazia and South Ossetia continue to present both economic and security challenges to Georgia. Reliable data on the socio-economic profiles of the populations in the conflict-affected areas are limited. Security and political factors constrain the provision of assistance by the Government and the international community. Territorial integrity is a strategic priority for the Government, with significant resources and attention allocated to this objective. Approximately 180,000 people have been displaced as a result of internal conflicts. Nearly 45,000 children are internally displaced persons (IDPs) or refugees, many of them living in dilapidated public buildings.

4. The transition from a planned to a market-based economy, mismanagement of resources and political instability have had a dramatic impact on the living standards of the population. Poverty rates as measured by the official poverty line of \$2 per day show that

54 per cent of Georgian children currently live in families that are poor or are at risk of poverty. Despite recent economic recovery, this level has not improved, with evidence of chronic poverty emerging. The poorest regions in Georgia are Adjara, Samtskhe Javakheti and Shida Kartli. In 2003, the Government adopted a poverty reduction strategy, the Economic Development and Poverty Reduction Programme (EDPRP), with long-term objectives that include achieving the Millennium Development Goals and decreasing social inequality.

5. The quality of maternal and child care services is still very low. The 2004 Common Country Assessment (CCA) identified low awareness, limited accessibility and affordability of quality health services as underlying causes of most maternal and child health-related problems. Since 1998, early neonatal mortality rates have increased rapidly, accounting for most infant and child deaths. According to the State Department of Statistics, the infant mortality rate was about 24 per 1,000 live births in 2002, as compared to 21 in 1990. However, this figure is believed to be significantly higher. Also, the maternal mortality ratio, at 52 per 100,000 live births, is among the highest in the region.

6. Georgia has improved immunization coverage for all six basic antigens, with rates at more than 70 per cent. With improved institutional and programme management capacities and an effective inter-agency partnership, the Government has a stronger base for the sustainability of the national programme. Since 2002, the Government has begun to take over responsibility for procurement of vaccines for all age groups. Despite these achievements, immunization coverage in remote areas and the quality of reporting remain concerns.

7. Micronutrient deficiencies are prevalent. Close to 40 per cent of children continue to be affected by iodine deficiency. A high number of infants and mothers suffer from iron deficiency. Although breastfeeding rates in maternity hospitals are reportedly very high (97 per cent), data on exclusive breastfeeding are not available and the majority of mothers stop breastfeeding during the first two months of the child's life.

8. Residential care remains the child welfare system's main response to poverty, family distress or disability, reflecting the absence of social safety nets. There are over 5,000 children in residential care, in an estimated 50 state and private institutions; 87 per cent of these children have at least one living parent. Official statistics show that 2,600 disabled children live in institutions, although it is estimated that the actual number is much higher, with many of them hidden by their families and thus deprived of services. There are an estimated 2,500 children working in the streets, some of whom sleep there.

9. Due to a lack of alternatives, imprisonment of juvenile offenders is still viewed as the only recourse by many judges, who have no special training for cases involving minors. There is no coherent national child protection policy or strategic framework for the implementation of family and child welfare measures, resulting in inconsistent and uncoordinated approaches. There is an absence of

comprehensive data that can be used for analysis and policy-making, reflected in a lack of monitoring and evaluation mechanisms.

10. Georgia has a low incidence and prevalence of HIV/AIDS. Official statistics reported 638 HIV infections at the end of 2004, although the surveillance system is weak and experts estimate the actual number of cases to be more than 3,000. Injecting drug users account for 70 per cent of infections. Unemployment, migration and widespread risky behaviour among young people all suggest the epidemic could rapidly increase. The Georgian Government has strengthened national capacities to combat HIV/AIDS, with the development of a multisectoral response underway that encompasses policy and legislative changes and targeted interventions, drawing on \$12 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

11. In 2003, the Committee on the Rights of the Child welcomed the introduction of many legislative changes designed to improve the protection of children's rights. It expressed concern about the lack of a framework to guide legislative reform which takes into account the best interests of the child. A study on the compatibility of state measures with the country's obligations under the Convention on the Rights of the Child regarding violence against children in the juvenile justice system identified gaps.

12. Civil society, youth organizations, independent human rights institutions and the media have low awareness and limited skills in advocacy for and monitoring of child rights. The state mechanisms for coordination and monitoring of child rights remain weak. As a follow-up to the General Assembly Special Session on Children, in 2003 the Government of Georgia adopted a National Plan of Action for Children (NPA) for 2003-2007. However, the NPA has yet to be used as an effective planning tool, and it is not completely aligned with the EDCRP. The poor availability of, and accessibility to, reliable data constrain proper planning and advocacy.

13. In addition to economic and political problems, Georgia is highly prone to natural disasters such as floods, drought and earthquakes.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

14. The Government, in cooperation with UNICEF and the United States Agency for International Development (USAID), successfully revived the national immunization programme. Georgia was certified polio-free in 2002, and reports show declining trends in the incidence of vaccine-preventable diseases. The Government launched the first phase of vaccine procurement within the Vaccine Independence Initiative. Inter-agency coordination and leveraging of resources (from USAID, the Global Alliance on Vaccines and Immunization (GAVI)/The Vaccine Fund, the World Health Organization and Vishnevskaya-Rostropovich Foundation) resulted in an expansion of the immunization schedule with inclusion of vaccines for hepatitis B

and measles/mumps/rubella. A financial sustainability plan for 2005-2010 has been submitted to GAVI and the Vaccine Fund.

15. Iodine deficiency disorders (IDD) became a major public health concern in the early 1990s, particularly for populations living in highland and mountainous areas. The successful partnership between the national IDD council and UNICEF, with support from USAID and Kiwanis International, led to the development of a legislative and regulatory environment for universal salt iodization (USI). The country is close to achieving USI: consumption of iodized salt by households reached 67 per cent in 2003 compared to 8 per cent in 1999. The law banning the importation of non-iodized salt, including provisions on fortification, was adopted by the Parliament in February 2005.

16. Life-skills-based education and active learning methodologies developed by UNICEF and government experts have been integrated into the primary-school curriculum as a part of the large-scale education reform carried out by the Government with the support of the World Bank. In collaboration with local non-governmental organizations (NGOs), the promotion of sport activities and football tournaments in schools have provided opportunities for 45,000 boys and girls around the country to learn about healthy life styles. In all regions, resource centres have been established as part of a national strategy on early childhood development (ECD), and hundreds of parents and children benefited from the information and counselling sessions they provide.

17. The Government has prepared a national strategy for de-institutionalization and welfare reform, with support from UNICEF, the European Union, the World Bank and international NGOs, among others. An innovative triministerial commission co-chaired by the Ministers of Education, Health and Finance was set up to direct implementation of the approved government action plan, including establishment of standards. In 2004, the European Union allocated \$2.5 million for the capacity-building component of the child welfare reform.

18. In response to the chronic emergencies in Abkhazia and South Ossetia, UNICEF has been able to provide essential supplies and capacity-building in the areas of health, education and child protection. This was made possible through funding from the Canadian International Development Agency (CIDA), the German Government and the Netherlands Committee for UNICEF.

Lessons learned

19. The current country programme, which had five sectoral programmes, was found to be too broad given the challenges in implementing the Government's sectoral reform and the limited financial and human resources of the country programme. The 2003 mid-term review called for an approach that focused on policy and legal reform, strengthening of systems, and community participation. It also highlighted the need to improve the interface between service delivery and community involvement.

20. UNICEF has supported the Government in a number of pilot projects in inclusive education, de-institutionalization, active learning and ECD. In order to maximize the full potential of these successful initiatives, these experiences need to be synthesized to create operational systems under an overall policy on child protection and welfare, with increased state budget support to achieve long-term sustainability.

21. Country programme activities have mainly focused on support to the central Government. Subnational structures (e.g., regional governments, village councils) have played a limited role in the implementation of country programme activities. Conditions are now much more conducive for greater community involvement in local planning. Increased capacities of service providers and more reliable subnational data and information are crucial to ensure effective targeted interventions.

The country programme, 2006-2010

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Early childhood care and development	1 100	2 000	3 100
Child protection	1 100	2 800	3 900
Advocacy and social monitoring for child rights	670	1 200	1 870
Cross-sectoral costs	500	—	500
Total	3 370	6 000	9 370

Programme preparation process

22. The preparation of the proposed programme of cooperation between UNICEF and the Government of Georgia for 2006-2010 began in early 2003 with the mid-term review, in which children and young people participated actively. UNICEF also undertook a comprehensive situation analysis of children and women, using the human rights-based approach to programming with analyses of gaps and capacities. The situation analysis, which served as the main background paper for the CCA and the Government's report on the Millennium Development Goals, encompassed a thorough review of the observations of the Committee on Rights of the Child and other human rights bodies.

23. UNICEF chaired the inter-agency Steering Committee on the CCA and United Nations Development Assistance Framework (UNDAF). The country programme process was led by the Government, which endorsed the UNDAF during the Joint Strategy Meeting held in February 2005. Strategies and programme components

for the new country programme were discussed in consultation with respective ministries, at programme review meetings and the annual review in December 2004.

Goals, key results and strategies

24. Within the framework of the UNDAF, the goal of the country programme is to strengthen national reform processes as well as contribute to the realization of children's rights to grow up healthy and well-nourished in a caring, nurturing and inclusive family environment.

25. To achieve the country programme's objectives, the following mix of operational strategies will be adopted: (a) capacity-building to strengthen the skills of service providers to deliver quality services and care; (b) development of service delivery prototypes in five selected regions; (c) building a knowledge base and documentations of lessons learned to influence policy formulation; and (d) communication and advocacy to create understanding of children needs and rights.

26. The geographic coverage of the programme will be national as well as a focus on five priority regions with high poverty levels and low coverage in health and nutrition services. This will also take into account areas where the previous country programme helped to establish social work services. In addition, the country programme will support special interventions in Abkhazia and South Ossetia to respond to the emerging needs of children and women in these areas.

Relationship to national priorities and the UNDAF

27. The Government of Georgia is committed to achieving sustainable and rapid economic growth and overcoming poverty as outlined in the EDPRP. The strategic government plan for 2004-2009 presented at the donor conference in Brussels in June 2004 paid special attention to the improvement of the well-being of children and women. Georgia's UNDAF and NPA for children will support the achievement of the Millennium Development Goals and those of the EDPRP. The UNICEF programme is designed to support implementation of the UNDAF and assist the implementation and monitoring of the Millennium Development Goals.

28. The UNDAF has one overarching goal - to contribute to the eradication of poverty and improvement of the well-being of the Georgian population — with five areas of cooperation: poverty and economic growth; governance; basic services; reduction of volatility and instability; and environment. The strategies and expected results of the UNICEF programme will contribute to the four UNDAF areas of governance, poverty and economic growth, basic social services and reduction of volatility and instability.

Relationship to international priorities

29. The country programme will be guided by the four of the five priorities of the UNICEF medium-term strategic plan (immunization plus, ECD, HIV/AIDS, and child protection). It will also contribute to

Georgia's Millennium Development Goals, specifically those related to eradication of extreme poverty, education, reducing child mortality, improving maternal health, combating HIV/AIDS and developing partnerships.

Programme components

Early childhood care and development

30. This programme component will aim to improve the quality and accessibility of health and nutrition services. The key strategies will be policy development and community mobilization in order to promote sustainability of maternal and child care services, giving a special focus to the most disadvantaged groups.

31. The programme will focus on the adoption and implementation of the most recent evidence-based national policies, standards and protocols for maternal and child health. Priority will be placed on the integration of services. By 2010, institutional and human capacities in over 90 per cent of reproductive health services at primary and secondary levels will meet updated national policies and standards. Achievement of age-appropriate immunization coverage rates of more than 90 per cent nationally and 80 per cent in each district will be a key priority, along with vaccine security and immunization safety. UNICEF will support the Government in further reducing the number of missed immunization opportunities through the implementation of district micro-plans for immunization.

32. The monitoring system for the implementation of the Georgian law on marketing of breast-milk substitutes will be strengthened. "Baby-friendly" standards of care will be introduced at the primary health care level. Communication and capacity-building under the national action plan for infant and young child feeding will be supported. Prevention of mother-to-child transmission of HIV will be integrated and mainstreamed throughout the primary health care system. USI will be sustained and at least 50 per cent of flour at the market will be fortified with iron. Strengthened monitoring and quality assurance mechanisms will be put in place.

33. Positive child-rearing and caring practices at family and community levels will be promoted through an integrated ECD approach in the five selected regions. The results of a child-rearing study and additional knowledge, attitude and practice studies will provide information and data for developing community-based interventions. An integrated ECD approach will be implemented. At least 60 per cent of parents and caregivers in these areas will: have increased knowledge on immunization, young child feeding practices and prevention of micronutrient malnutrition; be able to identify common childhood illnesses; apply growth and development monitoring practices; and be skilled to provide appropriate care. At least 60 per cent of parents and caregivers in the same areas will correctly provide psychosocial stimulation and caring practices to pre-school-age children.

34. In Abkhazia and South Ossetia, UNICEF will support expansion of the country programme components in health and nutrition, with increased engagement in field emergency assessment and coordination. Supplies for maternal and child health services will be provided to meet the humanitarian needs of the children and women affected by the emergency.

35. The main partners will include the Ministry of Health, Labour and Social Affairs, the National Centre for Disease Control, the Ministry of Education and Science and USAID. In Abkhazia and South Ossetia, the partners will be the European Union, CIDA, the Governments of Germany and Norway and the Netherlands Committee for UNICEF.

36. Regular resources will be used mainly support the components on maternal health, breastfeeding promotion and ECD. Other resources will be allocated for increasing coverage for breastfeeding promotion and ECD, as well as for immunization, food fortification and humanitarian needs in Abkhazia and South Ossetia.

Child protection

37. The Government's main response to vulnerable children has been large and costly residential institutions. As a result, investments in alternative community-based services have been limited and the legal framework and capacities needed to operate viable community-based systems are to be developed. The child welfare system reform will address two interrelated aspects: ensuring a protective environment and social inclusion through increased access; and utilization of services.

38. One of the first tasks will be to support the Government in the development of an overall child welfare policy to guide the formulation of specific policies in the different areas of child protection, juvenile justice and inclusive education. The overall child welfare policy will also cover regulatory mechanisms that are complementary and put the interest of the child first. The experience gained from the ongoing pilot projects developed with the Government in those areas will be used to inform the development of the overarching policy framework.

39. Child welfare system reform will focus on implementation of the Government's five-year Interministerial Plan of Action for De-institutionalization and Child Welfare Reform. The objective of the plan is to reduce the number of children deprived of parental care by strengthening social welfare structures and management capacities at local and national levels of government. UNICEF will support government efforts to put into place the systems necessary to move from an institution-based system to a community-based system. Strategies will focus on improving the social safety net for children and increasing the number and type of alternative care models. Technical support will be provided for the development of professional standards for implementation of a continuum of services for child welfare, including licensing requirements, monitoring, decision-making and information management systems.

40. The Government has already started closing some residential institutions for children. Resources currently spent on institutions will be redirected to community-based services, and the child welfare system will be linked to the state programme to provide cash assistance to the disadvantaged families with large numbers of children. In this regard, support will be provided to ensure that the EDPSP tackles the fundamental reasons that cause parents to put children in institutions.

41. Policies and implementing guidelines will be in place to support prevention of child neglect, abuse and exploitation. State and non-state service providers will be equipped to monitor at-risk and marginalized children and will be able to report rights violations to child protection bodies and national and local authorities according to accepted protocols.

42. Linkages between the reform of the child welfare system reform and of the juvenile justice system will be reinforced, and strategies will be converged through the United Nations country team's joint programme on judicial system reform. Findings and recommendations from the United Nations Study on Violence against Children will provide the choice of strategies. UNICEF will work with the Parliamentary Committee on Judicial Reform to promote a number of initiatives. These include the development of first-level responses to specific problems relating to street children and street crime; practices concerning arrest and questioning of children; alternatives to residential remand; and community-based sentences as alternatives to custody or placement in residential institutions or restrictive remand.

43. Social inclusion is the other aspect of child welfare system reform that focuses on minority populations, IDP children and children with disabilities. UNICEF will support the Ministry of Education to develop policies, standards and training approaches for gradual and systematic inclusion of children with disabilities into mainstream schools and extracurricular activities. Strategies for inclusion of IDP children in mainstream schools will be promoted, as will be equal access to educational, physical, creative and social activities of minority children and youth. Standards for "child-friendly" schools will be adopted by the Government. Teachers and principals in resource schools in all five regions will be trained to promote healthy life styles through extracurricular activities including sports.

44. Teachers and principals in Abkhazia and South Ossetia will have knowledge and skills to apply active learning methodologies and to provide psychosocial support to traumatized children. In addition, necessary education materials will be provided to enable students to attend school.

45. The main partners are the Ministry of Health, Labour and Social Affairs, the Ministry of Education and Science, the European Union, the World Bank, National Committees for UNICEF, World Vision and local NGOs. In Abkhazia and South Ossetia, the partners will be the European Union, CIDA, the Governments of Germany and Norway and the Netherlands Committee for UNICEF.

46. Regular resources will be used for the development of guidelines and related work, and other resources will support implementation and wider dissemination.

Advocacy and social monitoring for child rights

47. There is limited capacity and low awareness of civil society and youth organizations, independent human rights institutions and media to monitor child rights and participate in shaping a national agenda for children.

48. The expected result of this programme is that issues affecting marginalized children will have prominence on the national policy debate in Government and civil society, and will be informed by best practices and state of the art knowledge on what works for children.

49. Disaggregated and reliable information and data are needed to inform and guide plans for children. This programme component will enhance national capacities for monitoring the situation of children and women through research and evaluation activities, surveys including multiple indicator cluster surveys (MICS) and tools such as *DevInfo*.

50. This programme component will strengthen the capacity of the Government in social policy planning for children. UNICEF will support analysis of trends and strategies addressing child poverty, and encourage adoption of measures that enhance budgetary allocations and reform in favour of children. All five regions will have a data base on women and children, and local planning in the social sector will be strengthened. As a joint United Nations country team effort, *DevInfo* will be used for monitoring achievements and progress under the EDP RP, the NPA and the Millennium Development Goals. The information and analyses generated will also enhance the dialogue between the Government and civil society in the design of social sector policies and monitoring their implementation.

51. The programme will also concentrate on strengthening the capacities of public communication channels, especially the media, for improved monitoring and advocacy for child rights. This will be accomplished in part by supporting a network of “child-friendly” journalists and developing an ethical code for journalists on “child-friendly” reporting.

52. Young people will be provided opportunities to express their concerns and views on children’s issues through different media outlets such as children’s news agencies, and one-minute videos prepared by young people. Civil society organizations and independent human rights institutions will have enhanced capacity to participate in planning and implementation of programmes affecting children. This will be achieved through active collaboration with the existing media training institutions such as InterNews, journalist organizations, human rights-related NGOs, the Ombudsman’s Office, youth organizations and the Young People’s Media Network.

53. The main partners under this component are Ministry of Economy, the State Department of Statistics, the media, young

people's organizations, the private sector and independent human rights institutions (e.g., Ombudsman's Office).

54. Regular resources will be mainly used for social monitoring. Other resources will be allocated for advocacy activities such as the Young People's Media Network.

Major partnerships

55. UNICEF will collaborate with the Government and all United Nations agencies in Georgia through the UNDAF. In the area of child protection, where UNICEF has a clear leadership role, partnerships will be expanded with the European Union, the World Bank and international and national NGOs working in this field. UNICEF will maintain a partnership with USAID in the areas of health and nutrition. In fighting HIV/AIDS, UNICEF will maintain a close partnership with the Global Fund, reinforcing local partners' implementation capacities and supporting areas not directly covered by the Fund. Other major partners of the programme cooperation will include GAVI, World Vision, Norwegian Refugee Council, Christian Relief Service, Save the Children, National Committees for UNICEF, other international and national NGOs, civil society organizations, media, young people's organizations and the private sector. The country team will have a joint programme in Abkhazia led by the United Nations Development Programme (UNDP), in which UNICEF will address health, nutrition, education and child protection.

Monitoring and evaluation and programme management

56. Monitoring and evaluation activities will be coordinated through an integrated monitoring and evaluation plan (IMEP), which will be in line with the UNDAF IMEP. Programmes will be monitored through quarterly and annual reviews and regular field trips. *DevInfo* will be used for monitoring overall programme progress. An assessment on the situation of women and children in minority populations will be carried out at the beginning of the programme in order to define appropriate interventions. An evaluation of community-based ECD initiatives will be conducted during the course of implementation, in order to define the model for nationwide dissemination. There will be an evaluation of the effectiveness and efficiency of system changes and applied practices in child protection. In 2008, the country office, in collaboration with the Government, will carry out a MICS for assessing progress towards specific indicators for children and women.

57. The UNICEF programme will monitor progress and assess results against a series of key outcome and impact indicators : (a) trends in infant, under-five and maternal mortality rates; (b) the prevalence of iron and iodine deficiencies and of stunting among young children; (c) the percentage of children entering children's institutions; and (d) the percentage of institutionalized children re-integrated in families. Information and data concerning the situation of women and children living in Abkhazia and South Ossetia will be regularly updated through assessments and field trips.

58. The mid-term review of the programme will be conducted in 2008. UNICEF will support the evaluation of the UNDAF in partnership with other United Nations agencies, the Government and other partners.

59. The Ministry of Finance, responsible for coordination with donors, will oversee the implementation of the country programme, which will be implemented by the Ministries of Health, Labour and Social Affairs, Education and Science, Justice, Culture and Youth Affairs, and Economic Development, as well as the regional governments. Close coordination and collaboration will be carried out with the United Nations Observer Mission in Georgia, UNDP, the Office of the United Nations High Commissioner for Refugees and United Nations Volunteers for implementing activities in the conflict zones.

Summary Results Matrix: Government of Georgia – UNICEF Country Programme 2006 - 2010

UNICEF MTSP Focus Area	Key results expected in this priority area/ Baseline Estimates for these Results	Key Progress Indicators	Means of Verification	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected key results in this Priority Area will contribute to
Young Child Survival and Development	<p>1.1 >95% of women and children have access to integrated MNCH care during pregnancy, childbirth and immediate postnatal period at primary & secondary levels including in the conflict zones. (Baseline: 60% of pregnant women completing 4 ANC visits, 2004)</p> <p>1.2.>90% of under-2 children at national level and > 80% at all district levels receive age-appropriate immunisation against 9 antigens as per NIP schedule. (Baseline: DPT3-78.5% ,2004)</p> <p>1.3. By 2007 sustainable elimination of IDD achieved and > 50% of the flour produced is fortified with iron & folate (Baseline: 67% HHs consume iodized salt, 2003).</p>	<p>1.1.1 National laws, policies and standards for integrated management of ANC, perinatal and postnatal services revised and implemented as per the updated evidence-based guidelines endorsed by WHO, UNICE, UNFPA, AIHA, AAP and other professional and partnership alliances by 2006 (Y/N)</p> <p>1.1.2 % of pregnant women completing 4 free ANC visits, by residence</p> <p>1.1.3 % of children are exclusively breastfed up to 6 months, by residence</p> <p>1.2.1 % of children vaccinated against 9 NIP vaccines by age of 23.9 months at national, regional & district levels</p> <p>1.3.1 % of households using adequately iodized salt, by district</p> <p>1.3..2 % of flour fortified, by district</p>	<p>Adopted laws & normative acts by Parliament, MLHSA & other line ministers. MLHSA policy & admin document – decrees, standards, guidelines, state programmes</p> <p>NCDCMS yearbooks, Reports from MLHSA - NHP/MCH departments, field monitoring & training, MLHSA yearbooks, MICS, RHS, GeoVac database for EPI/VPD surveillance, WHO/UNICEF JRF</p> <p>Market & HH surveys on fortified food</p>	<p>Ministry of Health, Labour and Social Affairs (MHLSA), National Center for Disease Control, Curatio IF, IBFAN Georgian Group, Food Fortification: National Fortification Alliance (NFA), International NGOs, World Bank, DFID, EU, USAID, WHO, WFP, UNOMIG</p>	<p>UNDAF expected outcome: Increased and equal access to quality basic health services and community based child/family welfare services ensured</p> <p>WFFC goals: Promoting healthy lives</p> <p>MDGs: Reduce child mortality; Reduce maternal mortality; Eradicate extreme poverty and hunger</p>

UNICEF MTSP Focus Area	Key results expected in this priority area/ Baseline Estimates for these Results	Key Progress Indicators	Means of Verification	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected key results in this Priority Area will contribute to
	1.4. In five selected regions >60% of young children aged 0-6 years receive appropriate health, nutrition and psychosocial care. (Baseline: Breastfeeding Rate up to 2 years: 12 % , 1999, <5 children: H/A: 11.7 % ,1999)	1.4.1. % households using positive child care practices (to be defined), by region 1.4.2. Nutrition status improved: % <5 children h/a, by region	Child rearing studies – HH and/or facility based HH surveys – MICS/DHS 2005 & 2009		
Basic Education and Gender Equality	2.1. Policy framework and strategic plan for gradual inclusion of socially disadvantaged children aged 4-10 years in mainstream pre-primary and primary education developed. (Baseline: draft law on inclusive education, standards under discussion) 2.2 In 5 selected regions socially disadvantaged children aged 4-10 years have access to and attend regularly pre-school and primary education (Baseline: area assessment 2006)	2.1.1 Policies, standards and action plans for inclusion of socially disadvantaged children (aged 4-10) in place and monitored. 2.2.1 Net Enrolment Rate of children aged (4-10) disaggregated by gender, ethnicity, residence. 2.2.2 Net Attendance Rate of children aged (4-10) disaggregated by gender, ethnicity, residence.	Review of education policies and standards for inclusion MoES and School Reports, data from local authorities	Ministry of Education and Science, Ministry of Health, Labor and Social Affairs; World Bank, EU	UNDAF expected outcome: Increased and equal access to quality basic health services and community based child/family welfare services ensured WFFC goal: Provide quality education MDGs: Achieve universal primary education; promote gender equality and empower women

UNICEF MTSP Focus Area	Key results expected in this priority area/ Baseline Estimates for these Results	Key Progress Indicators	Means of Verification	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected key results in this Priority Area will contribute to
	2.3. School Children have access to safe, child friendly learning space in conflict zones (Estimated baseline: 185 primary/secondary schools, 20.000 school children, 350 teachers, 2005)	2.3.1 % school children have access to child friendly learning spaces. 2.3.2 % teachers able to teach in active learning methodologies and life skills	School reports/ Monitoring reports Training reports/Monitoring reports		
HIV/AIDS and Children	3.1. At least 80% of pregnant women and at least 30% of most-at-risk women and their families have access to quality PMTCT plus services and support. (Baseline: VCT in ANC: 21% of pregnant women, 2004, PMTCT in ANC: nationwide, 2005, HIV incidence in ANC – 0.073 (7 cases), 2005) 3.2. At least 30% of most at risk adolescents (age 10-18) have correct information and skills to reduce their vulnerability and risk to HIV/STIs (Baseline:3054 Adolescents	3.1.1 % of pregnant women using PMTCT services and support. 3.1.2 % of at-risk women using VCT services 3.2.2 % of most at risk adolescents by age and sex, who can correctly identify ways of prevention of transmission of HIV/AIDS and reject major misconceptions about HIV/AIDS	National AIDS Centre reports Youth opinion polls, KAPs	MHLSA, Infectious Diseases, AIDS and Clinical Immunology Centre – GFATM PR and sub recipients, Country Coordination Mechanism, 22 Gov, NGO & Int'l member agencies, National Centre for TB & Lung Diseases, National Centre for Disease Control and Medical Statistics USAID, PLWHA NGOs – GPG & AIDS Patients Support Foundation, All	UNDAF expected outcome: Increased and equal access to quality basic health services and community based child/family welfare services ensured WFFC Goals: Combating HIV/AIDS MDGs: Combat HIV/AIDS, Malaria & other disease, Eradicate extreme poverty, Reduce child mortality, Reduce maternal mortality

UNICEF MTSP Focus Area	Key results expected in this priority area/ Baseline Estimates for these Results	Key Progress Indicators	Means of Verification	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected key results in this Priority Area will contribute to
	in 44 institutions 11-18 old; Min.Educ. 2004, 22.000 official IDUs, MOH, 2005.			UNAIDS co-sponsor agencies	
Child Protection from Violence, Exploitation and Abuse	<p>4.1. Improved ratio between residential care (50 %) and foster care (30 %)) and a parallel decrease in total number of children in public care by 35 %.</p> <p>(Baseline: 84% in residential care and 16% in foster care; total number of institutions; 52 2005; closing in process: 5, 2005)</p> <p>4.2. Children in conflict with the law benefit from alternative to deprivation of liberty measures</p> <p>(Baseline: 3474 arrested juveniles, 2002; 355 detained juveniles, 2002), Pre-trial detention period</p>	<p>4.1.1 Total number of children in public care (foster and residential institutions together)</p> <p>4.1.2 Ratio between no. of children in institutions and no. in alternative out of home care services</p> <p>4.2.1 % of children in conflict with the law who are diverted from court</p> <p>4.2.2. Average time of deprivation of liberty of children in conflict with the law in different steps of the process (from pre-trial detention to sentences)</p>	<p>Government reports, Monitoring reports</p> <p>Government and NGOs reports</p> <p>4.2.1 Government and NGOs report</p> <p>4.2.2 Government and NGOs report</p>	<p>Ministry of Health, Labor and Social Affairs, Ministry of Education and Science; Ministry of Finance; Ministry of Justice</p> <p>International and national NGOs; EU, Swedish Development Agency</p>	<p>UNDAF expected outcome: Reduced number of households living in poverty through realisation of the economic potential and provision of social welfare.</p> <p>Government and joint social protection mechanism addressing needs of verified vulnerable population groups adopted and implemented</p> <p>WFFC Goal: Protecting against abuse, exploitation and violence</p> <p>MDG: Millennium Summit Declaration, Section VI: Protecting the vulnerable.</p>

UNICEF MTSP Focus Area	Key results expected in this priority area/ Baseline Estimates for these Results	Key Progress Indicators	Means of Verification	Major Partners, Partnership Frameworks and Cooperation Programmes	The expected key results in this Priority Area will contribute to
	11 months, 2005)				
Policy, Advocacy and Partnerships for Children's Rights	<p>5.1. In selected five regions regional plans are developed based on analysis of disaggregated data on disadvantaged children.</p> <p>5.2. Civil society organizations/ independent human rights institutions in selected regions monitor child rights and collaborate with local authorities in the implementation of CRC</p> <p>5.3. Percentage of journalists and media editors apply child-friendly reporting increased by 50 % . (Baseline: 50 journalists, 2005)</p>	<p>5.1.1. % public expenditure on health, education and protection at sub-national levels</p> <p>5.1.2 Local plans of action for children and women developed and monitored</p> <p>5.2.1 Proportion of child/human rights NGOs and youth organizations in five selected regions monitor the CRC implementation</p> <p>5.2.2. Proportion of Ombudsman employees in five regions of Georgia with skills on CRC monitoring</p> <p>5.3.1 % of increase on child related issues reported in a child friendly manner</p>	<p>Expenditure Reports</p> <p>Regional Plan of Actions</p> <p>Activity reports; Training reports and post-training evaluations; NGO alternative reports on CRC implementation in Georgia; CRC Committee reports; State Periodic Reports; Public Defender's Annual Report</p> <p>Media coverage of children's issues;</p>	<p>Local Governments in five selected regions</p> <p>Public media, young people's media network, NGOs, Regional NGO Network for Children, Public Defender's office, Ombudsman's Office</p> <p>Public media, young people's media network, related NGOs, Public Defender's office, journalists' organizations, universities</p>	<p>UNDAF Outcome : Efficiency and accountability of governance structures at the central and local levels strengthened, towards an inclusive and participatory decision-making process</p> <p>Cuts across all WFFC and MDG Goals</p>