# Georgia 2006 – 2010

## I. Progress on key indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population (millions, under 18 years)</td>
<td>1.2</td>
<td>2003</td>
<td>1.0</td>
<td>2008</td>
</tr>
<tr>
<td>U5MR (per 1,000 live births)</td>
<td>45</td>
<td>2003</td>
<td>30</td>
<td>2008</td>
</tr>
<tr>
<td>Underweight (% moderate and severe)</td>
<td>3</td>
<td>2003</td>
<td>2(^a)</td>
<td>2005</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>52</td>
<td>2001</td>
<td>23(^b)</td>
<td>2006</td>
</tr>
<tr>
<td>Primary school attendance/enrolment (% net, male/female)</td>
<td>99/100, 91/91</td>
<td>2001/2002</td>
<td>95/92</td>
<td>2007</td>
</tr>
<tr>
<td>Survival rate to last primary grade (%)(\ast)</td>
<td>94</td>
<td>2000/2001</td>
<td>100</td>
<td>2004</td>
</tr>
<tr>
<td>Use of improved drinking water sources (%)</td>
<td>76</td>
<td>2002</td>
<td>99</td>
<td>2006</td>
</tr>
<tr>
<td>Use of improved sanitation facilities (%)</td>
<td></td>
<td></td>
<td>93</td>
<td>2006</td>
</tr>
<tr>
<td>Adult HIV prevalence rate (%)</td>
<td>0.1</td>
<td>2003</td>
<td>0.1</td>
<td>2007</td>
</tr>
<tr>
<td>Child labour (% children 5–14 years old)</td>
<td></td>
<td></td>
<td>18</td>
<td>2005</td>
</tr>
<tr>
<td>GNI per capita (US$)</td>
<td>830</td>
<td>2003</td>
<td>2,470</td>
<td>2008</td>
</tr>
<tr>
<td>One-year-olds immunized with DPT3 (%)</td>
<td>76</td>
<td>2003</td>
<td>92</td>
<td>2008</td>
</tr>
<tr>
<td>One-year-olds immunized with measles vaccine (%)</td>
<td>73</td>
<td>2003</td>
<td>96</td>
<td>2008</td>
</tr>
</tbody>
</table>

\(\ast\)Baseline data refer to primary school children reaching grade 5.
\(\ast\)WHO child growth standard.
\(\ast\)The 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank is 66 per 100,000 live births, adjusted for underreporting and misclassification of maternal deaths.

II. Progress on key MTSP indicators 2006 – 2010

Focus Area I – Young child survival and development
- Country programme fully conducted a gender analysis to identify gaps/challenges in family and community care practices.

Focus Area II – Basic education and gender equality
- Country fully adopted quality standards for primary education based on ‘child-friendly schools’ or similar models;
- Education sector plans fully include specific measures to reduce gender and other disparities.

Focus Area IV – Child Protection from violence, exploitation and abuse
- Child friendly and gender appropriate investigation and court procedures used for children partially or fully.

Focus Area V – Policy Advocacy and Partnerships for Child Rights
- UNICEF provided significant support to the most recent CEDAW reporting process;
- Government/civil society joint system partially or fully established to monitor and analyze the national budget as a way of promoting improved resource allocations specifically for children and women;
- Adolescent girls and boys participated meaningfully in the most recent CRC reporting process.
## CONSOLIDATED RESULTS REPORT

**Country:** Georgia  
**Programme Cycle:** 2006 to 2010

<table>
<thead>
<tr>
<th>1. Key Results Expected (restate, \textit{EXACTLY} as in the original Summary Results Matrix approved by the Board as part of the original approved CPD)</th>
<th>3. Key Progress Indicators (state the indicator, baseline and most recent status: use the same indicators and baselines contained in the original Summary Results Matrix approved by the Board, and show the latest available value for each indicator, stating the years for the baseline and latest value)</th>
<th>4. Description of Results Achieved (a brief, precise description of aggregate achievements for each Key Result contained in column 1)</th>
<th>5. Constraints and facilitating factors (a brief and precise description for each Result description in column 4)</th>
</tr>
</thead>
</table>
| **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. | 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, UNICEF, UNFPA, AIHA, AAP and other professional and partnership alliances by 2006 (Y/N)  
Baseline: 0  
Current status: Major relevant clinical guidelines developed and mainstreamed.  
% of pregnant women completing 4 free ANC visits, by residence (RHS)  
Baseline: 60% of pregnant women completing 4 ANC visits, 2004  
Current status: 71.8%, 8 of pregnant women completing 4 ANC visits  
(Source: National Centre For Disease Control and Public Health Statistical Yearbook, 2008)  
% of children are exclusively breastfed up to 6 months, by residence  
Baseline: 10.9% (MICS 2005)  
Current status: 18% of children are exclusively breastfed up to 6 months, by residence (Nutrition Survey 2009) | Entire population now has access to antenatal care. All aspects of MNCH care are available free of charge for all below the poverty line (including those receiving targeted social assistance). All children under three receive MNCH services that relate to critical conditions and primary health care. For planned in-patient care 80% of the costs are covered by government. All other aspects are to be covered through state-subsidised health insurance scheme. | Although the overall direction of the health sector reform has focused on market based solutions to public health management-there has been a commitment during the second half of the programme cycle period to expand coverage of key services with targeted benefits for the poor.  
There are limited policy coordination and quality assurance mechanisms in place, which can be seen as a major constraint for integration of international standards on MNCH. There is no comprehensive data base for health providers or regulation for private providers to report to the national health information system. |
| **1.2.** >90% of under-2 children at national level and > 80% at all district levels receive age appropriate immunization against 9 antigens as per NIP schedule. | % of children appropriate immunization against 9 antigens as per NIP schedule.  
Baseline: NIP coverage by 2004:  
- BCG - 89.2%,  
- DPT3 – 78.5%,  
- OPV3 – 74.3 %,  
- MMR 1- 88.4%,  
- Hepb3 – 64.1%. | The immunization rates have stabilized during the programme cycle with increased coverage and decreased incidence of vaccine preventable diseases. The government is procuring 100% of all vaccines according to the national immunization calendar. New vaccines currently added to the calendar are partially covered by the state together | As with other countries in the region, there remains a problem of public trust in vaccine quality. This led to a shortfall of coverage in the 2008 Measles and Rubella campaign.  
There are considerable gaps in data on child health in |
### 1.3. By 2007 sustainable elimination of IDD achieved and > 50% of the flour produced is fortified with iron & folate

**IDD prevalence rate; % of flour fortified with iron and folate**
- **Baseline:** HH consumption of adequately iodized salt - 67% (salt study 2004)
- **Current status:** HH consumption of adequately iodized 100%⁴
- **Iron/folate fortified flour at market place - 0% (2005).**
- **Iron fortified flour at market place 23.8%² (2009 Nutrition survey)**

### 1.4. In five selected regions >60% of young children aged 0-6 years receive appropriate health, nutrition and psychosocial care.

- **% households using positive child care practices (to be defined), by region**
- **Breastfeeding Rate up to 2 years:** 12 %, 1999
- **Current status:** 5% of children breastfed up to 2 years.
- **Nutrition status improved:** % <5 children h/a, by region
- **Current status:** <5: H/A: 11.7 %, 1999

### 2.1. Policy framework and strategic plan for gradual inclusion of socially disadvantage children age 4-10 years

- **Policies, standards and action plans for inclusion of socially disadvantaged children (aged 4-10) in place and monitored.**
- **Baseline:** Draft law on inclusive education with GAVI.

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1. re-tested for verification-may change by end of April
2. re-tested for verification-may change by end of April

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Settings in Tbilisi with gradual expansion nationwide anticipated. Although not endorsed by the parliament, the Education Sector Strategy and Action Plan (ESSAP) 2007-2011 was used by the MoES to establish a Programme Department at the central level, which includes preschool education.

Early Learning Development Standards (ELDS) have been developed and adopted by the Ministry of Education and Science and will be disseminated to inform management and early learning standards in the pre-school sector by the end of 2010.

2.2. In 5 selected regions socially disadvantaged children aged 4-10 years have access to and attend regularly pre-school and primary education.

Net Enrollment Rate of children aged (4-10) disaggregated by gender, ethnicity, residence. Net Attendance Rate of children aged (4-10) disaggregated by gender, ethnicity, residence. Preschool Enrollment Rates Baseline, 2003 Rural 7.8%, Poorest Quintile 11.3% Most recent status, 2006 Rural 13.6%, Poorest quintile 16.1%

Primary Gross Enrollment Rate (GER) Baseline, 2005 Boys 95% Girls 95% Most recent status, 2007 Boys 2007 100% Girls Gross Enrollment Rate (GER) 2007 98%

Pre-school remains unregulated and under the administrative responsibility of local authorities. The planning and management of preschool is decided locally, though the adoption of ELDS will contribute to shared standards in line with international norms.

Local authorities in number of regions (Tbilisi, Imereti, Kvemo Kartli, Adjara) have been piloting voucher funding system which offers free access to preschool education to disadvantaged children. 7000 children have benefitted from these schemes. Since 2006 more local resources at the municipal level have been allocated into the refurbishment of preschool buildings, teacher training and piloting of innovative services for enhanced school readiness.

The devolution of all aspects of pre-school to the local level means there is not a national coordination body within government for school readiness and preschool.

2.3. School Children have access to safe, child friendly learning space in conflict zones (Estimated)

% of school children have access to child friendly learning spaces. Baseline: 0% Current: 30%

% of teachers able to teach in active learning methodologies and life skills Baseline: 0% Current: 350, only nominal figures available for Abkhazia. (Estimated from field monitoring)

There is no access to South Ossetia for the United Nations. In Abkhazia, child friendly informal learning spaces have been established and teachers in mainstream schools have been trained and provided with materials to provide a child friendly learning environment to approximately 30% of children. The overall situation of the school sector within Abkhazia remains poor.

There are gaps in data in conflict zones and no system strengthening efforts has been possible in the education sector. UNICEF’s role is therefore focused on building individual teacher capacities, humanitarian assistance, supplies and rehabilitation of learning spaces.

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.

% of pregnant women using PMTCT services and support. Baseline: 0.06% of HIV prevalence among pregnant woman. 100% having access to PMTCT services Current status: 0.06% of HIV prevalence among pregnant woman. 100% having access to PMTCT services

100% of HIV infected pregnant women receive a complete course of ARV prophylaxis to reduce the risk of mother to child transmission.

PMTCT VCT component is fully covered under the State PMTCT program through the Medical Programs of the State Health and Social Insurance Fund.

No major constraints. First Lady has supported actors in the sector by leading the Country Coordination Mechanism.
Baseline: VCT in ANC: 21% of pregnant women, 2004, PMTCT in ANC: nationwide, 2005, HIV incidence in ANC – 0.073 (7 cases), 2005
Current status: VCT is available in 100% of ANC visits.

Overall, the number of ANC visits has increased by 11.8 % during the programme cycle, and VCT was mainstreamed in antenatal visits in 2005. However monitoring of implementation is weak and no evidence is available on vulnerable populations’ take-up of VCT.

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:
- 3,054 adolescents in 44 institutions 11-18 years old (Ministry of Education, 2004)
- 22,000 official IDUs, (MOH, 2005)

Current status: No new data on original baselines.

Almost 100% of youth know about sexual transmission of HIV/AIDS and 42% through sharing needles (2009 HIV Prevention Assessment by USAID).

A healthy lifestyles education module is currently being designed in collaboration with MoES, MoLHSA and a coalition of civil society actors. This will include HIV/AIDS-though this will not be mainstreamed in the education curriculum until 2011.

No population based survey among youth was carried out in Georgia. Monitoring of MARA will be introduced in 2010 for the first time with the support of USAID.

There has been no funding through Global fund for primary prevention amongst youth since 2007. There have been a number of projects funded by bilateral donors-but without any evidence of a systematic and sustainable impact.

<table>
<thead>
<tr>
<th>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 %.</th>
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<tbody>
<tr>
<td>Total number of children in public care (foster and residential institutions together)</td>
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<td>Baseline:</td>
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<tr>
<td>- 84% in residential care, 4,600 children</td>
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<td>- 16% in foster care; 129 children</td>
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<tr>
<td>- number of institutions; 52</td>
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<td>- closing in process: 5</td>
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<tr>
<td>- Total in Public Care 5750 (2005)</td>
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<td>Current status:</td>
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<td>- 52% in residential care, 2,300 children</td>
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<td>- 4% Small Group Homes 125</td>
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<td>- 20% in foster care; 900 children</td>
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<tr>
<td>- 23% Alternative and community based; 1000</td>
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<td>- 32% reduction of Total in Public Care 4325.</td>
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<tr>
<td>Number of Institutions 21</td>
</tr>
<tr>
<td>The child welfare system now includes a diverse range of responses to children’s need for alternative care which did not exist five years ago; foster care, social work services, guardianship and small group homes accompanied by a shift in the legislative and policy framework which governs the ways in which families and children gain access to services. The reforms are ongoing. An increased emphasis is placed upon gate-keeping and prevention. Within the coming two year period it is anticipated that the number of social workers will increase from 200 to 500 and that child protection will be more closely linked to the broader social protection agenda.</td>
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<tr>
<td>Child welfare reform has gathered momentum during the reporting period. The shifting of responsibility for child welfare reform from the Ministry of Education and Science to the Ministry of Labour, Health and Social Affairs has enabled greater linkage with broader social protection and poverty reduction efforts. There is still a problem of access to figures and conditions of children who are in institutions managed by the Orthodox Church.</td>
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<tr>
<th>4.2. Children in conflict with the law benefit from alternatives to deprivation of liberty measures</th>
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<tbody>
<tr>
<td>% of children in conflict with the law who are diverted from court</td>
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<tr>
<td>Baseline: 3474 arrested juveniles, 2002; 355 detained juveniles (2002)</td>
</tr>
<tr>
<td>The Juvenile justice system has been developed in line with normative standards including a probation system, juvenile justice strategy, legislative framework and piloting of diversion and prevention mechanisms. The reforms are ongoing.</td>
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<tr>
<td>Juvenile justice has been embedded in the overall Justice Sector Reform programme-which has been one of the most successful elements of the overall reform process. Establishment of a specific Ministry of Corrections and</td>
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</tbody>
</table>
| **5.1.** In selected five regions regional plans are developed based on analysis of disaggregated data on disadvantaged children. | 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)  
Baseline: Pre-trial detention period 11 months, 2005  
Current status: Average time in pre-trial detention is 6 months. | Legal Aid has been instrumental in accelerating capacity development for juvenile justice reform |}

| **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 | % public expenditure on health, education and protection at sub-national levels  
Baseline: not available  
Current status: not available  
Local plans of action for children and women developed and monitored  
Baseline: no regional plans in place  
Current status: 7 developed but not operationalised. | Public expenditure at municipal level has increased in absolute terms; however the current classification of municipal budgets does not allow measuring the share of social expenditure in total municipal expenditure.  
Municipal child action plans have been developed in 7 municipalities of Kvemo Kartli, however the plans are not operationalized. | Social programmes are largely considered to be within the mandate of central authorities, thus municipalities allocate small shares of their total expenditure for social purposes. |}

| **5.3.** Percentage of journalists and media editors apply child-friendly reporting increased by 50%. | % of increase on child related issues reported in a child friendly manner  
Baseline: 50 of journalists are able to apply child friendly reporting, (2005)  
Current status: 100 of journalists are able to apply child friendly reporting (2010) | There is no evidence of an overall increase in child friendly reporting. It has been noted more recently that measures are taken to protect the identity of children in conflict with the law for example, but this is not systematic. Child Rights was incorporated into the Ethical Charter of Georgian Journalists adopted by national as well as regional media. Child friendly reporting is also being taught in journalist courses in four faculties. | The absence of a regulatory framework for media reporting in Georgia is an obstacle to promotion of child friendly reporting. |