

Country Programme Performance Summary

This format is mandatory to be submitted to the Executive Board (EB) alongside the Country Programme Documents (CPDs). The summary format should factor in all evaluative evidence, such as the latest country programme evaluation, and will be posted together with other mandatory documents for access by the Executive Board.

A. Country Information		
Country name: Georgia		
Category per decision 2013/31: Yellow	Current programme period: 2011-2015	Cycle of assistance: 2nd

B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>			
Output 1: RH coordination mechanisms, regulatory and monitoring frameworks strengthened to promote demand of the vulnerable population for quality SRH services			
Indicators	Baseline	Target	End-line data
• Number of RH G&P developed	8	23	23 <i>Including one patient guideline</i>
• Donor coordination matrix in reproductive health field is developed, operational and updated regularly	Donor coordination matrix on reproductive health field is in place	Donor coordination matrix is operational and is updated twice a year by National RH Council at MoLHSA	Donor coordination matrix updated twice a year by National RH Council at MoLHSA (operational till 2014)

Key Achievements *(input also from the last CP evaluation)*

- The Reproductive Health National Council (RHNC), technically supported by UNFPA, has proved to be an effective forum for policy dialogue on SRH related issues serving as an advisory unit to the Ministry of Health; amongst other initiatives, the RHNC has supported launching and expanding the Breast and Cervical cancer screening programmes countrywide.
- UNFPA supported third round population-based Reproductive Health Survey (SRH) generated indispensable data on RH status and utilization of reproductive health and maternal and child health care services in the country which served as a basis for policy dialogue, resulted in elaboration of the set of recommendations focused on maintaining in the medium-term perspective positive trends observed with regard to key RH indicators.
- UNFPA supported advocacy and policy dialogue on improving access to Family Planning services, based on the evidence generated through the researches, including the Gap Analysis of Family Planning Services in Georgia undertaken in 2013. Advocacy efforts resulted in integration of this issue in the list of recommendations of the Health System Effectiveness Assessment report developed by the MoLHSA in 2013. Furthermore, the 2014-2020 State Concept on Georgia Healthcare System includes support to maternal and child health among the 10 priorities identified; one of the provisions is related to Family Planning - emphasizing that the state will consider the recommendations regarding inclusion of contraceptive supply and counselling services in the state funded schemes from 2017.
- UNFPA has been identified as the main partners of the MoLHSA in developing/updating the RH service guidelines and protocols – Guidelines and protocols on physiological delivery, C-section, PAP-test based cervical cancer screening are among the national clinical Guidelines & Protocols in SRH field that have been adapted and approved.
- The National Action Plan (NAP) on “Emergency Preparedness/Contingency Planning for Future Scenario” for MISP integration into the national frameworks was developed jointly with the MoLHSA and endorsed for its integration into the Ministry Contingency Plan, and consequently into the National Emergency Response Plan.

Output 2: Access to comprehensive SRH services and gender sensitive information improved, with special emphasis on most vulnerable groups, including IDPs and minorities.			
Indicators	Baseline	Target	End-line data
• Number of clients served by reproductive health mobile teams in the districts of Georgia	0	37,500	4,896 <i>Comment: The RH Mobile Teams supported by UNFPA discontinued regular operation in 2011, as agreed with the MoLHSA</i>
• Number of reproductive health providers trained on reproductive health issues	0	750	972
Key Achievements (input also from the last CP evaluation)			
<ul style="list-style-type: none"> Over the last 15 years Georgia has shown significant progress in decreasing the induced abortion rate, which was one of the highest in the world in the 90's. According to the Georgia Reproductive Health Surveys (GERHS 1999, 2005, 2010), with the increase of Contraceptive Prevalence Rate for all methods (CPR) from 41 % to 53%, the Total Induced Abortion Rate (TIAR) fell sharply from 3.7 in 1999 to 1.6 in 2010 along with the increase of Total Fertility Rate (TFR) from 1.7 to 2.0. UNFPA remained a main donor providing free of charge modern contraceptives in the country until recently, as Georgia became a Middle Income Country. UNFPA supported key demand generation activities at the community levels for increased uptake of quality Family Planning services including IEC activities covering different aspects of SRH and condom social marketing have contributed to the positive trends in RH indicators observed; In efforts to strengthen primary Health Care for provision of quality RH services, UNFPA in partnership with the Ministry of Labour, Health and Social Affairs during 2011-2015 supported training of Village/Family Doctors in SRH issues and cervical cancer screening in primary health care according to the state accredited curriculum; As a result of evidence-based advocacy the breast and cervical cancer screening programmes, initiated through UNFPA and Tbilisi Municipality partnership in 2008, has gained strong support of the federal government and the screening programme has been expanded to the entire country since 2011 with state funding. Over 350,000 women residing in Tbilisi and its surroundings benefited from the cervical/breast cancer screening program during 2010-2014. As a result, detection of breast and cervical cancer at early stages increased among the target population, which translates into the decreased morbidity and mortality caused by these diseases. UNFPA remains the key partner to the government in improving the quality and coverage of the cervical cancer screening programme; In December 2014, based on the MoLHSA approved state programme, UNFPA supported introduction of the pilot project of organized cervical cancer screening in Gurjaani district (East Georgia) to serve as a model for the replication nation-wide. With UNFPA support cervical cancer screening services have also been replicated in the breakaway region of Abkhazia – since 2011 over 4,600 women received cervical cancer screening services at RH centers in Sukhumi and through mobile teams region-wide. To increase access of vulnerable population in Abkhazia break-away region to quality basic RH/FP services UNFPA partnered with UNICEF and UNDP to implement the UN Joint Programme in Abkhazia region with the funding from European Union Delegation in Georgia; Under the UN Joint Programme in Abkhazia, Georgia UNFPA supported adaptation of the WHO 7 Clinical Protocols in the area of FP endorsed by the de facto Ministry of Health, followed up by training of RH service providers on application of FP protocols. UNFPA provides free of charge contraceptives to breakaway region of Georgia, Abkhazia with the consideration of the local context and population needs in a given region. To contribute to HIV prevention efforts, UNFPA supported awareness rising activities among MSMs and FSWs through reaching out vulnerable groups with information and peer-education training on HIV prevention, stigma and discrimination; 			
Output 3 National Capacities for provision of Youth Friendly gender-sensitive S&RH information and services strengthened			
Indicators	Baseline	Target	End-line data
• Number of youth reached by outdoor education sessions	0	10 000	55 000

• Number of centers providing youth-friendly services	16	25	18 <i>Comment: Until 2014 UNFPA has been supporting operation of 18 centres countywide; Since 2014 in line with the new UNFPA SP the CO prioritized the upstream policy advocacy for integration of Youth Friendly SRH services in the Health system</i>
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Key Achievements (input also from the last CP evaluation)

- UNFPA contributed to increased awareness of youth through peer education campaign: trained peer educators reached out to more than 55,000 of peers equipping them with relevant knowledge on sensitive social issues, such as gender equality, HIV/AIDS, SRH&RR, including in the Ministry of Sport and Youth Affairs organized summer camps;
- UNFPA supported engagement of men and boys for the promotion of GE and SRH through advocacy, awareness raising and using the innovative Men Talking to Men training methodology targeting, young men in majority.
- During 2011-2013 UNFPA continued to take a lead in strengthening local capacities for provision of YFRH services through capacity development efforts for the network of YFRH centers at PHC level. The service providers and managers of established 18 YFRH centers in partnership with private sector were supported through technical expertise for provision of quality YFRH services, including Family Planning services, STI and HIV prevention services, IEC materials and counselling to young people.

Output 4: Strengthened policy dialogue to integrate population dynamics, gender equality, youth development and reproductive health issues in public policies, poverty reduction plans and expenditure frameworks

Indicators	Baseline	Target	End-line data
• Youth Policy is developed	No Youth Policy is in place	Youth Policy is in place	Youth Policy and the National Action Plan (2014-2020) developed and adopted by the Government
• Number of thematic partnerships at national and regional levels developed	0	5	7

Key Achievements (input also from the last CP evaluation)

- UNFPA multi-year advocacy efforts resulted in establishing strategic partnership with the Ministry of Sports and Youth Affairs for developed the National Youth Policy and the 2014-2020 Action Plan for the National Youth Policy implementation. UNFPA has facilitated the policy formulation through providing technical advice on the Health domain of the Policy, as well as ensuring youth participation in the process. As a result, the Youth Policy fully integrates Youth SRH and gender equality issues; special emphasis is made on increasing awareness and knowledge among youth about SRH&RR (including STI/HIV prevention) through formal and informal education and increasing access to youth friendly SRH services.
- On the request of the Government Administration, UNFPA CO supported Population Situation Analysis (PSA), results of which will strengthen the national capacity for evidence-based policy formulation by accounting for population trends and projections in setting development targets.
- UNFPA led work in Ageing resulted in elaboration of the comprehensive policy document – Roadmap for Mainstreaming Ageing in Georgia in collaboration with UNECE. UNFPA advocated for placing issue of Ageing on government agenda, which resulted in interest of the Parliament Committee on Health and Social Affairs to initiate elaboration of the Action Plan based on the Roadmap.

Output 5: Capacity of national institutions for data collection and analysis on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS improved

Indicators	Baseline	Target	End-line data
• Census Coordination Board established and operational	No Census Coordination Board	Census coordination board established	Census coordination board established and led undertaking of Census 2014

• Number of studies/surveys conducted and disseminated through UNFPA support	No	Six surveys and studies during 2011-2015	Nine surveys and studies during 2011-2015
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Key Achievements *(input also from the last CP evaluation)*

- UNFPA has been an outstanding partner to the Government in capacity development of the National Statistical Office (GeoStat) for quality Census planning and implementation. UNFPA took the lead in bringing the Census issue to the policy discussion agenda with the government and donor agencies. As a result, more than 1mln USD has been mobilized from donors for Census 2014, which was undertaken in accordance with the UN recommendations.
- UNFPA policy advice efforts in support to National Youth Policy and Action plan development have been further strengthened through generating the evidence by supporting the Youth Survey - Analysis of Youth Situation in Georgia 2013 (led by UNICEF), based on the four priority areas of the Youth Policy.
- UNFPA contributed substantially to generating evidence and knowledge resources on ICPD related issues through high quality research and analysis, such as Population Situation Analysis, Youth SRH, Gender and Generations Survey, Attitudes of Doctors to Family Planning, Gap Analysis of Family Planning Services in Georgia, Men and Gender Relations, Early Marriage, Gender-biased Sex Selection, etc., which have been extensively used for advocacy and policy dialogue.

Output 6: National Gender Equality mechanisms and capacities strengthened for improved policy development, implementation, monitoring and coordination.

Indicators	Baseline	Target	End-line data
• National action plan on gender equality developed and updated	Two-year gender-equality national action plans have been developed regularly	2011-2013 gender-equality national actions plans (NAP) developed and updated as appropriate	2011-13 and 2014-16 NAPs on Gender Equality developed and adopted
• Quarterly donor coordination meetings conducted	No	Four donor coordination meetings are conducted annually	The UN GTG meets regularly; in addition, the Steering committee meetings within the frame of UN Joint Programme to enhance GE in Georgia are conducted on regular basis.

Key Achievements *(input also from the last CP evaluation)*

- UNFPA contributed to the elaboration of the National Action Plans (NAP) on Gender Equality for 2011-2013 and 2014-2016 under the auspices of the Gender Equality Council (GEC), which were adopted by the Parliament of Georgia
- UNFPA advocacy efforts targeted Members of the Parliament and parliamentary staffers to increase their sound understanding to foster enabling policy and socio-cultural environment through integrating Sexual and Reproductive Health and Rights and gender equality principles into relevant policies and action plans
- UNFPA in collaboration with the WB generated indispensable data and evidence on causes and perceived consequences of the gender-biased sex selection in Georgia (according the PACE resolution and CEDAW concluding observations); The comprehensive policy recommendations for prevention of this harmful practice have been elaborated through participatory process, that will serve as a basis for national response.
- UNFPA was a pioneer to introduce Gender Transformative Programming in Georgia to increase male engagement for promotion of substantial gender equality and combating violence against women. The evidence generated through the survey on Men and Gender Relations in Georgia was used for awareness raising campaign to build understanding, redress prevailing inequalities and stereotypes, drive policy dialogue to promote gender equality; Youth led campaign “Daddy, Read Me a Book”, became the most recognizable social campaign in Georgia in 2014 promoting male involvement in family and upbringing of children. These initiatives have been picked up by various media independently, showing increased interest in this issue. Numerous celebrities’ and politicians have supported and participated in this campaign.

- In efforts to encourage journalists to promote the equal status and responsibilities of women and men in the private and public spheres and introduce sensitive reporting practice, UNFPA supported annual workshops and contests for media covering issues of GE, GBV, and SRH&RR;
- In partnership with the Public Defender of Georgia UNFPA has brought the issue of early marriages high on the public agenda for strengthened prevention of this harmful practice through improved policy and legislative framework and increased awareness; as a result this issue has been integrated into the GE National Action Plan 2014-2016 developed under the leadership of the Parliamentary Council on Gender Equality and a legislative amendment has been developed to change the law on the age of marriage.
- Cooperation with the Ministry of Education and Science (MoES) was fostered to promote integration of gender equality, health lifestyle and SRH issues in formal education system of the country. A pilot initiative “My Rights” was implemented in the selected secondary schools of the country to create a precedent of teaching those issues in the formal education environment. Currently, UNFPA provides support to the MoES to integrate these issues in the National Education Plan and selected subjects – a large-scale collaboration, that was launched in 2015 will continue during the UNFPA 3rd Country Programme for Georgia during 2016-2020;
- Overall, UNFPA supported country programme addressed the concluding observations of the CEDAW Committee on the combined II and III periodic report of Georgia (August 2006) and thus contributed to their implementation.

Output 7: Coordination and monitoring mechanisms, policy frameworks and protection systems supported for improved response to Domestic Violence

Indicators	Baseline	Target	End-line data
• Two-year action plans on domestic violence are developed	• Two-year action plans have been updated regularly	• Two-year action plans are updated and in place (2011, 2014)	2011-2013 and 2013 – 2015 National Action Plans (NAP) on Domestic Violence developed and adopted
• Number of Service Providers trained on National Referral Mechanism on Domestic Violence	No	150	9 <i>Comment: The ToT has been conducted; The roll-out training for health professionals is planned for 2016</i>

Key Achievements (input also from the last CP evaluation)

- UNFPA Georgia developed a framework of cooperation with the Georgian State Inter-agency Council for the Prevention of Domestic Violence and State Fund for Protection and Assistance of Victims of Human Trafficking to contribute to strengthening of the National Referral Mechanism (NRM) on Domestic Violence. UNFPA has been participating in the work of the State Inter-agency Council since its establishment and has been contributing to elaboration of NAPs, legislative amendments and policies on combating DV.
- In partnership with the government and through UNFPA support The Recommendations on Revealing, Treating, and Referring Cases of Physical, Psychological, and Sexual Violence against Women was elaborated to strengthen Health system response to Violence against Women and thus contribute to implementation of the National Referral Mechanism on DV, as well as the implementation of the Council of Europe Convention on the Prevention and Combating Violence against Women and Domestic Violence (Istanbul Convention), that the government signed in 2013. The work is underway for operationalization of Recommendations and its piloting in the health system
- The Regional Training of Trainers on Health system response to Violence against Women held in Tbilisi in 2014 (with EECARO co-funding, conducted by WAVE) involved nine national health professionals, who will serve as resource persons for further national roll-out.

C. National Progress on Strategic Plan Outcomes ¹	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list					Data not available; Health infrastructure has been privatized since 2007
Contraceptive prevalence rate (total)	53% among married women aged 15-44	2010	Not available	2014	Modern CPR among married women – 32%; CPR data available only from 2010 RHS; next RHS will be conducted in 2016.
Proportion of demand for contraception satisfied (total)					Data not available; According to the 2010 RHS 65% of married women have had a potential demand for contraception; next RHS will be conducted in 2016.
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months					N/A. The government is not providing free of charge FP methods. Donors (UNFPA, USAID), who have been providing free of charge modern contraceptive methods to the health system, have stopped to do so, as Georgia became the MIC.
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	99,4%	2010	99,9%	2013	Indicator: Overall percentage of births attended by skilled personnel – source: Health Yearbook, NCDC&PH.
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	12	2010	12	2014	The FP protocols will be updated in 2016 upon availability of WHO updated guidelines and protocols.

¹ The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	18.18% among women aged 15-49	2010	Not available	2014	Data source: Georgia Reproductive Health Survey 2010. The survey population included females between the ages 15 and 44 years; Data regarding male population is not available
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?					The detailed information on budget allocations for SRH is not available. The budget allocation for the State MCH Programme has been increased by 17% between 2011 and 2014 (4,406,000 GEL in 2011 vs. 5,170,000 GEL in 2014)

Summary of National Progress

- According to the Georgia reproductive health survey (2010), the total fertility rate is 2.0 children per woman. Trends in health indicators show improvements in terms of attaining universal coverage of prenatal care, increasing modern contraceptive prevalence rate and reducing abortion rate. However, the prevalence of modern contraceptive methods is still low at 35 per cent, with 14 per cent difference between urban and rural settings. The total unmet need for modern methods of contraception is 31 per cent. Although the total induced abortion rate has dropped from 3.7 in 1999 to 1.6 in 2010, it remains a main method of fertility regulation. The government has introduced the Universal Health Programme in 2013. Family planning is not part of primary care and is not funded by the state.
- Maternal mortality ratio, at 41 per 100,000 live births in 2013, is a priority public health agenda. These high maternal deaths are due to inefficient and ineffective pre- and postnatal care, low quality of emergency obstetric care, and absence of clinical quality assurance mechanisms and the low level of education on reproductive health among young girls and women. The massive privatisation of health infrastructure since 2007 has not been accompanied by adequate regulations for quality control. In 2015 the MoLHSA has launched the perinatal care regionalization pilot and in collaboration with UNFPA the preparatory work is underway for piloting the BtN approaches to contribute to improved quality of Maternal Care. Breast and cervical cancer are among the main causes of morbidity and mortality of women; over 45 per cent of cases are diagnosed at later stages. To improve the coverage and quality of Cervical Cancer Screening programme the MoLHSA /NCDC&PH with UNFPA technical support launched in 2015 the cervical cancer screening organized pilot to serve as a model for national replication. Georgia is among countries with low, concentrated HIV epidemics with 0.3 per cent prevalence rate (2013).

UNFPA's Contributions

- Over the last decade Georgia has shown significant progress in decreasing the induced abortion rate, which was one of the highest in the world in the 90's. According to the Georgia Reproductive Health Surveys, with the increase of Contraceptive Prevalence Rate for all methods (CPR) from 41 % to 53%, the Total Induced Abortion Rate (TIAR) fell sharply from 3.7 in 1999 to 1.6 in 2010. This positive trend could be attributed to UNFPA's support provided to the country targeted at increased access to quality SRH/FP services, including provision of free of charge modern contraceptive methods.
- UNFPA supported key demand generation activities at the community levels for increased uptake of quality Family Planning services including distribution of IEC materials covering different aspects of SRH and condom social marketing targeted at youth contributed to the positive trends in RH indicators; In partnership with the

- Ministry of Labour, Health and Social Affairs during 2011-2013 around 600 Village/Family Doctors have been trained in SRH/FP and cervical cancer screening issues in primary health care according to the state accredited curriculum;
- UNFPA supported evidence-based advocacy and policy dialogue on improving access to Family Planning services resulted in integration of this issue in the 2014-2020 State Concept on Georgia Healthcare - emphasizing that the state will consider the recommendations regarding inclusion of contraceptive supply and counselling services in the state funded schemes from 2017.
 - UNFPA has been identified as the main partners of the MoLHSA in developing/updating the RH service guidelines and protocols – Guidelines and protocols on physiological delivery, C-section, PAP-test based cervical cancer screening are among the national clinical Guidelines & Protocols in SRH field that have been adapted and approved.
 - UNFPA remains the key partner to the government in improving the quality and coverage of the cervical cancer screening programme; In December 2014, based on the MoLHSA approved state programme, UNFPA supported introduction of the pilot project of organized cervical cancer screening in Gurjaani district (East Georgia) and Capital Tbilisi to serve as a model for the replication nation-wide.
 - With UNFPA support cervical cancer screening services have also been replicated in the breakaway region of Abkhazia – since 2011 over 4,600 women received cervical cancer screening services at RH centers in Sukhumi and through mobile teams region-wide. To increase access of vulnerable population in Abkhazia break-away region to quality basic RH/FP services UNFPA partnered with UNICEF and UNDP to implement the UN Joint Programme in Abkhazia region with the funding from European Union Delegation in Georgia; Under the UN Joint Programme in Abkhazia, Georgia UNFPA supported adaptation of the WHO 7 Clinical Protocols in the area of FP endorsed by the de facto Ministry of Health, followed up by training of RH service providers on application of FP protocols. UNFPA provides free of charge contraceptives to breakaway region of Georgia, Abkhazia with the consideration of the local context and population needs in a given region.
 - To contribute to HIV prevention efforts, UNFPA supported awareness rising activities among MSMs and FSWs through reaching out Key Affected Populations with information and peer-education training on HIV prevention, stigma and discrimination.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	Not available	2011	<p>In total 49.3 % of young people aged 15-29 both correctly identify ways of preventing HIV transmission and reject major misconceptions about HIV transmission; Age and sex disaggregated data:</p> <table border="1" data-bbox="1346 1158 1720 1331"> <thead> <tr> <th></th> <th>Age Group 15-19</th> <th>Age Group 20-24</th> </tr> </thead> <tbody> <tr> <td>Women</td> <td>45.0%</td> <td>51.9%</td> </tr> <tr> <td>Men</td> <td>44.8%</td> <td>52.2%</td> </tr> <tr> <td>Total</td> <td>44.9%</td> <td>52.0%</td> </tr> </tbody> </table>		Age Group 15-19	Age Group 20-24	Women	45.0%	51.9%	Men	44.8%	52.2%	Total	44.9%	52.0%	2014	Source: Adolescents and Youth Survey in Georgia 2014;
	Age Group 15-19	Age Group 20-24															
Women	45.0%	51.9%															
Men	44.8%	52.2%															
Total	44.9%	52.0%															

Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2011	Yes	2014	Law on Healthcare and the Law on the Rights of the Patient.
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Summary of National Progress

Young people aged 10-24 make up 19 per cent of the population. Youth unemployment rate in 15-29 age group is 49 per cent for females and 71.3 per cent for males. The lack of youth friendly services, absence of education on healthy life-style and presence of cultural stigma hinder access of adolescents and youth to sexual and reproductive health services and information, risking HIV infection and unintended pregnancies. Adolescent fertility rate fell from 65 per 1,000 women aged 15-19 in 1999 to 39 in 2010; however it is still higher than the regional average.

UNFPA's Contributions

- With UNFPA substantial technical support (and in partnership with UNICEF) the Ministry of Sports and Youth Affairs has developed the National Youth Policy in 2014 and the 2014-2020 Action Plan for the National Youth Policy implementation. UNFPA has facilitated the policy formulation through providing technical advice on the Health domain of the Policy, as well as ensuring youth participation in the process. As a result, the Youth Policy fully integrates Youth SRH and gender equality issues; special emphasis is made on increasing awareness and knowledge among youth about SRH&RR (including STI/HIV prevention) through formal and informal education and increasing access to youth friendly SRH services.
- UNFPA contributed to increased awareness of youth through peer education campaign: trained peer educators reached out to more than 55,000 of peers equipping them with relevant knowledge on sensitive social issues, such as gender equality, HIV/AIDS, SRH&RR, including in the Ministry of Sport and Youth Affairs organized summer camps;
- Cooperation with the Ministry of Education and Science (MoES) was fostered to promote integration of gender equality, health lifestyle and SRH issues in formal education system of the country. A pilot initiative "My Rights" was implemented in the selected secondary schools of the country to create a precedent of teaching those issues in the formal education environment. Currently, UNFPA provides support to the MoES to integrate these issues in the National Education Plan and selected subjects – a large-scale collaboration, that was launched in 2015 will continue during the UNFPA 3rd Country Programme for Georgia during 2016-2020;

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?					The Country has Gender Equality National Action Plan for 2014-2016; which addresses raising public awareness on reproductive health and rights issues, under the responsibility of the MoLHSA, the MoSY and GPB
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted					The UPR Recommendations to the Georgia first UPR Report in 2011 do not address reproductive rights;

recommendations on reproductive rights from the previous reporting cycle					Georgia has submitted the second UPR report in 2015.
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	2009	34.1%	17%	2013	Sources: National Research on Domestic Violence against Women in Georgia, 2010, UNFPA Survey on perceptions and awareness of violence against women and girls and domestic violence in Tbilisi, Kakheti, and Samegrelo regions, UN Women, 2013

Summary of National Progress

Gender inequality is high in Georgia, ranking 81st in world gender inequality index among 187 countries. Low political and economic participation of women, high prevalence of domestic violence and prevalence of early marriage practices are major concerns. According to the most recent (2009) national research on domestic violence, one in every 11 women who have been married or have had a partner is a victim of physical or sexual violence from husband/partner. The Government of Georgia has signed the Council of Europe Convention on the Prevention and Combating Violence against Women and Domestic Violence (Istanbul Convention) and has committed to its ratification within the 2013 – 2015 National Action Plan (NAP) on Domestic Violence. The male-to-female sex ratio at birth rose after 1991 and has reached 111.8 males per 100 females in 2008-12. The existing data shows that early marriage practice is more frequent among certain ethnic and religious groups (up to 32 per cent among Azeri ethnic minority population). Cultural stigmas and stereotypes that undermine women’s social status, participation in public life and professional careers and tolerate gender-based violence are major challenges.

UNFPA’s Contributions

- UNFPA Georgia developed a framework of cooperation with the Georgian State Inter-agency Council for the Prevention of Domestic Violence and State Fund for Protection and Assistance of Victims of Human Trafficking to contribute to strengthening of the National Referral Mechanism (NRM) on Domestic Violence. UNFPA has been participating in the work of the State Inter-agency Council since its establishment and has been contributing to elaboration of NAPs, legislative amendments and policies on combating DV. In partnership with the government and through UNFPA support The Recommendations on Revealing, Treating, and Referring Cases of Physical, Psychological, and Sexual Violence against Women was elaborated to strengthen Health system response to Violence against Women.
- In partnership with the Public Defender of Georgia UNFPA has brought the issue of early marriages high on the public agenda for strengthened prevention of this harmful practice through improved policy and legislative framework and increased awareness; as a result this issue has been integrated into the GE National Action Plan 2014-2016 developed under the leadership of the Parliamentary Council on Gender Equality
- Members of the Parliament and parliamentary staffers were targeted to increase their sound understanding to foster enabling policy and socio-cultural environment through integrating Sexual and Reproductive Health and Rights and gender equality principles into relevant policies and action plans
- UNFPA in collaboration with the WB generated indispensable data and evidence on causes and perceived consequences of the gender-biased sex selection in Georgia (according the PACE resolution and CEDAW concluding observations); The comprehensive policy recommendations for prevention of this harmful practice have been elaborated through participatory process, that will serve as a basis for national response.
- UNFPA was a pioneer to introduce Gender Transformative Programming in Georgia to increase male engagement for promotion of substantial gender equality and combating violence against women. The evidence generated through the survey on Men and Gender Relations in Georgia was used for awareness raising campaign to build understanding, redress prevailing inequalities and stereotypes, drive policy dialogue to promote gender equality; Youth led campaign “Daddy, Read Me a Book”, became the most recognizable social campaign in Georgia in 2014 promoting male involvement in family and upbringing of children. This campaign has

been picked up by various media independently, showing increased interest in this issue. Numerous celebrities' and politicians have supported and participated in this campaign.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	No	2011	Yes	2014	Georgia conducted the General Population and Housing Census in 2014 according to UN recommendations
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2010	Yes	2014	RHS was conducted in 2010, with results disseminated in 2011. The next RHS will be conducted in 2016, within the framework of the UNFPA 3 rd CP
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	2010	No	2014	UNFPA CO has undertaken the CP independent review, which also evaluated the UNFPA interventions around youth SRH
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets					Data not available

Summary of National Progress

According to the Georgia reproductive health survey (2010), the total fertility rate is 2.0 children per woman. The proportion of population aged 65 and above is expected to grow from 14.2 per cent in 2010 to 21.1 per cent in 2030. The Roadmap for Mainstreaming Ageing has been elaborated; however, it needs to be translated into concrete actions. The country lacks evidence-based demographic strategy demonstrating inter-linkages between the population dynamics and economic development.

UNFPA's Contributions

- UNFPA has been an outstanding partner to the Government in capacity development of the National Statistical Office (GeoStat) for quality Census planning and implementation. UNFPA took the lead in bringing the Census issue to the policy discussion agenda with the government and donor agencies. As a result, more than 1mln USD has been mobilized from donors for Census 2014, which was undertaken in accordance with the UN recommendations.
- UNFPA contributed substantially to generating evidence and knowledge resources on ICPD related issues through high quality research and analysis, such as Population Situation Analysis, Youth SRH, Gender and Generations Survey, Attitudes of Doctors to Family Planning, Gap Analysis of Family Planning Services in Georgia, Men and Gender Relations, Early Marriage, Gender-biased Sex Selection, etc., which have been extensively used for advocacy and policy dialogue.
- UNFPA led work in Ageing resulted in elaboration of the comprehensive policy document – Roadmap for Mainstreaming Ageing in Georgia in collaboration with UNECE. UNFPA advocated for placing issue of Ageing on government agenda, which resulted in interest of the Parliament Committee on Health and Social Affairs to initiate elaboration of the Action Plan based on the Roadmap.

D. Country Programme Resources						
SP Outcome	Regular Resource (Planned and Final Expenditure¹)		Others (Planned and Final Expenditure²)		Total (Planned and Final Expenditure)	
Choose only those relevant to your CP						
Increased availability and use of integrated sexual and reproductive health services	1,700,000	1,753,058	1,00,000	3,215,953	2,700,000	4,969,011
Youth policies and programmes, and increased availability of comprehensive sexuality education	-	279,243	-	176,797	-	456,040
Advanced gender equality, women's and girls' empowerment, and reproductive rights	400,000	3,000	500,000	866,191	900,000	869,191
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	700,000	560,565	1,500,000	910,292	2,200,000	1,470,857
Programme coordination and assistance ⁴	500,000	559,689	-	6,529	500,000	566,218
Total	3,300,000	3,155,555	3,000,000	5,175,762	6,300,000	8,331,317

Comments:

1. Total Regular Resources received during 2011-2015 was 3,276,430; in total 120,200 was moved to ZZJ41 and 3FPAM Fund Codes in 2011 and 2012 (reported under Other Resources Expenditure). Thus, total remaining Regular Resources for 2011-2015 makes TOTAL 3,156,230.

2. The calculations are based on COGNOS Budget Monitoring reports for 2011 -2014, i.e. AWP/WP budgets published on KK. Since 2015 is not yet finished, the 2015 expenditure under Other Resources is based on assumption of 100% utilization of the planned and expected amounts from Donors in 2015. Thus it includes expected amount of USD 96,838.39 on the Fund Code UCE01 (pertaining to the SP RH Outcome) and USD 95,000 on the Fund Code UDJ11 (pertaining to the SP Gender Outcome).

3. In 2011 the AWP GEO2A21A related to PCA was created that included salaries of the NPO and Programme Associate along with minor Opex costs for these staff. Since 2012, NPO and Programme Associate's salary became part of programme related AWPs. Thus, in this Chart, PCA Expenditures includes the above mentioned Staff's salary for 2011 only, 102,000 in total.