



**COUNTRY PROGRAMME ACTION PLAN  
2011-2015**

BETWEEN

THE GOVERNMENT OF GEORGIA

AND

THE UNITED NATIONS POPULATION FUND

## List of Acronyms

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AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent Reproductive Health
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BCC	Behavioural Change Communication
CCA	Common Country Assessment
CO	Country Office
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CST	Country Support Team
CSO	Civil Society Organisations
DV	Domestic Violence
FP	Family Planning
GoG	Government of Georgia
GeoStat	National Statistics Office of Georgia
HACT	Harmonized Approach to Cash Transfers
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICPD PoA	ICPD Programme of Action
IEC	Information, Education, and Communication
MCH	Mother and Child Health
MDGs	Millennium Development Goals
MOLHSA	Ministry of Labour, Health and Social Affairs
NGO	Non-Governmental Organization
RBM	Result Based Management
RH	Reproductive Health
RHIYC	Reproductive Health Initiative for Youth in South Caucasus
SAI	Supreme Audit Institution
Sida	Swedish International Development Agency
STIs	Sexually Transmitted Infections
UN	United Nations
UNAIDS	United Nations joint programme on HIV and AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNODC	United Nations Office for Drugs and Crime
UN Women	United Nations Entity for Gender Equality and Empowerment of Women
USAID	United States Agency for International Development
WHO	World Health Organization

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## **Framework**

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The Government of Georgia and the United Nations Population Fund (UNFPA) in Georgia are in mutual agreement to the content of this Country Programme Action Plan (CPAP) document and on their respective roles and responsibilities in the implementation of the country programme.

**Furthering** their mutual agreement and cooperation for the fulfilment of ICPD Programme of Action (PoA-ICPD, 1994); Beijing Declaration and Platform of Action (1995) and Millennium Declaration (2000);

**Building** upon the experience gained and progress made during the implementation of the Assistance provided;

**Entering** into a new period of cooperation as described in the United Nations Development Assistance Framework (UNDAF) for the Republic of Georgia 2011-2015<sup>1</sup> and UNFPA Country Programme Document for the Republic of Georgia 2011-2015;

**Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation, the Government of Georgia and the United Nations Population Fund have agreed as follows:

### **Part I. Basis of Relationship**

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The relationship between the Government of Georgia (GoG) and the United Nations Population Fund (UNFPA) is governed by the Standard Basic Assistance Agreement (SBAA) signed by the Government and the United Nations Development Programme (UNDP) on July 1, 1994, which, mutatis mutandis, is accepted as a basis of cooperation between the Government of Georgia and the United Nations Population Fund and applies to UNFPA activities and personnel<sup>2</sup>. The programme described herein has been agreed jointly by the Government and UNFPA.

### **Part II. Situation Analysis**

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The information and data included in this chapter on situation analysis deriving from the UNDAF document, signed by the Prime Minister of Georgia and the Heads of UN agencies in 2010, are provided by GeoStat and other reliable sources, such as the World Bank, UN agencies, etc. The sources of the data are indicated in the footnotes.

Guided by the UN reform process, the UNFPA CPAP monitoring indicators are the same as provided in the UNDAF to ensure consistency in monitoring the progress in achieving the UNDAF and CPAP outcomes. Therefore the latest data available for 2010 have been used as baseline data for analysis of the situation and evaluation of achievements at the end of the 5-year programme cycle.

#### **Economic Growth and Poverty**

Georgia is a post-Soviet country that restored its independence in 1991. During the years of transition the country's development was affected by economic crises, the deterioration of infrastructures, civil unrest and emigration.

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<sup>1</sup> UNDAF 2011-2015 is signed by Prime Minister of Georgia, H.E. Mr. Nika Gilauri

<sup>2</sup> Letters of exchange between UNFPA and Ministry of Foreign Affairs (MFA) of Georgia is stipulated in official letter, N7/107-14, Signed by Deputy Minister of MFA, dated 16.06.2009

Conflicts in Georgia that began in the early 1990s caused the displacement of an estimated 300,000 people, from the currently occupied regions of Abkhazia and South Ossetia. In August 2008 an open armed conflict with the Russian Federation caused additional forced displacement of population. Natural disasters, such as earthquakes, landslides, floods and droughts have also hampered efforts to achieve sustainable development.

The reforms, initiated by the government since 2003 Rose Revolution led to rapid economic growth, which reached 12.5 per cent GDP growth in 2008, making Georgia one of the fastest growing economies in Eastern Europe. August 2008 military conflict significantly affected GDP growth which dropped down to 2.3 per cent 2009.

Country economy was further affected by the global financial crisis, which has aggravated the shortage of donors' funding and foreign investments in the country. Unemployment rates went up to 16.5 per cent<sup>3</sup>, during 2003-2008 the absolute number of employed people decreased by 213,000.<sup>4</sup> Georgia's unemployment rate is significantly higher than the OECD average, and FDI<sup>5</sup> and remittances<sup>6</sup>, a crucial source of income for many households, dropped dramatically.

Despite the impressive economic performance before the crisis, tackling poverty remains a key challenge for Georgia. The poverty rate had slowly been decreasing, from 24.1 per cent in 2005 to 21.3 per cent in 2007, but showed a slight increase again, to 22.1 per cent in 2008. World Bank Georgia Poverty Assessment reports a 29.7 per cent rural and 18.3 per cent urban poverty rate. The negative trend in poverty rates needs to be halted and reversed: creation of durable employment, improvement of trade and competitiveness and improved targeting of social assistance to reach the poorest are absolutely essential to achieve this.<sup>7</sup>

National development priorities and goals are reflected in the MDG Report and UNFPA is considered among the four main partners to achieve the targets related to population development, health and gender.

## **Demographic Situation and National Statistical Systems**

The size of the Georgian population according to the official statistics is 4.4 million. Life expectancy at birth for women is 79 and for men 69.3.<sup>8</sup> Poverty and unemployment are key factors that contributed to high external labor migration (a total of 1,057,700 people<sup>9</sup>). As a result, the country is facing challenges of depopulation and aging. In 2009, 20.5 of the population was older than 60. The consequences of the aging of the population have not been fully assessed and analyzed. National capacity in demography and statistics needs to be strengthened to have adequate population policies, including comprehensive Youth Policy, and reliable statistical systems for data gathering and analysis.

There is a shortage of qualified personnel in the areas of demography and population statistics capable of working in accordance with international standards. Data gathering systems, tools and methodologies as well as the indicators' definitions need revisions and harmonization with international standards.

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<sup>3</sup> <http://statistics.ge/main.php?pform=48&plang=1> In 2007, females accounted for 44.9 per cent and males for 55.1 per cent of the unemployed; UNDAF 2011-2015

<sup>4</sup> Statistics Department, Employment and Unemployment, [http://geostat.ge/?action=page&p\\_id=145&lang=geo](http://geostat.ge/?action=page&p_id=145&lang=geo)

<sup>5</sup> <http://www.statistics.ge/press.php?plang=1&pform=-536>; UNDAF 2011-2015

<sup>6</sup> <http://www.statistics.ge/publication.php?plang=1&pform=-562>; UNDAF 2011-2015

<sup>7</sup> UNDAF 2011-2015

<sup>8</sup> Statistical Yearbook, NCDC, Georgia 2009

<sup>9</sup> World Bank, Development Prospects Group (2011) Migration and Remittances Fact book 2011

Department of Statistics under the Ministry of Economic Development being responsible for generating statistics has been reorganized recently. At present the statistical activities are carried out by an independent body of National Statistics Service of Georgia (GeoStat), the Legal Entity of Public Law. Since 11 December 2009 the Law of Georgia on Official Statistics provides a legal basis for its functioning.

Due to global economic downturn, shortfalls in the state budget and 2008 war events which severely affected the Government's financial abilities the 2010-round General Population and Housing Census (Census) implementation was delayed but still remains in the Government's priority agenda for the coming years. The Government is committed to implement throughout 2010-2015 all remaining activities defined in the Action Plan for implementation of the 2010-round Census approved by the Presidential Decree in 2005<sup>10</sup>.

## **Reproductive Health**

Georgian health care system has gone through a substantial transformation since the introduction of new Law on Public Health and establishing a system of private health service provision and financing. The reform aimed to lessen the technical and administrative burden of the government with the privatization of healthcare provision and the involvement of private insurance as the main mechanism for organizing healthcare financing. Currently, the state provides 950,000 individuals, who are under the poverty line with Health Insurance Vouchers that allow them to access basic health services free of charge. However, there are still many citizens who are not covered by health insurance and they become more vulnerable due to growing practice of out-of-pocket payments for health care services. Under the new system, family doctors are expected to be the 'gatekeepers' of the system, treating 80 per cent of their patients at the PHC level without referring them to other specialists. This will require the re-training of primary healthcare personnel.

The Government of Georgia has identified population health and, particularly, the maternal health as a priority for national development. The MOH identifies poor health seeking behavior, financial constraints, geographical location and lack of information as key barriers for reaching positive health outcomes and achieving targets of the health related MDGs<sup>11</sup>.

Some of the Reproductive Health indicators have shown certain positive trends over the last 5 years. Maternal Mortality Rate (MMR) has decreased from 22.3 per 100,000 live births in 2005 to 14.3 in 2008, which was still higher than the national MDG target (12.3). However, MMR has drastically increased to 52.1<sup>12</sup> in 2009. This increase still needs an analysis to find out its causes.

Due to the increased availability of family planning services and donor supplied modern contraceptives, the number of abortions has declined by 70 per cent over the last decade. The Total Induced Abortion Rate (per woman) has reduced from 3.7 In 1999 and 3.1 in 2005<sup>13</sup>. However abortion remains to be a common method to regulate fertility indicating unmet needs for modern contraception. The contraceptive prevalence rate for modern methods is still low, though it has increased over the last five years: modern CPR among married women in 1999 was 20 per cent and the contraceptive awareness rate was 95.1 per cent<sup>14</sup>; in 2005 these indicators were respectively 26.5 and 97 per cent<sup>15</sup>. The limited state allocation for the health system does not cover the procurement

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<sup>10</sup> Presidential Decree N 1026, 2005 about 2010 General Population and Housing Census in Georgia

<sup>11</sup> Georgia health system performance assessment, WHO, 2009, <http://euro.who.int/docuemnt/E92960.pdf>

<sup>12</sup> Statistical Yearbook, NCDC, 2009

<sup>13</sup> Reproductive Health Survey (RHS), Georgia 2005; Data obtained from RHS 2010 is being analyzed to provide key RH indicators that will serve as baseline for UNFPA new 2011-15 Country Programme.

<sup>14</sup> Reproductive Health Survey(RHS), Georgia 1999

<sup>15</sup> Reproductive Health Survey (RHS), Georgia 2005; Data obtained from RHS 2010 is being analyzed to provide key RH indicators that will serve as baseline for UNFPA new 2011-15 Country Programme.

of contraceptives and UNFPA continues to be the main donor for provision of free of charge contraceptives to the country. LMIS/HIMS Strategic Plan is in the process of finalization with the support of USAID.

The analysis of mortality and morbidity of women of reproductive age has shown that three main causes of mortality are: cancers of the reproductive system, complications of birth delivery and abortions. The breast and cervical cancer screening programme launched for Tbilisi population through the co-funding of Tbilisi Municipality and UNFPA has not been expanded nation-wide so far, impeding the access of the population in the regions to screening and prevention services.

Despite the successes achieved during the last 3-4 years in the youth awareness raising on RH issues and introduction of Youth Friendly RH services in selected health facilities, safe sexual behavior among youth is still a concern, manifested by a high prevalence of STIs and unwanted pregnancies among young women. Cultural barriers and stigma, the lack of comprehensive Youth Policies to further promote and institutionalize youth-friendly SRH services, healthy life-style and information are main challenges to address.

Integration of the RH/FP services into the primary health care level is still a challenge - more than 80 per cent of RH/FP services are functioning within the structure of women's consultations. UNFPA will continue its support to provide equal access to SRH services for men and women, IDPs, and underserved populations. .

As of December 31, 2009 a total of 2,236 HIV cases have been registered in Georgia. Over the last several years the transmission has shifted to heterosexual spread. As of 2009, 34 per cent of the HIV positive population were infected through heterosexual contacts<sup>16</sup> and more than 90 per cent of HIV positive women (340 HIV positive women out of total 376 during 2007-2010) have been infected though the heterosexual contact.<sup>17</sup> In 2009 incidence of STIs and STI caused infertility increased compared with the previous years. Since 2007 the number of Chlamydia infection increased from 709 (Incidence-16.2) up to 1276(Incidence-28.9), incidence of trichomoniasis increased from 73.9 to 89.0 and is almost two times higher in females than in males<sup>18</sup>.

## **Gender**

Georgia is going through a process of democratic transition encompassing broad legislative, executive and judicial reforms. On this background Gender equality (GE) is slowly gaining recognition from the side of the Government and society.

However concerns related to gender equality are obvious in terms of women's political participation (women comprise only 6 per cent of the members of the Parliament of Georgia, only 10 per cent of the locally elected government and only 2 out of 19 Ministers are women), economic empowerment (Women comprise 55 per cent of all students enrolled in the higher education institutions but they end up earning only half of what men earn in all fields of economy and all sectors;<sup>19</sup> . In terms of total poverty, the incidence of poverty among female-headed households (25 per cent) is just somewhat higher than among male-headed households (23.1 per cent). However, female-headed households face a statistically significantly higher risk of extreme poverty-11.3 per cent compared to 8.6 per cent among male headed households<sup>20</sup>. Every 11th woman who has been

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<sup>16</sup> Georgia Country Progress Report 2009, UNAIDS

<sup>17</sup> Data from Infectious Diseases, AIDS and Clinical Immunology Research Center

<sup>18</sup> Statistical Yearbook, NCDC, 2009

<sup>19</sup> The Ministry of Economic Development of Georgia, Department of Statistics, *Woman and Man in Georgia, Statistical Abstract*, Tbilisi, 2006, 54.)

<sup>20</sup> Georgia Poverty Assessment , World Bank Report No 444000-GE, April 2009

married or has had a partner is a victim of a physical violence from her husband or a partner<sup>21</sup>; Society's overall awareness on and sensitivity to gender equality concerns is still very low.

Despite the fact, that the principles of equality, regardless of one's sex, are embedded in Georgia's Constitution<sup>22</sup> and all the other major legislative acts and, moreover, there has been formulated a State Concept on Gender Equality (2006), a National Gender Equality Action Plan (2007-2009), Law of Georgia on the Prevention of Domestic Violence, Protection of and Assistance to Victims of Domestic Violence (2006) and finally the Gender Equality Law (2010), the effective implementation of these normative acts is a challenge. The Gender Equality Council at the Parliament has been recently transformed into the permanent entity at the Parliament, however, a sustainable institutional mechanism on gender equality issues, equipped with financial and human resources remains to be developed in the executive branch of the Government on central and local levels.

Further support is needed to improve the policy framework on DV issues, refine the National Referral Mechanism on Domestic Violence and put in place the mechanisms for its implementation, including in the health care system. Steps towards introduction the rehabilitation strategies and programmes for the perpetrators of DV are also to be undertaken. Prevention of the DV needs to be addressed through targeted and strategic awareness raising interventions; furthermore, wide scale awareness raising efforts targeted towards the general public are essential in order to change perceptions on gender equality in general.

### **Part III. Past Cooperation and Lessons Learned**

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The first UNFPA country programme in Georgia began in 2006. UNFPA focused its assistance on reproductive health, population development and gender issues. Since August 2008 UNFPA/Georgia started a humanitarian response programme.

Under the RH component the programme supported coordination, resource mobilization and partnership-building at the national and regional levels through supporting the RH National Council chaired by the First Lady of Georgia. Among other significant interventions are the support in development and nationwide roll-out of Reproductive Health service Guidelines & Protocols, capacity building of RH service providers and Family Doctors to provide quality RH services. The innovative training on Male RH helped dozens of professionals to improve their skills and knowledge on these issues. Programme supported also improved access of the population, especially in the remote areas to quality RH services through operation of RH mobile teams in all regions of Georgia. UNFPA continued to supply the health sector with the modern methods of contraception. The remarkable success of the programme is launching of the breast and cervical cancer screening programme in Tbilisi in 2008, co-funded by the Municipality of Tbilisi, which was awarded the "Pearl of Wisdom" Award at the European Parliament in January 2009. The federal government replicated the breast screening component in 4 regions of Georgia in 2009.

Youth RH has been one of the important focus areas for the past programme: UNFPA succeeded in introduction of youth-friendly reproductive health services in the country through training of professionals and assisting in integration of such services at the Primary Health care level by opening special Youth friendly RH medical centers. The strategy for introduction of Youth Friendly RH services has been assessed by the WHO as a success story and has been shared at a number of

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<sup>21</sup> UNFPA, *National Survey of Domestic Violence against Women in Georgia*, Tbilisi, 2009, preliminary findings shared with civil society in June 2010.

<sup>22</sup> Constitution of Georgia, article 14, states: "Everyone is born free and is equal before the law, regardless of race, skin color, language, sex, religion, political and other beliefs, national, ethnic and social origin, property and title of nobility or place of residence."



occasions and through publications.<sup>23</sup> These efforts have been augmented with the large-scale advocacy and information-education and communication efforts at the national and regional levels, including Regional Parliamentarians' Forums, innovative Regional Youth Festivals and Peer-Education in summer camps.

The programme under the population and development component supported national capacity development for quality data collection and analysis on population issues. UNFPA supported surveys and researches, such as the Gender and Generations Survey, the Adolescent Reproductive Health Survey, the Male Reproductive Health Survey, Survey on attitudes of doctors on family planning issues and the nationwide mixed methodology research on Domestic Violence against women, filled the gap in availability of quality data on these critical social issues.

Under the Gender component, the Country Programme achieved excellent results in improvement of the policy environment and coordination on gender equality and DV issues, development of referral mechanisms on domestic violence, awareness rising of the population and empowerment of women's organizations. UNFPA, as the Managing Agent, supported the development and implementation of the United Nations Joint Programme "UN Initiative for Greater Gender Equality in Georgia" focused on capacity development of the Gender Equality national machinery at the Parliament of Georgia, improving policy environment, including support in developing the National Action Plan on Gender Equality 2011-13, coordinating and sustaining a dialogue among the state and non-state actors and better gender mainstreaming in the UN system programmes. The UNFPA CP programme supported South Caucasus sub-regional project on gender-based violence.

UNFPA made a significant contribution to successful implementation of the UN Reform process at the country level through initiating and leading as a Managing Agent three UN Joint Projects during the period of 2006-2010.

UNFPA has been recognized as one of the important development partners of the government, which despite the limited budget delivers high quality significant results. One of the important lessons learned during the programme cycle was prioritizing national and regional partnerships in new programme areas, which led to the establishment of several thematic partnerships within the South Caucasus, Black Sea region and the European Union. Example of successful partnership building is the *Black Sea Coalition for Breast and Cervical Cancer Prevention* initiated by UNFPA/Georgia in 2009 which unites health officials and professionals from Romania, Bulgaria, Ukraine, Moldova, Turkey, Armenia, Azerbaijan and Georgia.

UNFPA's past assistance to Georgia has been successful. An Oversight Mission conducted in August 2009 assessed the country programme as satisfactory. Annual reviews of the UNFPA Country Programme assessed the performance as highly satisfactory and even exceeding planned targets for many components. According to the conclusions of the Country Programme Evaluation conducted in 2010, the UNFPA/Georgia First Country Programme was highly successful in terms of relevance and successful – in terms of efficiency and effectiveness. The proposed programme is fully based on the findings and recommendations of the Country Programme final evaluation in all three components<sup>24</sup>.

#### **Part IV. Proposed Programme**

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<sup>23</sup> XVIII International AIDS conference, Vienna, Austria, July 2010, <http://pag.aids2010.org/Abstracts.aspx?AID=9100>; Youth-friendly health policies and services in the European Region - Sharing experiences; WHO Regional Office for Europe, 2010: [http://www.euro.who.int/data/assets/pdf\\_file/0017/123128/E94322.pdf](http://www.euro.who.int/data/assets/pdf_file/0017/123128/E94322.pdf)

<sup>24</sup> Country Programme Evaluation Report , pp 74-90

The UNFPA Second country programme for Georgia (2011-2015) was developed in a consultative process with UNFPA key stakeholders: Georgian Government, NGOs, CSOs, key donors, UN agencies and potential implementing partners; The programme is based on the basic principles of human rights and gender equity and on the goals and objectives of the ICPD Programme of Action, and the outcomes of its five and ten and fifteen-year review (ICPD+5, ICPD+10, ICPD+15), UNFPA Strategic Plan 2008-2013 outcomes. The Programme conforms to the National Millennium Development Goals Report (MDGR) and other national development plans (see Table 1). The country programme cycle continues to be harmonized with the programmes of the United Nations Development Programme (UNDP) and United Nations Children's Fund (UNICEF). It reflects the outcomes of the United Nations Development Assistance Framework (UNDAF), agreed by UN Country Team (UN CT), represented in Georgia and signed by the Prime Minister of Georgia and UN Resident Coordinator on April 14<sup>th</sup>, 2010.

The outcomes, outputs and priority activities of the proposed country programme were presented and endorsed by Government and the partners on December 28, 2010. The country programme has three components: (a) reproductive health, (b) population and development; and (c) gender.

During the implementation of the programme UNFPA will fully and effectively apply the strategic directions articulated in UNFPA 2008-2013 Strategic Plan, in particular, *supporting national ownership and leadership, promoting advocacy and effective policy dialogue, national capacity development, UN Reform, Strengthening Multispectral Partnerships, strengthening result-based management and knowledge sharing.*

The goal of the UNFPA Second Country Programme (2011-2015) is to contribute to the improvement of the quality of life of people of Georgia. The country programme has three components: reproductive health, population and development and gender. Youth reproductive health and development are mainstreamed in all three components. The country programme will incorporate the preparedness measures to existing security risks in the country and the region

**Table 1: UNFPA Country Programme Results Linkages with UNFPA Strategic Plan (2008-2013), UNDAF (2011-2015) and National Development Frameworks**

	UNFPA CP Outcomes	UNFPA CP Outputs	UNFPA 2008-2013 SP Outcomes	Revised UNFPA SP Outcomes	UNDAF/Georgia Outcomes	Georgia National Priorities
RH COMPONENT	Outcome 1. Vulnerable groups enjoy improved access to quality health, education and essential social services	Output 1. 1 RH coordination mechanisms, regulatory and monitoring frameworks strengthened to promote demand of the vulnerable population for quality SRH services	SP Outcome 2.1 Reproductive rights and SRH demand promoted and the essential SRH package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring.	Outcome 3: Access to and utilization of quality family planning services for individual and couples increased according to reproductive intentions	1.3.Reduced poverty through support to sustainable economic growth and human development	Protect the vulnerable and reduce poverty through the efficient provision of basic health care, education and community based child/family services
		Output 1. 2. Access to comprehensive SRH services and gender sensitive information improved, with special emphasis on most vulnerable groups, including IDPs and minorities.	SP Outcome 2.2 Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications.	Outcome 2: Increased access to and utilization of quality maternal and newborn health services		
		Output 1. 3. National Capacities for provision of Youth Friendly gender-sensitive S&RH information and services strengthened	SP Outcome 2.5 Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multi-sectoral approach to young people's development.	Outcome 6: Young people's access to sexual and reproductive health services and sexuality education improved		
PD COMPONENT	Outcome 2.Enhanced capacity of democratic institutions for informed policy making based on reliable data and clear, fair and participatory legislative processes.	Output 2.1: Strengthened policy dialogue to integrate population dynamics, gender equality, youth development and reproductive health issues in public policies, poverty reduction plans and expenditure frameworks	SP Outcome 1.1 Population dynamics and its inter-linkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks.	Outcome 7: Improvements in data availability and analysis result in improved decision-making and policy formulation around population dynamics, sexual and reproductive health, and gender equality	2.1. Democratic development through balanced, independent, fair and participatory governance systems and processes promoted at all levels, based on Rule of Law, human rights and equality principles.	Governance, anti-corruption, civil service and public finance reforms to meet the Copenhagen criteria
		Output 2. 2: Capacity of national institutions for data collection and analysis on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS improved	SP Outcome 1.3 Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analyzed and used at national and sub-national levels to develop and monitor policies and programme implementation.	Outcome 7: Improvements in data availability and analysis result in improved decision-making and policy formulation around population dynamics, sexual and reproductive health, and gender equality		
GENDER COMPONENT	Outcome 3.Enhanced protection and promotion of human rights, access to justice and gender equality with particular focus on the rights of minorities, marginalized and vulnerable groups.	Output 3.1: Coordination and monitoring mechanisms, policy frameworks and protection systems supported for improved response to Domestic Violence	SP Outcome 3.4 Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations.	Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy		
		Output 3.2 National Gender Equality mechanisms and capacities strengthened for improved policy development, implementation, monitoring and coordination.	SP Outcome 3.1 Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws.			

## **Reproductive Health Component**

The reproductive health component has one outcome to contribute to the **UNDAF 1.3 outcome** and the national **MDGs 4, 5, and 6**. (See table 1)

**CP outcome 1: Vulnerable groups enjoy improved access to quality health, education and essential social services. Three outputs will contribute to this outcome.**

Three outputs will contribute to this outcome:

**Output 1.1:** Strengthened reproductive health coordination mechanisms, regulatory and monitoring frameworks to meet the demands of vulnerable populations for quality sexual and reproductive health services.

This output is aligned with Outcome 2.1 of the UNFPA 2008-2013 Strategic Plan and will be achieved by applying the strategies of advocacy and effective policy dialogue with policymakers and the media to meet the demands of vulnerable populations for quality sexual and reproductive health services through implementing the following activities:

- (a) Supporting a National Council on Reproductive Health to strengthen the coordination, advocacy, and resource mobilization efforts; to strengthen partnerships with the private sector including insurance companies;
- (b) Participating in United Nations and joint national efforts for emergency preparedness to integrate reproductive health and gender issues in contingency planning to better address the needs of vulnerable population;
- (c) Expanding partnerships and technical knowledge-sharing between technical institutions in the region, especially in the area of reproductive system cancer prevention and control, family planning, youth friendly RH services, etc.;
- (d) Supporting improvement of the reproductive health policy framework and the development of guidelines and protocols in the area of Reproductive Health; and
- (e) Strengthening partnerships with CSOs and mass media to mobilize public support for reproductive health issues.

UNFPA has been providing support to the National Reproductive Health Council, the only coordination body on RH issues at the Ministry of Labor, Health and Social Affairs since its creation and will continue this effort to further strengthen the coordination, advocacy, and resource mobilization and partnership development efforts in the RH area;

UNFPA will work closely with the Parliament of Georgia and with the newly created All-Party Group on MDGs, as well as Parliamentary Committee on Health and Social issues to strengthen legislative, financial and technical support to RH in Georgia and support improvement of the reproductive health policy framework. The programme will mobilize human, technical and financial resources to support MoLHSA in development, updating and introduction of new RH service guidelines and protocols.

Media will be a special focus for advocacy efforts; partnerships with CSOs and mass media will be further strengthened to mobilize public support for reproductive health issues.

**Output 1.2:** Access to comprehensive SRH services and gender sensitive information improved, with special emphasis on most vulnerable groups, including IDPs and minorities.

This output is aligned with the Outcome 2.2 of the UNFPA 2008-2013 Strategic Plan and will be achieved by applying the strategies of strengthening national capacity and partnerships with major national and international actors.

Activities under this output include:

- (a) Continuing advocacy and partnerships with the government to expand the RH programmes to all administrative regions of Georgia;
- (b) Supporting the MOH in developing capacities of reproductive health service providers at all levels to provide high-quality services, with special emphasis on vulnerable groups;
- (c) Improving the quality and expanding the range of reproductive health services by supplying basic reproductive health commodities, service quality monitoring and evaluation tools and sharing know-how;
- (d) Supporting the outreach services of the reproductive health mobile teams in the underserved regions of Georgia;
- (e) Supporting educational and behavioral change activities carried out by CSOs and the State with a special focus on vulnerable populations.

UNFPA will continue its advocacy efforts with government, donors and professional associations to integrate the RH services into primary health care services and to expand the integrated SRH services throughout the country.

In partnership with the Government, the programme will continue its support to Breast and Cervical Cancers Screening Programme; support to creation and capacity development of the screening centers in the regions of Georgia.

Special efforts will be applied to expand the services provided by the RH Mobile Teams (MTs) operating in the remote and underserved regions of Georgia including IDPs. Priority will be given to preventive and early diagnosis services; utilizing on job training opportunities, mobile team doctors will also contribute to improve the practical skills of health care providers in remote areas of the country.

UNFPA will closely cooperate with MoLHSA, professional associations and donors to strengthen the technical, managerial and research capacities of the national institutions and selected NGOs. The programme will support the development and institutionalization of the curricula in the university and post-diploma programmes and the licensing/certification process for RH service providers (Ob/Gyn, Family Doctors and midwives).

Reproductive Health Commodity Security (RHCS) will continue to be a priority issue for UNFPA in Georgia. UNFPA remains the sole provider of contraceptives to the health sector, both at the primary and secondary level institutions. UNFPA will continue the provision with contraceptives and may consider launching of social marketing strategies, upon the request of the government in accordance with the HMIS Strategy to be finalized and endorsed in 2011.

UNFPA will further support educational and behavior change activities directed towards increasing the demand, especially of the vulnerable population, for the quality RH service.

**Output 1.3. National capacities for the provision of youth friendly, gender-sensitive sexual and reproductive health information and services are strengthened.**

This output is aligned with the outcome 2.5 of the UNFPA 2008-2013 Strategic Plan.

UNFPA will focus special efforts on youth. In particular the programme will support:

- (a) Support MOH and MOE to integrate reproductive health education materials into school education curricula;
- (b) Support youth organizations to provide training activities for peer educators to strengthen their capacity and skills;
- (c) Strengthen capacity of CSOs to conduct extra-curricular educational and behavior change communication activities for youth;
- (d) Support the MOH in building capacity of the youth-friendly reproductive health centers in order to provide high-quality services to youth in public and private sectors.

Building on the results achieved in the previous years, UNFPA will continue partnership with the Ministry of Education and Science (MoES) and other international organizations active in the field (USAID, UNICEF) to strengthen the healthy-life and RH education in secondary schools.

Special emphasis will be made on behavior change communication methodologies to promote healthy life-style and safe behavior among youth, including through partnership with youth NGOs.

UNFPA will further support sustainability of Youth-Friendly RH Centers. The support will include capacity development of the service providers and supplying these centers with IEC materials and RH supplies necessary for provision of quality services, including HIV testing.

### **Population Development Component**

This component has one outcome to contribute to the **UNDAF outcome 2.1 and the national MDG 1.** (See table 1)

**CP outcome: Enhanced capacity of democratic institutions for informed policy making based on reliable data and clear, fair and participatory legislative processes.**

Two outputs, aligned with Outcomes 1.1 and 1.3 of the UNFPA Strategic Plan 2008-2013, will contribute to achieving this outcome.

**Output 2.1:** Strengthened policy dialogue to integrate population dynamics, gender equality, youth development and reproductive health issues in public policies, poverty reduction plans and expenditure frameworks.

This output will be achieved by supporting the All-Party MDG Group at the Parliament of Georgia, as well as strengthening evidence-based advocacy and policy dialogue with policy-makers and the government to develop the policies targeting youth, demography and ageing.

The partnership building with leading technical institutions at the national and regional level will be fostered to contribute to the national capacity development for population policy formulation.

Partnership building will be promoted between the national professionals and relevant international professional associations and societies.

**Output 2.2:** Improved capacity of national institutions for data collection and analysis on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS

This output will be achieved by providing support to the National Statistics Office (GeoStat) for preparation and conducting the 2010-round of Population Census; UNFPA support will include technical and financial support; joint resource mobilization activities will be planned and implemented in partnership with GeoStat.

The programme will support GeoStat and other national institutions in national capacity building for data collection and analysis on population and demographic issues, including research on impact of climate change on population development.

## **Gender component**

Gender component has one outcome to contribute to the **UNDAF 2.1 outcome and the national MDG 3** (see table 1)

**CP outcome: Enhanced protection and promotion of human rights, access to justice and gender equality, with particular focus on the rights of minorities, marginalized and vulnerable groups.**

Two outputs, aligned with Outcomes 3.4 and 3.1 of the UNFPA Strategic Plan 2008-2013, will contribute to achieving this outcome.

**Output 3.1: Strengthened national gender equality mechanisms and capacities for improved policy development, implementation, monitoring and coordination.**

The output will be achieved through implementation of the United Nations Joint Programme with participation of UNDP, UN Women and UNFPA. The project will build on the best practices and lessons learnt from a smaller scale UN Joint Project “UN Initiative to Support Greater Gender Equality in Georgia” (2006-2010) with UNFPA as a Managing Agent.

The strategies to achieve this output includes providing capacity development support to the Gender Equality Council to enhance its capacity as the national coordinating and policy making body on Gender Equality; facilitating establishment of close partnership with the executive branch of the government and local government bodies and supporting them for improved implementation of policies; fostering advocacy initiatives for achieving greater gender equality in the country and supporting awareness raising of the population, including through public education on gender equality issues, piloted and tested during the first Country Programme..

**Output 3.2: Support to coordination and monitoring mechanisms, policy frameworks and protection systems for improved responses to domestic violence.**

This output will be achieved by supporting the Inter-Agency Council for Prevention of Domestic Violence to: Develop/update and monitor implementation of the periodic National Action Plans on Domestic Violence, to improve national policy and legislation on DV issues; to strengthen the National Referral Mechanism through developing the capacity of service providers, with particular focus on health care providers and raise awareness on gender-based violence and gender equality issues within the general population, with a particular focus on male population and youth.

The activities under this output will be built upon the results achieved within the frames of the Government of Norway/UNFPA co-funded regional project “Combating Gender-based Violence in the South Caucasus”.

Further assistance will be provided to refine the National Referral Mechanism on Domestic violence, especially in terms of strengthening the role of the health care system in it and elaboration of the guidelines for health service providers. Special emphasis will be made on raising public awareness on gender equality and domestic violence issues, with particular focus on male population and youth. The innovative approaches, such as “Men Talking to Men”, tested during the first phase of the project will be upscaled and creative strategies will be applied in planning and designing the multi-media campaigns on these issues. The efforts will target education system as well as to integrate gender equality and domestic violence issues in the secondary school teacher training curriculums. Partnership with media will be further strengthened to improve the professional standards on gender reporting and involvement and motivation of the journalists and editors to contribute to changing the public opinion on gender equality issues.

## **Capacity Development**

Capacity Development, which is considered a comparative advantage of the UN agencies, will lie at the core of the UNFPA second cycle of assistance to Georgia. In order to contribute to creating the enabling environment and following the principles of national ownership and leadership, within the frames of all three programme components UNFPA will provide technical and operational capacity development input by supporting:

- (a) Knowledge management, policy dialogue and advocacy, including brokering and facilitating access to knowledge;
- (b) Multisectoral partnerships building at the national and regional levels;
- (c) Mobilization of technical support to address capacity gaps in implementation of international commitments at the country level and
- (d) Training of human resources in technical and operational aspects, including planning, coordination, results based management, monitoring and evaluation.

Advocacy and policy dialogue is a key to attain the effective outcomes: the second Country Programme, based on the past results achieved, will advance evidence based advocacy and knowledge sharing on key RH, Population Development and Gender issues, including youth reproductive health and aging of the population, as well as benefits of investing in breast and RT cancer screening and prevention and family planning. At the same time, by increasing awareness on population and reproductive health and gender issues among decision makers, the programme will foster an environment conducive to integrating reproductive rights, population and gender equality issues into the public policies and programmes.

Partnership at the national, sub-regional and regional levels for national capacity development will be fostered. The Black Sea Coalition on Breast and Cervical Cancer Prevention, South Caucasus Parliamentarian’s Forums on Youth RH issues will be further supported to serve as venues for knowledge sharing and acquisition of innovative capacities at the national levels. With focus on capacity development of CSOs/NGOs, universities, research institutions, and young people, the programme will further enhance the partnership and facilitate participatory approach in local and national planning.

Technical support will be mobilised to address national capacity gaps in implementation of national plans and programmes, identified in consultation with the government, including human resources development and introducing innovative technologies. Strengthening technical



cooperation with the leading technical institutions in the region and globally will be used as one of the tools for national capacity development.

The capacity building efforts will be linked and coordinated between all UN agencies, including through leading and participation in the UN Joint Programmes to advance implementation of the ICPD agenda. At the same time, the efforts will be directed towards strengthening the results-based management within the organization, as well as the Implementing Partners, including in planning, quality assurance, monitoring and evaluation for greater accountability and capacity to execute the programme through applying HACT modality.

## **Part V. Partnership Strategy**

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UNFPA will involve a wide range of governmental and non-governmental organizations, including education and research institutions, UN agencies, and multi and bilateral international organizations in implementation of the 2011-2015 programme in Georgia. The partnerships, built by UNFPA during the previous country programme with major focus on RH, Population Development and Gender will be further strengthened through involvement of new partners, both the traditional and non-traditional ones, especially the FBOs and the private sector organizations; new partnerships and thematic alliances on ICPD agenda, including monitoring and oversight of implementation of the national development frameworks relevant to UNFPA mandate (National HIV/AIDS Strategic Plan of Georgia (NSP) for 2011-2016, 2011-13 National Action Plan for Implementation of the Gender Equality Law of Georgia, 2011-12 National Action Plan on Domestic Violence, etc.) will be supported and promoted.

Based on the evidence available on potential partners' strengths and weaknesses, UNFPA will contribute to strengthening these partnerships with available financial, human and technical resources and expertise. As a UN Agency, UNFPA is uniquely positioned to promote partnerships with the Government, civil society, international and bi-lateral organizations, and mass media. This asset will be fully utilized by UNFPA for maintaining the existing and establishing new partnerships.

The main partners are:

**The Office of the Prime Minister** will be responsible for the overall coordination of the UN harmonized programme in Georgia; and will be actively involved in monitoring and evaluation of the UNDAF implementation in the country.

### **Government**

Parliament of Georgia;  
Gender Equality Council of the Parliament of Georgia;  
All-Party MDG Group at the Parliament of Georgia;  
Parliamentary Committee on Health and Social Affairs;  
Ministry of Labor, Health and Social Affairs (NCDC/ MoLHSA);  
National Centre for Disease Control and Public Health (MoLHSA);  
Ministry of Foreign Affairs (MoFA);  
Ministry of Education and Science (MoES);  
National Statistics Office of Georgia (GeoStat);  
Office of the State Minister for Reintegration;  
Ministry of Sports and Youth Affairs;  
Regional and local authorities;

### **Local and International Technical and Educational Institutions**

Zhordania Institute of Human Reproduction (ZIHR);  
National Screening Centre (NSC);  
Local Professional associations;  
Institutions of Higher Learning in Georgia;  
Leading demographic, population and social research centers in the country and the region including Georgian center for Population research (GCPR); Institute of Sociology and Demography; Center for Social Sciences (SCC) amongst others;;  
European Parliamentarians' Forum (EPF);  
European Cervical Cancer Association (EECA);

### **Multilateral Partners**

UN organizations (UNDP, WHO, UNICEF, UN Women, UNODC etc); International Organization for Migration (IOM).  
World Bank (WB); European Union;

### **Bilateral Partners**

US Agency for International Development (USAID),  
Swedish International Development Agency (Sida);  
Norwegian Government.

### **NGO's and FBOs**

Local and international NGOs: Caucasus Social Marketing Associations (CSMA), Union of Conflict in Abkhazia "TANADGOMA" (Union TANADGOMA ), International Center for Conflicts and Negotiations (ICCN), Center for Information and Counseling on Reproductive Health "Tanadgoma – (TANADGOMA), Healthy Generation (HG), Healthy Life (HL), HERA XXI, Association of Young People Reproductive Health (AYPRH); Charitable-Humanitarian Foundation SOCO, Georgian Reproductologist's Association, Women's Information Center, Youth NGOs and networks, including Georgian Youth Development and Education Association (GYDEA)  
FBOs in Georgia, including Georgian Patriarchy Charitable Foundation "Lazare", amongst others.

### **Government**

Partnership with the Office of the Prime Minister's office provides a strong framework for coordination of the UNDAF and the CP implementation.

The Gender Equality Council at the Parliament of Georgia will be the main partner for the Gender component of the CP together with the Inter-Agency Council to Combat DV. Their leading role in implementation of Georgia's international and national commitments to reach greater gender equality is critical in achieving the CP Gender Component outcome and outputs.

All-Party MDG Group at the Parliament of Georgia lead by the Deputy Chairperson of the Parliament is a new entity emerged with the aim to monitor implementation of the MDGs in Georgia and coordinate the efforts of UN Agencies to contribute this process. UNFPA will partner with this entity jointly with UNDP and UNICEF to strengthen policy dialogue on RH, youth and PD issues.

UNFPA will partner with the Parliamentary Committee on Health and Social Affairs to contribute to the policy discussion and formulation on emerging population issues, such as aging, demography.

The MoLHSA, National Statistics Office and NCDC have been traditional partners of UNFPA in Georgia in the field of RH and PD, and the areas of the partnership with these institutions. These partnerships are based on sharing a common vision and understanding of population and RH issues, close collaboration on policy, strategy and operational aspects of the programme implementation.

Youth has been a special target group for UNFPA programming, especially in the areas of Youth RH, HIV/AIDS prevention and promotion of Healthy life-style. The Ministry of Sports and Youth Affairs will be main partner in reaching out young people in the regions of Georgia.

GeoStat is the main partner in implementation of the PD component of the programme. Despite postponing the 2010-round Population Census for a later period due to shortfalls in the budget, it still remains on the government priority agenda. Census is an integral part of government strategic plans and priorities. UNFPA will provide operational support in implementation of the Census Action Plan.

Office of the State Minister for Reintegration will be the main partner for implementation programme activities undertaken in the occupied territories under the framework of the *State Strategy on Occupied Territories: Engagement Through Cooperation and Action Plan for Engagement*.

Partnership with the local authorities will be strengthened to support implementation of programme activities focused on increasing access of vulnerable groups to RH services and comprehensive information on RH and Rights.

### **Multilateral Partners**

The UN Agencies and particularly, UNDP, UNICEF, UN Women, WHO, WFP as well as IOM, will be the key partners for the UNDAF and UNFPA CP implementation, joint programming, monitoring, and evaluation.

UNFPA will actively support the strong effort by the UN Country Team (UNCT) in Georgia to implement joint programmes. One of the areas of joint programming is Gender. Together with UNDP and UN Women UNFPA will develop the second 3-year (2011-13) Joint Project to be submitted to Sida. Another Joint Project with UNICEF on undertaking the RH Survey 2009 in Georgia is being implemented under the Pooled Funds management modality with UNFPA as a Managing Agent. Implementation of UNAIDS-led UN Implementation Support Plan (ISP) will be another joint effort of the UN CT in Georgia. UNFPA will partner with other UN agencies to develop and implement other joint programmes, including the one focusing on Abkhazia.

UNFPA will actively participate in the UNDAF Theme Groups, UN TG on Gender, UN JT on HIV/AIDS, UN Coordination Groups on Communication and Human Rights.

Coordination and collaboration with the WHO, WB and the EU, as main developing partners focusing their assistance on the Health sector development, will be maintained and strengthened.

### **Bilateral Partners**

UNFPA will continue its strong partnership with USAID, which is one of the major donors for reproductive health programme in Georgia, with special focus on Social Marketing and RH policy, supporting the 2009 RH Survey in Georgia, as well as providing capacity building support to RH providers, midwives, and nurses and improving the quality of care.

Partnership with Sida and the Government of Norway will be strengthened under the Gender component of the Country Programme.

### **Civil Society organizations**

Partnership with the civil society organizations is crucial in achieving results under all three component of the country programme. Partnerships with the CSOs/NGOs will be further strengthened to reach out the population at the grass roots levels with information, education and communication messages on health and gender issues and to stimulate and nurture the long-term social transformation processes which are required for the realization of equal opportunities in the lives of women and men. Youth NGOs will be partnered to reach out the young people through extra-curricular education on RH, HIV prevention, Gender Equality and DV issues using Peer Education methodology.

Understanding the special role of FBOs among many critical agents of change, strategic and issue-based partnership with this community will be established and nurtured for outreach and service delivery.

Institutions of Higher Learning in Georgia play an important role in reaching out the young people with information and message on Youth RH, HIV/AIDS prevention and Gender issues. Several key institutions are hosting the Youth RH Information Centers.

Research institutions will be partnered to support quality data collection and analysis on issues of the UNFPA mandate, related to population, reproductive health, youth and gender issues.

Other Implementing Partners will be selected throughout the CPAP implementation based on competitive process according to programme priorities and needs.

### **Private Sector**

UNFPA will attempt to create partnerships with the private sector; advocacy for resource mobilization is considered as the entry point in this new area of collaboration.

To facilitate successful implementation of the programme UNFPA will mobilize technical support from the UN relevant divisions, leading technical institutions in the region and major international NGOs.

### **Partnership Strategy in Implementation of the Programme's RH Component**

The Ministry of Labour, Health and Social Affairs and its departments will be the leading UNFPA partner and manager in implementation of the RH component of the programme. UNFPA will work closely with MoLHSA and NCDC to plan, implement and monitor interventions towards improving the RH care standards and quality, strengthening Human Resources' capacities, including those of primary health care providers and RH care providers, increasing the access to quality RH services and information, with special focus on youth and vulnerable population. NCDC will act as a national Implementing Partner of the 2009-round of RH survey in Georgia and will lead the data collection and analysis.

UNFPA will also work on implementation of the programme RH component with Parliament of Georgia, Ministry of Interior, Ministry of Defense, Ministry of Education, and selected NGOs working on RH issues for the implementation of the activities, stipulated in the CPAP

UNFPA will continue collaboration and coordination with UN Agencies, donors and the international organizations, supporting RH in the country: UNICEF, WHO, UNAIDS, WB, USAID, Save the Children, JSI, and other partners.

To facilitate successful implementation of the programme, UNFPA will mobilize technical support from recognized regional and global technical institutions; advocacy efforts will be strengthened in partnership with European Parliamentarian Forum (EPF) and other regional and sub-regional parliamentarians' networks.

### **Partnership Strategy in Implementation of the Programme's PD Component**

For the implementation of the programme's PD component, UNFPA will cooperate with the National Statistics Office of Georgia (GEOSTAT), The Center for Medical Information and Statistics of the National Center of Diseases Control (NCDC), and national institutions. It will also collaborate with UNDP, UNICEF, UN Women USAID on refining national statistical systems.

To provide technical support for the implementation of PD component UNFPA will seek to mobilize technical expertise from national and international institutions, which may include the UN Statistical Division, UNDESA, UNECE, and others. In cooperation with EECA RO, UNFPA will make use of independent technical experts.

### **Partnership Strategy in Implementation of the Gender Component**

UNFPA will partner with gender equality national machineries, parliament of Georgia, executive branches of the government, UNDP, UN Women, UNICEF, WHO, Anti-Violence Network of Georgia, youth and professional associations.

Partnerships with UN agencies will continue in frames of the UN JP, to address the UNDAF joint outcomes under the gender component.

The partnerships with donors (Norway, Sida, USAID) will be strengthened to mobilize financial support for sub-regional programme on GBV and expand the UN JP on gender equality.

## **Part VI. Programme Management**

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The country programme will be implemented through the national execution modality. Upon the request of the Government, UNFPA may execute particular components after careful analysis of counterpart capacities.

The Government and the UNFPA country office in Georgia will have the primary responsibility for management of the programme. According to the SBAA the Ministry of Foreign Affairs is the main legal counterpart; however operational and programmatic coordination is with the Office of the Prime Minister. The programme will be implemented in close collaboration with other United Nations agencies within the context of the UNDAF. It will use results-based management and emphasize continuous monitoring.

The annual programme reviews and a final programme evaluation will be organized according to the UNDAF work plan. The Ministry of Labor, Health and Social Affairs will coordinate reproductive health component of the programme, acting as programme component manager (PCM) for this component. With regard to the population and development component, the GeoStat will serve as PCM. For the gender component the permanent Gender Equality Council at the Parliament will serve as PCM.

The UNFPA country office in Georgia consists of a non-resident UNFPA Country Director based in Ankara, Turkey, an Assistant Representative, an Administrative/Finance Associate, Secretary and National Programme staff; Programme funds will be earmarked for national staff within the framework of the approved country office typology. National project personnel may also be recruited to strengthen project and programme implementation. Provisions for other short and medium term national/international expertise will also be made to accomplish a variety of technical tasks specified in annual work plans. The UNFPA Regional Office Team in Istanbul, Turkey will provide integrated programme and operational support.

UNFPA will conduct its activities relevant to the programme in compliance with UN and UNFPA security policies and procedures

UNFPA will seek additional resources from international and bilateral donors, and will engage in joint programming with other United Nations organizations.

The Annual Work Plans (AWPs) will be prepared with Government counterparts and partners from the civil society, donors and other UN agencies. Programme performance and expenditure will be jointly reviewed at the end of the year based on the expected key results.

All cash transfers to an Implementing partner will be based on Annual Work Plans agreed between the Implementing Partner and UNFPA. Cash transfers for activities detailed in AWPs can be made by UNFPA using the following modalities:

- a) Cash transferred to Implementing Partners prior to the start of the activities (direct cash transfer) or after activities have been completed (reimbursement);
- b) Direct payment to vendors or third parties for obligations incurred by the Implementing partner on the basis of requests signed by the designated official of the Implementing partner;
- c) Direct payments to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with the implementing partners.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding 3 months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obliged to reimburse the expenditure made by the Implementing Partner over and above the authorized amounts.

In the event that cash transfers are made to the Treasury, the Treasury shall transfer such cash promptly to the Implementing partner.

Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN Implementing Partner. A qualified consultant, such as a public accounting company, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

## **Part VII. Monitoring and Evaluation**

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The programme will develop a monitoring and evaluation plan aligned with the UNFPA strategic plan, UNDAF 2011-2015 and national priorities. UNFPA, the Government and partner agencies will undertake joint participatory reviews and the monitoring and evaluation of the programme's implementation.

UNDAF Monitoring and Evaluation Framework will serve as a reference document for tracking programme's progress towards achieving the Millennium Development Goals. Monitoring and evaluation of the programme will be undertaken in accordance with UNDG/UNFPA harmonized programme guidelines and policies. UNFPA is involved in UNDAF three Theme Groups: Poverty Reduction, Democratic Development and Disaster Risk Reduction. These groups will meet regularly and relevant information will be fed into UNDAF Annual review as well as into the Resident Coordinator's Annual Report

UNFPA and the Government will cooperate closely with United Nations agencies and other development partners in implementing and coordinating the programme.

The United Nations TG on UNDAF M&E will strengthen programme monitoring and evaluation efforts. Baseline indicators will be identified in the RRF and their availability and reliability in the country assessed. For those indicators not available, the provision will be made in the respective AWP to establish the baseline data at the start up of the CP.

Programme monitoring and evaluation will be results-based, and will include periodic reports such as quarterly and annual project reports, annual component project reviews and field visits. Stakeholders will be involved in programme monitoring and evaluation. The UNFPA country office will strengthen its resource mobilization efforts. Especially to maintain contraceptive supplies.

A midterm review will be conducted in 2013 to review the progress achieved and to provide feedback on programme performance. The final evaluation of the programme will be undertaken in 2014 and will be carried out jointly with the UNDAF partners to document best practices and to mainstream future programmes.

All monitoring and evaluation activities will be incorporated in the AWP. CPAP Planning and Tracking Tool and CPAP M&E Calendar will be used to ensure consistency of follow-up. Regular audits of components implemented by programme partners will be scheduled on an annual basis. Country Office Annual Report (COAR) will synthesize programme progress and monitoring indicators at various levels and will be a highlight of an annual implementation process.

The implementing partners, coordinating with the respective programme component managers, will organise the field visits to the programme sites. The UNFPA country office will conduct field visits to programme sites several times a year. Once a year each implementing partner will complete a Work Plan Monitoring Tool and submit it either to the PCM of the respective component as well as to UNFPA country office. Yearly, UNFPA, working with component PCMs and implementing partners will prepare Standard Progress Reports (SPR) for an each programme component. In the last quarter of each year the Government Coordinating Authority will jointly conduct review meetings involving UNFPA country office, PCMs and implementing partners for all CPAP outputs. At the end of every year the UNDAF Annual Review will be performed according to the procedures laid down in the UN guidelines.

Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing partners agree to the following:

Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives, Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring, special or scheduled audits. UNFPA, in collaboration with other UN agencies and in consultation with the coordinating Ministry will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

To facilitate assurance activities, Implementing partners and the UN agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

The Supreme Audit Institution (SAI) may undertake the audits of government Implementing Partners. If the SAI chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by UNFPA, UNFPA will commission the audits to be undertaken by private sector audit services.

Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

### **Part VIII. Commitments of UNFPA**

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UNFPA's commitment, approved by Executive Board, in support of the Georgia Country Programme for the period of January 1 2011- December 31 2015 equals to 3,25 million USD from Regular Sources (RR), subject to the availability of funds. UNFPA has been also authorized by the Executive Board to seek additional funding (Other Resources) amounting to US\$3 million, subject of donors interest, to support the implementation of the CPAP. Total financial



resources approved by the Executive Board for the First Country Programme for Georgia, 2011-2015, amounts to US\$ 6,25.

The availability of other resources will be subject to donor interest in supporting Georgia and their awareness of important issues related to RH, P&D and Gender in the country. UNFPA/Georgia CO will advocate with the donor community to secure these financial means. The Country Programme Resource Mobilization Plan will be prepared in the early 2011.

The Regular and Other resource funds are exclusive of funding received in response to the emergency appeals. The release of UNFPA funds in response to emergency appeals will be performed in accordance with the guidelines and financial procedures as provided by UNFPA.

In the framework of the country programme, UNFPA will provide the following types of support:

- Technical assistance and expertise in all the areas related to the programme, including through the support of the UNFPA EECARO, local and external consultants and experts; as well as the resources of the UNFPA inter-country and inter-regional programmes;
- Support for recruitment of project personnel in accordance with the AWP;
- Support to procurement of goods and services for the programme needs, at request of the implementing partners;
- Administrative, operational, and technical support by UNFPA Georgia office to the implementing partners.

In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within one week.

In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within one week.

UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

UNFPA will conduct its activities relevant to the programme in compliance with UN and UNFPA security policies and procedures

## **Part IX. Commitments of the Government**

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The Government of Georgia will honour its commitments in accordance with the provisions of the Standard Basic Assistance Agreement signed on July 1, 1994. In line with this Agreement, the Government will accord to the United Nations Population Fund and its staff and to other persons, facilities and services as are accorded to staff and consultants of various funds, programmes and specialized agencies of the United Nations. The Government shall apply the

provisions of the Convention on the Privileges and Immunities of the United Nations agencies to the United Nations Population Fund's property, funds and assets and to its staff and consultants. The Government will also make in-kind contributions, as necessary, such as personnel or facilities, in order to facilitate the implementation of the programme.

The Government will support the United Nations Population Fund in its efforts to raise funds required to meet the additional financial needs of the country programme. The Government will also participate in and organize periodic programme review and planning meetings, and where appropriate, facilitate the participation of donors, the civil society and NGOs. The Government will support UNFPA efforts to strengthened HACT compliance in frames of the programs

A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWP's only.

Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

In the case of international NGO and INGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UN Agency or its representative with timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNFPA;
- All relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed;

The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore;

- Receive and review the audit report issued by the auditors;
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash (and where the SAI has been identified to conduct the audits, add: and to the SAI);

- Undertake timely actions to address the accepted audit recommendations;
- Report on the actions taken to implement accepted recommendations to the UN agencies on a quarterly basis.

The government shall ensure the safety and security of UNFPA personnel in country.

## **Part X. Other Provisions**

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This Country Programme Action Plan (CPAP) supersedes any previously signed project documents, and become effective upon signature.

The CPAP may be modified by mutual consent of both parties based on the outcome of annual reviews, the mid-term review or compelling circumstances.

Upon completion of any programme activity outlined in the Country Programme Action Plan or the Annual Work plan, any supplies, equipment or vehicles furnished (and to which UNFPA has retained title) shall be disposed of by mutual agreement between the Government and UNFPA, with due consideration to the sustainability of the programme.

Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities, to which the Government is a signatory.

IN WITNESS THERE OF the undersigned, being duly authorized, have signed this Country Programme Action Plan on \_\_\_\_\_ 2011 in Tbilisi, Georgia.

For United Nations Population Fund:

For the Government of Georgia:

\_\_\_\_\_

\_\_\_\_\_

Zahidul Huque

Mr. Nika Gilauri

UNFPA Country Director for Georgia

Prime Minister of Georgia

## Annex 1: THE CPAP RESULTS AND RESOURCES FRAMEWORK

Country: Georgia; CP Cycle: Second (2011-2015)

Expected UNDAF outcome: Reduced poverty through support to sustainable economic growth and human development											
UNFPA/Georgia CP component: REPRODUCTIVE HEALTH											
Expected Outcomes	Expected Outputs	Output targets and indicators	Implementing Partners	Indicative Resources by programme component (per year, US\$)							
				2011	2012	2013	2014	2015	Total		
Outcome 1 Vulnerable groups enjoy improved access to high quality health, education and essential social services  --	<b>Output 1.1</b> strengthened reproductive health coordination mechanisms, regulatory and monitoring frameworks to meet the demands of vulnerable populations for high quality sexual and reproductive health services	<i>Output indicators:</i> 1.# of RH G&P developed 2. RHNC work plans, inclusive newly developed HLMIS strategies, developed and implemented 3. Number of reviews of Donor Coordination Matrix in RH field.  <i>Baseline:</i> 1. Baseline: 8. Target:23 2. Baseline: No Target: Yes 3. Baseline: 0. Target: 9	Parliament of Georgia Cabinet of Ministers and Prime Minister's Office MoLHSA; Ministry of Education NCRH Professional Associations National Institutions Bilateral and multilateral Donors, UN organizations	<i>Regular Resources</i>							
				233,600	80,000	62,000	62,600	61,800	500,000		
				<i>Other Resources</i>			0	0	0	0	
	<b>Output 1.2</b> Improved access to comprehensive Reproductive Health services and gender sensitive information, with special emphasis on the most vulnerable groups, including IDPs and minorities;	<i>Output indicators:</i> 1.# of working days of RH MTs in the districts of Georgia 2. RH annual trainings cover at least 60 % of service providers at the PHC level in the selected regions 3. % the target population covered by Screening services in Tbilisi 1. Baseline: 0. Target: 750 working days 2. Baseline: 0. Target: 60 % 3. Baseline:0 Target : 15 %	1. MoLHSA 2. Tbilisi Municipality; 3. ZIHR 4.NGOs 5.Private Sector 6. Bilateral and multilateral Donors, UN organizations 7. Professional Associations	<i>Regular Resources</i>							
				206,084	190,000	180,000	160,900	163,016	900,000		
				<i>Other Resources</i>			704,023	48,994	48,994	48,994	48,994
	<b>Output 1.3.</b> National capacities strengthened for the provision of youth friendly, gender-sensitive Reproductive Health information and services;	<i>Output indicators:</i> 1.# of youth peer-educators trained 2. % of youth reached by IEC/BCC activities 3. # of centers providing youth-friendly services Baseline: 1. Baseline: 0. Target: 250 2. Baseline: 0. Target: 5 % 3. Baseline: 16. Target: 20	Ministry of Labor, Health and Social Affairs; Ministry of Education National Council Reproductive Health; Professional Associations National Institutions Bilateral and multilateral donors; United Nations organizations	<i>Regular Resources</i>							
				19,000	60,000	69,000	76,000	76,000	300,000		
				<i>Other Resources</i>			0	30,000	30,000	20,000	20,000
Expected UNDAF outcome: Democratic development through balanced, independent, fair and participatory governance systems and processes promoted at all levels, based on Rule of Law, human rights and equality principles.											
UNFPA/Georgia CP component: UNFPA/Georgia CP component: POPULATION DEVELOPMENT											

Outcome 2 Enhanced capacity of democratic institutions for informed policy making based on reliable data and clear, fair and participatory legislative processes	<b>Output 2.1</b> Strengthened policy dialogue to integrate population dynamics, gender equality, youth development and reproductive health issues in public policies, poverty reduction plans and expenditure frameworks;	Output indicators: 1.Youth policy advocacy group established and operational 2.MDG All Party Group established and has regular meetings  Baseline: 1. Baseline: No. Target: Yes 2. Baseline: No. Target: Yes	1.Parliament of Georgia 2.Department of Sports and Youth Affairs; 3.Private Sector; 4. European Parliamentary Forum; 5. NGOs.	<i>Regular Resources</i>					
				6	44,000	60,000	70,000	70,000	250,000
				<i>Other Resources</i>					
				10,000	20,000	50,000	0	0	80,000
	<b>Output 2.2</b> Improved capacity of national institutions for data collection and analysis on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS.	Output indicators: 1.Census Coordination Board established and operational 2.# of studies/surveys conducted and disseminated through UNFPA support  Baseline: 1. Baseline: No. Target: Yes 2. Baseline: No. Target: 4 Surveys and 2 studies	1.Department of Statistics/GeoStat;  2.Bilateral and Multilateral Donors, UN organizations;  3.NGOs	<i>Regular Resources</i>					
				55,400	76,000	100,000	110,000	108,600	450,000
				<i>Other Resources</i>					
				100,000	170,000	170,000	155,000	155,000	1,420,000
<b>Expected UNDAF outcome: Democratic development through balanced, independent, fair and participatory governance systems and processes promoted at all levels, based on Rule of Law, human rights and equality principles.</b>									
UNFPA/Georgia CP component: GENDER									
Outcome 3 Enhanced protection and promotion of human rights, access to justice and gender equality with particular focus on the rights of minorities, marginalized and vulnerable groups.	<b>Output 3.1</b> Strengthened National Gender Equality mechanisms and capacities for improved policy development, implementation, monitoring and coordination.	Output indicators: 1.Gender Equality NAP developed and updated 2.Quarterly donor coordination meetings conducted  Baseline: 1. Baseline: No. Target: Yes 2. Baseline: No. Target: Yes	1.Parliament of Georgia, Advisory Council on Gender Equality; 2.NGOs 3.Bilateral/multilateral donors; UN organizations 4.Line Ministries	<i>Regular Resources</i>					
				20,000	40,000	40,000	40,000	35,000	175,000
				<i>Other Resources</i>					
				11,798.84	75,000	75,000	44,201	44,000	250,000
	<b>Output 3.2</b> Support to the coordination and monitoring mechanisms, policy frameworks and protection systems for improved response to Domestic violence.	Output indicators: 1. Action Plans on domestic violence developed 2. Guidelines for Health Care Providers are integrated in the National Referral Mechanism on Domestic Violence  Baseline: 1. Baseline: No. Target: Yes 2. Baseline: No Target: Yes	1.Parliament of Georgia, Advisory Council on Gender Equality 2.State Inter-agency council on DV 3.NGOs 4.Bilateral/multilateral donors; UN organizations 5.Line Ministries	<i>Regular Resources</i>					
				8,000	44,000	43,000	40,000	40,000	175,000
				<i>Other Resources</i>					
				64 624.54	64,000	38,050	34,000	49,325	250,000

Annex 2: CPAP Planning and Tracking Tool; Country: Georgia, CP Cycle: Second (2011-2015)

RESULTS	Indicator	MoV	Responsible party	Baseline	Target/Achievement		Target/Achievement	
UNDAF Outcome: Vulnerable groups enjoy improved access to quality health, education, legal aid, justice and other essential social services	1.MMR (per 100,000 live births)	- MoLHSA- -NCDC health and Health Care Georgia Statistical Yearbook	MoLHSA	23 (2006) NCDC and PH data (WHO/UNICEF/UNFPA/ WB 2005 estimation:66)	National MDG 5, target 10: Reduce by 3/4 between 2000-2015		National MDG 5, target 10: Reduce by 3/4 between 2000-2015	
					YEAR 1(2011)		YEAR 2 (2012)	
<b>CP Outcome 1.</b> Vulnerable groups enjoy improved access to quality health, education and essential social services	1. MMR 2. CPR 3.Abortion rate per 1,000 live births 4.HIV Incidence Rate among 15-24 age group 5. Deliveries in health care facilities (%):	- MoLHSA- - NCDC Statistical Yearbook -GEO RHS 2010	MoLHSA	1. MMR:14/100,000 (2008) 2. CPR: 50 3.Abortion rate per 1,000 live births:394 4.HIV Incidence Rate among 15-24 age group:3/ 100,000 15-24 age group 5.Deliveries in health care facilities (%): 99.6	Target	Achievement	Target	Achievement
<b>Output 1. 1</b> strengthened reproductive health coordination mechanisms, regulatory and monitoring frameworks to meet the demands of vulnerable populations for high quality sexual and reproductive health services	1.# of RH G&P developed 2 RHNC work plans, inclusive newly developed HLMS strategies, developed and implemented 3. Number of reviews of Donor Coordination Matrix in RH field.	-MoLHSA Decrees on approval of G&Ps -Data and reports of Government and Respective Line Ministries, and UNFPA reports - Matrix Developed, UNFPA Reports	-Parliament of Georgia -Cabinet of Ministers and Prime Minister's Office -MoLSHA; MoE -NCRH -Professional associations and National Institutions -Bilateral and multilateral Donors, UN organizations	1. Baseline: 8 2. Baseline: No 3. Baseline: 0	1)2 New G&P developed 2. RHNC WP developed and implemented 3 Donor coordination matrix in RH field developed,		1.6 New G&P developed, operational 2. RHNC WP developed and implemented 3 Donor coordination matrix in RH field developed,	
<b>Output 1. 2.</b> Improved access to comprehensive Reproductive Health services and gender sensitive information, with special emphasis on the most vulnerable groups, including IDPs and minorities;	1.# of working days of RH MTs in the districts of Georgia 2. RH annual trainings cover at least 60 % of service providers at the PHC level in the selected regions	-UNFPA Project reports, COAR -Training Reports	- MoLHSA - Tbilisi Municipality; - ZIHR -NGOs -Private Sector - Bilateral and multilateral donors, UN organizations - Professional	1. Baseline: 0 2. Baseline: 0 3. Baseline: 0	1) 64 working Days by RH MT 2) RH annual trainings cover at least 90 % of service providers at the PHC level in the selected		1.70 working Days by RH MT 2. RH annual trainings cover at least 60 % of service providers at the PHC level in the selected	

	3. % the target population covered by Screening services in Tbilisi		Associations		regions		regions	
					3)No less than 12,500 for breast cancer and 14,000 for cervical cancer screened		3.No less than 17,500 for breast cancer and 19,000 for cervical cancer screened	
<b>Output 1.3.</b> National capacities strengthened for the provision of youth friendly, gender-sensitive Reproductive Health information and services;	1.# of youth peer-educators trained 2. # of youth reached by IEC/BCC activities 3. # of centers providing youth-friendly services	-UNFPA Project reports, COAR -Training Reports -Surveys	- MoLHSA, MoE -NCRH -Professional Associations/National Institutions -Bilateral and multilateral donors; UN Organizations	1. Baseline: 0 2. Baseline: 0 3. Baseline: 16	1)50 peer-educators trained (including street children, IDPs) 2)2500 youth reached by IEC/BCC activities 3)15 centers providing youth-friendly RH services		1.50 peer-educators trained 2. 1500 youth reached by IEC/BCC activities 3. 18 centers providing youth-friendly services	

RESULTS	Indicator	MoV	Responsible party	Baseline	Target/Achievement		Target/Achievement	
UNDAF Outcome: Institutions develop policies based on reliable data and clear, fair and participatory processes	1.Relevance, timeliness, reliability and use of national statistics	1. Assessment of the national statistical system of Georgia, 2. UN and NGO assessment and reports.	Parliament, Key Ministries and Government Agencies, including MoIA, MoLHSA, MRA, , Youth department, Geostat, Civil Registry Agency, CoC, RHNC and CCM. Data collection and analysis, policy development, coordination, advocacy, national dialogue, implementation and monitoring, partnership building.	1.Credibility and relevance of national statistics problematic	1. Relevant, timely, reliable statistical data used for policy development.		1. Relevant, timely, reliable statistical data used for policy development.	
					YEAR 1(2011)		YEAR 2 (2012)	
CP Outcome 2. Enhanced capacity of democratic institutions for informed policy making based on reliable data and clear, fair and participatory legislative processes.	2 Census implemented and data disseminated	-The Census Data -Geostat publications	Parliament, Geostat, Key Ministries and Government Agencies, Civil Registry Agency,	1.Baseline: No 2. Baseline: No	Target	Achievement	Target	Achievement
					Census Action Plan Implemented according to the timeframe		Census Action Plan Implemented according to the timeframe	
Output 2.1: Strengthened policy dialogue to integrate population dynamics, gender equality, youth development and reproductive health issues in public policies, poverty reduction plans and expenditure frameworks;	1.Youth policy advocacy group established and operational 2. MDG All Party Group established and has regular meetings	- Policy developed - UNFPA Reports,	-Parliament of Georgia -Department of Sports and Youth Affairs; -Private Sector; - European Parliamentary Forum; -NGOs.	1. Baseline: No 2.Baseline: No	1.Youth policy advocacy group established and operational 2MDG All Party Group operational		1.Youth policy advocacy group established and operational 2MDG All Party Group operational	
Output 2. 2 Improved capacity of national institutions for data collection and analysis on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS	1.Census Coordination Board established and operational 2.# of studies/surveys conducted and disseminated through UNFPA support	-Geostat documents -UNFPA Reports -Surveys, Studies	-Department of Statistics/GeoStat; -Bilateral and Multilateral Donors, UN organizations; -NGOs	1.Baseline: No 2.Baseline: No	1.Census Coordination team established 2.1 surveyconducted and disseminated		1.Census Coordination Board established 2. One surveys conducted and disseminated	



RESULTS	Indicator	MoV	Responsible party	Baseline	Target/Achievement		Target/Achievement	
<b>UNDAF Outcome:</b> Enhanced protection and promotion of human rights, access to justice and gender equality with particular focus on the rights of minorities marginalized and vulnerable groups	1. Gender Equality sustainable mechanism operational at the Legislative and the Executive branches of the Government at all levels	PDO Parliamentary report Reports and comments from relevant UN bodies and agencies.	Key Ministries, Parliament, Policy development, coordination, advocacy, awareness rising and promotion of national dialogue, implementation protection.	GE mechanism currently operational at the legislative branch (Parliamentary council)	GE sustainable mechanisms established at the legislative and executive branches of the Gov on national and local levels.		GE sustainable mechanisms established at the legislative and executive branches of the Gov on national and local levels.	
<b>CP Outcome 3</b> Enhanced protection and promotion of human rights, access to justice and gender equality with particular focus on the rights of minorities, marginalized and vulnerable groups.	1. National gender equality mechanism sustainable and operational within the Legislative and the Executive branches of the Government	GE National Machinery Reports	Parliament of Georgia, Advisory Council on Gender Equality -State Inter-agency council on DV -NGOs -Bilateral/multilateral donors; UN organizations -Line Ministries	Baseline: No	<b>Target</b> National GE mechanism sustainable and operational	<b>Achievement</b>	<b>Target</b> National GE mechanism sustainable and operational	<b>Achievement</b>
<b>Output 3.1:</b> Strengthened National Gender Equality mechanisms and capacities for improved policy development, implementation, monitoring and coordination.	1. Gender Equality NAP developed and updated 2. Quarterly donor coordination meetings conducted	-Reports from Parliament, GE Council, Line Ministries -UNFPA Reports, Notes	-Parliament of Georgia, Advisory Council on Gender Equality; -NGOs -Bilateral/multilateral donors; UN organizations -Line Ministries	1. Baseline: No 2. Baseline: No	1. GE NAP developed (2011-2013) 2. Quarterly donor coordination meetings conducted		1. GE NAP developed and updated 2. Quarterly donor coordination meetings conducted	
<b>Output 3.2</b> Support to the coordination and monitoring mechanisms, policy frameworks and protection systems for improved response to Domestic violence	1. Costed Action Plans on domestic violence developed 2. # of Service Providers trained on National Referral Mechanism on Domestic Violence	-Action Plan, UNFPA reports -Training Reports, UNFPA project reports	-Parliament of Georgia, Advisory Council on Gender Equality -State Inter-agency council on DV -NGOs -Bilateral/multilateral donors; UN organizations -Line Ministries	1. Baseline: No 2. Baseline: No	1. Costed Action Plans on DV developed 2. 30 Service Providers trained on National Referral Mechanism on DV		1. Costed Action Plans on DV developed 2. 50 Service Providers trained on National Referral Mechanism on DV	

- (no AWP developed due to the delay of SIDA funding, expected by the end of 2011)

**Annex 3: The CPAP Monitoring and Evaluation Calendar, Country: Georgia; CP Cycle: First (2011-2015)**

		Year 1 (2011)	Year 2 (2012)	Year 3 (2013)	Year 4 (2014)	Year 5 (2015)
<b>M&amp;E activities</b>	Surveys/studies	-GE RHS 2010 -GGS II wave -MoLHSA - NCDC yearbook, -MoLHSA reports, state standards, guidelines and protocols in MCH/RH	-MoLHSA - NCDC yearbook -MoLHSA reports, state standards, guidelines and protocols in MCH/RH -CSP effectiveness and efficiency study and Aging Issues Study	- MoLHSA reports, state standards, guidelines and protocols in MCH/RH MoLHSA - NCDC yearbook	-MoLHSA - NCDC yearbook MoLHSA reports, state standards, guidelines and protocols in MCH/RH	-MoLHSA - NCDC yearbook - MoLHSA reports, state standards, guidelines and protocols in MCH/RH -RHS 2015
	Monitoring systems	- BDD - MoLHSA NCDC annual data	- UNFPA AWP/SPR M&E - BDD - MoLHSA NCDC annual data	- UNFPA AWP/SPR M&E - BDD - MoLHSA NCDC annual data	- UNFPA AWP/SPR M&E -BDD - MoLHSA NCDC annual data	- UNFPA AWP/SPR M&E - BDD - MoLHSA NCDC annual data
	Evaluations	Thematic evaluations by local experts (training evaluations, evaluation of MIS, PE, clients satisfaction, SDPs)	Thematic evaluations by local experts based on recommendations of UN TG on UNDAF M&E	Thematic evaluations by local experts based on recommendations of UN TG on UNDAF M&E	- UNFPA CP External evaluation;	- UNDAF final review to be agreed with the UN Agencies -UNDAF M&E Meetings
	Reviews	-AWP reviews - Programme Component annual reviews (November) - Audit/NEX - COAR	- COAR- AWP reviews (December ) - Programme Component annual reviews (November) - Audit/NEX	- COAR - AWP reviews (December ) - Programme Component annual reviews (November) - UNDAF Annual review (December) - Audit/NEX	- COAR - AWP reviews (December ) - Programme Component annual reviews (November) - UNDAF Annual review (December) - Audit/NEX	- COAR - AWP reviews (December ) - Programme Component annual reviews (November) - Final UNDAF Annual review (December) - Audit/NEX
	Support activities	- Field monitoring visits; (Outcomes 1-3; regular) - Technical backstopping missions (DV)	-Field monitoring visits;	- Field monitoring visits; regular	- Field monitoring visits; regular	- Field monitoring visits; regular CPAP
<b>Planning references</b>	UNDAF final evaluation milestones	-UNDAF Annual Reviews -UNDAF M&E Meetings	- UNDAF Annual Reviews -UNDAF M&E Meetings	-UNDAF Annual Reviews -UNDAF M&E Meetings	- UNDAF Annual Reviews -UNDAF M&E Meetings	- UNDAF final review to be agreed with the UN Agencies -UNDAF M&E Meetings
	M&E capacity-building	Thematic Evaluations by UN	Thematic Evaluations by UN	Thematic Evaluations by UN	Thematic Evaluations by UN	Thematic Evaluations by UN
	Use of information	MDGR, - AWP preparations	MDGR, - AWP preparations	MDGR, AWP preparations	- MDGR, - CCA-UNDAF Preparation - UNFPA CP Preparation - AWP preparations	- MDGR, - UNFPA CP finalization - CPAP Development - AWP preparations
	Partner activities	- Annual Statistical Yearbook, MoLHSA, NCDC, -Reports from independent bodies, from government and NGOs - National Health Accounts, - WB assessments/studies	- Annual Statistical Yearbook, MoLHSA, NCDC, -Reports from independent bodies, from government and NGOs, -National Health Accounts- WB assessments/studies	- Annual Statistical Yearbook, MoLHSA, NCDC, -Reports from independent bodies, from government and NGOs- National Health Accounts- WB assessments/studies	- Annual Statistical Yearbook, MoLHSA, NCDC -Reports from independent bodies, from government and NGOs -National Health Accounts - WB assessments/studies	- Annual Statistical Yearbook, MoLHSA, NCDC -Reports from independent bodies, from government and NGOs -National Health Accounts - WB assessments/studies

