



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme document for Georgia**

Proposed UNFPA assistance: \$4.3 million: \$2.5 million from regular resources and \$1.8 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2006-2010)

Cycle of assistance: First

Category per decision 2005/13: B

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	1.5	0.8	2.3
Population and development	0.3	0.4	0.7
Gender	0.4	0.6	1.0
Programme coordination and assistance	0.3	-	0.3
Total	2.5	1.8	4.3

## I. Situation analysis

1. Following independence in 1991, Georgia suffered a dramatic socio-economic downturn. Civil war and armed conflicts compounded the situation, which resulted in approximately 300,000 displaced people, increased poverty and wide social disparities.

2. In 2003, the proportion of people living below the poverty line was 55 per cent, and the proportion living in extreme poverty was 17 per cent. Poverty and unemployment are key factors that contributed to high external labour migration (a total of 960,000 people) and a dramatically decreased birth rate (down 37 per cent since 1990).

3. The population of Georgia decreased from 5.4 million in 1991 to 4.4 million in 2003. After the change in government in November 2003, the new Government reaffirmed its commitment to the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs); accelerated reforms; and sought to reduce poverty. In order to continue to confront population and development challenges, including depopulation and ageing, the Government must develop comprehensive population policies, strengthen statistical systems and ensure the availability of data disaggregated by gender, age and geography.

4. The economic crisis and low national budget allotments to the health sector (0.3 to 0.6 per cent of gross domestic product expenditures in 1997-2003) resulted in a deterioration of the health care system; increased out-of-pocket payments (87 per cent of total health expenditures); and reduced access to services for the general population, particularly those most vulnerable.

5. The impact of this crisis is visible in key health indicators. The maternal mortality ratio was 40.9 per 100,000 live births in 1990, 70.0 in 1997 and 49.8 in 2003. The infant mortality rate, which was 19.7 per 1,000 live births in

1990, increased to 24.8 in 2003. The growing rate of sexually transmitted infections (STIs), malignancies of the reproductive system and infertility are among the highest in the Commonwealth of Independent States. Due to the increased availability of family planning services and supplies, the number of abortions has declined by 70 per cent, but the total induced abortion rate per woman is 3.7. In 1991, the contraceptive prevalence rate for modern methods was 20 per cent and the contraceptive awareness rate was 95.1 per cent.

6. Cultural stigmas, the lack of supportive policies and the lack of education about healthy life styles have limited awareness of sexual and reproductive health and rights among young people. Limited male involvement in reproductive health issues and limited access to reproductive health information and services are also of concern.

7. In 2004, Georgia had only 596 registered cases of HIV/AIDS. However, its proximity to high-prevalence countries, extensive seasonal labour migration and low public awareness place it at high risk. A project supported by The Global Fund to Fight AIDS, Tuberculosis and Malaria has been initiated, but growing numbers of transmissions, including mother-to-child transmissions, require additional support.

8. The educational levels of both men and women in Georgia are high. Gender disparities in enrolment in higher education are not considerable: 47.3 per cent of those enrolled are women while 52.7 per cent are men. However, the male-dominated political and economic environment limits women's leadership and income-generation opportunities. The past decade has witnessed increased trafficking of girls and women. Scant attention is paid to domestic violence.

9. The common country assessment (CCA) was completed in 2004. The document reflects issues related to reproductive health, population dynamics, gender equity and equality, the availability of disaggregated population data, and their linkages to poverty.

## II. Past cooperation and lessons learned

10. UNFPA support to Georgia began in 1993 with the contraceptive supply project. Since then, UNFPA has provided financial support totalling \$3.5 million.

11. UNFPA assistance to Georgia was based on national priorities supporting the implementation of the ICPD Programme of Action. This included improving access to high-quality reproductive health information and services by: (a) strengthening the capacity of the Government to manage and deliver reproductive health services, including by establishing reproductive health centres and mobile teams; (b) establishing a national reproductive health and reproductive rights legal framework; (c) providing training, contraceptives and equipment; (d) raising awareness of reproductive health issues among the general population and youth; (e) strengthening reproductive health information systems; and (g) supporting social marketing programmes to prevent HIV/AIDS and STIs among young people.

12. The programme also supported population data collection and research through: (a) the first national census; (b) women's reproductive health surveys; and (c) a reproductive health survey for adolescents. UNFPA also supported a wide range of advocacy activities that addressed gender issues, adolescent rights and HIV/AIDS. UNFPA also supported the economic development and poverty reduction paper, the report on the MDGs, the national reproductive health programme and the national action plan to fight HIV/AIDS.

13. UNFPA-supported reproductive health interventions contributed to an increase of 20 per cent in the contraceptive prevalence rate and to a 70 per cent decline in the number of abortions. Furthermore, reproductive health data became available through reproductive health surveys and improved reporting forms and procedures. The reproductive health and reproductive rights legal framework is more in line with the ICPD.

14. One of the principal lessons learned is that support is needed to develop national statistical systems and to encourage policy dialogue on the consequences of depopulation and ageing on development and poverty. Another lesson learned is that the stand-alone projects do not assist resource mobilization efforts and long-term partnerships.

## III. Proposed programme

15. The first country programme for Georgia reflects the priorities of the CCA and the United Nations Development Assistance Framework (UNDAF). It conforms to the national MDG report and national development frameworks. 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. The country programme cycle is harmonized with those of other United Nations agencies operating in Georgia.

16. The programme will seek to strengthen partnerships with non-governmental organizations (NGOs) and other partners. It will emphasize national capacity-building, addressing the priorities of the national MDG report and the outcomes of the capacity analysis conducted under the CCA.

17. The goal of the country programme is to contribute to the improvement of the quality of life of the people of Georgia. The programme has three components: reproductive health, population and development, and gender.

### *Reproductive health component*

18. The reproductive health component has two outcomes: (a) national laws, policies and standards for reproductive, maternal and child health care are adjusted according to international guidelines; and (b) the population has increased access to comprehensive reproductive health services and information.

19. Output 1: Laws, policies and standards introduced or updated to meet international

standards, agreements and best practices. This output will be achieved by: (a) advocacy and dialogue with policymakers (for example, parliamentarians and government officials) and with the media on the ICPD Programme of Action and the Platform for Action of the Fourth World Conference on Women; (b) organizing national and regional round tables to improve learning and knowledge sharing on the ICPD Programme of Action and the Platform for Action of the Fourth World Conference on Women.

20. Output 2: Improved quality of reproductive health services. Activities to achieve this output include: (a) the provision of technical support to improve quality standards and service protocols for reproductive and maternal health; (b) capacity-building for service providers and managers, focusing on implementing and monitoring new quality standards and service protocols, responsiveness during crisis situations, and prevention of mother-to-child transmission of HIV/AIDS; and (c) support to develop a long-term reproductive health commodity security strategy and reproductive health logistics and management information system.

21. Output 3: Increased access of the population, including youth, to comprehensive, client-oriented reproductive health services at various levels of the health-care system. This output will be achieved by: (a) capacity-building and technical assistance to develop youth-friendly service models; (b) establishing youth-friendly reproductive health centres at the universities; (c) developing a wider range of male-oriented services at primary and secondary levels of service provision; (d) improving access and outreach of reproductive health services by adding STI testing and cervical cancer screening to services provided by mobile teams and by strengthening emergency obstetric care.

22. Output 4: Increased awareness of the population, including young people, to reproductive and sexual health information.

This output will be achieved by: (a) multi-media campaigns on HIV/AIDS, STIs, reproductive tract cancer, and reproductive health and rights, targeting adolescents and young people in particular; (b) training activities targeted at youth, the armed forces, and high-risk groups; (c) developing and implementing effective information and educational strategies for target groups to increase the utilization of integrated reproductive health services; and (d) out-of-school activities to encourage healthy life styles.

#### *Population and development component*

23. The outcome of this component is: systems and tools for strategic planning and policymaking are strengthened. One output will contribute to this outcome.

24. Output 1: Data-gathering and data-analysis capacity strengthened and systematized, with the use of information and communications technology. This output will be achieved by: (a) advocacy and awareness-raising activities for policymakers and the mass media, emphasizing the ICPD and MDG indicators to ensure their integration into the national development agenda and the national resource allocation system; (b) providing technical support to local statistical departments; (c) capacity-building for data collection and analysis; (d) supporting the development of systems and tools for gender- and age-disaggregated population data collection and analysis at regional and national levels; and (e) supporting the introduction of new national health monitoring systems including the DevInfo database.

#### *Gender component*

25. The outcome of this component is: the capacity of civil society groups, especially youth, minorities, women and the elderly, to participate in decision-making processes, is enhanced.

26. Output 1: Enhanced awareness and capacity of civil society, particularly the mass media, community-based organizations and NGOs, to take part in monitoring processes, including human rights monitoring. This output will be achieved by: (a) supporting independent legislative reviews with the assistance of NGOs and professional organizations; (b) conducting research with civil society organizations on gender attitudes and gender-based violence; (c) organizing advocacy training on women's rights for media organizations and NGOs; (d) raising awareness of international conventions and agreements, such as the ICPD Programme of Action and the Platform for Action of the Fourth World Conference on Women, that address human rights, women's rights and gender equity; and (e) working with community groups to enhance outreach, network-building and social mobilization on women's rights and gender-based violence.

#### **IV. Programme management, monitoring and evaluation**

27. 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. UNFPA and the Government will cooperate closely with United Nations agencies and other development partners in implementing and coordinating the programme. Joint reviews and joint monitoring of activities will be undertaken.

28. The United Nations working group on programme monitoring indicators, which the UNFPA country office in Georgia coordinates, will strengthen programme monitoring and evaluation efforts. Baseline data will be established at the inception of the programme and will be integrated into component projects.

29. 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.

30. A midterm review will be conducted in 2008 to review the progress achieved and to provide feedback on programme performance. The final evaluation of the programme will be undertaken in 2010 and will be carried out jointly with the UNDAF partners to document best practices and mainstream future programmes.

31. The UNFPA country office in Georgia consists of a non-resident UNFPA country director based in Ankara, Turkey; an assistant representative; an administrative and finance associate; and a secretary. Programme funds will be earmarked for one logistics assistant within the framework of the approved country office typology. National project personnel may also be recruited to strengthen project and programme implementation. The UNFPA Country Technical Services Team in Bratislava, Slovakia, will provide technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR GEORGIA

<b>National priorities (2006-2010):</b> Protect the vulnerable and reduce poverty through the efficient provision of basic health care, education and community-based child and family services <b>UNDAF outcome:</b> Increased and equal access to quality basic health services and community-based child and family welfare services ensured by 2010				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome:</b> National laws, policies and standards for reproductive, maternal and child health care are adjusted according to international guidelines</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>Unified national policy, standards and protocols for reproductive health services are elaborated and revised biannually</li> </ul> <p><b>Baseline:</b> Ministry of Health statistics</p> <p><b>Outcome:</b> The population has an increased access to comprehensive reproductive health services and information</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Maternal mortality rate</li> <li>Births attended by skilled personnel</li> <li>By 2010, modern contraceptive prevalence rate increased by 10%</li> <li>By 2010, number of abortions reduced by 20%</li> </ul> <p><b>Baseline:</b> Commodity management and information system</p>	<p><b>Output 1:</b> Laws, policies and standards introduced or updated to meet international standards, agreements and best practices</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>New reproductive health policy</li> <li>Monitoring mechanism for reproductive health action plan exists</li> <li>Proportion of health budget allocated to reproductive health</li> </ul> <p><b>Baseline:</b> Ministry of Health statistics and national budget</p> <p><b>Output 2:</b> Improved quality of reproductive health services</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of health managers trained</li> <li>Satisfaction with family planning services increased by 20%</li> <li>Reproductive health commodity security long-term strategy developed</li> <li>National logistics and management information system functional</li> </ul> <p><b>Baseline:</b> Ministry of Health statistics and the reproductive health survey</p> <p><b>Output 3:</b> Increased access of the population, including youth, to comprehensive, client-oriented reproductive health services at various levels of the health-care system</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of youth centres and facilities providing youth-friendly services</li> <li>Unmet need for modern contraception</li> <li>Condom prevalence rate increased by 15%</li> </ul> <p><b>Baseline:</b> Reproductive health survey and Ministry of Health data</p> <p><b>Output 4:</b> Increased awareness of the population, including young people, to reproductive and sexual health information</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Proportion of women knowledgeable about modern family planning methods increased by 15%</li> <li>Number of journalists trained</li> <li>Number of peer educators trained</li> <li>Number of members of the armed forces trained</li> </ul> <p><b>Baseline:</b> Reproductive health survey and training reports</p>	<ul style="list-style-type: none"> <li>Ministries of Health, Education and Finance</li> <li>Local experts and professional associations</li> <li>Parliamentary committee on social and health issues</li> <li>ICPD national committee</li> <li>Religious leaders</li> <li>United Nations agencies</li> <li>United States Agency for International Development</li> <li>European Union</li> <li>Private sector</li> </ul>	<p>Total resources: \$2.3 million (\$1.5 million from regular resources and \$0.8 from other resources)</p>

<b>UNDAF outcome:</b> Efficiency and accountability of governance structures at central and local levels strengthened towards an inclusive and participatory decision-making process				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Population and development	<p><u>Outcome:</u> Systems and tools for strategic planning and policymaking are strengthened</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Unified database developed for monitoring and strategic planning, including DevInfo database</li> </ul> <p><u>Baseline:</u> Statistical department data, Ministry of the Economy</p>	<p><u>Output 1:</u> Data-gathering and data-analysis capacity strengthened and systematized, with the use of information and communication technology</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Action plan for developing statistical systems</li> <li>Full set of population and development indicators</li> <li>Number of head trainers that are trained and are providing training according to international standards</li> </ul> <p><u>Baseline:</u> Statistical department data, Ministry of the Economy</p>	<ul style="list-style-type: none"> <li>Parliament of Georgia</li> <li>Statistical Department, Ministry of the Economy</li> <li>Ministry of Labour, Health and Social Affairs</li> <li>Academy of Sciences</li> <li>United Nations agencies</li> <li>European Union</li> </ul>	<p>Total resources: \$0.7 million (\$0.3 million from regular resources and \$0.4 million from other resources)</p>
<b>UNDAF outcome:</b> Efficiency and accountability of governance structures at central and local levels strengthened towards an inclusive and participatory decision-making process				
Gender	<p><u>Outcome:</u> The capacity of civil society groups, especially youth, minorities, women and the elderly, to participate in decision-making processes is enhanced</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Number of community-based organizations, NGOs and youth organizations providing policy input</li> </ul>	<p><u>Output 1:</u> Enhanced awareness and capacity of civil society, particularly the mass media, community-based organizations and NGOs, to take part in monitoring processes, including human rights monitoring</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>National action plan on gender equality</li> <li>Number of government institutions with a gender focal point</li> <li>Number of NGO-government alliances implementing projects on the protection of human and women's rights</li> <li>Number of mass media representatives trained on human rights issues</li> </ul> <p><u>Baseline:</u> Annual reports of the Government and NGOs</p>	<ul style="list-style-type: none"> <li>United Nations country team</li> <li>Civil society organizations</li> <li>Mass media</li> <li>Parliament</li> </ul>	<p>Total resources: \$1 million (\$0.4 million from regular resources and \$0.6 million from other resources)</p> <p>Programme coordination and assistance: \$ 0.3 million from regular resources</p>