



Unofficial translation

DECREE # 47
OF THE GOVERNMENT OF GEORGIA

Tbilisi

2 February 2007

**On Approving of the State Strategy for
Internally Displaced Persons – Persecuted¹**

With the purpose of ensuring the improvement of the socio-economic conditions of internally displaced persons – persecuted:

1. The attached State Strategy for Internally Displaced Persons – Persecuted is approved.
2. The State Commission in charge of elaborating the State Strategy for Internally Displaced Persons – Persecuted (Mr. G. Kheviashvili) shall ensure elaboration of an Action Plan for implementing the State Strategy for Internally Displaced Persons – Persecuted within six months with relevant financial-economic calculations and shall submit it for approval.
3. The Decree becomes effective from the date of signature.

Z. Nogaideli

Prime Minister

¹ [EXPLANATORY NOTE FOR ENGLISH TRANSLATION ONLY: According to Georgian legislation, the term “internally displaced persons – persecuted” is the official term for what in English is generally understood simply as “internally displaced persons”.]

Approved by Decree #47 as of
2 February 2007 by the
Government of Georgia

State Strategy for Internally Displaced Persons – Persecuted

Preamble

This strategic document establishes the approach of the government of Georgia towards the internally displaced persons – persecuted, analyzes existing problems and determines two major goals of the state:

1. Create conditions for dignified and safe return of IDPs.
2. Support decent living conditions for the displaced population and their participation in society;

For achievement of these goals, a number of activities will be implemented, which are stipulated generally in the state strategy and will be formulated in more detail in the Action Plan. This document determines the conceptual framework, in the form of guiding principles, on which the activities aimed at achieving these goals, shall be based.

In the process of implementing the strategy for internally displaced persons – persecuted, the state and the local authorities act in accordance with the Constitution of Georgia, the legislation of Georgia and the UN Guiding Principles on Internal Displacement (1998), within the framework of internationally recognized human rights and the norms determined by international law.

The respective ministries and agencies, at both the state and local levels, will apply the State Strategy for solving the problems of internally displaced persons – persecuted in Georgia. The Strategy should be widely disseminated among local and international organizations, governmental and non-governmental, which are working on issues of internally displaced persons.

Chapter I - General Overview

Internal conflicts in the early 1990s in Georgia have resulted in the displacement of the population from Abkhazia (1992) and Tskhinvali region (1989-1992). Currently in Georgia there are approximately 247,000 IDPs from Abkhazia and Tskhinvali region,² representing about 6 percent of the population of Georgia³.

IDPs due to the conflicts in part were accommodated at premises of compact settlement or collective centers⁴ (hereinafter referred to as ‘collective centers’); others found shelter individually – with relatives or friends, or they rented a flat. Currently, approximately 45% of IDPs live in collective centers, and the rest, 55%, with host families or in rented or purchased flats. Living conditions at the majority of collective centers are difficult. IDP families living in the private sector face similar difficulties.

The majority of IDPs live in areas near the conflict zones – specifically, in Samegrelo region and Gori district - as well as in Imereti and Tbilisi. Others are dispersed throughout Georgia. A special case is presented by Abkhazia, where thousands of IDPs have spontaneously returned to their places of origin or live seasonally (to undertake agricultural works). They retain IDP status due to their situation of insecurity and unclear future. In addition, a certain number of IDPs has spontaneously returned to some villages of Tskhinvali region. A special approach is required for the population of Upper (Zemo) Abkhazia⁵, who have not abandoned their places of residence and continue to live and work there at risk to their lives.

The living conditions and economic situation of many IDPs are disadvantageous. The unemployment rate among IDPs is high. For many, their existence depends upon state allowances and international humanitarian assistance. Difficult social conditions are accompanied by poor health status and limited access to quality social services – education and healthcare (especially in Abkhazia and Tskhinvali region).

In planning and implementing solutions for IDP problems, IDPs’ interests and needs often have not been adequately taken into consideration; dialogue has not been conducted with them. Activities also have mostly been ad hoc responses to situation-specific problems and have not focused on the long-term perspective. Since 1999, with the

² According to the Law of Georgia in State Budget of 2006.

³ This Strategy concerns internally displaced persons from Abkhazia and Tskhinvali region, hereinafter referred to as IDPs-persecuted. This does not exclude the existence of other categories of internally displaced persons in Georgia, who are not the subject of this document.

⁴ “Collective center” is a state-owned or private building where groups of IDPs were accommodated and where they have lived for a long period of time.

⁵ Currently persons residing in Kodori Gorge/Upper (Zemo) Abkhazia (territory under Georgian jurisdiction) have IDP status, although majority of them have not actually abandoned their residential homes; consequently, their situation is not compatible with the definition of an “internally displaced person” provided in the legislation of Georgia and the Guiding Principles on Internal Displacement. Thus, these persons do not fall within the framework of the Strategy for IDPs. However, as far as their security is not guaranteed and they have to live in conditions of high risk, the Strategy envisages a special approach, requiring the development of a specific legislative basis.

initiative of international organizations, the approach towards IDPs started to change with the aim that humanitarian assistance should be gradually replaced by development and other programs focused on self-reliance. However, until this time, no joint vision has existed for addressing problems related to IDPs.

Chapter II - Problems

1. Failure to resolve IDP issues for years, together with general difficulties in the country, has led to the following problems in Georgia related to the conditions of IDPs:

1.1. Lack of material resources and lack of land and other immovable property

Poverty and lack of material resources are problems widely spread among IDPs, as well as the general population; however, among these two groups, the structure and nature of these problems are different. The majority of IDPs are uprooted from their habitual environment and usual means of production, most notably their land. In general, the lack of real estate - their own house or land - or other means of production represents one of the most characteristic features of the lives of IDPs, and the hindering factor for their achieving self-reliance.

1.2. Unemployment

Following the conflicts, IDPs have experienced a higher rate of unemployment in comparison with general data in Georgia; while in the districts densely populated by IDPs, lower indicators of economic activity have been observed. During the spontaneous accommodation of IDPs under conflict conditions, there were limited opportunities for offering job placements; and due to scarce social linkages and insufficient awareness (especially among IDPs in big cities) as well as inflexibility of the labor market, it was difficult for many IDPs to find stable employment. For those IDPs who managed to find work, this often has been outside of their professional qualifications and they have suffered loss of skills. Other IDPs who could not find jobs have lost their hope and initiative.

1.3. Housing Conditions

The chaotic and incoherent (urgent) accommodation of persons displaced due to internal conflicts and the absence to date of a state policy on housing, which would have significantly facilitated the proper resettlement of IDPs, has made housing conditions one of the most difficult and hard to solve problems facing IDPs. Even now, almost the half (45%) of IDPs are accommodated in collective centers. These buildings have lost their primary function, which in many cases has resulted in their depreciation. Most of these buildings are unsuitable for living. As a result, on the one hand the social welfare of IDPs is at risk while on the other hand, the economic development of the country is hindered as in many cases the half-ruined buildings and their uncared for neighborhoods represent disadvantageous factors for urban development of cities, the revival and management of resorts and industrial infrastructure, and the attraction of new investors, etc. More than half of IDPs (55%) are accommodated in private accommodation – in purchased houses or flats, but more often with relatives, friends or they rent a flat. The majority of IDPs

live in inadequate living conditions, and this can create grounds for additional stress and tension with host families. There is an assumption that the IDPs residing in the private sector are in better socio-economic conditions than those accommodated at collective centers. However, it should be pointed out this assumption about the living conditions of IDPs residing in the private sector is based on a lack of information.

1.4. Health and Education, Quality of Social Services

There is no strictly reliable information on morbidity of IDPs. However, considering the trauma experienced during the conflict, difficult living conditions and unemployment or inadequate employment which resulted in stress among IDPs and, in some cases, also the lack of access to quality medical services and unhealthy conditions, this indicator (morbidity) should be much higher among IDPs. The lack of material resources of many IDP families and their poor living conditions hinders access by IDP CHILDREN and youth to quality education, which cannot be fully provided in schools located in collective centers -- buildings that had another function in the past. On the one hand, this has a negative influence on CHILDREN's opportunity to receive a quality education and on the other hand it enhances the feeling of exclusion among IDP CHILDREN. Special attention should be paid to the schools in Abkhazia, where in addition to the low quality of education, attempts of repression of the Georgian language by the de-facto administration is a concern. Moreover, often, quality medical services are inaccessible and the reproductive health of men and women is at risk.

1.5. Representation of IDP interests

Currently the social capital of IDPs (social network of IDPs) does not facilitate their integration; this results in their isolation and lower participation in civil spheres. IDPs also participate less in the creation of formal social structures.

1.6. Syndrome of dependence on assistance and lack of initiative

Disappointment and desperation of many IDPs results in social passiveness, reluctance of initiative, and dependence on assistance. This is one of the most important problems as regards their social integration as well as their future return to their permanent places of residence.

1.7. Difficulties related to the return and insecurity of returnee IDPs

Currently, favorable conditions encouraging the voluntary return of IDPs to their permanent places of residence do not exist. However, there are cases of spontaneous return on the part of some IDPs. They live under significant risk not only due to the general criminal situation and the frequent and severe human rights violations by the de-facto administration, but also because of their unclear future and the threat of renewal of armed violence. Additional problems are caused by their unsatisfactory living conditions and lack of access to social services.

Chapter III - Goals and Objectives

1. The government of Georgia takes into account the UN Guiding Principles on Internal Displacement, protects internationally recognized human rights and freedoms, and expresses its political will for peaceful resolution of the conflicts in Georgia, which shall become the grounds for safe and dignified return of IDPs to their permanent places of residence. The government pays specific attention to the socio-economic rehabilitation of IDPs and to the preparation of suitable conditions for their return.

2. The State Strategy has two main goals:

2.1. Creation of conditions for the dignified and safe return of IDPs

2.1.1. Creation of conditions for the dignified and safe return of IDPs implies creation of conditions so that IDPs' return to their places of permanent residence is voluntary and dignified, and in a safe environment.

2.1.2. All IDPs, who so wish, should be given an opportunity to return in dignity and safety to their permanent places of residence after resolution of the conflict (or, whenever it is possible, before the conflict is finally settled), and should be provided with economic assistance. Their property and other rights should be fully restored; in case of destroyed or inaccessible property, they should receive adequate compensation. The protection of the rights of the returnees should be ensured. Realization of property rights by IDPs is not linked to their return to their places of permanent residence. To support restoration of the property rights of IDPs, the State Strategy also foresees the establishment of joint commissions for identifying on-site and compiling an inventory of the immovable properties of IDPs.

2.1.3. Those IDPs who have spontaneously returned to their places of permanent residence should be provided with all types of support from the government with the purpose of ensuring their safety and life in dignity and improving their socio-economic situation and protecting their civil rights.

2.1.4. Governmental agencies should be able, with the support of international organizations, to implement socio-economic programs and activities of humanitarian assistance in the conflict regions.

2.2. Integration of the Displaced Population

2.2.1. It is necessary to create, or to eradicate the hindering factors, for IDPs to enjoy legal, political, living and socio-economic conditions like other citizens of Georgia. It should be pointed out that from the legal viewpoint, IDPs have all the rights as other citizens of Georgia; despite this, however, they are not fully integrated in the society:

- a) In accordance with the Constitution of Georgia, IDPs, like other population of the country, have the right to choose any place in Georgia for their residence;
- b) IDPs have the right to equally benefit from state and other programs of social welfare, healthcare and education, that the government of Georgia or the non-governmental sector offers to any citizen of Georgia;

- c) IDPs have the right to pursue economic activity and to have the same access to economic resources as any citizen of Georgia;
- d) IDPs have the right to participate equally in the public discussion of civil issues and in the process of decision making and to exercise equally their democratic rights of active vote (to elect) and passive vote (to be elected);

2.2.2. For IDPs' integration, implementation of additional activities which consider their specific problems is required; and, if needed, positive discrimination within the frameworks of state programs before the goals of the Strategy are achieved. The purpose of additional programs is to achieve social integration of IDPs through the gradual closure of collective centers, reduction of IDPs' dependence on state assistance, and inclusion of vulnerable IDPs in general state programs. It is envisaged:

- a) To reduce the number of collective centers, to gradually close them, vacating them for rehabilitation, and supporting alternative resettlement for IDPs, with the Government of Georgia using a case-by-case approach in making such decisions;
- b) To provide vocational education and training to IDPs within the framework of state programs, activate their economic initiative and ensure advantageous conditions of economic activities;
- c) To include IDPs fully in state social programs.

3. Strategic priorities are divided into three phases according to timeframe, the terms of which depend on the continued progress of resolution of the internal conflicts:

First Phase -

Support to ensure safety and provision of basic living conditions for the IDPs who have spontaneously returned to Abkhazia and Tskhinvali region;

Initiation of the process for closing the collective centers:

- a) **In reference to the privatized collective centers**, the government will assist the owners of the buildings in vacating the property in their possession;
- b) **Privatization and vacating the buildings of state-owned collective centers of special importance for the state** in a manner by which the IDPs will be satisfied by proper compensation;
- c) The state will assist IDPs, in cases when they consent, to privatize **the state-owned collective centers, which are not of special importance for the state**, at acceptable prices (privatization of buildings for IDPs will take place at a reasonable price that is less than market price).

Ensure involvement of extremely vulnerable IDPs in existing state programs;

While implementing the activities for improving socio-economic conditions of IDPs, Abkhazia and Tskhinvali region as well as Samegrelo, Shida Kartli and Akhagori district represent priority regions;

Elaboration of a special status for the families residing in Upper (Zemo) Abkhazia (a high-risk zone for life and health), ensuring safety and elementary living conditions.

Second Phase

To vacate the collective centers gradually;

To improve the situations of vulnerable IDPs, to provide support for their integration;

To support the safe and dignified return of IDPs before the final resolution of the conflicts.

Third Phase

To ensure the safe and dignified return of IDPs after the resolution of conflicts;

To integrate those IDPs who will not return to their places of permanent residence after resolving the conflicts.

CHAPTER IV - Support to the Return of IDPs

Providing opportunities for the displaced population to return to their homes represents the main priority and the most important issue for the state. Return of IDPs implies both the currently ongoing spontaneous process as well as their organized return upon the final resolution of the conflict or (in the transitional stage) on the basis of separate negotiation.

1. Providing conditions for the return of IDPs in the transitional stage

The government of Georgia continues to work in the direction of gradual return of IDPs until the final resolution of the conflict. With the aim of achieving this, the state conducts negotiations with the parties involved in the conflict and calls upon the international community for assistance. The objective of diplomatic pressure is that the self-declared authorities fulfill their obligations in reference to the safe and dignified return of IDPs.

2. Support to IDPs who spontaneously return to the conflict zone

2.1. Governmental agencies are purposefully working to ensure the safety of IDPs who have spontaneously returned to the conflict zones. For this, they use not only direct negotiations with the parties to the conflicts, but also the assistance of the international community in order to monitor the situation in the spheres of human rights and safety.

2.2. Special importance is given to addressing the situation of criminality in the regions where the returned displaced population is living. For this purpose the government seeks opportunities for internationalization of the peacekeeping forces and the deployment of international law-enforcement forces in the problematic regions (Gali).

2.3. Respective governmental agencies are working to activate social services in the places of spontaneous return; first of all, enhancing the educational system – schools. Negotiations should be conducted to ensure that teaching in these schools is conducted in the Georgian language and according to the Georgian state curriculum. International assistance will be needed.

2.4. More active and coordinated efforts by international organizations are required in order to rehabilitate houses and renew production means in those districts where the spontaneous return of IDPs has taken place as well as to support small businesses and to significantly improve the healthcare of the population.

3. Support the return of IDPs after conflict resolution

3.1. Upon resolution of the conflict, governmental agencies should be ready to support the dignified return of IDPs in a safe environment. The government of Georgia shall implement a specific action plan that will determine the mechanisms for ensuring safety, the restoration of houses and productive means, and the return of property, as well as for support of the mobility of socially integrated IDPs, eradication of discrimination, protection of cultural identity, the creation of adequate living conditions, opportunities for income generation, and participation in legitimate public and political activities.

3.2. A mechanism should be elaborated for ensuring the rights of return for those internally displaced persons who are currently residing in other countries. For this purpose it is necessary to strictly delineate the rights of IDPs to receive state assistance, and the basic right of an internally displaced person and that of their descendants, regardless of current place of residence, to return to their homes. People-to-people diplomacy also is important in order to support the restoration of trust among communities.

CHAPTER V - Integration of IDPs

1. In order to realize the goal of integration of the internally displaced population, the State Strategy aims at implementing activities for improving the living and social conditions, as well as health and economic status of IDPs, undertaking necessary legislative initiatives in this regard. These programs shall be based on the identification of IDP categories according to their poverty level (the kind of care they require) and their skills (ability to become self-reliant), which requires the elaboration of relevant indicators. In fulfilling these objectives, it is important to plan programs in a way which does not harm the existing social and economic linkages established among IDPs.

2. Improvement of Living Conditions for IDPs

2.1 Effective resettlement of IDPs represents a precondition for the improvement of their living conditions and for their integration as well. The existence of approximately 1,600 collective centers, most of which are unsuitable for living, on the territory of Georgia not only poses a threat to the lives and welfare of their residents, but also hinders the social and economic advancement of the country. Resolving the issue of collective centers will assist in improving the living conditions of IDPs and will address the following significant issues:

- a) Collective centers of public purpose will regain their primary function of social institutions (hospitals, schools, etc.);
- b) Collective centers which have commercial value will be vacated for private investment. Monetary compensations, which will be given to IDPs in exchange for vacating the places they are currently occupying for residence, shall be relevant and adequate to market prices;
- c) The collective centers that are suitable for living and do not have a specific importance, will be transferred to IDPs, if they so desire, for self-privatization (price for the privatization should be determined by considering the social condition of each IDP).

2.2. IDPs shall be protected against illegal eviction.

2.3. State assistance will be provided based on strictly determined selection criteria, according to which IDPs residing in the private sector and those in the collective centers shall be offered specific assistance tailored to their needs. The programs listed below provide for the stable and long-term improvement of living conditions of IDPs:

- a) Use of specialized social institutions, within state programs, for IDPs with limited mental/physical abilities who are in need of special care (different types of shelters for groups of persons with specific health needs);
- b) Social assistance, within state programs, to healthy elderly and other vulnerable IDPs (those without a breadwinner, etc.) without any income (deinstitutionalized care for those who cannot survive independently and will not be able to become self-reliant in the future, though do not need special care);
- c) Financial assistance (ex. vouchers or other forms of assistance) for those IDPs who do not have a place to live or who leave collective centers, to support them to purchase a residence.

2.4. Transfer of residences into private ownership will be especially encouraged, though this option shall not take place automatically. Participation and contribution of IDPs in this process is a precondition for their purchasing of flats.

3. Improvement of socio-economic conditions of IDPs

3.1. Improvement of living conditions of IDPs depends upon access to adequate social services, first of all in the spheres of healthcare and education. In order to achieve these goals, the state strategy envisages implementation of following activities:

- a) A survey of the health status and morbidity of IDPs should be conducted. Special attention should be paid to researching the prevalence of diseases of probable high risk among IDPs. It is recommended to elaborate medical and psycho-social assistance/rehabilitation programs for IDPs;
- b) For the extremely vulnerable groups of IDPs (such as people with disabilities, vulnerable elderly people, single mothers and their CHILDREN, orphans etc.), who do not possess the necessary resources for achieving self-reliance, the State Strategy envisages the timely identification of their needs and their inclusion in existing programs of humanitarian assistance or of targeted care and social and home-care programs, or if needed, elaboration of special programs for them;
- c) Segregated schools affiliated with collective centers should be closed once these collective centers are vacated and IDP teachers should be included in the national program for upgrading their qualification;
- d) In order to increase the effectiveness of IDP-targeted programs, it is necessary to ensure awareness-raising among IDPs, and this requires the development and implementation of informational programs.

3.2. With a view to ensuring the right of IDPs to return to their places of permanent residence while at the same time supporting achievement of their social integration, the issue of IDP status should be dissociated from the receipt of social assistance. IDPs, like other persons in Georgia, may take part in social state programs, determined on the basis of needs, and regardless of the status of the beneficiary. In addition, inclusion of IDPs in social programs should not reduce the state assistance allocated to them. Before the goals of the Strategy are achieved, IDPs' participation in state social programs can be considered as an additional measure.

3.3. The ability of IDPs to pursue economic activities and initiatives is fundamental to their welfare, for which crucial importance is given to the human and social capital of IDPs as well as their access to material and financial resources. It is important to support economic activities of IDPs that will facilitate their reintegration after their return to their places of permanent residence. The State Strategy envisages implementation of the following activities:

- a) It is necessary to provide support, within state educational programs, for vocational education for IDPs, which can become a tool for the social integration of IDPs, to encourage their motivation for participation in vocational training and to increase IDPs' access to such programs; also, to raise their awareness about vocational training, professional skills-development or other learning opportunities;
- b) It is important to implement programs for supporting the development of small business and enterprise among IDPs, that will encourage entrepreneurship and provide access to start-up capital as well as the acquiring of relevant knowledge

and skills; it is necessary to support employment in rural areas for those IDPs who possess relevant agricultural skills; (this should be implemented through the assistance of donors (e.g. grants) and no budgetary/state resources should be used); Abkhazia and Tskhinvali region, also Samegrelo, Shida Kartli and Akhlagori district represent priority regions.

- c) In the areas where IDPs are residing in buildings with significant economic potential (e.g. Tskaltubo, Borjomi), there is need to elaborate area-based development programs, which among other activities imply vacating such buildings and restoring their economic functions.

CHAPTER VI - Main Principles of Implementation of the State Strategy

1. Implementation of the strategy is based on the following principles:

1.1. *Voluntary Decisions and Free Choice of IDPs*

Taking into account that according to the legislation of Georgia, IDPs make key decisions voluntarily and without pressure, implementation of the strategy should foresee clearly determined mechanisms for appeal.

1.2. *Dialogue with IDPs and their participation in decision making*

IDPs participate in the planning and implementing of activities envisaged in the strategy, in an organized manner.

1.3. *Coordination and Information-sharing among Governmental Agencies and Stakeholders*

The governmental agencies implement the state strategy in close cooperation with one another and in coordination with international donors. The various programs are implemented in a coordinated manner both within the framework of strategy and in relation to other state programs.

1.4. *Planning of Activities based on Reliable Information and Research Data*

Effective implementation of the state strategy requires comprehensive and reliable information. When needed, targeted studies are to be undertaken, on which the action plan will be based.

1.5. *Integration of IDP-targeted Programs into State Programs*

The programs intended for IDPs shall be integrated in general state programs. In case of absence of general state programs, it is necessary to plan IDP-targeted programs in a way that will facilitate the integration of these programs into state programs in the long-term. Inclusion of IDPs in state social programs should not reduce currently allocated state assistance to IDPs.

1.6. *Sustainability of Outcomes of the Activities Implemented within the Framework of the State Strategy*

Programs implemented within the framework of the strategy should aim to achieve its identified goals in an adequate and sustainable manner. Where self-reliance of vulnerable

IDPs cannot be achieved by single or short-term activities, long-term assistance should be ensured.

1.7. *Development of Tailor-made Programs for Different Vulnerable Groups based on Categorization Criteria*

In order to plan and implement tailor-made programs, categories of IDPs based on their vulnerability should be defined. Definition of these categories should be according to IDPs' economic abilities, and their social and human capital.

1.8. *Ensuring Social Equity in the Process of Providing Assistance to IDPs*

In all cases where IDPs are residing alongside the local (host) population, the specialized IDP-targeted programs should consider the interests of the local population as well. Social equity does not exclude the possibility of prioritizing assistance to IDPs when justified.

1.9. *Gender Equality, Protection of the Rights of the Child and Respect for Other Recognized Human Rights*

The State Strategy, in addressing IDP problems, pays adequate attention to ensuring gender equality and equity, protection of the rights of the child, and other nationally and universally recognized principles, and elaborates relevant mechanisms.

1.10. *Regular Updating of the State Strategy*

The State Strategy for IDPs should be flexible. Accordingly, it is necessary to update it regularly so that it reflects and considers new developments and trends as well as changing state interests and IDP problems. The State Strategy envisages the elaboration of effective mechanisms for this purpose.

CHAPTER VII - Implementation of the Strategy and its Monitoring

1. To achieve the goals specified in the State Strategy, the government of Georgia – in particular, the Ministry of Refugees and Accommodation, the Government of the Autonomous Republic of Abkhazia, the Ministry of Economic Development, the Ministry of Education and Science, the Ministry of Labor, Health and Social Affairs, the Ministry of Finance, as well as other governmental institutions – will elaborate programs and implement them with the participation of international donor organizations and the non-governmental sector as well. The ministries represent the main bodies for assigning tasks within the programs foreseen by the strategy. Various governmental, international and non-governmental organizations will be widely involved in the financial and technical support and direct implementation of these programs.

2. The main condition for the successful implementation of the strategy is the development of a well-planned, detailed and realistic action plan, reflecting not only the necessary budgetary and non-budgetary resources, but also institutional and other resources, in the short-term and mid-term perspective. The action plan should also specify the following: division of functions and responsibilities clearly among agencies;

define the order and schedule of activities; and define procedures for measuring indicators reflecting the effectiveness of implementation of the strategy.

3. Implementation of the state strategy is led by the government of Georgia. To achieve the identified goals, the ministries and donor organizations act in a coordinated manner. The State Commission and ministries will identify legislative gaps and, as needed, undertake legislative initiatives. The leading role, responsibility and coordination function for the elaboration of programs and monitoring outcomes of their implementation is assigned to the Ministry of Refugees and Accommodation, which will closely cooperate with the thematic working groups through the Secretariat of the State Commission. In monitoring implementation of the strategy, much importance is given to the participation of IDPs themselves and of civil society, as well as to the transparency of the process.

4. Based on the results of monitoring of implementation of the strategy, the effectiveness of the activities envisaged will be evaluated annually and the strategy reviewed and updated taking into consideration new developments.

**Program “MY HOUSE” for Registration of Property of IDPs from Abkhazia,
Georgia**

The method of the respect of the property rights of the IDPs is somewhat different from that of the rest of the population due to the specific factual situation. Although the Constitution of Georgia recognizes the right to property, the N 1331 Parliamentary Decree of March 20, 2002 restricted the right to property of the IDPs until the "elimination of the conditions that caused the displacement of those individuals". The restriction is not about the general recognition of the property right but about the special regime for the registration of the property located in the parts of Abkhazia that remain beyond the control of the central government.

According to the general legislation on the registration of property, valid identification document and cadastral information shall be presented to the Public Registry. Identification documents as well as cadastral data¹ of the property located in Abkhazia have been remained there or are destroyed during the conflict. In the light of the above-mentioned, in order to conduct the valid registration of the property in the territory of Abkhazia, it is inevitable to conduct on spot verification. Without the on spot verification, especially behind the background that privatization of property as such has never been conducted in Abkhazia (as the armed conflict evoked between the central government of Georgia and separatist forces and the former lost control of Abkhazia), using regular procedures for registration may cause violation of the rights of third persons. Conversely, the risk that a person who claims ownership over the property may not be the real owner is tremendous. Through a neglectful registration, the rights of potential buyers of the property also are under the risk. Therefore, the Government of Georgia takes very seriously the issue of property registration in the parts of Abkhazia beyond the control of the central government.

However, in order to strike the fair balance between the interests of different individuals the Public Registry conducts preliminary registration. The preliminary registration means that the Public Registry can register property rights on the basis of the satellite photos taken by the Government and the valid identification documents submitted by applicants.

This procedure is regulated within the frameworks of the Presidential Program "My House".² It is aimed at recording the real estate and registering the rights on it in the *de facto* territories uncontrolled by the Georgian Government. The program sets the foundation and exercises the preliminary registration of the property rights of the persons that had their real estate on the territory of Abkhazia prior to armed conflict and who as a result of it were forced to leave their property and change the place of residence. The

¹ Cadastral data provides information on location, boundaries, area and rights of a specific immovable property.

² The program is established by the Presidential Decree No. 124 of February 14, 2006, on Measures to be Taken with Respect to Recording of Rights to Immovable Property existing in the Autonomous Republic of Abkhazia and the Tskhinvali Region, and by the Presidential Decree No. 255, dated April 8, 2006, on Approval of the Procedure for Preliminary Registration of Immovable Property Existing in the Autonomous Republic of Abkhazia and the Tskhinvali Region.

preliminary registration of the property rights in Abkhazia constitutes the grounds for regular registration after the restoration of jurisdiction of Georgia. It is important to mention that the preliminary registration is a manifestation of ownership over the property in question, however, the owner is temporarily restricted in his/her right to sell or otherwise dispose the property.

Pursuant to the Decree No 124, in order to have preliminary registered property rights on the real property in Abkhazia, natural and legal persons fill out a special declaration form indicating the information concerning the real estate that was in their possession on the territory of Abkhazia. Afterwards the data indicated into declarations together with the satellite shoots conducted will be used for creating of the geoinformational system of Autonomous Republic of Abkhazia. All this provides the necessary requirements and gives the possibility to exercise the preliminary registration of the property rights of physical and legal persons in the territory of Abkhazia. For the implementation of these tasks special department of land and other property-related issues of the IDPs has been created in the Ministry of Refugees and Accommodation of Georgia.

Among others, the program "My House" aims at ensuring the identification of the "persons" who are entitled to claim the right to ownership over the real estate (persons who possessed the real estate) in the *de facto* territories and protection of their civil rights and interests. Upon restoration of the *de jure* jurisdiction of Georgia over Abkhazia, Georgian citizens will have legally valid and technically approved documents in Georgian and Abkhazian languages on real estate confirming the right to their property (the real estate's "recording certificate" and attached their farmstead plan) on the basis of which property related issues will be regulated and resettlement of IDPs in their habitual residences will be carried out.

The Public Registry will be able to conduct full scale and normal registration of the property in the parts of Abkhazia beyond the control of the central Government only after verification of the archival documents locally and accurate verification of location, boundaries, area and purpose of the property.

In order to show Georgia's commitment to restore the IDPs in their right to property they have been expelled from, the measures taken in Upper Abkhazia, Kodori Gorge, is worth to mention. As soon as the central government obtained necessary control over Upper Abkhazia, the Gulripshi Public Registry Office has been opened that registers the property over that territory and accordingly the inhabitants are effectively restored in their property rights.

With respect to the registration and ownership of property by IDPs outside of Abkhazia, Georgia – they are treated on equal level with the ordinary citizens of Georgia and enjoy the same rights and freedoms with respect to property rights.

**Compliance of the Georgia's Legislation with the Refugee Convention and Protocol
And the Rights of Refugees in Georgia**

The Legal framework regarding refugees in Georgia is established by both international law and domestic legislation. Georgia is a party to 1951 Convention Relating to the Status of Refugees¹ (*hereinafter* the Convention) as well as the 1967 Protocol.² In February 1998 the Law of Georgia on Refugees was adopted for the purpose of implementing the obligations prescribed by the Convention and its Protocol. Together with the Convention and the Protocol, the Law of Georgia creates legal basis for regulations of refugee related issues in Georgia.

Under the current state of Georgian domestic law, international treaties and agreements concluded by Georgia prevail over the domestic legislation. Moreover, the internal legislation itself shall be in line with the generally recognized norms and principles of international law.³ Under domestic legislation both provisions of international treaties as well as internal legal provisions may be referred to in order to regulate a particular issue, since in certain cases international treaty provisions are not subject to direct application and require domestic implementation.

The mere fact that Georgian legislation defines procedures for granting refugee status does not *per se* contradict international standards. The Convention defines refugees and provides for certain standards of treatment to be accorded to them. It leaves to States the choice of means as to its implementation at the national level.⁴ Given the nature of the definition, the assessment of claims to refugee status thus involves a complex of subjective and objective factors, while the context of such assessment – interpretation of an international instrument with fundamentally humanitarian objectives – implies certain ground rules.

Georgia recognizes the fact that “a person is a refugee within the meaning of the 1951 Convention as soon as he fulfils the criteria contained in the definition.”⁵ In this respect, both the Convention and the Law uses the same wording for the definition of refugee. It is also true that the recognition of refugee status does not make a person a refugee but declares him to be one. However, in connection with the above it is obvious that the state party needs to establish the domestic procedure for the identification of those who represent refugees for the purpose of the Convention.⁶ In order to enable States parties to the Convention and to the Protocol to implement their provisions, refugees have to be identified.

In the light of the above, the existence of the procedure for the determination of a refugee status adopted under the 1998 Georgian Law on Refugees, is in full conformity with the regime of the 1951 Convention. On the other hand, the procedure itself is fully in line with the principles of the Convention as will be shown below.

¹ Georgia acceded to the Convention on May 28, 1999, by N 1996-II's Decree of Parliament.

² Georgia acceded to the Protocol on May 28, 1999, by N 1996-II's Decree of Parliament.

³ Article 6§2, “*The Constitution of Georgia*”; Article 19§1, 20§2, “*Georgian Law on Legal Acts*”, №458 – Is, 29 October 1996.

⁴ Goodwin-Gill, Guy S., *The Refugee in International Law*, at 34. “Handbook on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and the 1967 Protocol relating to the Status of Refugees”(UNCHR Handbook), HCR/IP/4/Eng/REV.1 Geneva, January 1992,

⁵ “Handbook on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and the 1967 Protocol relating to the Status of Refugees”(UNCHR Handbook), HCR/IP/4/Eng/REV.1 Geneva, January 1992, para. 28.

⁶ It is even more important that the UNHCR Handbook on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and the 1967 Protocol relating to the Status of Refugees gives such a possibility.

The Law of Georgia on Refugees is based on the Constitution of Georgia and universally recognized principles of international law. In Article 1§2 the reference is made to the 1951 Convention and the 1967 Protocol relating to the Status of Refugees.

According to Article 1 of the Law, a person entering the territory of Georgia without Georgian nationality, for whom Georgia is not a country of origin and who was compelled to leave his/her country of nationality or permanent residence due to the persecution on the grounds of race, religion, ethnic affiliation, membership to any social group, or political opinion and is not able or do not wish to enjoy protection of this country due to such peril is regarded as a refugee. Thus the definition of the term “refugee” under the Law is equal to one in the Convention. At the same time, the Article indicates, that the status of refugee shall not be granted to the person who is not covered by the Convention relating to the Status of Refugee of 1951 and Protocol relating to the Status of Refugee.

Under Article 2 of the Law, the person who entered Georgia due to the reasons mentioned in Article 1 is obliged to personally apply to the Ministry of Refugees and Resettlement (*hereinafter* the Ministry) and request his/her recognition as a refugee. The asylum seeker is granted the Status of Refugee Seeker and receives the relevant document.

Within five days following the registration, the seeker of the refugee status shall receive the place of temporary settlement. Their transportation and the luggage transfer to the place of temporary settlement shall be ensured. As will be shown below the seeker of the refugee status is free to choose and take his/her place of residence if he/she enjoys such a possibility.

In case of a refusal of registration, the person concerned shall be informed by written notice explaining the reasons of refusal and containing the information concerning the procedures of the appeal. The refusal can be appealed in the Ministry within 15 days after the receipt of relevant notification. The final decision of the Ministry on the refusal of the registration can be appealed in the Court in accordance with the procedure provided by law. The seeker of refugee status is freed from any expenses related to the examination of his/her case in any instance and shall be granted free translation services.

Under Article 3 of the Law the refugee status seeker is entitled to:

- move freely, to live at the place of temporary residence and to utilize the communal services;
- receive determined portion of food;
- benefit from single monetary or other kind of assistance from the state budget, in an amount established by the Georgian Legislation.
- educate his/her child in the public school or kindergarten.

The refugee status seeker is obliged to:

- provide the relevant unit of the Ministry with information necessary for the examination of his/her case;
- move into the temporary residence after its allocation and put the Ministry into notice. If he/she chooses different place of residence immediately inform the relevant service/s of the Ministry regarding the change of the place of residence and his/her new address. Here it should be emphasized that the refugees status seeker is free to choose his/her place of residence if he/she has such a possibility.
- comply with the Georgian Legislation and the rules established at the temporary place of residence;
- undergo a medical examination within a fixed period of time.

The decision on the recognition of the person as a refugee is made by the Ministry within 4 months after the registration. Before granting the refugee status, the person concerned shall be interviewed. The person shall be notified about the interview 3 days in advance. During the interview the person concerned shall be provided with the service of a qualified interpreter.

Following the registration process, the Unit of the Refugees and Asylum Seekers of the Department of Refugees, Asylum Seekers and Migration Control of the Ministry shall examine the personal case of the applicant and prepare the report on the appropriateness of the granting the status of refugee to the applicant. The report of the Unit together with enclosed materials is transmitted to the Commission examining the issues related to the refugees and asylum seekers (*hereinafter* the Commission).⁷ The Commission examines the report of the Unit and within one month delivers the decision on granting the status of the refugee to the person concerned. The person granted a refugee status shall receive relevant certificate.

The refugee status seeker shall be notified of the refusal to be granted the refugee status within 5 days after the delivery of the decision by means of written explanatory note regarding the reasoning. This decision can be appealed in a court in accordance with the rules provided by law. During the appeal proceedings, the applicant shall enjoy all the rights and benefits granted to the status seeker under the Law on Refugees. The decision of the court shall be immediately notified to the person concerned and the relevant state authorities.

The person acquiring the refugee status shall receive the temporary residence certificate. This kind of certificate contains information concerning nationality, identity, domicile on the territory of Georgia and the status of the owner. The document is issued with 3 year term of validity.

⁷ The Commission is established by the Decree of the Minister of Refugees and Accommodation №378 of September 8, 2004, in accordance with Article 4(1) of the Law. It consists of a chairman and 5 members appointed by the Minister of Refugee and Accommodation.

Overview of UNHCR assistance provided to Chechen asylum-seekers and refugees in Georgia, in particular in the Pankisi Valley during the period from 2002 - 2006

2002

Domestic needs/household support: Approximately 1700 refugee women received 14,000 pkg of sanitary napkins. 1500 families received 7500 toothbrushes; 10500 tubes of toothpaste; 3000 towels; 78000 bars of body soap and 21000 pkg of laundry detergent. 2200 refugee CHILDREN received 1405 jackets and 1740 pair of winter boots.

Food: 10500 kg of salt and 31500 kg off tea was distributed to 1500 refugee families. Host families received 216 mt of wheat flour, 18000 lts of oil, 28.8 mt of beans and 14.4 mt of sugar.

Water: through two implemented partners UNHCR assisted in improving the water quality and its distribution network in several villages in Pankisi valley. Basic repairs were to extend access by the community to potable drinking water. The water chlorination activity also continued.

Sanitation: UNHCR through a partner contributed to basic improvement in the general sanitation throughout the valley through the creation of 11 garbage collectors around collective centres in Pankisi to improve the standard of human waste disposal, thus curbing the risk of spread of communicable diseases.

Health/Nutrition: Through an implementing partner UNHCR covered all the basic health care need of refugees residing in Pankisi valley. 197 refugees were treated in different hospitals in Tbilisi under referred procedures for emergency cases. Approximately 929 patients were treated in Akhmeta regional hospital. Total number of refugee births in 2002 was 97, with 71 delivered in hospital and 26 delivered at home. Nine distributions of necessary medicaments were made to the clinics and regional hospital in 2002.

Education: in 2002, through the NRC, UNHCR continued to assist schools in Pankisi through the supply of classroom materials and student supplies. 627 refugee students and 1025 local students benefited from the school supplies. In addition UNHCR continued with the next stage of their teacher training programme, continuing to focus on peace-building in the classroom and resolving class conflict. 88 teachers participated in the training.

UNHCR also supported the kindergarten programme in Pankisi, managed by the local implementing partner. 2 kindergartens were attended by 175 CHILDREN.

14 Chechen refugee university students have received the German sponsored DAFI scholarship.

Income generation: In 2002 UNCHR initiated an income generation project with two components. 80 refugee families living in host environments received 3 sheep and fodder, provided that the host and refugee families agree to share responsibility for care of the livestock as well as share the profit of animal product. 20 additional refugee families living in collective centers were distributed professional kits including hairdressing, welding, carpentry and shoe repair.

Forestry: In 2002 UNHCR continued its second year support for a forestry planting and ecological education programme. Forty-four hectares were planted in spring and autumn with a total of 80,700 saplings of various regional species. Monitoring of 2001 planting was also conducted. Health rate of the samplings for both years' planting was at 85%.

In conjunction with the forestry planting programme an ecological awareness class was also implemented for refugee and local CHILDREN. 104 students ranging in age 12-16 participated.

Legal Assistance/Protection:

In April 2002 a new registration exercise was conducted with support of UNHCR and the main purpose of exercise was to exclude from the MRA list local kists, multiple registration and Chechen fighters if they had been previously registered. As a result the number of Chechen refugees in Pankisi valley dropped significantly from 8,122 to 3641. Identity cards with photos and signatures issued to refugees is an important step for their protection.

UNHCR Tbilisi advocated for refugee rights, particularly for women and CHILDREN, respectively through the funding and supervision of the drafting of legal manual on human rights in Georgia and by hosting a regional workshop on training the trainers on refugee CHILDREN's rights under the auspices of the action for the rights of Chechen capacity building initiative.

Together with United Nations Association (UNAG), UNHCR worked on trainings for government counterparts and media representatives who deal with or report on issues related to refugee/asylum seeker protection. 35 persons participated in 2 day training. Four editions of Refugee magazine were distributed to 1000 recipients. UNAG also prepared and compiled Country-of –origin information on Georgia and developed its web-site dedicated to refugee/asylum issues.

Legal counselling was introduced in the community center in Pankisi in 2002 and 564 persons sought the advice of the counsellors. UNHCR has successfully resettled one Chechen refugee family consisting 6 persons.

2003

Food: UNHCR provided complementary food items to Chechen refugees in 2003 including canned fish, sweetened condensed milk, dry soup, iodised salt and tea. The basic food basket was provided by World Food Program (WFP) and distributed by UNHCR. UNHCR also provided a one-time distribution of the same basic ration (wheat flour, oil, sugar, beans) to host families and refugee teachers.

Domestic Needs/Household Support: UNHCR provided firewood, blankets and woodstoves to refugees in the Pankisi Valley in preparation for the harsh winter months. In addition, sanitary items were provided including bath soap, laundry detergent, toothbrushes and toothpaste and sanitary napkins to all reproductive age women.

Water: Through local implementing partner, Kakheti, UNHCR continued to chlorinate the local water supply to ensure potability for the whole community. UNHCR also under took the rehabilitation of three water distribution networks in the valley.

Health/Nutrition: UNHCR with local implementing partner, Technical Assistance to Georgia (TAG) supported the health needs of the refugees by supplying 3 clinics in the Pankisi Valley with medicaments and supplies and by managing the refugee medical referrals onward to Akhmeta or Tbilisi. 16,387 patients were seen by a doctor throughout

the course of the year. Of that number 13,566 were new cases while the remainder were follow-up treatments for previously diagnosed illnesses. 551 refugees were referred to Akhmeta or Tbilisi for in-patient services. 214 pairs of eyeglasses were distributed to elderly refugees upon examination/ diagnosis by an ophthalmologist. TAG ran a TB screening and treatment campaign among the refugees, which revealed 13 new cases of TB from the 3090 individuals interviewed and screened. 59 refugee CHILDREN were born in 2003.

Community Services: In partnership with NRC, UNHCR supported the refugee community center which provided a variety of skills building and recreational activities for youth in the Valley. Courses included English, computers, cooking, sewing, dancing and music. A total of 455 young people participated in the classes. A gym room with exercise equipment and sports equipment was available and included basketball, volleyball, table tennis and chess. The information library with satellite television for local and regional news broadcasts was available and periodicals were provided; an average of 100 persons per day visit the library. Through the local implementing partner GCRT, UNHCR launched a pilot project in the second half of the year addressing the psycho-social rehabilitation needs of war affected persons, focusing primarily in the early stages on CHILDREN.

Income generation: UNHCR together with a local implementing partner continued with the small-scale income generation projects in the second half of the year. Bee-keeping and honey processing remained very successful. 331 Chechen refugee collective center occupants received nearly 1 kg of honey each. In addition 17 patients suffering from pulmonary disorders were provided with the honey. A workshop established earlier in the year was functioning successfully provided a variety of services, including shoe repair, hairdressing, seamstress/knitting service and carpentry. 16 refugee families from collective centers participated in the work shop.

Education: Together with partner NRC, UNHCR continued to provide school supplies to the four primary schools where the refugee pupils study. 475 pupils benefited from this assistance. 58 refugee and local teachers participated in trainings aimed at the promotion of teachers' psychological competence, elaboration of interactive-innovative teaching skills and methods to solve problems arisen during the teaching process and rising of awareness on school mission. Two pre-schools were supported offering early education to refugee and local CHILDREN between the ages of 3-6. 194 CHILDREN participated.

Legal Assistance/Protection:

Major progress was made on the implementation of a durable solutions-oriented protection strategy for Chechen refugees in Georgia. After having obtained the agreement from the Georgian authorities, UNHCR conducted a profiling exercise in July/August. This exercise consisted of interviews with heads of registered Chechen refugee families, in order to obtain information on their protection situation and their preferred durable solutions. Over 85% of registered cases were interviewed. After analyzing the profiling data, cases were pre-selected for possible resettlement processing and possible local integration. Number of cases interested in immediate return to Chechnya was very small and follow up on these cases resulted in nil case request for UNHCR's support in returning to Chechnya in the latter half of the year. At the end of the year, 7 Chechen cases (21 persons) were resettled to third countries and 27 cases (93 persons) were submitted for resettlement.

A legal assistance program for Chechen refugees was implemented through NRC. The refugees in Pankisi Valley have access to two legal counselors based in the Duisi community center. In the course of 2003, some 324 individuals received 500 consultations.

2004

Food: In 2004 UNHCR continued to distribute WFP food rations to Chechen refugees in Pankisi Valley and UNHCR provided complementary food items which included canned fish, sweetened condensed milk, dry soup, iodised salt and tea. UNHCR also provided a one-time annual-distribution of the same basic WFP food ration (wheat flour, oil, sugar, and beans) to host families and volunteer refugee teachers.

Domestic Needs/Household Support: UNHCR provided winter clothing consisting of jackets and boots to all school aged refugee CHILDREN in Pankisi Valley. UNHCR continued to provide firewood to refugees in the Pankisi Valley in preparation for the harsh winter months. In addition, sanitary items were provided including bath soap, laundry detergent, toothbrushes, toothpaste and sanitary napkins to all reproductive age women.

Water: Through local implementing partner, Kakheti, UNHCR continued to chlorinate the local water supply to ensure potability for the whole community. UNHCR also undertook the partial rehabilitation of Omalo village's water distribution network.

Health/Nutrition: UNHCR through local implementing partner, TAG, supported the health needs of the refugees by supplying 3 clinics in the Pankisi Valley with medicaments and supplies, and by managing the refugee emergency medical referrals onward to Akhmeta or Tbilisi. In 2004, a total of 6,994 cases had received the health services from these dispensaries, while 554 refugees were referred to Akhmeta, Telavi or Tbilisi for in-patient services. TAG continued to run a TB treatment campaign among the refugees, which revealed only 1 new case of TB from 39 suspected cases during the reporting period.

Community Services: In partnership with NRC, UNHCR supported the refugee community centre that provided a variety of skills building and recreational activities for youth in the Valley. Courses included English, Georgian as a Second Language, computers, cooking, sewing, dancing and music. A total of 452 young people participated in the classes.

A gym room with exercise and sports equipment was available at the NRC run Community Centre and included basketball, volleyball, table tennis and chess. The information library with satellite television for local and regional news broadcasts was available and periodicals were provided; averages of 100 persons per day visit the library. A sport complex was also constructed in Duisi village through local partner Kakheti for local and refugee youth to play football, volleyball and basketball.

GCRT continued to provide psychosocial support and treatment to the Chechen refugees' population residing in Pankisi Gorge. A total of 204 refugees received individual counseling services, while 38 families and 13 groups attended family and group counseling sessions respectively.

Income generation: UNHCR together with a local implementing partner continued with the small-scale income generation projects, which primarily consisted of bee-keeping and honey production. 560 kg honey was harvested, of which 40% was distributed to vulnerable refugees, 40%

distributed among the beneficiaries and 20% saved in the group fund. An additional 75 new beehives were purchased to expand the activity.

Education: UNHCR continued to provide school supplies through its implementing partner, NRC to the four primary schools where the refugee pupils study. 732 pupils in both the Georgian and Russian sectors benefited from this assistance. 58 refugee and local teachers participated in trainings aimed at the promotion of teachers' psychological competence, elaboration of interactive-innovative teaching skills and methods to solve problems arisen during the teaching process and rising of awareness on school mission. Two pre-schools were supported offering early education to refugee and local CHILDREN between the ages of 3-6. 183 CHILDREN benefited from this activity.

Legal Assistance/Protection:

Following up on the solution-oriented protection strategy developed in 2003, a major achievement in 2004 was the substantial increase in the number of refugees who found a durable solution by resettlement. By the end of the year, 41 Chechen cases (155 persons) were resettled to third countries and 59 cases (243 persons) were submitted for resettlement. One Yemeni family (3 persons) was resettled in addition.

Upon request of the Government, UNHCR Tbilisi prepared comments on the draft amendments to the Law on Refugees, which was submitted to UNHCR Headquarters. By the end of 2004 the Protection Unit prepared the Georgian translation of the official UNHCR comments to the Law on Refugees, as well as those of the UNHCR Observations on the draft Law on Property Restitution (related to the resolution of the Georgian-South Ossetian conflict).

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In August 2004, MRA, with the technical support of UNHCR, undertook the annual registration of the *prima facie* Chechen refugees. As a result of the exercise, the total number of refugees reduced from some 3800 persons to 2610. The reduced number of refugees is explained by the de-registration of the local residents and those refugees who no longer stay in Georgia. The 2004 exercise demonstrated the commitment of the new Government to the accurate registration of the Chechen refugees.

A legal assistance program for Chechen refugees was implemented through NRC. The refugees in Pankisi Valley have access to two legal counselors based in the Duisi community center. In the course of 2004, some 539 individuals received consultations.

2005

Food: As of March 2005 TAG managed the bi-monthly distribution of food and non-food items. TAG distributed WFP food rations and UNHCR's complementary food items (canned fish,

sweetened condensed milk, dry soup, iodised salt and black tea) to 800 families. UNHCR also provided a one-time annual-distribution of the same basic WFP food ration (wheat flour, oil, sugar, and beans) to host families (85% of refugees live with host families) and 43 volunteer refugee teachers.

Domestic Needs/Household Support: UNHCR, through TAG, distributed bi-monthly sanitary items to all reproductive age women, and hygienic packages including tooth brush, tooth paste, washing powder and bath soap to 775 households on average. 2,516 persons received one towel each. 784 households received one kitchen set each. 1,218 CHILDREN received winter and summer clothes. 821 households benefited from the distribution of 2,800 m3 of firewood for the winter.

Water: The local NGO, Kakheti chlorinated 7 water supply systems in five villages in Pankisi Valley. Water samples from the systems were routinely tested at the laboratory of Akhmeta confirming the potability of the water. The purified water benefited the whole community in the Pankisi Valley.

Health/Nutrition: Through its local implementing partner TAG, UNHCR continued to provide primary health care to refugees and a host population of some 7,965 by supplying three clinics with medicaments and supplies. The clinics were staffed with five local doctors and six nurses and received during the year 11,128 visits by refugees and 4,386 by the local population. TAG carried out five health screening campaigns: TB prophylactic tests on 195 CHILDREN under age 7; orthopedic check of pre-selected infants with hips-joints problems; gynecological/mammalogical screening of all refugee women aged 30-55 (306 persons); general physical and nutritional health check of all refugee CHILDREN under 5 (315 persons). CHILDREN were routinely vaccinated according to the National Vaccination Plan. Optical tests were undertaken in particular of elderly refugees and 43 eye-glasses were distributed in accordance with specialist's prescription. TAG also organized 5 training sessions for community members, staff and local health providers on health related matters, including HIV/AIDS, and managed refugee medical referrals to hospitals in Akhmeta, Telavi and Tbilisi with 739 refugees referred.

Community Service: GCRT provided psychosocial rehabilitation for traumatized refugees prioritizing CHILDREN. 362 beneficiaries were provided with psychological help of which more than half were CHILDREN. Family therapy was applied to 50 families and family counseling to 44 families.

GCRT organized four training sessions in "Conflict Resolution and Negotiation" for community leaders. 14 (7 refugees and 7 locals) socially active persons perceived as community leaders by the community obtained the training. The trained persons in their turn organized 14 discussion group meetings reaching 94 members of the community. The purpose of the discussions is to have locals and refugees discuss common problems in the community and to pave the way for the local integration of refugees.

The NRC managed Refugee Community Center in Duisi provided the highly demanded courses in computer, English and Georgian language, culinary, sewing, dancing and music benefiting 357 individuals. More than two thirds of the beneficiaries were women while 40% of the beneficiaries were locals. The monthly fee for the courses was GEL 2 and three refugee women served as local coordinators of the activities. Cultural and sporting activities and sports equipment were provided targeting mainly local and refugee youth. Information and awareness raising activities continued through distribution of Russian and Georgian newspapers, edition of NRC's monthly newsletter and TV rooms in the community center and Jokolo refugee collective centre. Approximately 100

persons per day visited the community center for the library/ TV, playground and café. In May, NRC initiated an educational development activity for refugee and local CHILDREN and adults with limited skills due to physical or mental disability. The project aims at stimulating their physical and educational development.

Income generation: Kakheti monitored the honey-production of 98 beehives in Sakobiani village. 40% of the honey harvest of 400 kg was distributed to 216 vulnerable refugees. Kakheti distributed 21 professional kits to refugees residing in collective centers to assist them start up activities such as shoe-making and welding.

Education: Norwegian Refugee Council (NRC) managed two kindergartens attended by 197 refugee and local CHILDREN and distributed basic school supplies and textbooks for 609 refugee and local pupils. UNHCR provides a German Government-sponsored tertiary level scholarship (DAFI) to 10 refugee students; including tuition, books, clothing and living allowances.

Legal Assistance/Protection:

UNHCR resettled 113 refugees (including six Iranians) during 2005. Although the number is reduced from previous year the result is satisfactory considering: a) the increasing reluctance of resettlement countries to accept Chechen refugees (particularly those in the Pankisi valley); b) non-deployment of a Resettlement Consultant for more than five months; and c) introduction of devolution policy of resettlement programme which subsequently increased workload in the field. In this context, it was significant that the selection mission from a resettlement country (Canada) conducted a one-day field visit to Pankisi in December to observe the refugee situation at first hand. It was the first time that a resettlement mission visited the Pankisi valley. In total, Georgia received four resettlement missions in 2005 (three from Canada and one from the US).

In August 2005, MRA with the technical support of UNHCR, undertook the annual registration of refugees. As a result of the exercise, the total number of refugees reduced from 2,610 to 2,480. The reduced number of refugees is explained by de-registration of persons found to be Georgian citizens and those refugees who did not appear for the registration and are presumed to be no longer living in Georgia.

NRC legal counselors provided legal advice and assistance to refugees in the community centre and in the villages on a daily basis and twice a week in the NRC field office. 408 refugees were counseled. UNAG handled much of UNHCR's public awareness campaign through training on refugee issues to various governmental bodies, agencies and media. In addition, UNAG published the "Refugee" magazine.

2006

Food: TAG managed the bi-monthly distribution of food and non-food items. TAG distributed WFP food rations and UNHCR's complementary food items (canned fish, sweetened condensed milk, dry soup, iodized salt and black tea) to 764 families =i.e all refugees. UNHCR also provided a one-time annual-distribution of the same basic WFP food ration (wheat flour, oil, sugar, and beans) to 1849 host-families.

Domestic needs/household support: 100% of refugees received non-food assistance (toothbrush, toothpaste, towels, washing powder, soap and sanitary napkins) timely on bimonthly basis and in accordance with the schedule set up by UNHCR.

Vulnerable asylum seekers received subsistence allowance and healthcare by UNHCR. They were able to travel to RSD procedure interviews. (Until status was determined)

1919 persons/602 Refugee families were provided with firewood.

Water: Water supply Chlorination, testing and epidemiologic control of the water supply was conducted regularly by TAG. 100% of refugee population consumed the adequate quantity (15 liters per day) of portable water.

Sanitation: Weekly life-skills (sanitation/hygienic) lessons were provided to schools from September to December 2006. The goal of the program was the improved hygiene skills and sanitation conditions among the refugees in Pankisi.

Health: Totally 11725 preventive/curative visits of refugee-patients registered in 3 Pankisi based health points during the year.

5774 local community members received health care assistance and medicines in the Ambulatories.

37 patients had been treated in Telavi regional hospitals. 261 patients had been examined and treated in the National Clinics in Tbilisi. 358 patients had been referred to Akhmeta district hospitals for inpatient treatment (including Maternity Home). 892 patients received different medicines individually prescribed and procured for them.

6 training sessions/education campaigns conducted: “TB”; “Bird Flu”; “Rickets and Orthopathologies”; “Endemic Goiter”; “AIDS Day” and “Baby-Care”.

Preventive health check on thyroid pathology of women 30-55 performed.

29 patients with dysfunction of Thyroid gland were under observation/treatment of Akhmeta Polyclinic endocrinologist.

193 women screened by specialists. 111 women were healthy, when other 82 demonstrated different type of endocrinal pathologies.

1 cases of nodular goitre - surgery done.

All revealed cases of the thyroid gland chronic dysfunction were supervised and treatment provided.

100% of mothers with lack of maternal milk received Infant Formula; 416 (400gr) cans of “NAN-NESTLE” were distributed.

109 CHILDREN of Duisi and Omalo kindergartens had been done the TB diagnostic test – “Mantoux”. 106 adolescents were checked in Duisi and Jokolo schools, 6 TB suspected additionally examined and TB excluded.

3 new cases of TB diagnosed during a year of operation (2 patients live in Tbilisi and 1 in Duisi). All cases diagnosed on early stage and are adequately treated in the specialized facilities

Shelter: UNHCR along with its Governmental counterpart have conducted basic rehabilitation of one of the collective centers. The windows (by MRA) and doors (by UNHCR) were delivered and installed in one of the Collective Centers in Duisi.

Community Services: The Georgian and Russian periodicals weekly magazines were distributed to 5 refugee collective centers and other 5 villages settled by the refugees. Young people visiting the community centre had an opportunity to participate in recreation. > 300 people participated in educational courses.

After rehabilitation session's mental health of 388 clients has improved.

Refugees are more aware of their problems and are able to plan their future. Total mistrust has transformed into differential mistrust, where refugees can identify whom to trust.

The intense work in the valley by GCRT professionals has resulted in decreased nervousness of the population; community members are more aware and involved in resolution of community's general problems.

All cases of extreme vulnerability among patients had been addressed.

35 people received different type of material support (money, household items, and diet products).

Education: NRC also conducted the assessment of inventory and teaching materials in order to make appropriate and timely maintenance and purchase of necessary school items. In September NRC started the distribution of teaching materials - separate packs of school items (exercise books, pens, pencils, rulers, etc.) were provided to each refugee pupil from the 1st to 11th grades while the Russian textbooks in all subjects were handed to the sector beneficiaries on terms of their return to the school administrations by the end of the academic year.

Nourishment, conforming to the high-standard child food allowance and consisting of three meals (breakfast, two-course lunch and dessert), was daily provided to the CHILDREN. Each age group was regularly trained in accordance with the appropriate KG teaching program. The program covered oral speech and communication exercises, basic mathematics and alphabet, ecological study as well as various recreational activities (drawing, music, dancing, sporting and other practices).

The following refugees benefited from educational vocational courses: computer course – 150 persons, English classes – 45 persons, Georgian language course – 34 persons, sewing course – 51 persons, dancing – 27 persons, music course – 26, cooking/ culinary course – 42 women, preparatory courses in logical skills – 39 school students (NRC's contribution).

In March 43 teachers (20 in Duisi, 13 in Jokolo and 10 in Tsinubani) were individually interviewed on their educational and professional background, process and methodology of study, planning and conduct of lessons, relations with pupils, knowledge of Russian, etc.

In July NRC started the training program: initially the five-day training in general methodology of study was held to 43 teachers of the three schools. The practice was provided in Russian and in Georgian for two language groups of teachers. Afterwards the trainings in all subjects, provided within the secondary education (mathematics, chemistry, physics, biology, history, geography, English, Russian and Georgian) as well as the elementary studies proceeded with the course.

Later in October 2006, as soon as the studies were renewed, NRC proceeded with the advanced training program and practice including new interactive methods and practical skills of teaching. The 35 certified refugee school teachers took part in the training practicing new skills to utilize them further during studies.

Income generation: NRC managed to mobilize and organize 5 community based projects in Duisi, Jokolo, Omalo, Dumasturi villages. NRC community mobilizer started to provide trainings on problem identification, setting priorities and project development. Most of the projects have been oriented on income generation and creation of job opportunities for refugees and locals in Pankisi. 4 proposals were developed and supported by UNHCR through NRC: arrangement of the carpentry in Duisi; sewing workshops in Duisi and in Birkiani; and beekeeping in Dumasturi. The projects were beneficial for the whole Pankisi community ensuring their improved access to employment, income possibilities as well as increased involvement of women in useful activities.

DRC completed the first two phases of income-generation project - information and mobilization of the communities was conducted as a key component to achieve the objective.

Legal assistance/Protection:

Cautious attitude of resettlement countries towards accepting resettlement submissions of Chechen refugees has even increased through 2006. The real number of resettled cases, 7 families (19 individuals), was much less than assumed/planned (50 families).

The Ministry for Refugees and Accommodation (MRA), with the support of UNHCR, opened a branch office in Duisi, the biggest village in Pankisi Valley, for better monitoring of the situation and provision of assistance to the refugees.

The individual counseling was provided by NRC through the legal office daily open in the community centre while the field service was rendered to the refugees from the villages of Jokolo, Birkiani, Khalatsani and Tsinubani. UNAG provided legal representation to 5 non-Chechen individual cases, and had 3 positive decisions issued by the first instance court on procedural grounds.

In 2006, UNAG under the Refugee Council of Georgia Program organized 6 training for a total of 99 border guards in the framework of the Training Centre of the Georgian Border Police. It aimed at providing the middle level BP officers with theoretical and practical knowledge in international protection of refugees, including international and local legislations. UNAG also organized 2 information sessions targeting university students (35 persons) and one seminar for 16 journalists in the lead up to the World Refugee Day. To demonstrate civilian character of the Pankisi valley (refugee settlement) to the general public, UNAG provided transport for journalists to travel from Tbilisi so that they could cover the event.

Quarterly newsletter “Refuge” was printed and distributed among beneficiaries, partners and authorities (total 2,000 copies).

Human Rights Monitoring Mechanisms for Juveniles

***Note:** This document includes mechanisms that have been created for oversight, monitoring and prevention of the human rights violations in the detention places. As a general remark it shall be noted that all relevant ministries where these mechanisms exist are united in the **Interagency Coordination Council**. Georgia has strict division between penitentiary and the Ministry of Interior. All the penitentiaries are under the authority of the Ministry of Justice, only the Temporary Detention Cells are under the authority of the Ministry of Interior. The Temporary Detention Cells are places of detention for persons during 48 hours after the arrest before the final charges are brought against him/her in the court. If the person is found not guilty – he/she is freed, if the person is found guilty he is transferred to detention facilities under the authority of the Ministry of Justice.*

On 20 June 2007, the **Interagency Coordination Council for Carrying out Measures against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment** (*hereinafter* the Council) has been established by the Presidential Decree and its goals are:

- Monitoring of the measures taken with respect to fight against torture, inhuman and degrading treatment or punishment;
- Assistance of the respectful governmental agencies for the effective realization and coordination of the activities, for prevention and effective fight against the facts of torture, inhuman and degrading treatment or punishment, as well as for protection, assistance and rehabilitation of the victims;
- Preparation of the recommendations regarding the eradication of the causes supporting the crime of torture as well as effective fight against this phenomena and presentation it to the President of Georgia;
- Close cooperation within the governmental agencies, with the NGOs, local and international organizations, as well as preparation of the proposals with their participation and presentation to the President of Georgia;
- Assistance in the elaboration of the respective model for the National Preventive Mechanism envisaged by OPCAT.

Apart from high level state officials from relevant Government ministries the Council also includes representatives from judiciary, national and international NGOs, international organizations and independent experts. Subsequently, the participation of the representatives of all stakeholders is ensured¹.

¹ The following State Agencies NGOs/International Organizations take part in the work of the Council:

- Ministry of Justice;
- Ministry of Interior;
- Ministry of Labor, Health and Social Protection;
- Office of the Prosecutor General;
- Ministry of Education ;
- Judiciary;
- Parliament of Georgia;
- Office of the Ombudsman;
- Human Rights Watch;
- Penal Reform International;
- Liberty Institute;
- Office of the High Commissioner for Human Rights;
- OSCE;
- Georgian Young Lawyers Association;
- Independent Experts.

The **Main Unit for the Protection of Human Rights and Monitoring** (*hereinafter* the Main Unit) was established in January of 2005 within the **Administration of the Ministry of Internal Affairs of Georgia**. It is aimed at focusing on the protection of the rights of detainees in the system of the Ministry of Internal Affairs and within its organs and to provide internal monitoring of the places of temporary detention.² The Main Unit cooperates closely with the Office of Public Defender of Georgia and with NGOs. In order to discover and redress the concrete cases of torture and ill-treatment, staff members of the Main Unit arrange planned or *ad hoc* monitoring in the regional or local divisions of the police (mainly the temporary detention cells and the registration journals are the objects of inspection).

Since March 2005, the places of the temporary detention (Temporary Detention Cells), which previously were run by the Regional and Local Organs of the Ministry of Internal Affairs, became structurally subordinated to the Main Unit. Such rearrangement increased supervision opportunity and accountability at the local level.

In order to improve the informative-searching system related to the detained persons the Main Unit, since its establishment, has initiated series of reforms within the Ministry of Internal Affairs. In particular, for the purpose of carrying out the comprehensive monitoring, the so-called Unified Standard Forms of the Registration Books³ have been established, which includes the information related to the registration procedure of the detainees placed in the agencies of the Ministry of Internal Affairs (two columns for visual inspection of individuals were added to these forms) and detainees placed in the temporary detention cells.

Monitoring of pre-trial and prison establishments constitutes one of the highest priorities of the Prosecution Service of Georgia. The task is carried out by the **Human Rights Protection Unit of the Legal Department** (*hereinafter* the HRPU) of the Prosecution Service of Georgia. The HRPU conducts the monitoring in pursuance of sub-paragraph (a) of paragraph 3 of Article 4 of the Statue of the Legal Department.⁴ The monitoring conducted by the HRPU is aimed at two main subject matters. First, to find out and respond to any kind of human rights violations in prisons, temporary detention cells, pre-trial detention institutions and other institution of deprivation of liberty. Second, the monitoring is carried out to address the facts of torture or inhuman or degrading treatment or punishment in the abovementioned institutions.

² Places of temporary detention, the so called – **Temporary Detention Isolators/Cells**, is a place where, according to the Criminal Procedure Code of Georgia, a detainee is kept from its apprehension till he/she is charged and brought to the court that is to decide on the measure of constraint/restraint. According to the Constitution of Georgia and subsequently the Criminal Procedure Code of Georgia this period may not last more than 72 hours from the very moment of the apprehension of the person;

³ Order #277 of the Minister of Internal Affairs of 25th of March, 2005 “on adoption of several registration documents of the Ministry of Internal Affairs of Georgia” under which there have been adopted a) the registration book for the detained persons in the agencies of the Ministry of Internal Affairs of Georgia, b) the registration book for the suspected persons placed in the temporary detention isolators, c) forms of the “monitoring paper-sheet” of the *Main Unit of the Protection of Human Rights and Provision of Monitoring* and of the Administration of the Ministry of Internal Affairs of Georgia;

⁴ The task of the Human Rights Protection Unit is, *inter alia*, to monitor the situation of human rights protection in prisons, temporary cells, pre-trial detention institutions and other institution of deprivation of liberty and respond respectively to the facts of violation; to find out the facts of torture or inhuman or degrading treatment or punishment;

The regular monitoring of prisons and pre-trial detention institutions is basically directed at revealing the facts of torture or inhuman or degrading treatment or punishment or any other human rights abuses. The monitoring is carried out in response to the protocols received on daily basis from Penitentiary Department. The mentioned protocols contain, *inter alia*, the information about the persons that have been placed in the prisons or pre-trial detention institutions or hospitals of these institutions with the physical injuries and the circumstances surrounding the injuries. In response to this information, the staff members of the HRPU enter the institution to find out if the physical injuries are the result of torture or inhuman or degrading treatment or punishment. In 2006, the HRPU conducted the monitoring in **76** cases. Respective investigations on the basis of the protocols drawn up by the staff members of the HRPU were initiated in **12** cases. During the first three months of 2007, the HRPU examined **24** alleged facts of ill-treatment. Investigation has been launched in **6** cases.

Local Monitoring Commissions of the Penitentiary Institutions - the Members of the Commission are selected on the basis of their desire, possibility to work intensively, qualification and reputation. Additionally the candidate should reside within 30 kilometers from the Penitentiary Institution the Commission in question should monitor. The Members are approved by the Minister of Justice. By August 1, 2007, the following 11 local prison monitoring commissions⁵ were operating within the penitentiary system of Georgia:

- Public Control Commission of Tbilisi # 5 Penitentiary Institution;
- Public Control Commission of Rustavi # 6 Penitentiary Institution;
- Public Control Commission of Rustavi #1 Penitentiary Institution;
- Public Control Commission of Tbilisi #5 Women and Juvenile Penitentiary Institution;
- Public Control Commission of civil control Batumi # 3 Penitentiary Institution;
- Public Control Commission of Zugdidi # 4 Penitentiary Institution;
- Public Control Commission of Ksani # 7 Penitentiary Institution;
- Public Control Commission of Geguti # 8 Penitentiary Institution;
- Public Control Commission of Kutaisi # 2 Penitentiary Institution;
- Public Control Commission of Ksani Tubercular Condemned Prison Hospital Institution;
- Public Control Commission of Prison Central Hospital.

This kind of monitoring systems is also envisaged by the Draft Code on Imprisonment. Additionally, in order to make the work of the local commission more effective and coordinate their activities, creation of the Central Council of Public Control is envisaged by the Draft Code. The Central Council will be composed of the members from the local commission and will serve as a consulting body for the Minister of Justice.

As the aftermath of the reorganization of the Ministry of Justice of Georgia, **the Human Rights Unit** was established under the General Inspection Department. The main functions of the Human Rights Unit are:

- identification and respective reaction on the facts of violating human rights and freedoms;
- monitoring the human rights situation at the penitentiary establishments under the competence of the Ministry as well as revealing and respectively reacting upon the facts of torture, inhumane or degrading treatment and punishment;

⁵ The composition of the commissions includes 35 representatives of the NGOs;

- examining and reacting upon the recommendations, applications and complaints submitted by the human rights protection State organs, non-governmental and international organizations.

Annex I

The values & vision of ECD presented below has been culled from the desired values for Georgian children and vision for ECD programming articulated by a multisectoral team of experts during the Gudauri consultation.

The government of Georgia is committed to the principles of Early Childhood Development and reflects this through support of children's right to "survive, be physically healthy, mentally alert, emotionally secure, socially competent, and able to learn."

“Georgian values for children include being physically, mentally and socially healthy. Georgia aspires to have children who are free and children who use that freedom to learn social responsibility and tolerance of gender, ethnic and religious groups and the environment. The next generation of Georgian citizens will value honesty, family, religion and loyalty. They will be creative and independent. The collective hope is for all children to develop a love for their country, to be patriotic, value national language, heritage, culture and traditions.”

The vision for ECD programs articulated at the consultation provides the direction for ECD programs in supporting the young child's rights to survival, growth, development, participation and protection, with special attention to vulnerable populations.

It is envisioned that programs for the first three years of life will be led by the Ministry of Labor, Health and Social Affairs and for the latter three years by Ministry of Education, and Science. Parents will be responsible for creating a safe, secure and nurturing environment for their children.

The government will be responsible for setting the policies, as well as the regulatory and accountability mechanisms.

The programs can be implemented by state or local governments, private and civil society institutions in a complimentary relationship. Partnerships with international agencies and donors with their role of providing technical and financial assistance to be continued. The programs will incorporate international and regional good practices in research and science.

Annex II

Gudauri Declaration for Young Child Survival and Development in Georgia

We, the delegates of the National Consultation on Early Childhood Development held on 30 November-2 December 2006 in Gudauri, Georgia, the representatives of the Parliament, Ministry of Labour, Health and Social Affairs and Ministry of Education and Science of Georgia, Universities, national and international NGOs, supported by international expertise,

Inspired by the globally declared and reaffirmed commitments for universality & non-discrimination, indivisibility & interdependence of child rights and guided by the supreme priority of the Best Interest of the Child as grounded on the Convention on the Rights of the Child, the most widely ratified human rights treaty,

Acknowledging the global and national political commitments and the enabling environments set further and re-declared by:

- The World Summit for Children (1990);
- EFA goals adopted at World Education Forum, Dakar (2000);
- Millennium Declaration & MDG Goals and targets (2000);
- World Fit for Children (outcome document of the UNGASS for Children, 2002),

Re-affirming the central & determinant role of realizing child rights for survival, development, protection and participation through a life-cycle approach for attainment and sustainability of the Millennium Development Goals,

Grounded on the scientific, economic and human development arguments for cost-effectiveness of strategic investments in Early Childhood Development with an overarching rights-based argument,

Recognizing that the government of Georgia is strongly committed to the principles of Early Childhood Development and endorses the rights of children to “survive, be physically, healthy, mentally alert, emotionally secure, socially competent, and able to learn,” embarked on articulating a vision for our children,

Acknowledging the need for development of a multi-sectorial, government-led national policy and strategic action plan for Early Childhood Development in Georgia based on the following values and vision:

We envisage all children in Georgia to be: “physically, mentally and socially healthy. Our children will be free and with that freedom they will learn to be socially responsible and tolerant towards gender, other ethnic and religious groups and the external environment. We will foster creativity and independence in our children. The next generation of Georgia’s citizens will value honesty, family, religion and loyalty. We want our children to value the state and the national language, heritage, culture and traditions.”

As a result of the consultative process we address the Parliament and the Government of Georgia in coordination with the key international development partners, non-governmental and academia (universities) representatives to take the lead in development of an enabling legislative, policy, regulatory and accountability mechanisms towards:

Establishment of a national inter-sectorial coordination mechanism for planning, inter-agency coordination and monitoring of the National Policy and Multi-sectorial Action Plans for Early Childhood Development,

Within the overarching framework of the National Policy and Action Plans to ensure:

1. Sustainable integration of the early childhood development approaches and principles into national health system
2. Expansion of the pre-school education service quality and coverage with system-wise integration of the early childhood development approaches
3. Integration of the early childhood development principles into pre- and post-diploma education systems for physicians, nurses, social workers, psychologists and teachers
4. Expanding the parent and community education opportunities for promoting creation of a safe, secure and nurturing environment for young child survival and development. Expediting a multi-sectorial approach, built upon the existing systems and service delivery mechanisms at the best extend possible
5. Within the universal services ensuring special consideration of children and families with special needs (for targeted health, education and social assistance interventions (most vulnerable/marginalized socio-economic groups, children with disability, children deprived of parental care, children affected by HIV/AIDS, etc.)

6. Being mindful of international and regional trends in research and science, as we develop and implement our programs with a clear focus on ensuring that our national vision for children is realized.

<p>Approved by Chairman of the Health and Social Issues Committee of the Parliament of Georgia</p> <p>.....</p> <p>Giorgi Tsereteli</p> <p>_____ March, 2007</p>	<p style="text-align: right;">Approved by Representative UNICEF Georgia</p> <p style="text-align: right;">.....</p> <p style="text-align: right;">Giovanna Barberis</p> <p style="text-align: right;">_____ March, 2007</p>
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National Alliance for Early Childhood Development

Charter

Chapter I

General Provisions

1.1 The National Alliance for Early Childhood Development hereinafter referred as – Alliance – was established upon decision of the Health and Social Affairs Committee of the Parliament of Georgia on 26 January 2007 (ref.: meeting minutes #2) as a follow up to the National Consultation on Early Childhood Development held in December 2006 in Gudauri, Georgia.

1.2 Members of the Alliance are:
Representatives of the Parliament of Georgia, Ministry of Labour, Health and Social Affairs, Ministry of Education and Science, hereafter referred as line-Ministries, Academia, Professional Associations, local NGOs and International Development Partners.

1.3 Any other governmental and non-governmental organization and juridical entity can become a member of the Alliance.

1.4 Membership eligibility is determined upon decision of the Board of Advisors of the Alliance.

1.5 The Alliance is driven by the Constitution of Georgia, Reglament of the Parliament of Georgia, Georgian legislation, the 2007-2009 National Strategic Plan of Action on Early Childhood Development (NSPA - ECD) and the terms stipulated under the present document.

Chapter II.

Goals and objectives

2.1 The Overall Goal of the ECD Alliance is:

To support the national government's efforts in providing opportunities for achieving greater results for young child survival and development;

2.2 To ensure that all children of Georgia (0-6 years of age) reach their potential in cognitive and socio-emotional development for school readiness and have access to the world-wide acknowledged essential early childhood rights:

- ⇒ Best start in life through a safe motherhood environment
- ⇒ Exclusive breastfeeding and timely and appropriate complementary feeding
- ⇒ Full age-appropriate immunization
- ⇒ Early stimulation through play, communication and social interaction
- ⇒ Early establishment of healthy eating habits
- ⇒ Access to safe food and clean water
- ⇒ Prevention/early detection/management of communicable diseases/parasitic infections/infestations
- ⇒ Oral and personal hygiene
- ⇒ Detection and management of vision and hearing disabilities
- ⇒ Prevention of child abuse and neglect
- ⇒ Safe and enabling home and neighbourhood environment

2.3 Objectives of the ECD Alliance are:

Objective #1

Accelerate progress towards the achievement of the national targets for MDGs and proxy indicators for children through validation, development and/or revision of national policies and regulations

Objective #2

Mobilization and alignment of adequate national and donors resources (financial, technical and human) for scaling up the implementation of the 2007-2009 National Strategic Action Plan for Early Childhood Development in-line with the sector-specific national policies, programs and reform processes

Chapter III

Forms of Activities of the Alliance

3.1 In order to attain its Objectives the Alliance will pursue four major strategies:

- a. Advocacy and Communication
- b. Inter-sectorial Planning and Coordination
- c. Resource and Partnership Leveraging, and
- d. Monitoring and Evaluation

3.2 Under the overarching framework of the above-mentioned strategies the Alliance will ensure:

- i. Finalisation, endorsement and oversight of the implementation of the 2007-2009 National Strategic Action Plan for Early Childhood Development, including the integrated M&E framework
- ii. Awareness-raising among key policy/decision-makers at legislative and executive authorities and key country-level stakeholders on ECD for high positioning of the 2007-2009 National Strategic Action Plan for Early Childhood Development
- iii. Elaboration of an evidence-based advocacy and communication strategy for regular information sharing among country-level stakeholders as well as international community on the progress of ECD programming
- iv. Mobilization and leveraging of the respective technical and financial resources.

Chapter IV

Alliance Composition, Structure and Work

4.1 The National Alliance will be composed of:

- 1. Chairman**
- 2. Secretariat**
- 3. Board of Advisors**
- 4. Thematic working groups**
- 5. Membership**

4.2 The Head of the Health and Social Issues Committee of the Parliament of Georgia recommends the Chairman of the Alliance to the members of the Health and Social Issues Committee

4.3. Chairman of the Alliance:

- ⇒ Carries out overall management and supervision of the Alliance activities and operationalization of its major strategic directions
- ⇒ Represents the Alliance in front of key legislative and executive authorities, country-level and international stakeholders
- ⇒ Leads the Board of Advisors - calls and chairs meetings, signs & endorses the decisions and recommendations of the Alliance as well as the inputs from the thematic working group.

4.4. The Alliance Secretariat will be hosted by the Parliament of Georgia, the Committee for Health and Social Affairs. The secretariat will be served by a full-time assistant/secretary.

4.5. Assistant/Secretary of the Alliance:

- ⇒ Facilitates secretarial and organizational workflow of the Alliance;
- ⇒ Ensures secretarial & logistical support to the Chairman of the Alliance and the leaders of thematic groups;
- ⇒ Carries out secretarial arrangements for monthly and ad hoc meetings of the Alliance
- ⇒ Facilitates coordination and networking among the ECD Alliance member agencies and experts;

4.6 Board of Advisors will be headed by the Chair of the Alliance and will be composed of the principal representatives of the line-ministries, members of the parliament, representatives of professional associations, academia, civil society institutions and UNICEF, as well as leaders of the thematic working groups. ***The Board of Advisors will work for free providing in-kind technical assistance.***

4.7 The board of Advisors will:

- ⇒ Meet once in every 2 months as well as hold ad hoc basis when necessary.
- ⇒ Carry out an info exchange/joint discussion on the ongoing policy & programmatic developments in the field of ECD, provide comments, support & recommendations to the proposals of thematic working groups, etc.
- ⇒ Provide recommendations to the Chairman and the extended membership.
- ⇒ Participate in discussions on the relevant initiatives suggested by the Parliament of Georgia and the line-ministries and provide their input in the development of innovative approaches for strengthening governmental commitments in child-friendly national programmes and increased budgetary allocations in favour of child survival and development
- ⇒ Finalise the National ECD 2007-2009 Strategic Action Plan, ensure coordination among the key stakeholders and endorsement by the line-ministries
- ⇒ Develop a detailed integrated M&E framework for the 2007-2009 NSPA and implementation strategies
- ⇒ Support the national government in effective national programme/policy planning & improved coordination, harmonization and alignment of international AID for improved leveraging of results for Early Childhood Development

4.8 The following **5 Thematic working groups** supported by ***in-kind technical assistance of the group leaders and alliance members*** will be working under the aegis of the Alliance Board of Advisors:

1. ECD mainstreaming in national policies
2. ECD mainstreaming into the health sector & services
3. ECD mainstreaming into the pre-school education sector and services
4. ECD integration into the Academia, and
5. ECD education programmes for parenting/families

ECD programming for children/families with special needs (e.g., young children with disabilities, children with HIV/AIDS, ethnic minorities, marginalized children, young orphans, child abuse & neglect, etc.) will be mainstreamed within each 5 key thematic areas.

4.9. Each of the thematic working groups will be headed by the technical expert of the Board of Advisors representing the approach of the respective group and inputs within the said board.

4.9.1 Thematic working groups will be composed of the national/international professionals (within the extended alliance membership list) as per relevant qualification & activity sector.

4.9.2 If needed the Heads of the thematic working groups will request the board advisors on the additional national and international expertise

4.9.3 Thematic working groups will decide and set the frequency of the meetings.

4.9.4 Each of the thematic working groups will finalize the corresponding part of the National Strategic Action Plan for ECD with relevant M&E framework and submit it to the Board of Advisors for its further endorsement and follow-up

4.9.5 Thematic working groups will fulfill specific tasks & assignments by the board of advisors

4.9.6 Thematic working groups will work on the proposals, express ideas & provide suggestions and recommendations to support the efforts of the Government of Georgia in achieving greater results for young child survival and development in a more effective, gradual and efficient way and reach the most vulnerable and disadvantaged groups

4.9.7 **Membership of the Alliance:** The extended Alliance will be composed of the Representatives of the Parliament of Georgia, Ministry of Labour, Health and Social Affairs, Ministry of Education and Science, Academia, Professional Associations, local NGOs, International Development Partners, etc.

4.9.8. The Alliance with the extended membership will meet on a quarterly basis.

4.9.9. The Alliance members will work for free as an in-kind technical assistance within the multidisciplinary thematic working groups and/or the Board of Advisors

Chapter V

Logistical and Technical Support

The Health and Social Issues Committee of the Parliament of Georgia provides logistical and technical support to the Alliance.

UNICEF Georgia will ensure contracting of a technical staff and donation of basic office/IT equipment for supporting day-to-day operation of the Alliance.

Chapter VI

Termination of Task Force Responsibilities

6.1 Responsibilities of the Task Force can be terminated by the decision of the Health and Social Issues Committee of the Parliament of Georgia.

Early Childhood Development (ECD) 2007 – 2009 National Strategic Plan of Action

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Chairman's Message

“Many of the things we need can wait.

The child cannot. Right now is the time his bones are being formed,
his blood is being developed. To him we cannot answer “Tomorrow”.

His name is "Today".

Gabriela Mystral

It is my privilege to present the National Strategic Plan of Action for the 2007-2009 Early Childhood Development (ECD) in Georgia. Over the last 5 years Georgia has responded to international frameworks of change with enhanced policy and programmatic commitments. In this context, ECD is one of the key avenues to ensure that the rights of children to “survive, be physically healthy, mentally alert, emotionally secure, socially competent, and able to learn,” are protected. This is particularly important in this turbulent political and economic situation when we are seeking shorter, faster, and more cost-effective ways of eliminating poverty and ensuring quality life for our population. In this challenging environment, we have to ask ourselves how we can make things more effective and efficient in a balanced and responsible way.

In line with the international practices, the Parliament Health and Social Affairs Committee in 2006 placed strong emphasis on developing national ECD policy with the mission of extending and enhancing human life by providing good start in life. Over the last two years we have built a unified vision for exploring innovative ways to ensure that the survival, health and development of young children are improved through encompassing diverse approaches in health and education, from parenting programs to formal preschool education to informal community centers. We strongly believe that efforts to improve early child development are an investment, not a cost. Recent studies have demonstrated that for every dollar spent on improving early child development, returns can be up to five times the amount invested. Moreover, interventions in early childhood are more cost effective than interventions later in life. It promotes fairness and social justice at the same time promoting productivity in the economy and in society at large.

With this understanding ECD Alliance, established under the auspices of the Health and Social Affairs Committee leverages the expertise and resources to support the development and implementation of the ECD strategy. We have been fortunate to partner with some of the best known Georgian and international partners. Seizing this opportunity, I would like to thank those who have contributed and supported this very important work throughout all this time. Special thanks to Mrs. Giovanna Barberis, UNICEF Georgia Representative for her commitment and strategic vision. I would also like to extend my gratitude to the outstanding experts from USA, Dr. Patrice Engle of Cal Poly State University and experts from Yale and Colombia Universities who have made vast contribution to the success of this undertaking.

Looking forward, we are quite enthusiastic about the future, leading the way in providing comprehensive development for all children in Georgia by building up an integrated network that will allow us to deliver high quality, proprietary, and in fact groundbreaking services. I think in the coming days we're going to see a lot of innovation.

Presenting this document, today we extend our invitation to all interested parties to get involved and support the ECD policy. Together, we can be more resourceful.

My hope is that, in the years to come, we'll be able to look back on this time, and say we helped build a safer environment for our children, of which we could all be proud, we'll be able to say that we helped empower young generations to make the most of their potential, and in so doing, helped them become healthier and happier.

Sincerely,

George Tsereteli,
Chairman, Health and Social Affairs Committee, ECD Alliance

UNICEF United Nations Children’s Fund

LIST of ACRONYMS Universal Salt Iodization

WHO	World Health Organization
BBP	Basic Benefit Package
BFHI	Baby-Friendly Hospital Initiative
DPT3	Diphtheria – Pertussis -Tetanus Vaccine
ECD	Early Childhood Development
ECD Alliance	Early Childhood Development Alliance
ELDS	Early Learning and Development Standards
G&Ps	Guidelines and Protocols
GoG	Government of Georgia
HepB	Hepatitis B – Vaccine
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MoE&S	Ministry of Education and Science
MoLHSA	Ministry of Labour, Health and Social Affairs
NCAC	National Curriculum Assessment Centre
NGO	Non-Governmental Organization
NSPA	National Strategic Plan of Action
OPV3	Oral Polio Vaccine
PHC	Primary Health Care
TA	Technical Assistance
ToT	Training of Trainers
TSMU	Tbilisi State Medical University
U1	Under One Aged Children
U5MR	Under-five Mortality Rate

FOR EVERY CHILD - A GOOD START - LASTS A LIFETIME – BUILDS OUR SOCIETY

EVERY CHILD

Should have a nurturing, caring and safe environment – to survive, be healthy, mentally alert, emotionally secure, socially competent, and able to learn.

GOOD START

Good nutrition and health, consistent loving care and encouragement to learn in the early years of life help children to do better at school, be healthier, have higher earnings and participate more in society. This is especially important for children in poverty.

LASTS A LIFETIME

A good foundation in the early years makes a difference through adulthood and even gives the next generation, a better start.

BUILDS OUR SOCIETY

Educated and healthy people participate in, and contribute to, the financial and social wealth of their societies

Introduction and Summary

The proposed plan recognizes the importance of every young child in Georgia being able to develop his or her full potential. The plan is based on the following understandings:

1. The earliest years of a child's life offer the greatest opportunity for holistic human development.
2. The earliest years of a child's life also hold the greatest potential for harm due to poor health, nutrition, or development.
3. These effects may be greatest for children who suffer under poverty, exclusion, social disadvantage, or are exposed to violence or abuse.
4. Parents and families play a critical role in the development of their young children
5. They need to be supported by high quality and accessible basic services.
6. Each sector has a particular leadership area, but they should be coordinated and harmonized.
7. These actions must be supported by policy and systems of financing and accountability.

An overarching policy should include the rationale for programs, the vision, goals and objectives, description of programs and program quality, coverage, and scope, and systems of governance, financing, and accountability. Policies should be developed with stakeholders and have broad public support, and should be widely disseminated.

The Health Sector has taken the leadership in meeting the goals and objectives for younger children 0-3, while supporting the basic principles above. The Education Sector has taken the leadership in meeting goals and objectives for older children approximately 4-7, and both sectors share responsibility for strengthening the role of parents and families. A social welfare sector should play a role as well.

A critical support needed for both Health and Education Sectors is building capacity of leaders and practitioners in child development. This support is provided by academic and training institutions and systems.

This following summary outlines the main actions divided into three kinds of actions: a) development, the initial phase of the development of strategies (including materials, capacity development strategies, etc.); b) implementation, the process of implementing the new strategies, and c) mainstreaming, or integrating the new elements into regular programming, including the monitoring and support for programs. The five sections are policy development, Health Sector, Education Sector, Parenting Programs, and the Academic Support.

In each case, a more detailed description of each plan is in Section 5.

WHAT SCIENCE TELLS US:

- Brain development is most rapid in the early years of life. When the quality of stimulation, support and nurturance is deficient, child development can be seriously affected.
- The effects of early disadvantage on children can be reduced. Early intervention efforts for disadvantaged children lead to improvements in children's survival, health, growth, and cognitive and social development.
- Longitudinal studies show that children who receive assistance in their early years achieve more success at school. As adults they have higher employment and earnings, better health, and lower levels of welfare dependence and crime rates than those who don't have these early opportunities.
- Health services, community workers, child care centers, welfare agencies and other groups can help families to improve the care of young children.
- Efforts to improve early child development are an investment, not a cost. Available cost-benefit ratios of early intervention indicate that for every dollar spent on improving early child development, returns can be up to five times the amount invested.

-From The Lancet Series in Child Development, January 2007

The National Plan of Action 2007-2009

Section 1

The purpose of the development of the ECD 2007-2009 National Strategic Plan of Action was to articulate a shared sector vision and road map for effectively infusing ECD principles and standards of care into sectoral and cross-sectoral policies, plans and reforms for ensuring holistic approach to early child health and development with comprehensive coverage of all its domains: continuum of services from birth to the primary school age.

Section 2

Process of development of the ECD 2007-2009 National Strategic Plan of Action emanated from 3-day multisectoral consultation in Gudauri from November 30 to December 2, 2006.

The Consultation was facilitated by the expert group from Yale University, US through the support of UNICEF Georgia Office. Over 40 Representatives of the Parliament, Line-Ministries (Ministry of Labour, Health and Social Affairs and Ministry of Education and Science of Georgia), Academia, Professional Associations, NGOs and International Development Partners participated in the event.

Consultation resulted in the following major outcomes:

- **Values & Vision:** values for child development outcomes and shared sector vision for ECD programs and policy in Georgia was articulated* (*see Annex I*).
- **Consensus building: ‘Gudauri Declaration’** was developed** (*see Annex II*)
- **Draft ECD 2007-2009 National Strategic Plan of Action** was elaborated including the necessary components of effective programs and policy infrastructure with the five strategic areas of action.

Section 3

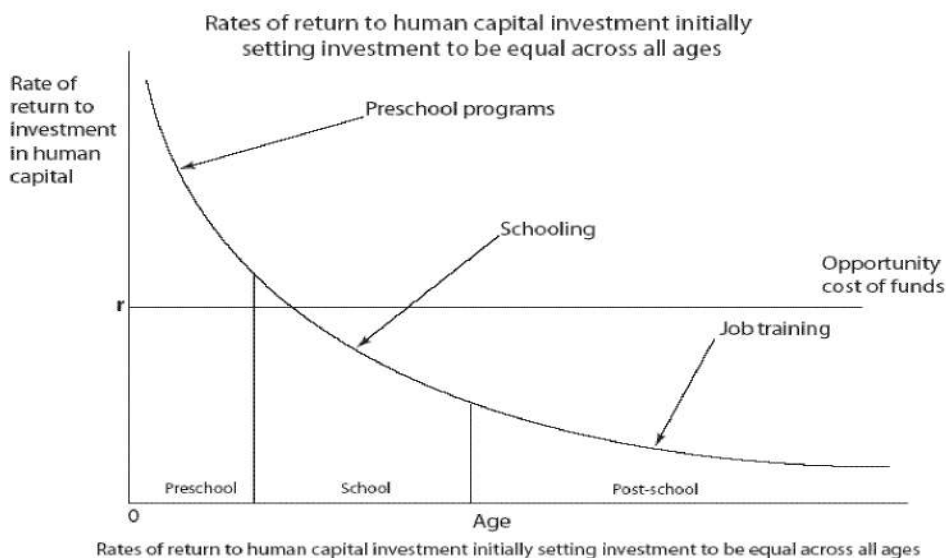
Internationally accepted principles of ECD

Early Childhood Development (ECD) refers to the period up to eight years of age, or until the transition to school, and includes the perinatal period. The latest scientific evidence indicates that this period of life has a major impact on later health, growth and development of an individual. These early years are the most critical period for development and also the time when young children face the greatest risks to their survival, health status and emotional and physical growth. Consequently, there is a strong need to ensure that policies and programs promote women's health, nutrition, and psychosocial well-being, including during pregnancy and lactation and programs for young children aiming to ensure **"a child's right to the best start in life."** The programs should support and promote children's survival, growth, development, participation and protection, with a special attention to the most pressing problems and needs of the most vulnerable population. Current international trends in ECD programming stress a comprehensive/holistic approach and the imperative of quality programming for improving child's health and development outcomes.

The latest trends in programming for young children recommend that services extend beyond disease control and survival to promoting early child development through the early delivery of a comprehensive package of interventions that are cost-effective and sustainable. Comprehensive programs are envisaged as the most effective approach for improving children's holistic development since these programs leverage the natural synergies between multiple domains of development. Indeed, programs that combine health and education are more effective in improving a child's current wellbeing and preventing future problems than an intervention limited to one aspect. Further, it is more cost effective to take a holistic forward thinking preventative approach that supports children and families than a narrow backward looking and compensatory approach. For the most vulnerable children, comprehensive ECD programs are particularly important, as they can reduce social inequities and compensate for disadvantage.

Annex IX

'Ensuring that supportive services for pregnant mothers and young children are accessible, affordable and of accredited quality is likely to involve a sizeable 'up-front' investment of government funding. Yet once the public impact of this early investment has been calculated (taking into account crime savings, education savings, welfare savings and increased taxes due to higher earnings), the economic return is between 15-17% for every dollar (Heckman, 2006a). This is exceptionally high for an investment of this nature, and far more of a return than for dollars invested in school or post-school interventions (see chart below)'.



The 'Opportunity cost of funds' line indicates that anything above this line should get priority funding. Source: Heckman (2006 b)

Thus, successful ECD programs encompass diverse approaches, from parenting programs to formal preschool education to informal community centers. All successful ECD programs share a commitment to quality. The quality of interactions between children, families and service providers is the single most important determinant of program success. Successful ECD programs are created out of a consultative process that involves families and communities in the development and implementation and built on a strong infrastructure that supports implementation and ensures sustainability. Successful programs are culturally appropriate, respect linguistic and cultural diversity, and are inclusive of all children. Successful programs provide a continuum of care - integrating programs and services across the early years of a child's life.

[Section 4](#) Early Childhood Development in Georgia

Georgia affirmed its recognition of the rights of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development by ratifying the Convention of the Rights of the Child in 1994. The Government of Georgia is strongly committed to the principles of Early Childhood Development and endorses the rights of children to "survive, be physically, healthy, mentally alert, emotionally secure, socially competent, and able to learn," and that is affirmed by the national policies and demonstrated in ongoing programmatic reforms.

The country has taken the Millennium Development Goals a step further by establishing annual national targets, specifically those related to child mortality and maternal health. Reforms within the education sector reflect the principles of Education for All Goals. Thus, the country has responded to international frameworks of change with enhanced policy and programmatic commitments. In the past year progress and improvement was shown for the most MDG indicators. However, Georgia still has weak scores on 'health expenditures' and 'primary education expenditures'. The indicators still fall well below passing, especially for primary education expenditures.

Over the half of Georgia's children continue to experience severe hardships. As per official statistics country is on the way to reach the MDG goal for maternal health: MMR is reported to be reduced from 49.2 in 2000 to 23.4 by 2005. Even though Infant Mortality Rate (IMR) and Under-5 Mortality Rate (U5MR) are reduced from 21.1 to 18.1 and from 24.9 to 19.9, respectively (official statistics), the existing trends are inadequate to meet the national MDG targets for child survival.

Improved trends in immunization coverage were maintained in 2006 with >90% coverage for BCG and Measles, though still sub-optimal coverage of DPT3, OPV3 and HepB and a major sub-national disparity (26% of districts reporting <80% of DPT3 coverage). Timely vaccination, misconceptions among parents and doctors and limited outreach services are among the reported constraints to further progress.

The country has attained USI targets based on impact assessment of iodine status (4.4% <100 mcg/L) and iodized salt consumption levels (>90%). However, 32% of children are continued to be affected by goiter. The lack of effective M&E and quality control systems is the challenge towards the sustainable IDD elimination.

The 2005 Child rearing study has demonstrated inadequate knowledge and practices among parents/families for young child care, health and development. i.e. responsive parenting and early stimulation practices are inadequate in at least two third of families; 56% of families do not have resources to promote early child development (i.e. books, toys); Fathers involvement in early childhood development is also inadequate; 60% of families report corporal punishments as a common and frequent practices with a high (11%) child injury rate at home.

Approximately one half of 3-6 year old children attend kindergartens, but this varies from urban to rural areas (67% vs. 43%). Recent evidence suggests that attendance is declining, primarily because kindergartens are in poor condition. There are neither national educational standards for preschoolers nor standards for teacher qualifications. Available evidence suggests that many kindergartens may not be employing the child centered learning approaches.

Children living in remote areas of Georgia and conflict zones (Abkhazia and South Ossetia) experience severe difficulties and deserve special attention.

Apparently, despite the significant efforts taken by the country towards improving the survival, health and development of young children, there is a growing acknowledgement that much work remains if significant gains are to be made and sustained. This situation necessitates cooperation among various sectors and donors to address issues of early childhood development in order to build on or reform existing programs to provide holistic services to all children in the country.

Section 5 ECD 2007-2009 National Strategic Plan of Action by Area

Operational Strategy #1 ECD mainstreaming into the national policies

Objective: To establish coordination and monitoring body under the auspices of the Health and Social Affairs Committee of the Parliament of Georgia

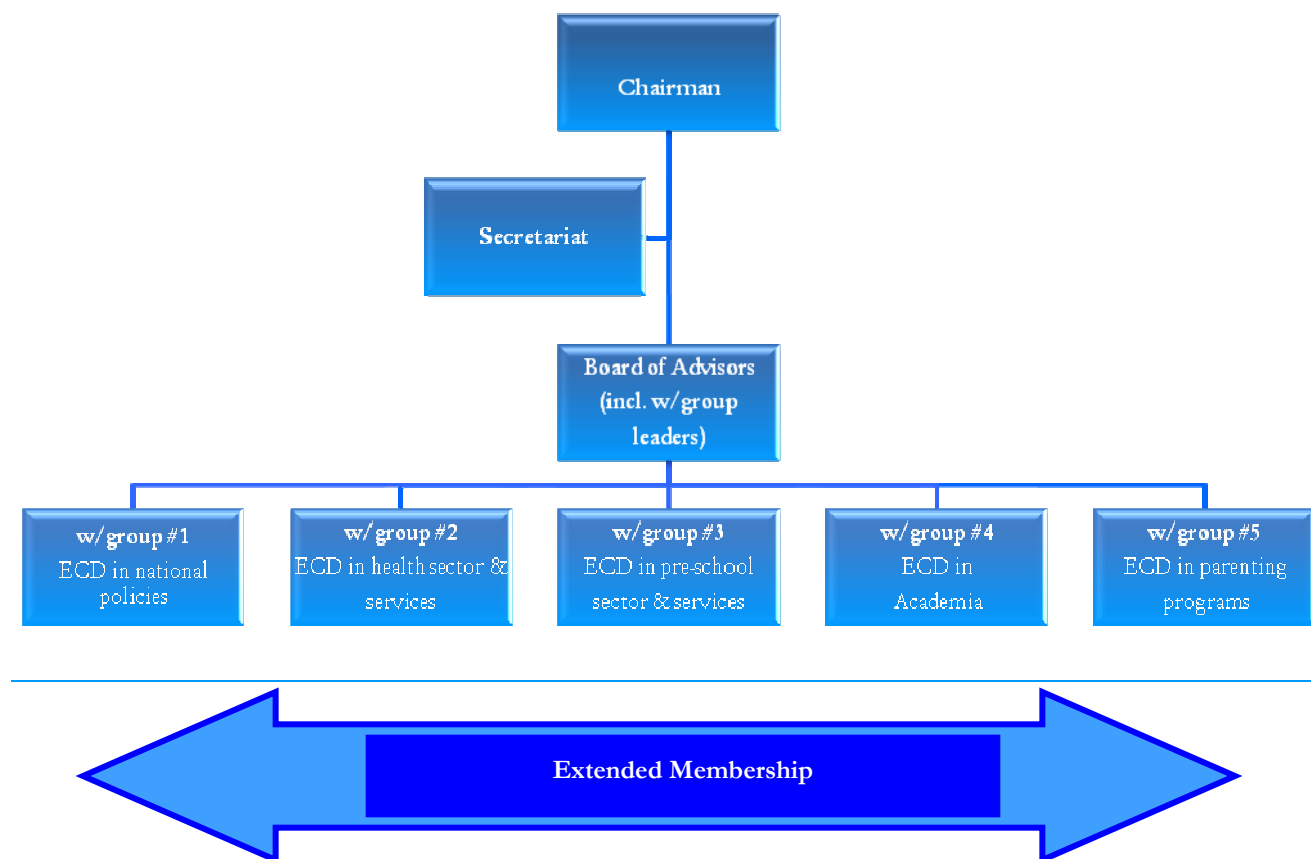
Context & Rationale

One of the outcomes of the 2006 Gudauri consultation was the establishment of the National inter-sectorial ECD Alliance under the auspices of the Parliament of Georgia*** (*See Annex III - Charter of the National ECD Alliance*). The Alliance will be leading overall design, coordination and oversight on implementation, M&E of national programs for mainstreaming holistic child development agenda into sectorial/inter-sectorial development plans, reforms and other relevant program frameworks or normative acts.

The National ECD Alliance will be supporting the GoG in effective national program/policy planning, improved coordination, harmonization and alignment of international aid (UN, donor agencies, international financial institutions, NGOs, civil society, academia and faith-based organizations) for improved leveraging of results for ECD.

Moreover, the Alliance will be introducing Innovative approaches for strengthening governmental commitments in child-friendly national programs and increased budgetary allocations for social development field in favor of child development

Structure of the National ECD Alliance



The Overall Goal of the ECD Alliance is: to support the national government's efforts in providing the country with opportunities for producing greater results for young children and to produce them more effectively, systematically and efficiently.

Objectives of the ECD Alliance are the following:

- A. Accelerating progress towards attainment of the country-specific MDG goals and proxy indicators for children through validating, developing and/or revising national development plans and policies; ensuring establishment of enabling legal and policy framework for mainstreaming holistic approach to early child development,
- B. Ensuring availability of increased domestic & external resource investments (financial, technical & human) for scaling up implementation of the Child-friendly Development agenda through integrated holistic child-centered approach
- C. In the pursuit of the overall goal to ensure endorsement, oversight on implementation & M&E of the 2007-2009 National Strategic Action Plan for ECD in Georgia.

In order to attain the aforementioned objectives the alliance will pursue **4 major directions:**

1. Advocacy and Communication
2. Inter-sectorial Planning and Coordination
3. Resource and Partnership Leveraging, and
4. Monitoring and Evaluation

1. Advocacy and Communication

The National Alliance will ensure awareness-raising among key policy/decision-makers at legislative and executive levels and the key country-level stakeholders for high positioning of the ECD agenda.

Under the overarching framework of the 2007-2009 ECD NSPA the Alliance will ensure development of an evidence-based advocacy and communication strategy.

2. Inter-sectorial Planning and Coordination

Within the emerging international aid environment, the Alliance will ensure country-tailored ECD policy and programming and mobilization of the key development partners for harmonization and alignment of the relevant initiatives.

The finalized 2007-2009 NSPA will serve as a common agreed framework for ECD partners and further resource (financial, technical and human) leveraging.

3. Resource and Partnership Leveraging

The Alliance will ensure identification of the resource needs (technical, financial and human) and leveraging the required resources from national or international partners.

The UN and international developmental partners with proven expertise and relevant mandates are considered as the potential source of the technical assistance. The partners will expedite support for information-experience sharing on ECD policy/programmes among the countries with recognized good practices.

4. Monitoring and Evaluation

A detailed integrated M&E framework will be developed to serve as a regular monitoring tool for the Alliance coordination and coherence. The key focus will be made on follow-up to agreed on results & milestones vs. timeline as per the strategic framework. Quality and effectiveness of the outputs & outcomes will be evaluated by an agreed assessment tools and methodologies.

Implementation framework for the Operational Strategy #1

Goal #1 ECD is mainstreamed into national policies and action plans in all relevant sectors: Health, Education, and Social welfare

- Objective 1** A coordination and monitoring body under the auspices of the Health and Social Affairs Committee of the Parliament of Georgia is established and functioning
- Objective 2** ECD National strategic Plan of Action (2007-2009) is endorsed by the governing authorities
- Objective 3** National, regional and civil society decision-makers understand what ECD means and why ECD programming and interventions are critical for to the continued advancement of the country
- Objective 4** A strategy is developed and applied to all sectors to ensure that ECD programming reaches children/families with special needs (e.g. young children with disabilities, children with HIV/AIDS, ethnic minorities, socially disadvantaged & marginalized children, young orphans, child abuse & neglect, etc.)
- Objective 5** Resources from the national, international, regional and private sources are mobilized for increased support to ECD interventions
- Objective 6** An ECD Policy is drafted and considered by legislators

#	Objective	Activity	Timeline												Output and indicator	Outcome	Budget categories		
			2007				2008				2009								
			I	II	III	IV	1	II	III	IV	1	II	III	IV					
1.	A coordination and monitoring body under the auspices of the Health and Social Affairs Committee of	1.1. Committee formed	x														Alliance charter endorsed; Membership defined	ECD is discussed at high levels	Cost of meetings

3	National, regional and civil society decision-makers understand what ECD means and why ECD programming and interventions are critical for to the continued advancement of the country	3.1. Communication strategy for decision-makers on what ECD is and its importance is developed						x	x	x	x			Strategies discussed	Targets & messages defined; strategy defined	ECD Alliance in-kind & Cost of meetings
		3.2. Communication strategy is delivered to critical decision-makers at national, regional, and local levels; advocacy									x	x	x	Number of decision-makers reached	Increased number of positive actions by decision-makers	Funding for TA ECD & Alliance in-kind
4	A strategy is developed and applied to all sectors to ensure that ECD programming reaches children/families with special needs	4.1. Collect and evaluate innovative strategies and good practices from other countries applicable for Georgia						x	x	x				Strategies collected & desk research carried out	Conclusions about most effective strategies are consolidated	Funding for TA & Alliance in-kind

		4.2. Use existing data (where available) to define where the highest number of vulnerable children will be found						x	x	x	x			Data sets reviewed and decisions made	Definition of highest risk groups and mapping of where they are	Alliance in-kind
		4.3. Coordinate strategies across health and education sectors to reach the disadvantaged children						x	x					Number of coordinated actions across the sectors	Plan is completed	Ongoing support for Policy group
5	Resources from the national, international, regional and private sources are mobilized for increased support to ECD interventions	5.1. Present NSPA to international donors and national decision-makers;					x	→						Number of presentations to international and national decision-makers	Donor Funds obtained	Alliance in-kind
		5.2. Identify levels of funding that can be mobilized through health, education and social protection budget, advocate for increased government commitment to increase funding					x	→						Budget allocation for 3 key sectors – health, education and social welfare	Improved funding	Alliance in-kind

		5.3. Use a traveling workshop to present plan to local decision-makers where financial decisions are decentralized							x	x	x	x		Number of workshops held	Rayon leaders who are willing to allocate funds	Funds for travel
6	An ECD Policy is drafted and considered by legislators	6.1. Existing legislation and regulations are reviewed including policy framework context within which the policy will be implemented is studied and analyzed					x	x	x					legislation and regulations reviewed and critical issues raised	Conclusions about legislation and policy framework are consolidated	Alliance in-kind & TA
		6.2. Establish surveillance systems to obtain consistent data for developing evidence-based strategy. Create consolidated database (with primary and secondary data) to inform policies						x						Baseline data and consolidated database made available	Proxy indicators developed for formulating policies	Research &TA costs; ECD Alliance in-kind
		6.4. Policy framework for multi-sectoral and inter-disciplinary approach identifies: a) Coverag							x					Mandate for different programs and coverage of different children categories identified	Improved reporting systems and improved coordination to channel	ECD Alliance in-kind& support costs for the PoG/UNICEF Partnership Office

		<p>e of different categories of children by two lead ministries – MoES and MoLHSA</p> <p>b) Provides co-ordination of services to ensure comprehensiveness and avoid overlap</p> <p>c) Establishes linkages between the institutions/organizations where necessary</p>															information and facilitate decision-making and implementation	
		6. 6. Finalization and presentation of policy document									x		Policy drafted	Policy accepted	ECD Alliance in-kind& support costs for the PoG/UNICEF Partnership Office			

Operational Strategy #2

ECD mainstreaming into the Health Sector & Services

Objective: Introduction & enhancement of child development – sensitive approaches within the existing health programs and ongoing reforms

Context & Rationale

Since 1995 the Government of Georgia has been implementing health sector reform targeting the improvement of access and utilization of appropriate PHC services based on a model of Family Medicine & General Practice. The reform focuses on the primary health care capacity building through the development of a Family Doctors' institute and is aiming to shift from a case-management approach to a focus on health promotion and disease prevention. A critical component of this shift is to include information and support for families for their children's healthy development. This component is clearly recognized in European and American health services as a key component of the pediatrician's role (AAP, 2007). Considering that the family doctor serves as a gatekeeper for health services, the primary health care (PHC) system is a critical point of contact between families and health care providers.

However, currently, in Georgia, there is no mechanism of formally evaluating a child's development beyond basic physical development and achievement of gross developmental milestones, nor is there screening for abuse and neglect or mental health issues. Besides, there is no system for encouraging families to support their children's normal development. Pediatricians provide advice regarding children's rearing problems or safety issues, however it is not a requirement of the present system. In Georgia, as well as in the rest of the former soviet republics, psycho-social development has been neglected. Correspondingly, Georgia has neither sufficient numbers of professionals working in this field nor scientific institutions. Existing child psychology, neurology and psychiatry resources are limited, and not universally well versed in principles of ECD. Thus, incorporation of holistic ECD within the health reform context, as well as enhancing its existing components in the state health programs is a broad-based approach encompassing multiple areas to promote the overall development of the child.

Although the PHC is a potential point of contact for imparting knowledge on principles of ECD, it is not the only one. Innovative, alternative sources & effective strategies must be identified and tested as strategies to reach the families. Examples are:

Unified guidelines and protocols: Legalization of the newly developed relevant protocols & guidelines (child development monitoring guide) will provide invaluable opportunity for proper monitoring of growth and development within the PHC.

Patronage Visits also provide an important opportunity to share these principles with family, and to monitor a child's overall development (social, emotional, physical). These visits are an ideal time to counsel parents on important aspects of nutrition, growth, development, and the importance of stimulation and interaction.

Unfortunately, the current quality of the patronage visits is not sufficient. Although there are well established guidelines on the number of visits a patronage nurse should make during the first year of life (Currently, all 0-3 children in the country are entitled to patronage visits, among them U1 - 7 visits by doctor and 10 visits by nurse), this number is not attained in many cases. Reasons are varied and include inadequate remuneration, long distances, belief by patronage nurse that number of visits is excessive, and family refusal. Integrating a developmentally sensitive monitoring into the patronage visits where the nurse focuses on not only the physical development of the child, but the social and emotional development as well is critical. The patronage visit could be another source of information for parents and

families on the importance of principles of ECD. The patronage visits also provide a valuable opportunity to screen for child abuse and neglect. Expansion of both the PHC System (introducing ECD as an essential component of Basic Benefit Package) and the Patronage Visit System (both - content and implementation-wise) are needed in order to mainstream ECD principles into the Health sector/services. Continued elaboration and revision of the developmentally sensitive protocols and guidelines on the specific ECD topics to be maintained in addition to its integration into the system of continuous medical education.

Mainstream holistic ECD principles into ante-, intra-, postpartum care services (harmonized with Reproductive Health Strategy).

Maternity houses provide a unique opportunity to begin the dialogue with parents on ECD and infant well-being. Multiple initiatives are already underway and include baby-friendly hospitals initiative (BFHI), in-service trainings for health providers in WHO effective perinatal care approaches, etc.

The birth of a child is a logical point to counsel parents on the concepts of child health and development, and highlight the importance of early stimulation, and social interaction in addition to healthy nutrition and timely immunization. It may also be an ideal time for involving& empowering fathers.

Reaching the poorest. Reaching the poorest and most socially isolated may require approaches that differ from region to region and/or by vulnerability category.

Implementation framework for the Operational Strategy #2

Goal 2. All Health Sector Services, reforms and supporting structures (training, supervision) include an effective component on child development linked with other health sector programs and adapted to the population served

Objective 1 Guidelines and protocols that are needed in order to mainstream ECD into the Health Sector are 1) developed, 2) guidelines are recommended and adaptations are made for children/families with special needs (e.g. young children with disabilities, children with HIV/AIDS, ethnic minorities, socially disadvantaged & marginalized children, young orphans, child abuse & neglect, etc.); and 3) pilot tested; and 4) adopted by the MoLHSA (ELDS developed based on accepted child development monitoring guide – link with Operational strategy #3)

Objective 2 Specific tools and content are developed to implement the guidelines and protocols in Objective 1, linked with content from other working groups

Objective 3 An implementation plan is developed for each possible platform (ambulatory care, in-patient care, patronage nurses, maternity houses, links to parenting program, preschools) including coverage and decisions as to who should be covered, and management structure

Objective 4 In-service capacity development plan developed for Objective 3

Objective 5 Monitoring and evaluation system is set up and functioning

#	Objective	Activity	Timeline												Output and indicator	Outcome	Budget categories Funded
			2007				2008				2009						
			I	II	III	IV	I	II	III	IV	I	II	III	IV			
1	Design evidence-based guidelines, protocols for health sector and have them endorsed by the MoLHSA	1.1. Continue defining the guidelines and protocols needed (list)							x					→	List of G&P created	List available	MoLHSA in-kind
		1.2. Design of evidence-based guidelines & protocols in progress												→	G&Ps created	G&Ps introduced	TA & International & local expertise

		1.3. Submit protocols and guidelines for approval										x	x	Number of protocols submitted	Set of guidelines and protocols approved	
		1.4. G&Ps pilot testing is initiated											x	ToT sessions conducted		TA for implementation
2	Develop tools and specific content for implementation of guidelines and protocols	2.1. Child development monitoring guide developed, pilot tested & introduced	x											Monitoring guide endorsed	Monitoring guide introduced	TA & International & local expertise and implementation
		2.2. Develop or adapt, in conjunction with other working group, recommendations and activities that can be done by health professionals to support ECD				x	x							Recommendations developed		ECD Alliance in-kind
		2.3 Develop ToRs for doctors and nurses in coordination with health reform partners						x	x					ToRs in place	ToRs endorsed, mainstreamed	ECD Alliance in-kind
		2.4. Develop Baby Passport based on the G&P, ELDS (link with Strategy #5 Parenting).					x							Materials developed	Baby Passport is introduced	TA & International & local expertise and implementation

		2.5. Pilot test the passport in several language areas using cognitive testing and recall methods						x	x					Baby Passport adapted, pilot tested, in the regions	Final model is ready for implementation	
		2.6. Selection of a family-centered assessment instrument for delays and concerns and recommendations for interventions to be given							x	→				Consultancy on tool finalized		TA & International & local expertise
3	Develop implementation plan for each platform	3.1. Decide on number of possible platforms and targets or coverage of each (universal, high-risk, etc.)				x				→				Working group meet with broader regional group; plan outlined		ECD Alliance in-kind
		3.2. With stakeholders, decide how ECD component can best be incorporated for each platform: ambulatory, policlinics, patronage nurses, maternity houses, preschools, etc				x				→				Number of meetings with stakeholders and other working groups; Number of plans consolidated		ECD Alliance in-kind

		3.4. Determine costing of each model				x								Cost plans prepared		ECD Alliance in-kind TA & National/International expertise
		3.5. Implement programs in each platform area								x				Number of contacts for each platform defined and costed		Funding for implementation
4	Capacity development	4.1. Define the target groups for in-service training						x	x					Trainees defined		MoLHSA in-kind
		4.2. Training modules and schedules developed and tested for each platform					x							Modules developed		TA & National/International expertise
		4.4. Training instituted for each platform (in coordination with health reform partners)							x					Number of in-service professionals trained	Change in practices of health care providers	Funds for capacity development and progress monitoring
5	Develop integrated monitoring & evaluation framework for entire health programme strategy	5.1. Assessment system developed to monitor capacity development effectiveness (in coordination with health reform partners) (under objective 4)						x						Indicators defined and accountabilities clear		ECD Alliance in-kind TA for local expertise

		5.2. Monitoring & evaluation plan is developed (under objective 3) is in progress								x		→	Monitoring system collecting data and feedback	Change in family care behaviors	ECD Alliance in-kind TA for local expertise
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Operational Strategy #3

ECD mainstreaming into the Preschool Education Sector & Services

Objective: To improve participation and access to quality preschool education for all children in Georgia based on equity and inclusion principles

Context & rationale

Presently in Georgia there is no state policy, system or regulatory framework regarding the education and development of children prior to primary school entry. There are individually operating kindergartens and programs supported by national and international NGOs, however these programs have limited coverage and do not operate under any national guidelines, standards or regulatory mechanisms. Consequently, there is no unified and consistent high quality system to support the growth and development of children between 3 to 6 years of age; a crucial stage of development.

A 2007 study of School Readiness in Georgia identified three aspects of readiness: the family's readiness for getting children in school, the school (or preschool's) readiness for having children in school, and the child's readiness (Iltus, 2007). The study of parents, preschool institutions, and focus groups showed the following: preschools were generally of small size, and operated with very small budgets, a large percentage of which went to food. On average about half of children attend preschool before school, but this is more common in urban (60%) than rural (40%) areas. An assessment of 45 preschools showed that many procedures, such as greeting, were strong, and many staff were very committed. However, materials were limited, with over half rated as "totally inadequate" with regard to books and visual materials. Children learn by doing, but 70% of preschools had little or no free activity time; only 20% had enough.

Many parents whose children did not attend preschool wanted their children prepared for first grade, and tried to do it themselves. Without support, these efforts were not very successful. Helping parents who do not send children to preschool to prepare their children for school has been shown to be effective in a number of countries.

The MoE&S has acknowledged and is concerned that its ongoing reforms in education and child protection do not sufficiently address preschool. Consequently the MoES is interested in policy reforms that will address the convergence between preschool education and the on-going education, child-welfare and mother and child health system initiatives being implemented by the GoG as one of the national priorities. The early childhood education policy will be developed to address all aspects of the policy infrastructure that will be required for implementing and sustaining the models from development of curricula, teacher training, to management and coordination of the system. The policy should also address monitoring and evaluation (including qualitative and quantitative indicators) of the models and a system for accountability. Recommendations for legal changes and regulatory mechanisms for operationalization of preschools across state and private sectors should be included in the early education policy.

The core preschool advisory group should be responsible for developing a concept note on comprehensive preschool educational models and approaches that will provide operational guidelines for preschool reform. This plan should begin with specifying and defining what is meant by preschool education for children 3 to 6 years of age. Principles of holistic early childhood development should be stated upfront to ensure that the preschool programs move beyond traditional realms of early childhood education to include health, child protection etc. The models of preschool described in the concept note must be contextually relevant and cut-across formal and non-formal models of preschool.

The development of standards (Early Learning, Family Competency, Teacher Standards, Program or School standards) and guidelines needs to be initiated in a systematic manner as part of the preschool expansion and reform process.

Implementation framework for the Operational Strategy #3

Goal #3 All children have access to a quality child-centered early learning experience from age 4-6 and children with working parents have access to a quality nursery

Objective 1 ELDS (child, program, and family standards) developed and validated

Objective 2 National Aims and Goals concept note in pre-school education developed and approved

Objective 3 Regulatory and Legislative Framework developed and presented to legislative and executive governments

Objective 4 Pre-school population tracked and monitored, and key target populations are identified

Objective 5 Program models and program costs are calculated for the pre-school sector

Objective 6 Increase access to pre-school educational activities via campaigns, targeted educational programs and new model designs

#	Objective	Activity	Timeline												Output and indicator	Outcome	Budget categories Funded & unfunded (USD)	
			2007				2008				2009							
			I	II	III	IV	I	II	III	IV	I	II	III	IV				
1.	1. Improve understanding and quality of early childhood development and school readiness through having a defined set of expectations for what children	1.1. ELDS working group formed ELDS working principles identified, ELDS specialists identified to	x			x	x	x								ELDS main principles identified to guide standards elaboration and adaptation process	EDLS sub group review Early Childhood Development literature to review and to adapt and define standards;	Cost of individuals who are writing standards funded;

	should know and be able to do (ELDS) for ages 3-7	form ELDS sub group																
		1.2. ELDS psychologist and early childhood development specialists identified to write standards					x								ELDS domains divided among experts for writing and ELDS parts exchanged between experts	Set of standards completed		
1.1	To validate ELDS nationwide	1.3. ELDS validation facilitators selected to design ELDS validation mechanism							x						ELDS validation mechanism designed and study carried out	ELDS content validation is determined on national level; ELDS are valid for the age groups they were adapted for.	ELDS content validation is funded; ELDS age validation funding is required	
		1.4. ELDS validation completed and standards revised based on new standards								x					ELDS revised and corrected standards	Final set of ELDS ELDS standards allow preschool stakeholders to consider an alignment of preschool practices accordingly	ELDS development and content validation funds are available; ELDS age validation funds required.	
1.2	Develop program standards that are needed in order to achieve ELDS	1.4. Group also develops program standards, or adapts them from existing standards					x	x	x						Set of program standards drafted	<i>Preschool management infrastructure norms; learning environment, teacher standards, preschool</i>	Preschool program standards funding available; Funding for	

																		<i>activities, become available as a recommended guidelines</i>	preschool curricula and teacher training required	
2	Create regulatory and legislative framework for pre-school sector	2.1. develop national goals and aims concept note;				x	x	x										To validate concept note among pre-school sector stakeholders and constituents nationwide	Have concept note reviewed by experts and endorsed by government	Set of activities for creation regulator and legislative framework are funded;
		2.2. develop national policy documents in pre-school sector including ways to strengthen preschool programs				x	x	x	x	x								Regional trips for publicizing and validating concept note	Costed plan	Financial mechanisms and per child funding should be funded.
		2.3. identify pre-school certification and licensing mechanisms							x	x	x	x	x					To convene expert group for regulatory mechanism document review	Completed plan	Funding for programs that license professional training programs have to identified
		2.4. Develop certification and licensing standards with regional input							x	x	x	x	x					Group decides on certification and licensing		Funding for development of programs and trainings that meet certification criteria have to be funded
3	To increase access to pre-school and early childhood development programs and	3.1. To make estimates for programs to meet demand in pre-school sector					x	x	x	x	x	x	x					Tracking of attendance and demand in hand Analysis of children gross and net enrollment	A baseline survey and data collection on preschool children population is	Baseline data and survey funded; EMIS for preschool system to be funded.

	opportunities.	3.2. To project capacities of preschools for increased access of children 3.3. To project capacity of public schools for secondary education have preschool year children at school													disaggregated by regions Analysis o public school sector disaggregated by regions	accomplished Ongoing tracking of preschool children population and tracking trends of preschool access and equity required.	
		To develop plans for advocating for financing at national and local government levels						x	x	x	x	x	x	Number of decision-makers reached	Increased number of positive actions by decision-makers and more advocates among them	Trainings and seminars for preschool union heads and local government representatives to be funded	
4	Develop a strategy to reach children who are the socially vulnerable	4.1. Collect information and data on pre-school population countries within country 4.2. make estimates for human technical and program resources for special intervention in the system				x	x	x	x					Categories of children for preschool programs identified. Total and disaggregated numbers by early projections. Intervention models costed with human, program and technical capacities.	Projections made for pre-school sector needs in terms of quantity of recourses via collecting and analyzing statistical information from recourses that exist in state agencies and reports by international organizations.	Data collection done by analysis of existing statistical reports and research by international organizations funded; Funding for Electronic Management System for Information on preschool	

**Operational Strategy #4
ECD mainstreaming into Academia**

Objective: To improve the quality of holistic ECD services as a result of its integration into the education curriculum of Academic Institutions

Context & rationale

It is obvious that a lack of training in ECD for the professionals (including the pre- and post-graduate levels) remains a consistent and significant gap across the health and education sectors. Considering the absence of evidence & shortage of contemporary scientific information and specific experience in the said field the most efficient way of introducing holistic ECD principles into Academia will be its gradual mainstreaming into the curricula of the relevant higher education institutions (medical, psychology, pedagogic, social work, etc.) with respective testing & probation of the modules & courses.

At the initial stage it is planned to initiate the development of the evidence-based ECD curriculum as an integral part of the University courses for undergraduate medical students and doctor - residents. Correspondingly, all third grade students of the medical faculty and pediatric residents will have an access to the mandatory ECD course including the relevant theoretical and practical sessions. Following the course testing & probation ECD will be introduced as an elective subject for the higher grade students and eventually will be integrated into the curricula of family doctors and nurses.

The Tbilisi State Medical University will build partnership with the selected western University with well-developed ECD know-how in order to bring the good practices & experiences and evidence-based scientific ECD approaches in the country. That will ultimately result in continues cadre & experience exchange and ensure establishment of the solid and clear linkages between all stages of continues medical education.

In this regard it is planned to establish the Child Development Centre in Tbilisi at the clinical site of the TSMU Pediatric Division. The Centre will host under- & post-graduate students, residents, doctorate degree seekers and will be utilized as on-job training facility for the health practitioners (continues medical education). On the other hand the Center will build the net of the PHC & specialized care facilities throughout Georgia targeting capacity development of the health providers in ECD and serving the referral point for the children with suspected developmental problems.

Implementation strategy for the Goal#4

Goal #4 To improve the quality of holistic ECD services as a result of its integration into the education curriculum of Academic Institutions

Objective 1 Elaboration & operationalization of an evidence based ECD curriculum as an integral part of the university syllabuses for undergraduate students

Objective 2 Establishment of the solid and clear linkages between all stages of the continuous medical education cycle

Objective 3 Establishment of the long-term partnership with selected Western Scientific Institutions with well-developed ECD know-how

Objective 4 Building the strong foundation for integration of holistic ECD principles into the education curriculum for teachers, psychologists, social workers, etc

#	Objective	Activity	Timeline												Output and indicator	Outcome	Budget categories Funded & unfunded (USD)
			2007				2008				2009						
			I	II	III	IV	I	II	III	IV	I	II	III	IV			
1.	Elaboration & operationalization of an evidence based ECD curriculum as an integral part of the university syllabuses for undergraduate students	1.1 Elaboration of an evidence based ECD curriculum within the scope of the TSMU mandatory course in general pediatrics for the students of the Medical Faculty		x	→										Materials developed & updated; course is introduced	Students of the medical faculty have an access to the updated course	Costs for the materials development & International & local expertise & TSMU in-kind
		1.2 Elaboration of the ECD facilitator's manual based on the interactive, adult-learning methodology		x	→										Manual developed & new teaching methodology introduced	Students of the medical faculty are trained in accordance with newly-developed	

		2.2 Mainstreaming of an evidence based ECD curriculum within the scope of the TSMU residency course in Family Medicine and professional training course for GPs					x		→					Family Medicine Curriculums updated; In-service training course for GPs updated	Students have an access to the updated residency course in family medicine, GPs are undergoing 6-months professional in-service training with ECD components integrated	Costs for the materials development & ToT's & TSMU in-kind
		2.3 Development & operationalization of an elective course in developmental pediatrics					x		→					Materials developed & subject is operationalized	Students have an access to the newly introduced elective subject in developmental pediatrics	TSMU in-kind
		2.4 Creation & endorsement & Operationalization of the scientific programs for acquiring the doctoral degree in development pediatrics								x				Scientific programs endorsed & launched	PHDs acquired in ECD & researches performed and published	TSMU in-kind
		2.5 Introduction of the principles & services of development pediatrics on the basis of the University Clinic					x							Center is established, operationalised, referral system & links with PHC facilities/infant houses throughout	Children in Georgia have an access to services provided by the Centre	TA for Center operationalization

		through the establishment of the National Centre for Child Development												country established health& providers trained		
3.	Establishment of the long-term partnership with selected Western Scientific Institutions with well-developed ECD know-how	3.1 Establishment of partnerships/twinning programs with selected institutions (including the University Clinics, professional associations, pediatric foundations, in Europe and US, etc.)			x									Partnerships established& MoUs signed;		Funding for capacity development
		3.2. Facilitation of the exchange programs for the relevant professionals					x							Exchange programs facilitated; Professionals trained abroad; Foreign professionals brought to work in the Centre	Lessons learned & good practices applied	
4.	Building the strong foundation for integration of holistic ECD principles into the education curriculum for teachers, psychologists, social workers	4.1 Elaboration of the communication/advertisement package on the ECD programme implementation at the TSMU				x								Advertisement package elaborated		TSMU/Alliance in-kind

Operational Strategy #5

ECD mainstreaming into education programmes for parenting/families

Objective: *Upgrade the knowledge of families and the society, improve their attitude and practical skills toward the issues of supporting early child development*

Context & rationale

It is widely recognized that holistic ECD agenda is more poverty reduction program, rather than a distinguished, even wide-scale effort targeting child health, education or social protection issue(s). ‘While children bring their own genetic make-up into the world, children shape and are shaped by the world they live in’ (**PROMOTING EARLY CHILDHOOD DEVELOPMENT: POLICY, SERVICE DELIVERY & PRACTICE CHALLENGES**, 2005 Frank Oberklaid). Therefore any intervention that aims to address issues of young children cannot be envisaged in isolation from the family, community and broader socioeconomic and policy environment in which children live.

The child's developmental trajectory is influenced by the numerous environmental risks and protective factors which operate throughout the life course; those are especially powerful in the early years of life, however evidence shows that nurturing, stimulating, and consistent caretaking environment is the key to good developmental outcomes even in case of the economic hardship of the families and on the other hand insufficient delivery of respective services and inadequate regulatory frameworks in force.

Following the logic above, under the overall ECD umbrella ‘Parenting’ is defined as the distinguished strategy which is allied with other strategic approaches outlined in the present plan, while its cornerstone is to reach all children of Georgia and especially socially disadvantaged & marginalized ones.

The said strategy is based on the principle that *‘parent education should never undermine existing parenting knowledge and skills; for this reason we often talk about parent education and support and find that one of the major tasks of a parenting program is to increase the parents’ confidence in their role’*(Patrice Engle, Georgia ECD Consultancy, 2007).

In 2003 – 2005 UNICEF Georgia in collaboration with MoLHSA has implemented the Parent Education Program with the goal of improving parental knowledge of child rearing and child development issues. The program materials were developed by a multi-sectoral expert team, including international technical guidance, and were delivered through multiple channels of communication ranging from mass media to printed materials, to some inclusion on the primary health care level. The results of the pilot programming indicate that while there is a distinct need for such an intervention in the country, program effectiveness was hampered by several key limitations including inadequate utilization of holistic principles of early childhood development and failure in system-wise integration.

Given the past experience and present developments in this field there are 3 categories of activities outlined to be undertaken during the timeline of the present strategy: (a) revision of the existing education materials (targeting the healthy child) with the follow – up testing & probation amongst the different target groups (including rural/urban population, vulnerable and socially disadvantaged populations, etc), (b) development and expansion of implementation of the positive parenting programs – resource mobilization & leveraging; and (c) development of supportive supervisory mechanisms - identifying new effective strategies to reach families through the health, education systems, municipal and social programs, other alternative sources & tools.

It is critical to envisage the ethnically diverse groups and children & families with special needs as an integral part of the present strategy.

Implementation framework for the Operational Strategy #5

Goal 5: Upgrade the knowledge of families and the society; improve their attitude and practical skills toward the issues of supporting early child development

Objective 1 Updated Parent Education Concept is finalized

Objective 2 Identify partnership opportunities and state programs to serve as a base for the parenting education program in order to expand outreach, particularly to the most vulnerable

Objective 3 Building on the existing experience and materials and methodologies, create an approach *for each partnership or program* based on 1) pilot experiences, 2) further testing; and 3) using hands-on materials and experiences

Objective 4 Explore various communication channels to reach different segments

Objective 5 Advocate for the mobilization of technical and financial resources for the system-wise integration of the parenting strategy

Objective 6 Capacity development in progress & program implemented through various partners

Objective 7 A monitoring and evaluation plan is put into place

#	Objective	Activity	Timeline												Output and indicator	Outcome	Budget categories	
			2007				2008				2009							
			I	II	III	IV	I	II	III	IV	I	II	III	IV				
1	Updated Parent Education Concept is finalized	1.1. Working group prepares plan with consultation				x	x									Domains defined		ECD Alliance in-kind
		1.2. Define communication goals and proposed coverage						x	x							Goal defined through research, consultation, stakeholder views	Consolidated draft available	ECD Alliance in-kind, TA & International/local Expertise

		1.3. Decide on most important channels and opportunities for introducing parenting (e.g., just before school, when children are just born, etc.).		x										Decisions and recommendations made		TA for consensus-building, ECD Alliance in-kind
2	Identify partnership opportunities and state programs to serve as a base for the parenting education program in order to expand outreach, particularly to the most vulnerable	2.1. Identify possible avenues for having contact with parents of young children, and guardians of children without family care, etc.						x						Number of possible avenues explored.	Recommendations put in place	ECD Alliance in-kind
		2.2. Expand linkages for parenting: Health, Preschool, communication, civil society, municipal organizations including ethnically diverse settings				x								Number of linkages and partnerships established and explored		ECD Alliance in-kind
3	Building on the existing experience & materials and methodologies, create an approach for	3.1. Review what worked and what needed improvement in the pilot program, and in other parenting		x										Desk research carried out	Report of lessons learned put in place	ECD Alliance in-kind

	each partnership or program based on 1) pilot experiences, 2) further testing; and 3) using hands-on materials and experiences.	programs internationally – such as the importance of hands-on experiences, multiple channels;															
		3.3. Develop strategies for the program linkages identified under Objective # 2 (e.g., health centers, preschools, media, etc)								x		→		Strategies defined	Report put in place	ECD Alliance in-kind	
		3.4. Develop and pilot test new versions of materials (parenting package and child-oriented materials, e.g. baby books) with stakeholders, particularly those in culturally distinct areas & revise tested materials					x					→		Pilot test completed ; child indicators developed	Report put in place	TA for development and pilot testing	
		3 5. Finalize materials in collaboration with key stakeholders and parents from the target groups							x	x	x			Culturally & language sensitive materials developed		TA for the local expertise	

4	Explore various communication channels to reach different segments	4.1 Develop parenting communication strategy & communication campaign design							x	→			Strategy defined	Proposed design of the campaign available	TA for the local & international expertise; Consensus building exercise
		4.2 Carry out communication campaign								x	→		Number of outlets used	Population level recall	TA for campaign implementation
5	Advocate for the mobilization of technical and financial resources for the system-wise integration of the parenting strategy	5.1. Along with other working groups, meet with donors to explain parenting programme				x					→		Meetings with international donors & partners, fundraising exercises	Funds allocated	
		5.2. Develop models for how much each program is going to cost					x				→		Costed models available		ECD Alliance in-kind
		5.3. Alliance working groups, prepare a “traveling show” to present the programming ideas to local rayons who are in charge of decision-making								x	→		Number of presentations	Amount of funds local governments allocate	Travel costs
6	Capacity development in progress & program implemented through various partners	6.1. Training of trainers in parenting program sites								x	→		Workers trained	Change in workers’ behaviors	Depends on cost per trainee and coverage

		6.2. Parenting program in place								x		→	Program coverage and depth adequate Number of children & families are in parenting program	Parenting behaviors change; children's language and cognitive skills improve	Depends on cost per child and coverage
7	A monitoring and evaluation plan is put into place	7.1 Indicators developed and a means of verification established								x	x		M&E Plan based on the number of families under program in place	Change in family behaviors targeted by the program.	ECD Alliance in-kind

Goal: All children in Georgia have the possibility for positive and individual psycho-social development			
<u>Target groups</u>	<ul style="list-style-type: none"> • Children reintegrated into the society and children in need of integration • Orphans and children deprived of parental care • Street children • Children with disabilities, who are in need of psycho-social services. • Children victims of trafficking and exploitation • Children in conflict with law and children with antisocial behavior • Children victims of abuse and neglect • Children of the families under the poverty level • children without documentation • Children living in remote geographic areas • All children who are facing the risk of getting into any of the above mentioned categories 		
<u>Problem</u>	Poverty, as a hampering factor for families to provide relevant care for the child.	Abuse	Wide use of “large-scale” care institutions that are harmful for the development of the child.
<u>Goals</u>	Social services that ensure positive, individual and harmonious development of the child are available to all children in need of support in Georgia.	Every child in Georgia is protected by the state from all types of abuse, exploitation and neglect.	The state, through different sectors, ensures emotional, psycho-social and individual development of children deprived of care in the environment resembling family care.
<u>Objectives</u>	An integrated system of needs-based individual services and benefits for parents and children is developed in every raion.	The development of state child protection policy, putting legislation and referral/intervention system into action.	Ensuring high-quality, needs-based, individual and varied services for children in need by the state care system on the the local level.
<u>Indicators</u>	<ol style="list-style-type: none"> 1. The indicator of enrollment into family substitute services; 2. The indicator (rate) of utilization of family support services by socially vulnerable children/families throughout the country; 3. The number of cases in family support services that were closed in 6 months; 4. The number of cases in family support services that were closed 	<ol style="list-style-type: none"> 1. The cases of child abuse, identified and registered in families, schools and care institutions in 2009, 2010, 2011; 2. The number of referrals to the Child Protection System from neighbors, police, doctors, teachers and other sources; 3. The number of police persons, doctors, teachers (in child protection and their responsibilities in the new 	<ol style="list-style-type: none"> 1. The percentage of children deprived of care, according to the types of services: <ul style="list-style-type: none"> - Family substitute services: adoption, foster care - Small group homes - Large-scale care institutions - Reintegration - Kinship care 2. The number of service providers, who provide services in accordance with approved standards; 3. The number of places in family substitute services per 1000 children, according to the regions: <ul style="list-style-type: none"> - Family substitute services: adoption, foster care

	<p>in 2 years;</p> <ol style="list-style-type: none"> 5. The number of social workers retrained in assessment, case management and intervention techniques, according to the raions of the country; 6. The number of families with children receiving support in the form of benefits, housing or employment; 7. The percentage of the parents in the target group (contingent) trained in the positive development of the child, as well as in skills for successful upbringing. 8. The indicator (rate) of repeated referrals to the Child Care System after 2009. 	<p>system) retrained by 2010;</p> <ol style="list-style-type: none"> 4. Rehabilitation service, created in every region, for children victims of abuse, exploitation and neglect; 5. The number of cases of child abuse, identified and reported by children in child protection services (in regard to their peers as well as to themselves). 	<ul style="list-style-type: none"> - Small group homes - Large-scale care institutions - Reintegration - Kinship care; <ol style="list-style-type: none"> 4. The number of children with “full assessment” - The number of cases reviewed every 6 months; 5. The indicator of enrollment of children leaving the system of care into post-school education and employment programs; 6. The indicator (rate) of closure of large-scale care institutions; 7. The volume of reinvestment of assets existing in child care system for implementing new services.
Activities	<ol style="list-style-type: none"> 1. Expand the cash social assistance framework to target families and children living in poverty. 2. Develop social services for families and children in every raion 	<ol style="list-style-type: none"> 1. Develop a child protection policy 2. Develop a legislative framework to support and enforce policy 3. Establish a child protection administrative system 4. Awareness raising 	<ol style="list-style-type: none"> 1. Develop family substitute services 2. Develop a robust gatekeeping and decision-making system 3. Close 90% of large-scale institutions by 2012 4. Awareness raising

OBJECTIVE 1 – An integrated system of needs-based individual services and benefits for parents and children is developed in every raion

Activity No.	Activity	2008	2009	2010	2011	Partners	Comments and Links	Responsible Agency
Activity 1.1 Expand the social assistance framework to target families and children living in poverty								
1.1.1	<i>Assess effectiveness of current cash based social assistance system in terms of supporting children and families</i>							
1.1.1.1	Assess links between poverty reduction programme, MoES prevention and reintegration payments and ability of family to provide adequate care	X						MoES MoIA (Ministry of Internal Affairs)
1.1.1.2	Identify other sources of state support accessible to children and families including pensions, disability benefits, etc	X						MoES MoIA MoLHSA
1.1.1.3	Identify barriers and other issues relating to entitlement	X						MoES MoLHSA
1.1.2	<i>Adapt existing / design improved benefits system that satisfies needs of families and children</i>							
1.1.2.1	Develop and cost a number of options	X					Some funding may move from MoES to MoLHSA	MoES
1.1.2.2	Consult on the options	X						
1.1.2.3	Following consultation develop a concept for the best option		X				Could a new system be piloted first to assess its effectiveness? Would this need legislation or would a decree suffice? (In this case the steps in 1.2.3 should be tested in a small area)	
1.1.2.4	Carry out organizational impact assessment (eg staffing needs, training needs etc) including the cost of changing the benefits system		X					MoES 2008 MoLHSA
1.1.2.5	Following approval draft appropriate legislation		X					
1.1.3	<i>Implement a revised cash benefits system</i>							
1.1.3.1	Design new forms		X					MoES MoLHSA
1.1.3.2	Adapt procedures		X					
1.1.3.3	Retrain staff		X					
1.1.3.4	Run a public information campaign		X					

1.1.3.5	Implement the system			X				
1.1.3.6	Review the system after the first year of implementation				X			

Activity 1.2 Develop social services for families and children in need (with particular reference to children reintegrated into the society and children in need of integration; Orphans and children deprived of parental care; Street children; Children with disabilities, who are in need of psycho-social services.; Children victims of trafficking and exploitation ; Children in conflict with law and children with antisocial behaviour; Children victims of abuse and neglect; Children of the families under the poverty level; children without documentation; Children living in remote geographic areas; All children who are facing the risk of getting into any of the above mentioned categories)							
1.2.1		<i>Identify need for social services for families and children</i>					Links to Activity 3.1.1 – identify needs for family substitute services; this should be one joint needs assessment covering both objectives All raions should have a needs assessment once every three years
1.2.1.1	EUSCWR	Develop tool for carrying out needs assessment at raion level	X				
1.2.1.2	EUCWR	Pilot the tool in two raions	X (2)				
1.2.1.3	EUCWR	Review and amend the tool	X				
1.2.1.4	MoLHSA	Roll out to other raions (1/3rd of raions every year to achieve full national coverage by 2011)		X	X	X	
1.2.1.5		Review and amend the tool at the end of every year		X	X	X	
1.2.2		<i>Determine optimum level of services provision</i>					
1.2.2.1	MoES with support from EUSCWR – 2008 MoLHSA – 2009, 2010, 2011	Develop services plan based on needs assessment (following the needs assessments in 3.1.1.4)	X (2)	X	X	X	1.2.1.4
1.2.2.2		Assess existing provision against services plan	X (2)	X	X	X	1.2.1.4
1.2.2.3	GCCPD MoLHSA	Decide levels of state provision of social services for families and children	X (2)	X	X	X	1.2.1.4
1.2.2.4	MoES MoLHSA	Identify and coordinate other state and non-state providers	X (2)	X	X	X	1.2.1.4

1.2.3	A						
		<i>Provide optimum number of social services for families and children</i>					
1.2.3.1	MoES – 2008	Support development of services meeting national minimum standards	X (2)	X	X	X	1.2.2
1.2.3.4	MoLHS A - 2009 MoES – 2008, MoLHS A - 2009	Commission or outsource services meeting national minimum standards	X (2)	X	X	X	1.2.2
		Run a public information campaign at local level to publicize available services with particular emphasis on reaching groups of potential beneficiaries who have difficulty accessing services					Public information campaigns should consider any hampering factors beneficiaries may experience in accessing information e.g. language, disability, geographical isolation
1.2.3.5		Review operation of service annually (eg number of users, demand for service, quality indicators)		X (2)	X	X	Starting a year after the first service implementation
Activity 1.3 Establish a standardized system of assessment of children with disability							
1.3.1	MoES MoLH SA	Review existing progress on reviewing international assessment procedures and applicability to Georgia	X				MoHLSA may have translated respective documents
1.3.2	MoES MoLH SA	Decide on most appropriate model	X				
		Pilot model in number of raions to assess training needs of relevant professionals		X			
	MoLH SA	Cost roll-out of model across all raions		X			
	MoLH SA	Develop timetable for roll-out		X			
	MoLH SA	Roll-out			X	X	

OBJECTIVE 2 – The development of state child protection policy, putting legislation and referral/intervention system into action.

Activity No.	Activity	2008	2009	2010	2011	Comments and Links	
Activity 2.1 Develop a child protection policy							
2.1.1	<i>Develop a child protection policy focusing on awareness, prevention, recognizing and reporting</i>						MoIA MoLHSA
2.1.1.1	Identify gaps in current system against international standards and review existing initiatives	X				e.g. MoES/Save the Children report on referral mechanisms for street children, UNICEF/EvCh child protection pilot	GCCPD
2.1.1.2	Develop a draft policy document (working group) including costings of different options of coverage, also showing the benefits of such a system	X					MoES MoLHSA MoIA
2.1.1.3	Publish document for consultation	X					
2.1.1.4	Review and finalise policy document for submission to Government	X					
2.1.2	<i>Design a child protection system</i>						
2.1.2.1	Decide which statutory body/bodies should have responsibility	X					GCCPD
2.1.2.2	Define links to other relevant organizations (eg police, schools)	X					
2.1.2.3	Define roles and responsibilities of all relevant bodies	X					
2.1.2.4	Develop and define procedures						
2.1.2.5	Identify and confirm funding streams (in all partner organizations)	X					
Activity 2.2 Implement child protection policy and system							
2.2.1	Decide on level of coverage of the system (regional/raion level) and type of roll-out		X			First quarter	GCCPD
2.2.2	Choose pilot areas (at least two regions)		X				
2.2.3	Develop procedures and draw up memoranda of understanding between partner organizations		X				
2.2.4	Provide logistical support (office, telephone line)		X				
2.2.5	Train staff		X			September 2009	MoIA
2.2.6	Implement child protection system pilot		X	X			
2.2.7	Formally evaluate pilot and amend structures and procedures			X		9 months to a year after start up (1 month evaluation including data analysis, focus groups etc) – semi-formal evaluation will have taken place on a monthly basis during the piloting exercise	
2.3.8	Nationwide roll-out				X	Implementing any changes found	

						necessary after pilot exercise	
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OBJECTIVE 3 – Ensuring high-quality, needs-based, individual and varied services for children in need by the state care system on the the local level.

Activity No.	Activity	2008	2009	2010	2011	Comments and Links	
Activity 3.1 Develop family substitute services which may include foster care (short-term, long-term and emergency), small group homes, parent and baby units, leaving care services)							
3.1.1	<i>Identify need for substitute services</i>					Links to Activity 1.2 – Develop social services for families and children in every raion All raions should have a needs assessment once every three years	
3.1.1.1	Develop tool for carrying out needs assessment at raion level	X					2008 – support 2009-11
3.1.1.2	Pilot the tool in two raions	X (2)					2008 – support
3.1.1.3	Review and amend the tool	X					2008 – support
3.1.1.4	Roll out to other raions (1/3rd of raions every year to achieve full national coverage by 2011)		X	X	X		2009-11
3.1.1.5	Review and amend the tool after every year		X	X	X	2009-11	
3.1.2	<i>Determine optimum level of services provision</i>						
3.1.2.1	Develop services plan based on needs assessment (following the needs assessments in 3.1.1.4)	X (2)	X	X	X	3.1.1.4	2008 – support Kvemo 2009-11
3.1.2.2	Assess existing provision against services plan	X (2)	X	X	X	3.1.1.4	2008 – support 2009-11
3.1.2.3	Decide levels of state provision of family substitute services	X (2)	X	X	X	3.1.1.4	2008 – support 2009-11
3.1.2.4	Identify and coordinate other state and non-state providers	X (2)	X	X	X	3.1.1.4	2008 – support 2009-11
3.1.3	<i>Provide optimum level of family substitute services</i>						
3.1.3.1	Commission services meeting national minimum standards	X (2)	X	X	X	3.1.2 (see also 1.2.3.2 and 1.2.3.3)	2008 – support

							2009-11
3.1.3.2	Set up services meeting national minimum standards	X (2)	X	X	X	3.1.2	2008 – support 2009-11
3.1.3.3	Review operation of service annually (eg number of users, demand for service, quality indicators)		X (2)	X	X	Starting a year after the first service implementation	2009-11

Activity No.	Activity	2008	2009	2010	2011	Comments and Links	
Activity 3.2 Improve gatekeeping mechanisms regarding placement of children outside of family							
3.2.1	<i>Further develop referral and assessment mechanisms</i>						
3.2.1.1	Nominate and formalize an agency responsible for assessment and provide it with appropriate powers	X					MoES
3.2.1.2	Identify roles and responsibilities within the agency, and in relation to other relevant bodies	X					MoES
3.2.1.3	Develop procedure for mandatory assessment by social workers of children at risk of placement outside of their family.	X	X				MoES u EU SCV
3.2.2	<i>Improve decision-making mechanism</i>						
3.2.2.1	Nominate and formalize an independent multi-agency structure for decision-making	X					MoES u EU SCV
	Improve and develop existing procedures and guidance						
3.2.2.2	Establish a procedure for appealing decisions	X					MoES u EU SCV
3.2.3	<i>Establish a regular mandatory review for all children in state-care</i>						
3.2.3.1	Develop/review the current review tool with an aim to returning to the biological family	X					MoES u EU SCV
3.2.3.2	Develop a plan that will ensure that by 2010 all children in state care will be part of the regular review system	X					MoES u EU SCV
3.2.3.3	Implement regular reviews		X	X	X	Staffing implications for social workers	2009-11
3.2.3.4	Assess the impact and effectiveness of the reviewing methodology				X		2009-11
3.2.4	<i>Establish clear procedures for inter-agency cooperation</i>						
3.2.4.1	Identify the organisations, state and non-state, who should cooperate in the child welfare system	X				Link to 3.2.2.1 (but additional agencies may also be involved)	MoES
3.2.4.2	Develop memoranda of understanding between partners		X				MoLHS
3.2.4.3	Carry out a formal review operation of cooperation				X		MoLHS

Activity No.	Activity	2008	2009	2010	2011	Comments and Links	
Activity 3.3	Close 90% of large-scale institutions by 2012						
3.3.1	Assess institutions for potential closure						
3.3.1.1	Develop/review the tool for assessing institutions, including children, staff, buildings, location and services provided	X					MoES u of EU S
3.3.1.2	Pilot the tool and review its operation	X					MoES u of EU S
3.3.1.3	Prioritise institutions for assessment	X					MoES u of EU S
3.3.1.4	Carry out assessments	X	X	X		Complete by first half of 2010 (staffing implications)	2008 – support 2009-10
3.3.1.5	Prioritize institutions for closure on the basis of assessment		X	X		This can begin before all institutions are assessed	2009-10
3.3.2	Develop individual closure plans						
3.3.2.1	Plans for children	X	X	X		Should be completed within 6 months of the decision to close (12 months in the case of children with disabilities)	2008 – support 2009-10
3.3.2.2	Workforce planning (re-training, redundancy)	X	X	X			2008 – support 2009-10
3.3.2.3	Property and assets						
3.3.3	Cease admissions to specific institutions						
3.3.3.1	Decide on which institutions should cease admitting children and from when	X	X	X		Links to assessment under 3.3.1.4; decision should be made within 6 months of assessment	2008 – support 2009-10
3.3.4	Improve conditions in remaining institutions in interim period					Preparation of a child care institution identified at an early stage will start from 2009	
3.3.4.1	Assess training needs of staff and provide training						2008 – support 2009-10
3.3.4.2	Assess physical environment and prioritise essential improvements					Based on the assessment carried out in 2006 by strategic research center	2008 – support

							2009 - 1
3.3.5	<i>Close Institutions</i>						
3.3.5.1	Close institutions	X	X	X	X		2009-1
3.3.5.2	Where appropriate place buildings on the market	X	X	X	X	6 months prior to closure (an inhabited building presents better as a real estate object).	2009-1

4 Cross-cutting Activities

Activity No.	Activity	2008	2009	2010	2011	Comments and Links
Activity 4.1	Legal Frameworks					
4.1.1	<i>Social Assistance Law</i>					1.1.2.5,
4.1.1.1	Develop amendments to social assistance law		X			
4.1.1.2	Develop amendments to new secondary legislation		X			
4.1.1.3	Amend other relevant legislation		X			
	Approve tool for needs assessment of family substitute services					
4.1.2	<i>Legislation on Commissioning</i>					1.2.3, 3.1.3
4.1.2.1	Develop legislation to allow commissioning of services	X				
4.1.2.2	Develop secondary legislation to allow commissioning	X				
4.1.2.3	Amend other relevant legislation	X				
4.1.2.4	Develop/amend procedures	X				
4.1.3	<i>Child Protection Legislation</i>					2.2
4.1.3.1	Develop primary legislation including definition of the concept of denglect	X				
4.1.3.2	Develop secondary legislation	X				
4.1.3.3	Amend other relevant legislation	X				
4.1.4	<i>Gatekeeping Mechanism</i>					3.2
4.1.4.1	Develop primary legislation	X	X			
4.1.4.2	Develop secondary legislation	X	X			
4.1.4.3	Amend other relevant legislation	X	X			
4.1.5	<i>Code of Legal Administrative Violations</i>					1, 3
4.1.5.1	Develop amendments in relation to social workers	X				
4.1.5.2	Develop amendments in relation to service providers	X				
4.1.6	<i>Law on licensing</i>					1.2, 3.1, 4.3
4.1.6.1	Develop amendments on the law of licensing to cover all types of service providers	X				
4.1.6.2	Develop secondary legislation	X				
4.1.6.3	Amend other relevant legislation	X				

Activity No.	Activity	2008	2009	2010	2011	Comments and Links
4.2	Training					
	<i>Note that training must always be available for newly recruited social workers when they are appointed Training packs should be reviewed at least annually</i>					
4.2.1	Set up social services staff training department					
4.2.1.1	Assess need for social services professional development and in-service training until 2011	X				
4.2.1.2	Develop a training plan supporting the CAP until 2011	X				Including expansion of the child welfare system, and if possible the retraining of redundant institution staff
4.2.1.3	Train a sufficient number of in-service trainers	X				(end of 2008); consider also regional representation to reduce need for travel, and training on developing self-study packs
4.2.2	Revised cash benefits system					1.1.3.3
4.2.2.1	Develop training pack and train trainers					
4.2.2.2	Train all social agents		X			
4.2.2.3	Train social assistants (information provision only)					
4.2.2.4	Information sessions for service providers					
4.2.3	Planning training					1.2, 3.1
4.2.3.1	Develop training pack and train trainers					
4.2.3.2	Train two social workers from each raion to carry out needs assessment (a third of all raions each year from 2009 onwards)	X (2)	X	X	X	Providing there are social workers in each raion; at roll-out start ensure that there are at least two trained needs assessment workers in each region
4.2.3.3	Train ministry officials and two social workers from each raion to carry out participative service planning	X (2)	X	X	X	
4.2.4	Service commissioning training					
4.2.4.1	Develop training pack and train trainers					
4.2.4.2	Train at least two social workers from each raion in service commissioning principles (once-off training unless procedures change)	X (2)	X	X	X	Initially only basic principles need to be taught – commissioning will be carried out at ministry or regional level (see 1.2.3.2 and 1.2.3.3)
4.2.5	Performance management training					1.2.3.3
4.2.5.1	Develop training pack and train trainers	X				
4.2.5.2	Train ministry officials	X				In their role of evaluating national performance
4.2.5.3	Train social worker team leaders		X	X	X	Team leaders on principles and data collection methods.
4.2.5.4	Social worker awareness raising sessions		X	X	X	

Activity No.	Activity	2008	2009	2010	2011	Comments and Links
4.2.5.5	Service provider awareness sessions		X	X	X	Ongoing training as the performance management system develops
4.2.6	<i>Child Protection Training</i>					2
4.2.6.1	Develop training pack and train trainers	X				
4.2.6.2	Train Ministry officials		X			
4.2.6.3	Train specialist staff		X			At least one in each raion
4.2.6.4	Social worker awareness raising (all social workers)		X			
4.2.6.5	Care staff (all care staff in child welfare services)		X			Including Ministry of Justice
4.2.6.6	Allied professions awareness raising			X	X	Teachers Medical workers Police Media
4.2.7	<i>Standards Training</i>					1.2.3, 3.1.1
4.2.7.1	Develop training pack and train trainers		X			
4.2.7.2	Train licensing and inspection staff		X			
4.2.7.3	Train persons responsible for maintaining standards		X	X	X	Institution directors, service managers etc
4.2.7.4	Train service delivery staff		X	X	X	Can be carried-out in-house by group trained under 4.2.7.4
4.2.8	<i>Gatekeeping Training</i>					3.2
4.2.8.1	Develop training pack and train trainers		X			
4.2.8.2	Train Ministry staff		X			
4.2.8.3	Train all social workers		X	X	X	
4.2.8.4	Train/inform all other relevant staff in partner organisations		X	X	X	

Activity No.	Activity	2008	2009	2010	2011	Comments and Links
4.3	Management					
4.3.1	<i>Set up a performance management system (of social services outcomes)</i>					
4.3.1.1	Design a performance management system linking services results to the CAP	X				
4.3.1.2	Design a data collection mechanism	X				Should be automated as far as possible
4.3.1.3	Allocate roles and responsibilities for performance management	X				Will require additional staff
4.3.1.4	Pilot the system in two raions		X			4.2.5
4.3.1.5	Evaluate the pilot after 6 months		X			
4.3.1.6	Develop guidance and processes for national roll-out		X			4.2.5
4.3.1.7	Roll out nationwide			X		
4.3.1.8	Each month evaluate data received and follow up any unexpected results/inconsistencies		X	X		This will lead to excellent management
4.3.1.9	Evaluate results following first year and adapt the system accordingly				X	
4.3.2	<i>Develop Guidance (to ensure uniform quality of services throughout Georgia)</i>					
4.3.2.1	Identify guidance needs	X				Eg procedural guidance, forms development, decision-making, dealing with complaints etc
4.3.2.2	Decide how best to provide the guidance	X				Eg formal written procedural guidance, development of prototype forms (including survey and complaints forms), round tables, training sessions, regular best-practice newsletters, staff information letters clarifying common questions or problems, access to a helpline
4.3.2.3	Develop a prioritized plan to develop guidance	X				
4.3.2.4	Implement guidance development plan		X			
4.3.2.5	Guidance system fully implemented			X	X	
4.3.2.6	Evaluate operation of guidance system				X	As a process of continuous improvement
4.3.3	<i>Improve Licensing and Inspection System</i>					
4.3.3.1	Following assessment of existing licensing and inspection system develop a plan to improve the system	X				
4.3.3.2	Cost the plan and ensure sufficient funds are in place to run an effective licensing and inspection system	X				
4.3.3.3	Decide location of licensing and inspection specialists	X				At national or regional level
	Develop procedures (or amend existing procedures)	X				
	Establish regular inspection system of standards (care and					

Activity No.	Activity	2008	2009	2010	2011	Comments and Links
	environment)					
4.3.4	<i>Develop ways of dealing with failure</i>					
4.3.4.1	Decide what constitutes 'failure' or 'close to failure' by service providers		X			In different types of services, links to 4.3.3
4.3.4.2	Design ways in which problems can be reported by the public, staff and others		X			
4.3.4.3	Design awareness campaign/materials to alert the public/staff and others to the right to report problems		X			
4.3.4.4	Develop procedures for dealing with serious problems including dealing with staff, changing management, closing a service, ending a contract with a service provider (in emergencies as well as with advance warning)		X			
4.3.4.5	Alert/train service providers of this system		X			
4.3.5	<i>Social Worker Supervision</i>					
4.3.5.1	Design a supervision system able to deal with the rapidly increasing number of social workers, including assessment of the need for additional managers	X				
4.3.5.2	Recruit and train additional supervision staff (if required)		X			
4.3.5.3	Have procedures in place for dealing with emergency/urgent supervision needs	X				4.3.4
4.3.6	<i>Financial Management</i>					
4.3.6.1	Develop a financial plan to support the CAP	X				
4.3.6.2	Identify non-state sources of funding (municipal, church, national and international)					
4.3.6.3	Review the financial plan each year		X	X	X	
4.3.6.4	Place a bid for funding that will allow for full implementation of the CAP	X	X	X	X	
4.3.6.5	Collect financial data from each service provider on a monthly basis	X	X	X	X	
4.3.6.6	Check monthly data for inconsistencies/unexpected results					
4.3.6.7	By September each year review the first 8 month's performance and reallocate excess funding for other purposes if available (or decide which parts of funding need to be restrained)	X	X	X	X	
4.3.7	<i>Procurement and Commissioning</i>					
4.3.7.1	Decide at which level commissioning should be carried out	X				Initially at ministry level; later at regional level; finally at raion level (dependent on who will hold the commissioning budget)

Activity No.	Activity	2008	2009	2010	2011	Comments and Links
4.3.7.1	Set up a commissioning organization, including development of procedures etc		X			

Activity No.	Activity	2008	2009	2010	2011	Comments and Links
Activity 3.4 Raise Awareness on importance of family-based care						
3.4.1	Assess levels of awareness and identify gaps					
3.4.1.1	Carry out opinion poll among various stakeholders	X				
3.4.1.2	Identify gaps in knowledge	X				
3.4.1.3	Identify erroneously held and prejudicial beliefs	X				
3.4.2	Develop awareness raising campaign	X				
3.4.2.1	Decide on most suitable mix of media	X				Eg TV, newspapers, leaflets, talks by social workers
3.4.2.2	Develop draft campaign		X			
3.3.2.4	Inform staff, children, social workers and public of closure plans	X	X	X		
3.3.3.2	Inform staff, children, social work teams and public on cessation of admission	X	X	X		
3.4.2.3	Pilot campaign in one or two regions of Georgia		X			Could be focused on geographical areas particularly heavily affected by institution closures, or those with early development of alternative services (eg Imereti)
3.4.2.4	Review pilot results		X			
3.4.2.5	Develop and Run nationwide campaign			X		
3.4.2.6	Assess impact of campaign				X	
3.4.3	Training for different groups of stakeholders					
3.4.3.1	Decide on which groups should receive training, and prioritize them	X				
3.4.3.2	Develop training courses/review existing training courses	X				
3.4.3.3	Deliver training (as a minimum covering: <ul style="list-style-type: none"> o Allied professionals o Journalists o Parents o Children) 	X	X	X	X	Parental and children's training should be carried out regularly; allied professionals and journalists should be trained at least once (plus any new members entering the profession – eg by ensuring that child welfare is placed on training syllabuses of universities etc)