No. ...../2011-ČRA

MEMORANDUM OF UNDERSTANDING

BETWEEN

CZECH DEVELOPMENT AGENCY

AND

MINISTRY OF LABOUR, HEALTH AND SOCIAL AFFAIRS OF GEORGIA

CONCERNING

THE IMPLEMENTATION OF THE PROJECT

"EARLY DETECTION SUPPORT AND PREVENTION OF BREAST AND CERVICAL CANCER IN WOMEN IN THE SAMEGRELO AND SHIDA KARTLI REGIONS II."

IN THE FRAMEWORK OF

DEVELOPMENT COOPERATION

BETWEEN

THE CZECH REPUBLIC

AND

GEORGIA

PREAMBLE

1. The official development cooperation between the Czech Republic and Georgia is based on the principles of partnership, efficiency, transparency, and contributes to the promotion of mutual political and economic relations between the two countries.

2. In accordance with the resolution of the government of the Czech Republic no. . 440 from 6 June 2010, the Czech Development Agency and Ministry of Labour, Health and Social Affairs of Georgia wish to cooperate on the project called *"Promotion of prevention and early detection of breast and cervical cancer among women in the regions of Samegrelo and Shida Kartli II."* ("project" thereinafter, see attachment). The project will aim at prevention and early detection of breast and cervical cancer among women living in the regions of Samegrelo and Shida Kartli.

3. In this Memorandum of Understanding the Czech Development Agency and Ministry of Labour, Health and Social Affairs of Georgia govern their commitments leading to successful implementation of the project.

4. The Czech Development Agency and Ministry of Labour, Health and Social Affairs of Georgia are prepared to follow this Memorandum of Understanding with due care and efficiency, and will provide all information concerning the project to each other. The Czech Development Agency and Ministry of Labour, Health and Social Affairs of Georgia will discuss all matters that might arise within the context of this Memorandum of Understanding.

Article 1

Responsibilities of the Czech Development Agency

5. The Czech Development Agency is committed to:

5.1 Ensure selection procedure for providers of goods and services, essential to the implementation of the project.

5.2 Ensure project funding in accordance with the resolution of the Government of the Czech Republic for respective years.

5.3 Ensure cooperation with the Ministry of Labour, Health and Social Affairs of Georgia regarding implementation of the project activities and ensure that project is complementary to national policies.

5.4 Ensure regular monitoring and access the project progress.

Article 2

Responsibilities of the Ministry of Labour, Health and Social Affairs of Georgia

6. Ministry of Labour, Health and Social Affairs of Georgia is committed to:

6.1 Provide necessary information related to the implementation of the project.

6.2 Provide for all permits, licenses and other documents, in accordance of the Georgian Government's legislation, including costs related thereto, if any, for equipment, materials, and goods required for the execution of the project and to enable the project personnel to carry out their functions related to the execution of the project.

6.3 Provide for reports, records, maps, statistics and other information in the ownership of the Ministry related to the project and likely to assist the project personnel in carrying out their duties.

6.4 Provide for other measures within its competence which may facilitate the execution of the project.

6.5 Communicate with project representative further strategy regarding cancer policy and take into account project results when further developing national strategy.

7. All official communication between the Czech Development Agency and Ministry of Labour, Health and Social Affairs of Georgia will be transmitted in written or electronic form exclusively in English language to the following addresses:

Czech Development Agency:

Czech Development Agency
Nerudova 3
118 50 Praha 1
The Czech Republic
Contact person: Michal Pastvinsky, Director
Phone: +420 251 108 130
Fax: +420 251 108 225
E-mail: pastvinsky@czda.cz

It is also possible to communicate through the Embassy of the Czech Republic in Tbilisi:

Embassy of the Czech Republic in Georgia
Chavchavadze Ave. 37-block VI
Contact person: Katerina Silhankova, Development Attaché
Tbilisi 0162, Georgia
Phone: +995 32 (2) 916 740
Fax: +995 32 (2) 916 744

Ministry of Labour, Health and Social Affairs of Georgia:

144, Ak.Tsereteli ave., Tbilisi 0119, Georgia
Contact person: Nino Mirzikashvili
Chief of Staff of the Ministry
Phone: +995 32 (2) 510034 (ext. 0803)

8. The above mentioned contacts can be changed by written notice.

9. This Memorandum of Understanding does not constitute an international treaty or legally binding agreement. It is intended to set out the frame commitments of the Czech Development Agency and Ministry of Labour,

Health and Social Affairs of Georgia in relation to the implementation of the project only.

10. This Memorandum of Understanding will be applicable since the date of its signature until the date of the official termination of the project, and can be changed or amended, if necessary, following agreement between the Czech Development Agency and Ministry of Labour, Health and Social Affairs of Georgia.
11. All changes and amendments must be made in written form.

The Memorandum of Understanding is signed on June 22, 2011 in four original copies in English language. Each party receives two originals.

On behalf of the Czech Development Agency

Signed in Tbilisi,

Michal Pastvinský

Director

On behalf of the Ministry of Labour, Health and Social Affairs of Georgia

Signed in Tbilisi,

Mikheil Dolidze

Deputy Minister

Attachment to the Memorandum of Understanding between the Czech Republic - Czech Development Agency and Ministry of Labour, Health and Social Affairs of Georgia

Project: Promotion of prevention and early detection of breast and cervical cancer among women in the regions of Samegrelo and Shida Kartli II.

Duration: 2011 - 2013

Budget: 440 000 EUR

Implementers: Caritas Czech Republic, Tanadgoma, CPC

Project Description

A. PROJECT GOAL, OBJECTIVES AND OUTPUTS

Project Goal

Main goal of the project is to increase the changes for recovery from breast and cervix cancers among target population in areas with high concentration of IDPs (Samegrelo and Gori regions).

The essential message is: *cancer is treatable with chance of full recovery, if detected and treated in time.*

The idea of the project is based on the concept of complementary primary and secondary prevention. Primary prevention is defined as prevention of occurrence of cancer while secondary prevention by early detection, appropriate care and full recovery. This concept focuses on all levels of the health care: information, education and awareness raising at primary level, along with an early detection on both primary and secondary level and adequate specialist treatment and recovery at tertiary level. The goal is to improve individual lifestyle and to reach a higher number of recovered patients. All this shall lead to the improvement of quality of life of the target population.

While the program will be implemented in regions with high concentration of IDPs, it will be not exclusive for them only. It will last from 1st April 2011 till 31 December 2013. Project aims to perform preliminary diagnosis for breast and cervix cancers of minimal 8.500 women, pre-selected by ambulatory staff. This number does not include subsequent diagnostic procedures (such ultrasound, biopsy and mammography) and treatment at higher level. This will be coupled with education activities, post-test counseling and pro-active follow-up at village level have to assure timely treatment of the most, if not all, cases. In 2011-2012, ten new ambulatories identified by survey (5 ambulatories in Samegrelo and 5 in Shida Kartli region) will join the project. By 2013, the ambulatories staff of all 26 ambulatories will be trained and experienced in counseling/communication

in the field of prevention, early detection and follows-up of the breast/cervix cancer. Further, the ambulatories staff will adopt breast cancer screening, cervical exam, and PAP-smear technology; getting practical skills by their participation in mobile clinics check up session.

Finally, the policy concerning appropriate, comprehensive system of cancer prevention and early diagnose will be developed and put into practice.

Project Outcomes

The results of the project will be:

1. Awareness increase concerning healthy lifestyle and cancer (prevention, screening and early detection) among target population.

Lack of knowledge, misinformation and taboo surrounding issue of cancer are main contributors of late detection and high mortality rate, especially in remote areas. Project wants to improve the situation in two areas where many IDPs live. As both staff in current 16 villages and population are well trained and aware of healthy life style and mode of prevention, detection and treatment of the breast and cervix cancer, the same education will be provided in 5 additional villages in Samegrelo and 5 in Shida Kartli regions from first year of the project.

2. Effective early detection of breast and cervix cancers of target population at local and regional levels and adequate follow-up

By strengthening staff knowledge and skills, both at primary level (village ambulatories) and secondary level, along with provision of necessary means shall lead to earlier detection of cervix and breast cancer, hitherto unrecognized. First year, the project, will continue to provide the diagnosis in the current 16 villages. From 2nd year onwards, training of ambulatories staff, followed by mobile clinics will be shifted to 10 new villages, where in the first year of the project, educational and training activities will be conducted. By 2013, prevention and early detection activities will be provided by local ambulatory staff; mobile clinics teams will only provide backup in case of need.

3. Appropriate and pro-active follow-up of new cancer cases, pre-cancer patients and treated patients

During the pilot project, both cancer and pre-cancer cases were detected. While cancer cases will need assistance for full recovery and regular monitoring after the treatment, pre-cancer cases will need also regular check-up as prescribed by mobile teams or regional dispensaries.

4. Policy development concerning appropriate, comprehensive system of cancer prevention and early diagnose in rural area (3rd year only)

Based on the experience of the current and planned project, the project implementers will, together with assistance of MoHLSA elaborate framework for national strategy for

possible national extension of the piloted approach to screening and early diagnosis of breast and cervix cancer.

Project Outputs

Ad outcome 1: To increase awareness about healthy lifestyle and cancer (prevention/early detection) among target population

- Women in target areas have better knowledge of cervix and breast cancer

Ad outcome 2: Early detection of breast and cervix cancers in target population

- Primary Health Care Physicians of 26 ambulatories knowledgeable and skilled in prevention, early detection and follows up of the breast and cervix cancer

Overall 8.500 women examined for early detection of breast/cervix cancer (In 10 new ambulatories, patients with suspected symptoms are examined by mobile clinic team. In 16 current ambulatories, the staff provides appropriate basic early diagnosis - being backed by mobile team - and will refer to second level (regional) for final diagnosis).

- *Additional output: Primary Health Care Physicians of 26 ambulatories knowledgeable and skilled in TBC early diagnosis*

Ad outcome 3: Appropriate and pro-active follow-up of new cancer cases, pre-cancer patients and treated patients

- All new cancer cases, pre-cancer patients and treated patients are actively followed up by ambulatories staff

- Project database where the follow-up data are recorded and analyzed

Ad outcome 4: Policy development concerning appropriate, comprehensive system of cancer prevention and early diagnose in rural area

- Evaluation of project achievements and possible constraints for policy development

- Working group (including MoHLSA) for prevention and early detection of breast and cervix cancer; appropriate policy developed. Working group produces concrete recommendation to the government and framework for future prevention, screening and early detection of the breast and cervix cancer as basis for a national policy. Working group takes into consideration existing programs of oncoprevention, especially municipal program of cancer screening conducted in Tbilisi, Kutaisi and Telavi.

- Relevant government structures are aware of the results, recommendations and framework of future prevention, screening and early detection

Project Activities:

1.1.1. Awareness campaign among population of 26 villages on modes of prevention, needs of early diagnose and treatment

1.1.2. Recruitment and training of 150 volunteer "Peer Educators (PE)"

1.1.3. Design, printing and distribution of common information materials (leaflets)

1.1.4. Copying and distribution of DVDs on self-diagnose of breast cancer for screenings to patients in ambulatories

2.1.1. Identification of 10 new ambulatories by survey (selecting 5 ambulatories in Samegrelo and 5 in Shida Kartli region)

2.1.2. Training of staff in 10 new ambulatories on counseling/communication in the field of prevention, early detection and follows-up of the breast/cervix cancer

2.1.3. Educating Primary Health Care Physicians and nurses of 26 ambulatories (16 previously engaged plus 10 newly identified) in breast cancer screening, cervical exam, and PAP-smear technology; providing practical skills by their participation in mobile clinics check up session

2.2.1. Registration and examination of patients in 26 villages (in cooperation with mobile clinic team)

2.2.2. Referral of positive and doubtful cases to secondary level check-up

2.3.1. Educating Primary Health Care Physicians and nurses of 26 ambulatories in TBC diagnostic algorhytm

3.1.1. Registration and further diagnosis of referred patients with suspected cancer in oncocentres

3.1.2. Training of ambulatories staff in proper follow-up and in basics of palliative care

3.1.3. Psychosocial assistance to patients with the need of further examination/treatment enhancing their proactive approach

3.2.1. Maintenance and further development of project database where the follow-up data are recorded

3.2.2. Analysis and provision of data

4.1.1. Evaluation is conducted to assess the project achievements and possible constraints in order to recommend future action

4.2.1. Forming of working group (including MoHLSA) on policy development

4.2.2. Formulation of national strategy for breast and cervix cancer prevention and early diagnose in rural areas

4.3.1. Lobby at Ministries, parliament and other relevant governmental bodies for introduction of nation-wide prevention and early detection of breast and cervix cancer in rural areas

B. PROJECT BENEFICIARIES

Adult women without age limits in rural regions are the main target group. In both regions there are many IDPs, thus also internally displaced women shall profit from the project. They are exposed to risk of oncological diseases more than the major society, because they have difficult access to medical care and live in worse social–economic conditions that increase the risk of diseases.

The village policlinics (so-called ambulatories) staff, especially nurses and doctors, who work in this kind of centres, are the other target group. The project shall provide training on cancer problems to this group, mainly on methodology of breast and cervix cancer diagnosis.

The other inhabitants of the region are the side target group (e.g. the relatives of cancer patients).