Annual Work Plan for Quality Universal Maternal and Child Health Output
2015

Georgia Policy and Strategy Framework / Priorities:	Prevention of communicable diseases, including TB & HIV/AIDS and epidemiological security; Mental Health; Maternal and Child Health Care; Non-communicable diseases; Promotion of healthy lifestyle and disease prevention; Congenital and rare diseases; Disaster preparedness; institutional, infrastructure and HR development *("Major Policy Directions in Health")*
UNDAF Outcome(s):	1. Vulnerable groups enjoy improved access to quality health, education, legal aid, justice and other essential social services; 2. Enhanced protection and promotion of human rights, access to justice and gender equality with particular focus on the rights of minorities, marginalized and vulnerable groups. 3. Disaster risk reduction (DRR) is a national and local priority with an established, strong institutional basis for implementation
Expected Outcome / Programme Component Result:	1. By end 2015, more children and mothers benefit from quality basic and alternative social services (including integrated and decentralized services) that address targeted disparities.
Expected Intermediate Result:	1.2 By 2015 maternal and child health services have resourced programmes which address gaps in quality and access of services and gaps in household knowledge child birth and parenting.
Responsible Government Partner:	Ministry of Health, Labour and Social Affairs; National Center for Disease Control and Public Health (NCDC); Social Service Agency (SSA);
Other Partner(s):	Reproductive Health Council of Georgia; Ministry of Education and Science of Georgia; National Centre for Disease Control and Public Health of Georgia (NCDCPH); parliamentary committee for health and social Affairs; National Curriculum Assessment Centre (NCAC);

Work Plan Narrative

The programme will further enhance technical expertise to further decrease newborn and infant mortality and morbidity by strengthening the quality and organization of parental services, including newborn screening programmes, and development and implementation of policies to increase access to services; reduce out-of-pocket payments; and address cultural and traditional obstacles through health promotion and education, and supporting mechanisms for monitoring disparities. The programme will expand its collaboration with parents in nutrition to effectively implement the recommendations of the 2009 National Survey. Government capacity on communication for development focusing on childcare practices will be strengthened, with a focus on reaching those communities that have high levels of child mortality and morbidity.

UNCIEF will work with Government partners to ensure a systemic approach towards improving the WASH infrastructure and ensuring access to safe drinking water and adequate sanitation and hygiene conditions at the preschool institutions, improving hygiene behaviour among school-age children and coordination among partners.

Work Plan period: 1 January 2015 – 31 December 2015
WP code (WP No): 0227-Y-I-001-0032

Endorsed by:

Zaza Sopromadze
Deputy Minister
Ministry of Labour, Health and Social Affairs of Georgia

Amiran Gamkrelidze
Director General
National Centre for Disease Control and Public Health

Lia Gigauri
Deputy Minister
Ministry of Education and Science

Endorsed by:

Dijana Duric
Deputy Representative / Officer-In-Charge
UNICEF

Estimated Budget : **732,315**

Allocated Resources:

- **Government:** **0**
- **UNICEF Regular Resources:** **187,040**[1]
- **Other Resources:** **190,275**
  - UNICEF Global Thematic Fund (WASH) 41,000
  - Part of EU 3-year grant in pipeline (250,000) 70,000
- UNICEF Set aside 79,275

Unfunded budget: **355,000**

Note: all figures shown in USD

[1] 142,040 out of the 187,040 were allocated in 2014 and will be utilized during 2015

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Intermediate Result 1.2.: By 2015 maternal and child health services have resourced programmes which address gaps in quality and access of services and gaps in household knowledge child birth and parenting.

Indicators (CPAP, 2011-2015):

Indicator: % of poorest quintiles are aware of available maternal and child health services and are able to access them.

Baseline: 49.3% aware of available services (National Average 58.6%) (RHS 2010 data published in 2012)

Indicator: % of MCH facilities/maternities applying approved WHO standards

Baseline: 45% (USAID/JSI Sustain Project)

Indicator: By 2015 % of two main minority groups are aware of available maternal and child health services and are able to access them

Baseline: 50% in Kvemo Kartli and 42.3% in Samtskhe Javakheti aware (National Average 58.6%) (RHS 2010 data published in 2012)

Gender Equality Marker: Principal

Humanitarian Marker: None

Organizational Target: 110 – Health, Nutrition, WASH and ECD Sector Policies

Planned Activities	Timeframe (in months)				Recipient Partner(s)	Budget in USD		
	1-3	4-6	7-9	10-12		Funded (RR/GS)	Funded (ORR/ORE)	Un-funded
1.2.1. Strengthening the capacity of the National Centre for Disease Control and Public Health in improving Maternal and Child Health related data collection through establishing medical registries: birth registry; birth defect registry and pregnancy termination registry						**142,040**		

a. Develop the concept of medical birth registry and propose feasible IT solution for the establishment of the registry through assessing the functional requirements & data flows of Maternal and Child Health Management Information System; creating, testing and modifying the proposed MIS architecture	X	X	X					
b. Equip the providers from the maternities and ante-natal clinics country-wide with the relevant knowledge on utilization of a new data collection instrument				X				
1.2.2. Enforcing sustainable mechanisms for improving nutritional status of Georgia's mothers and children						**45, 000**		
a. Ensure technical assistance in assessing the nutrition status of Georgia's population including 6-24 months children to serve as a justification for the introduction of mandatory wheat flour fortification and multiple micronutrient supplementation program in Georgia		X	X	X				
b. Promote breastfeeding in Georgia through enforcement of the law on "Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding"		X	X	X				

1.2.3. Promote young child growth and development monitoring through mainstreaming of home visiting system within the rural PHC in the pilot Regions (Imereti and Racha-lechkhumi-Kvemo Svaneti)							**79,275**	**100,000**
a. Launch the policy dialog on home visiting service delivery model	X						**70,000**	
b. Revise the State Program for Rural PHC Doctors as per the model adopted by the MoLHSA	X							
c. Re-train rural PHC nurses and doctors country wide on evidence-based home visiting practices for child growth and development monitoring	X	X	X	X				
d. Introduce child growth and development monitoring surveillance system		X	X	X				
e. Support the implementation of the revised State program in the selected Regions and monitor the results for further scaling up		X	X	X				
1.2.4. Develop Early Childhood Development Policy in Georgia								**50,000**
a. Develop ECD policy document through well facilitated policy dialog process	X	X	X					
b. Support the establishment of high level multi-sectoral coordination body in charge of overseeing the ECD implementation in Georgia			X	X				
1.2.5 Enhancing pregnancy outcomes through the regionalization of perinatal care in Georgia								**100,000**
a. Develop plan of action and estimate the cost for the implementation of regionalized perinatal care country wide based on lessons learnt from the ongoing pilot in Imereti Region		X	X					
b. Seek the Government approval of the above plan through organizing the consensus building workshops and facilitating the discussions			X	X				
c. Initiate the execute of the action plan of the regionalized perinatal care			X					

1.2.6 Supporting the Government of Georgia in improving health status of pre-schools children through scaling up of water supply, sanitation and hygiene conditions and nutrition in pre-school institutions							**41,000**	**55,000**
a. Develop and adopt the technical regulations on water, sanitation and hygiene and Sanitary Rules and Norms for Organization of Nutrition in pre-school institutions		X	X	X				
b. Develop and adopt nutrition standards for pre-school institutions		X	X	X				
c. Develop the WASH in pre-schools monitoring framework and mainstream into the National EMIS system			X	X				
d. Develop teachers' guide on hygiene issues for pre-school teachers			X	X				
e. Equip the core group of master trainers from pre-school institutions (approximately 70 people) with knowledge and skills on interactive teachings of hygiene issues			X	X				
f. Equip municipal level pre-school unions/pre-school principles to undertake monitoring of the pre-schools' WASH infrastructure			X	X				
g. Equip municipal level Public Health Centres to undertake monitoring of hygiene conditions of the pre-schools against approved WASH in pre-schools standards			X	X				
1.2.7 Supporting the Government of Georgia in scaling up the HIV services among adolescents and young people and provision of the PMTCT services								**50,000**
a. Advocate for removing regulatory barriers for HIV testing and counselling services of adolescents and young people including Adolescents Most at Risk (MARA)	X	X						
b. Revise and adopt the national standards for HIV testing and counselling for Most at Risk Adolescents and young people		X						
c. Support the government in equipping the relevant medical personnel for undertaking the Prevention of Mother to Child Transmission of HIV			X	X				