GEORGIA and the Convention of the Rights of the Child












An update on the situation of children in Georgia

2011

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October, 2011

FOREWORD

In 2011, the Government of Georgia will submit its fourth periodic report to the Committee on the Rights of the Child, reporting on the implementation of the Convention of the Rights of the Child (CRC). This provides us all with a good opportunity to reflect and review progress towards fulfilling the rights of all Georgian children.

Children's rights ensure child survival, development and well-being. Without them, it is impossible to build a country envisioned by the Millennium Declaration – a country of peace, equity, security, respect for the environment and shared responsibility – in short, a Georgia fit for children. This booklet provides an overview of key issues on children related to the CRC and the Millennium Development Goals (MDGs). Following the outline of 'Issue', 'Action', 'Impact', and 'Next Steps', it provides an update on progress for children, using evidence from a series of recent national household surveys and other studies.

The report highlights the enormous gains Georgia has made for its children in recent years, confirming that the situation of children is far better now than it was a decade ago. Child mortality has reduced significantly. Access to pre-school is increasing, although there is still room for improvement. Almost all primary school age children are attending school. More families and their children have gained access to improved water sources. Advances in child protection and participation have been significant. Fewer children are in institutions and more children are being registered at birth.

In recent years, the Government of Georgia has actively sought to put children at the centre of its reform efforts. The Child Welfare Action Plan (2008-2011) has guided the childcare reform process and a supplementary plan covering 2011-2012 is a roadmap to closing the remaining large institutions for children. The Social Service Agency has intensified its efforts to reach the most vulnerable families and their children with social assistance. A comprehensive national strategy on juvenile justice was adopted in 2009, which should ensure the establishment of a system of juvenile justice in line with international standards. The education reform process is modernising the education system.

Parliament has taken a pro-active lead in addressing outstanding child rights issues. An alliance on Early Childhood Development has spearheaded a national integrated early childhood development approach. Other committees on Sports and Development, Health and Social Affairs, and the Child Rights Council have brought parliamentarians, academic experts and civil society actors together to jointly address outstanding child rights issues. Non-governmental organizations are playing an active role in advocating and caring for the most vulnerable children. Bilateral and multi-lateral governmental agencies have made major contributions to the success in advancing the child rights agenda.

Yet significant challenges remain – challenges that we must tackle in the next five years if we are to adhere to the Convention of the Rights of the Child, meet the Millennium Development Goals and attain the vision outlined in the Millennium Declaration by the year 2015.

More than a quarter of Georgian children live in poverty; ongoing reforms in the social protection system are critical. Promotion of healthy life styles among teenagers – through sport, good nutrition and the values of teamwork - is an urgent priority to combat smoking and drug use. Rural sanitation requires additional attention. Social exclusion needs to be addressed, especially for children with disabilities, who tend to be excluded and isolated. Timely identification and response to violence against women and children is also a priority.

The international community will continue to review the progress achieved in meeting these goals in the coming years, while Georgia should maintain the momentum of recent gains for children. It is the children of today who will continue building the country's democratic future.

We hope that as you read this report and the progress it highlights, you will remember that behind every statistic is the life of a child – each one precious, unique and endowed with rights we are pledged to protect. So, please take a few minutes to read through the report's summaries. Together, we have the knowledge and resources to fulfil the rights of every child and build a Georgia fit for all children. This must be our common mission.

***Roeland Monasch**, UNICEF Representative in Georgia*

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INTRODUCTION

This report clearly demonstrates that child-focused interventions, sustained by adequate funding and political commitment, can result in rapid progress. Over the past five years, child mortality has dropped; access to maternal health services has increased significantly; universal access to anti-retroviral treatment has been achieved; the number of children living in large institutions has been halved; and more children than ever before are being registered at birth, including those from minority groups and those living in remote areas.

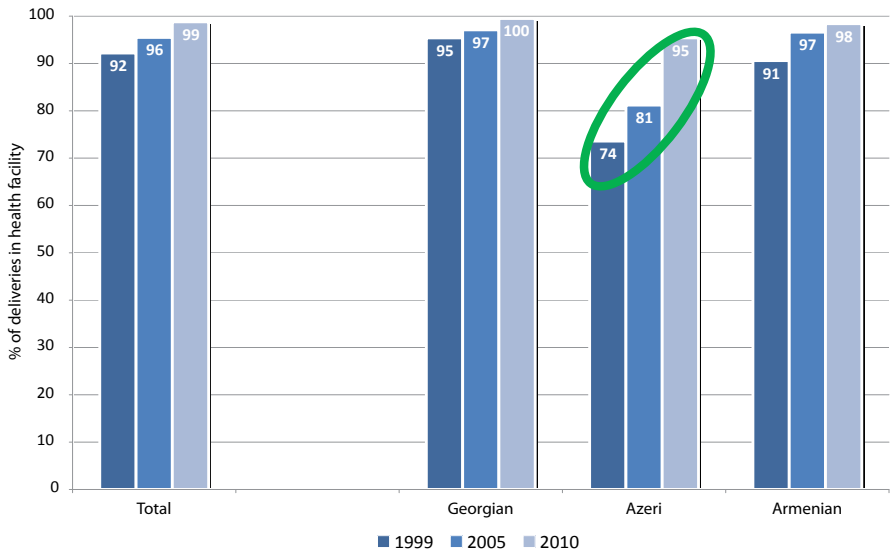
This report further shows that excellent progress has been made within specific sectors: for example, child and maternal services by the Ministry of Health, Labour and Social Affairs; access to education by the Ministry of Education and Science; and urban water access by the Ministry of Regional Development. In order to maintain and further expand progress in the coming years it is important to increase the effectiveness of inter-ministerial and inter-agency collaboration and cooperation. For example, water and sanitation services are in themselves vital, but are also critical for reducing child under-nutrition and achieving universal primary education. Girls, in particular, are likely to spend more time in school when adequate sanitation facilities are available on school premises. The Ministry of Health, Labour and Social Affairs has increased its response to child violence, but collaboration between Education and Internal Affairs needs to be strengthened in order to ensure early identification of and response to children at risk.

Growth with equity, growth through equity

The evidence is clear: a child born in Georgia 10 years ago was significantly worse off than a child born in Georgia today, particularly if that child was born into a poor family, a family from an ethnic minority, or a family living in a rural village. A decade ago, a child born in Georgia had lower chances of surviving, being registered at birth and accessing basic services. The government has made incredible strides in addressing inequities with the expansion of multi-lingual and easy-to-access civil registry systems, better parenting materials, and guidance on how the poor and ethnic minorities can access essential childhood services. Young children have a better start in life and are receiving more opportunities that were previously only available to well-off families. Much of the evidence and data presented in this report should be celebrated as a major success. These successes have been possible due to government leadership, commitment and action, coupled with cooperation between civil society actors and support from the international community.

The message is equally clear: where the Georgian government focuses its political commitment, results follow, and equity is addressed. The graphs below illustrate some of the major successes in maternal and newborn health, notably a dramatic increase in access to maternal health by Azeri women; and in education, where the poorest families have experienced a dramatic increase in access to primary school education.

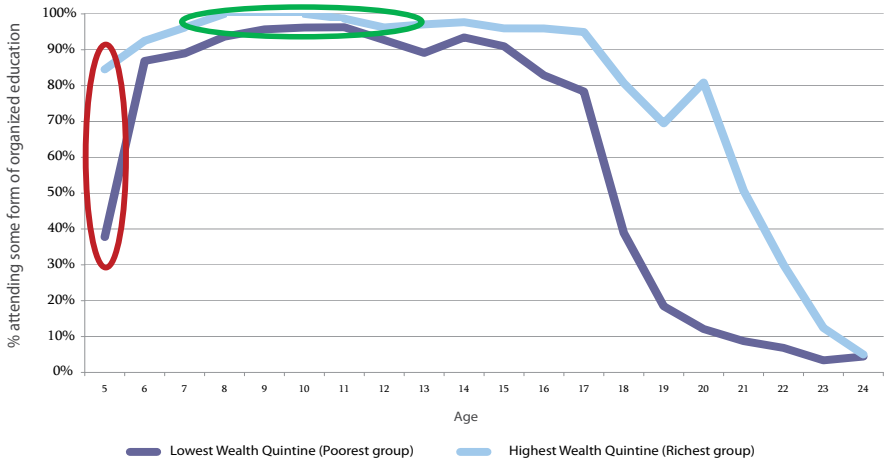
Place of Delivery for Most Recent Birth, Georgia, 1999-2010



Source: Reproductive Health Survey, 1999, 2005, 2010

The government has allocated more financial resources to education, health and social protection, mainly at the cost of reduced defence expenditure. As a result, the share of social expenditure within overall public spending has increased, as has the share of social expenditure in relation to gross domestic product. However, Georgia is still one of the lowest social spenders in the Central and Eastern Europe/Commonwealth of Independent States region. Consequently, major challenges remain. For example, this report shows clearly that five year old children in the poorest families are significantly less likely to attend pre-school than their peers in the richest families (less than 50 per cent of poor children attend pre-school). Equity of opportunity begins in early childhood – and the Government of Georgia has the responsibility to ensure that every Georgian child receives the essential building blocks to make a meaningful contribution to economic, social and political development.

Percentage of children and young people (5-24 years old) attending some kind of organized education during the 2010-2011 academic year by age and wealth quintiles



Source: RHS 2010

The commitment to equity that has born results in recent years must continue. This report contains disaggregated data on a range of issues to capture both the successes and the remaining challenges in ensuring that all Georgian children, regardless of ethnicity, family income, or any other factor, are provided equal opportunity to grow and contribute meaningfully to the development of the country.

Adolescence – a time that matters

While the recent establishment of the Ministry of Youth and Sport is encouraging, the political and financial commitment to empower and support young people in Georgia has been lacking. Adolescence is one of life's fascinating and perhaps most complex stages, a time when young people take on new responsibilities and experiment with independence. They search for identity, learn to apply values acquired in early childhood and develop skills that will help them become caring and responsible adults. When adolescents are supported with constructive community activities that are meaningful to them, they thrive in unimaginable ways, becoming resourceful and contributing members of families and communities.

Unfortunately, only limited data is available on the situation of adolescents and young people in Georgia, but the indicators that do exist are not encouraging. This report clearly shows that young people are at an elevated risk of contracting HIV/AIDS; they experience high levels of unemployment; and are frequently, and often unnecessarily, in contact with the law. While the issue of children living and working on the street cuts across all age groups, adolescents who experience life on the street are particularly at risk. The response to this group of vulnerable children must be carefully considered, taking into account experiences in other countries.

Services and activities geared to young people are lacking. Political leadership, resources, and collaboration are urgently needed between education, health and youth sectors. Promotion of healthy lifestyles amongst young people, increased availability of free sports and recreation for youth, and peer-to-peer guidance and support - as well as enabling youth participation in decisions that impact on their lives – are all areas that need to be explored in the coming years.

Child protection – focusing on the most vulnerable

Georgia has made incredible strides over the past five years in the areas of child care and juvenile justice. Institutional care has been reduced by half. Foster care has been expanded and strengthened. Small group homes that house no more than 8-10 children are replacing large institutions. Two hundred and fifty trained state social workers are now in place, and their numbers are growing. In the area of justice, children are far better off now than just a few years ago. Alternatives to detention have been strengthened, and a diversion programme has been introduced. If a child is incarcerated, a trained set of social workers, psychologists and teachers stands ready to develop and support individual sentence management.

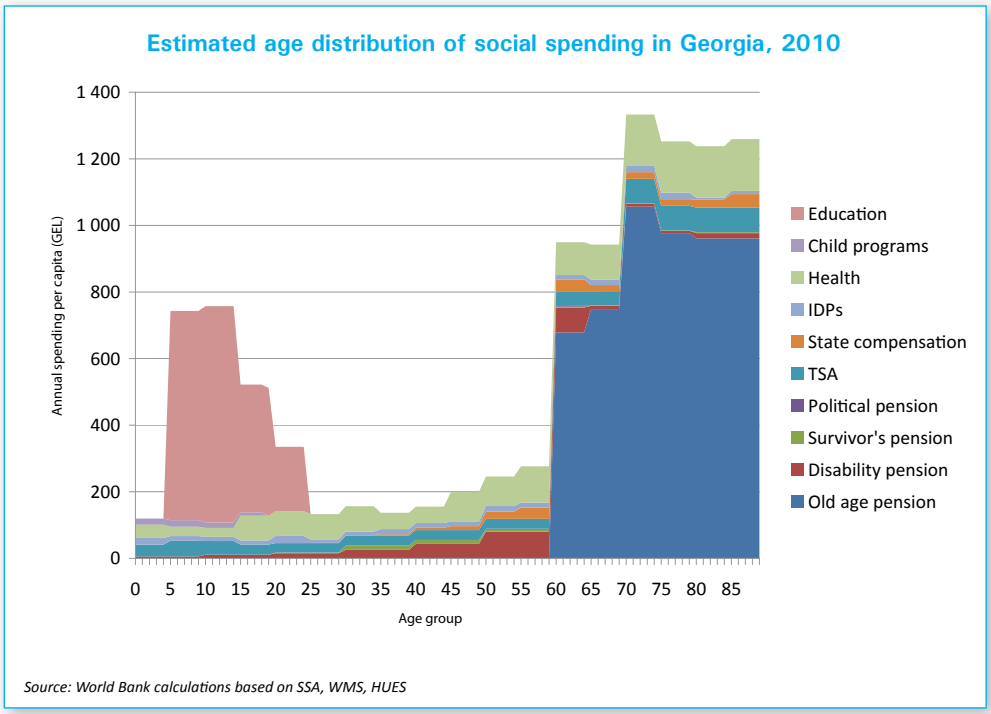
Georgia is now facing the next stage of the reform in both child care and justice. Older children who have spent many years in institutional care cannot be forgotten. A comprehensive approach to aftercare must be developed and supported. As the child care system develops further, and the referral mechanism to identify and report violence against children becomes more effective, the cases of children in need of alternative care will become more challenging. A new set of services will need to be made available to support children and families, including family counselling, crisis support, respite care, treatment of alcoholism, and family planning. Prevention of unnecessary family separation will require that the child care system has access to family support services such as life skills development, legal aid, and job-seeking assistance, assistance to find a home, strengthened assistance to care for children with disabilities, and after-school programmes. Preventive services need to cover the entire population. The challenge is to ensure that such services also reach the most vulnerable groups of children in order to prevent abandonment,

lost educational opportunities, discrimination, violence, abuse and neglect. In the justice sphere, the next stage will require closer coordination across sectors and ministries to ensure effective prevention activities are put in place.

Child poverty and public spending

This report shows that there are still too many children who continue to live in poverty. The robust global economic growth and higher flows of investment and trade over the past decade have failed to narrow disparities between rich and poor families and their children.

Social assistance is delivered through a very effective mechanism by the Social Service Agency, and may come in various forms. Firstly, old age pensions constitute the largest share of social protection spending. Evidence shows that pensions have a strong impact on overall poverty, but that the impact on child poverty is limited. Secondly, proxy means-tested Targeted Social Assistance (TSA) - cash benefits - has proven beneficial for those who receive it. Yet the means test is onerous, and even though TSA coverage amongst the poorest has increased over the past five years to roughly 10 per cent of the population, studies show that twice this number is in need of financial assistance. Another key issue is health insurance. The government has chosen to privatize the entire health system, and although free health insurance is available for the poor, this is allocated using the same tough proxy means test. While the number of people benefiting from free health insurance is larger than those receiving cash benefits, many poor people are nevertheless excluded and thus face catastrophic health care costs. The government must strongly consider the expansion of TSA and free health insurance, and take stock of how children may be more strongly included and represented in social spending (aside from education expenditure). Poverty gaps can be bridged if the government develops and strengthens social protection policies that deliberately focus on children and families who are left behind or excluded.



Strategic Information

A prerequisite for good management and planning is good information, provided at the right time. Evidence-based planning, implementation and follow-up require regular and systematic data collection combined with targeted research in specific areas.

This progress report is based on an in-depth analysis of internationally agreed Child Protection and Millennium Development Goal indicators using the latest available data collected through national household surveys, including the Georgia Reproductive Health Survey 2010, Georgia National Nutrition Survey 2009, Wealth Monitoring Survey 2009, Barriers to Access to Social Services Study 2010 and other smaller studies.

Since there is no reliable information available on the situation of children and women in Abkhazia, and Tskhinvali Region/South Ossetia, the data presented in this report exclude statistics for the children and women living in these regions of Georgia.

Notwithstanding the fact that these surveys are now available there are data and knowledge gaps in specific areas of implementation, particularly regarding the quality of services. Monitoring and evaluation support is critical in the implementation of the Child Action Plan. There is also a need to include more child-related indicators in existing survey questionnaires. Furthermore, investments are required in child-focused research. Priority should be placed on creating an easily accessible platform that collates data, research and international best practices related to supporting children and women.

> *It is UNICEF's hope that this report will contribute to policy and programmatic discussions at all levels, with a focus on equity and child rights. The coming years will bring new challenges. However, recent history has demonstrated that the Government of Georgia, with the support of civil society and international actors, can close the gap between rich and poor, address inequity, and make meaningful progress towards the fulfilment of its obligations as stipulated in the Convention on the Rights of the Child.*

Child Poverty

Convention on the Rights of the Child

Article 27 (right to adequate standard of living): Children have the right to a standard of living that is adequate for the child's physical, mental, spiritual, moral and social development.

Article 26 (social security): Children – either through their guardians or directly – have the right to help from the government if they are poor or in need.

Millennium Development Goals

Goal 1: Eradicate extreme poverty and hunger

ISSUE

A child born into poverty is deprived in various ways. Poor families raising children struggle to put nutritious food on the table; they cannot afford to buy school books or medicine. They may consider putting their children to work at an early age to help the family survive.

Georgian children are more likely to live in poverty if they are born into households where no household member has work; where parents have lower levels of education; where there are three or more children; where the family does not own any land; and where housing conditions are very poor[1].

Child poverty often persists throughout the life cycle, meaning that a child born into poverty will likely stay there for his or her entire life. Poverty in early childhood can cause lifelong cognitive and physical impairments and put children at permanent disadvantage. This, in turn, perpetuates the cycle of poverty across generations. Investing in children is therefore critical to achieving equitable and sustainable human development.

> *In 2008, despite the impressive overall economic progress achieved by the State party, the CRC Committee remained concerned by the persistence of widespread poverty and deprivation in the country and noted that the overall standard of living of many children was very low. In particular, it expressed concern at the large disparities in living standards among children. The Committee also noted with regret that no information had been provided by the State party on whether children were prioritized and mainstreamed in its poverty-reduction strategy.*

ACTION

In 2004, the Government of Georgia launched various initiatives aimed at fighting corruption, increasing public sector efficiency, improving governance and creating a business-friendly environment. The overall aim of these initiatives was to ensure economic growth, increase employment and reduce poverty. As a result of the global financial crisis, the need to increase policy efficiency and flexibility became more pressing. Accordingly, the reform agenda focused mainly on enhancing the effectiveness of macroeconomic policies.

Four years later, in 2008, the government introduced the programme 'United Georgia without Poverty'. Economic growth was expected to create employment, especially as more flexible labour regulations were introduced. In 2009, expenditure

[1] UNICEF, Welfare Monitoring Survey 2009. http://www.unicef.org/georgia/resources_6521.html

shifted from defence, which had increased sharply over the previous four years, to conflict-related reconstruction and social spending.

Social disbursements in Georgia are administered by the Social Service Agency (SSA), in the Ministry of Labour, Health and Social Affairs. The SSA is responsible for administering all central social programmes, including pensions, social assistance, child care and disability programmes. Targeted Social Assistance (TSA) was introduced in 2006. TSA is meant to provide the poorest 10 per cent of the population with financial assistance. Families are assessed based on a proxy means test with over 100 indicators. By April 2011, 145,665 families in Georgia (12.4 per cent) - comprising 425,387 people or 9.7 per cent of the overall population[2] - were receiving a monthly cash "subsistence allowance".

The medical insurance programme of families under the poverty line (MAP) was introduced in 2008. The target group is identified on the basis of the same proxy means tests as the TSA programme, but comprises a significantly higher number of beneficiaries (about 865,676 as of April 2011). Minimum pensions consist of a universal GEL 100 monthly benefit for men above 65 and for women above 60. Pensions account for about three-quarters of the social protection budget, and more than half of social spending by the public sector. Owing to the high rate of inter-generational living, about half of the population lives in a household receiving pension income.

IMPACT

Between 2004 and 2007 Georgia enjoyed an average gross domestic product (GDP) growth rate of 9 per cent. The official poverty rate[3] fell to 23 per cent by 2008. However, urban areas and the wealthiest groups experienced a higher rate of improvement than their corresponding rural and poorer counterparts and despite this period of rapid economic growth, employment declined.

In the face of high unemployment and unbalanced growth, Georgia's social assistance programmes have been effective in addressing extreme poverty. Pensions reduce extreme poverty by 18 per cent and also lift 9 per cent of children out of extreme poverty. TSA pulls 4 per cent of the population and 5 per cent of children out of extreme poverty.

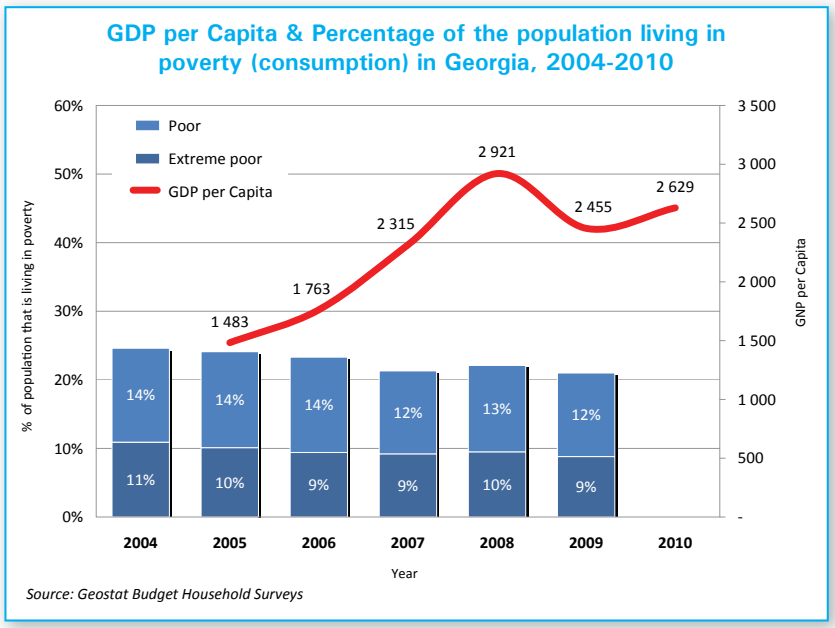
Much more work needs to be done, however, to ensure that those who have a right to social assistance actually receive it. The majority of the poorest group currently do not receive TSA. In 2010, beneficiaries of MAP were more likely than others to receive free inpatient and outpatient services. Conversely, those who do not qualify for MAP face catastrophic health costs that often drive families below the poverty line.

Georgia's growth in real GDP dropped sharply in 2009 due to the global economic crisis and the conflict with Russia, but

[2] Social Statistics 2009. Social Service Agency. 2010. Retrieved [29 June 2011] from http://www.ssa.gov.ge/uploads/SOCIAL%20STATISTICS.pdf

[3] Relative Poverty Rate measure used by National Statistics Office of Georgia Geostat, corresponding to 60 per cent of median consumption 89.7 GEL,

rebounded in 2010 to an estimated 6.4 per cent. However, as recent history has demonstrated, economic growth does not necessarily accrue equally across income groups. The 2009 Wealth Monitoring Survey found that 24 per cent of all households in Georgia, including 28 per cent of all children, fall below the official poverty line of 89.7 GEL[4]. Children in the poorest 20 per cent of households are less likely to access services.



NEXT STEPS

In order to reduce child poverty, additional activities will need to be undertaken. They include:

- Implement 'Shared Growth' policies: the benefits of growth need to be shared across the population.
- Support job-creating policies, especially for young people, decreasing unemployment rates.
- Increase the overall coverage of TSA and medical insurance programme of families under the poverty line to cover all poor households.
- Improve social protection mechanisms to better distribute social benefits to children in poverty; increase the weight of children in the targeting schemes.
- Improve access to pre-school education for poor children as an investment in their future.
- Improve quality day care and early childhood development facilities, especially for poor families, to assist families with caretaking; allow single mothers to enter the workforce; and equip Georgian children with the skills they need to contribute to economic development as adults.

"I am often asked what is the most serious form of human rights violation in the world today and my reply is consistent: extreme poverty."

Mary Robinson, former UN High Commissioner for Human Rights

[4] Data presented in graph are from Geostat Budget Household Surveys

Pre-School Education

ISSUE

Pre-school services are a critical investment in the long-term development of Georgia. Unleashing the cognitive development potential of children early on in the life cycle is key to maximizing the development opportunities for every child. International research has found that well-organized pre-school education results in long-term improvements in school success for children, including higher grades; lower rates of repeaters; and higher educational attainment, including increased levels of university attendance. But the positive impact of pre-school education goes far beyond school performance. Economic calculations have indicated that it is one of the best investments a country can make and has one of the highest economic returns to society. International research, mainly from the US and Europe, shows that pre-school education will result in reduced unemployment; reduced dependency on state social services; reduced delinquency; improved health outcomes; increased incomes and consequently increased tax revenues[5].

In the broader South Caucasus region, enrolment in pre-school education was traditionally always lower than that in Central and Eastern Europe or Russia. In the immediate post-Soviet period the Net Enrolment Ratio (NER) in kindergartens fell from an already low figure of 45 per cent to 23 per cent amongst 3-5 year olds, and the number of kindergartens was halved. By 2005, it was estimated that pre-school attendance was about 43 per cent, with urban and children from wealthier families much more likely to attend. Several studies have looked at the causes of low attendance and the main issues seem to be: (i) the inability of parents to pay the fees for kindergarten enrolment; (ii) a perception amongst many parents that pre-school was not necessary because an adult was always at home to care for the child. Parents tended to equate kindergartens with "child sitting" and failed to understand their importance for a child's development.

The 2007 comprehensive review of pre-school facilities revealed that more than 80 per cent of pre-schools required significant rehabilitation, with as many as 24 per cent in urgent need of repair, lacking essentials such as heating, roofing and basic educational materials. Until recently, the pre-school teacher training system was under-developed, without modern pedagogical methodologies or a uniform set of standards for pre-school[6].

Education for all by 2015

Goal 1: Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children

[5] Barnett, W. S. (2008). Preschool education and its lasting effects: Research and policy implications. Boulder and Tempe: Education and the Public Interest Center & Education Policy Research Unit. Retrieved [29 June 2011] from http:// epicpolicy.org/publication/preschooleducation

[6] Selim Iltus (2007). School readiness in Georgia. Findings from Research on School Readiness. Retrieved [29 June 2011] from http:// www.unicef.org/georgia/ School_Readiness_Study.final(1).doc

ACTION

The pre-primary education system was reorganized and essentially decentralized in 2005. As a result, local governments have become responsible for the establishment of pre-school educational institutions, approval of their statutes, and for the appointment of persons to represent and control their affairs.

The National Alliance on Early Childhood Development, established by the Health and Social Affairs Committee of the Parliament of Georgia, with the support of UNICEF, has led the development of a National Strategic Plan of Action for Early Childhood Development. In 2008, the National Alliance on Early Childhood Development presented new Standards for Early Learning and Development of Children, forming the basis for the overall pre-school reform.

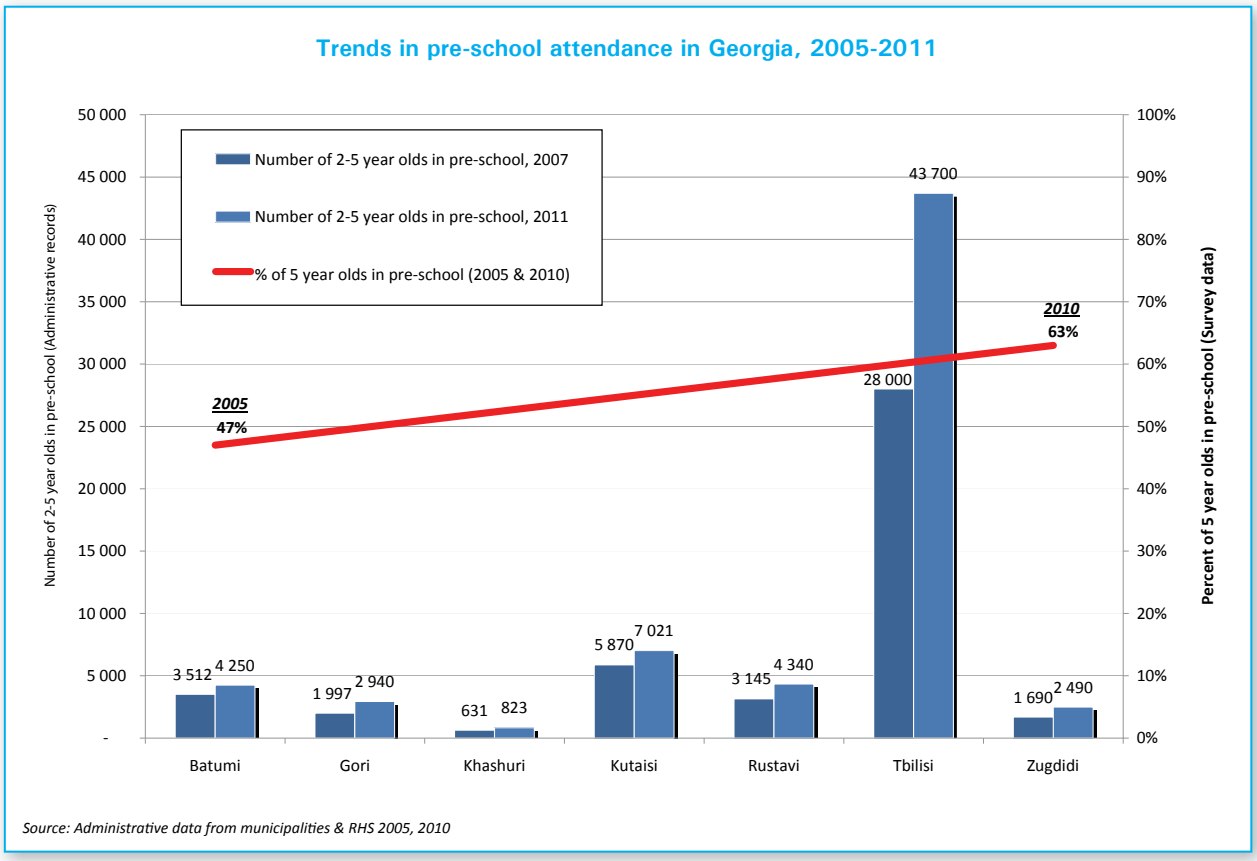
The Early Learning and Development Standards provide developmental benchmarks for the entire pre-school system, comprising indicators and guidance for caregivers of children under the age of six in five major areas. These are physical health and development; cognitive development and general knowledge; approaches to learning; social and emotional development; and oral language. Standards on the physical environment of pre-schools, covering both the classroom and play areas, have also been developed.

The internationally renowned Step-by-Step programme has been introduced to almost 100 schools throughout Georgia and 500 pre-school caregivers have been trained in the appropriate methodology. The introduction of inclusive education at Tbilisi pre-schools to include children with disability has been piloted and municipalities outside the capital (Batumi, Gori, Lanchkhuti and Lagodekhi) are currently also being supported to organize inclusive pre-school education. This has been complemented by support to local community-based groups of parents of children with disability.

IMPACT

There has been a significant increase in pre-school attendance in recent years. In 2005, pre-school attendance was an average of 43 per cent (39 per cent of four year olds and 47 per cent of five year olds). While an updated estimate of the early childhood education indicator for children aged 36-59 months is not available for 2010, the 2010 Reproductive Health Survey (RHS) showed that nearly two-thirds (63 per cent) of five year olds were attending pre-school. The latest data from the survey is confirmed by a reported increase in enrolment of 2-5 year olds by various municipalities.

A 2010 study on Barriers to Access to Social Services among the bottom welfare quintile in Georgia found that 56 per cent of poor children (60 per cent boys and 53 per cent girls) are engaged in some kind of organized learning or educational programme. For children not attending kindergarten the three main reasons were: (i) absence of a kindergarten (34 per cent); (ii) inability to pay the fees (21 per cent); and (iii) a family member was taking care of the child (16 per cent).



Source: Administrative data from municipalities & RHS 2005, 2010

NEXT STEPS

Technical and material assistance is required to maintain the momentum for improved access and quality in the pre-school sector, and to ensure the Standards for Early Learning and Development of Children are implemented and monitored nationwide. The following steps are of particular importance:

- Increase understanding by parents and caregivers of the essential cognitive importance of Early Childhood Education (ECE) in child development.
- Strengthen municipalities' capacity to guarantee the rights of families with young children to access pre-school education and provide good services.
- Strengthen and increase partnerships between government and the private sector, an important ECE stakeholder.
- Increase and better target public funding of ECE, including informal and community based options, with particular attention to poor children, children living in rural areas and those with disabilities.
- Achieve better understanding of the barriers that prevent children with disability from participating, to inform national policies and local initiatives to further address disparity.

"Early learning begets later learning and early success breeds later success, just as early failure breeds later failure. Success or failure at this stage lays the foundation for success or failure in school, which in turn leads to success or failure in post-school learning."

James J. Heckman,
2000 Nobel Laureate in Economic Sciences

Primary Education

Convention on the Rights of the Child

Article 28: 1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular: (a) Make primary education compulsory and available free to all.

Millennium Development Goals

Goal 2: By 2015, all children can complete a full course of primary schooling, girls and boys alike

ISSUE

Georgia has a strong tradition of education, with almost universal primary school enrolment rates across the country. However, the 2005 Multiple Indicator Cluster Survey (MICS) found that primary school attendance was lower among children of Azeri ethnicity (87 per cent, against a national average of 95 per cent).

The quality of education has been a major challenge. Several recent studies show that primary school children in Georgia have comparatively low learning achievement in reading, mathematics and science, including in relation to other children in the region. The 2007 Trends in International Mathematics and Science Study and Progress in International Reading Literacy Study found that Georgian fourth graders were among the bottom third of 36 participating countries in mathematics and science, and among the bottom quarter of 40 participating countries in reading achievements. Georgia scored lower than the 11 other participating countries from Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS)[7].

Some explanations for this lie in the fact that pre-school attendance was only around 50 per cent – a key factor in learning achievements in primary school and beyond. In addition, the transition of the 1990s left 70 per cent of urban schools and 84 per cent of rural schools in disrepair or in need of complete reconstruction. At the same time, education sector expenditure fell from 7 per cent of GDP in 1991 to 3 per cent of GDP by 2007.

> *In 2008, the Committee remained concerned about the general quality of education and the poor infrastructure of many schools, as well as the growing disparity in educational standards between rural and urban areas. The Committee was concerned about the hidden costs of education which may hinder access for children from low-income families, and that drop-out rates were progressively higher in later stages of schooling, particularly in rural areas.*

ACTION

The Government of Georgia, in partnership with the World Bank and UNICEF, developed a Consolidated Education Strategy and Action Plan (2007-2011). This was followed by a new Education Strategy for 2010-2015, taking the reform further forward. Georgia has increased spending on education and decentralized

[7] Retrieved [29 June 2011] from http://timss.bc.edu/

school management. As part of the education reform all educational institutions were established as public legal entities. Each school is governed by a Board of Trustees empowered by a financial management authority and made up of teachers, parents and government officials. The administrative structure of the education system was also adapted. A network of 72 Education Resource Centres was established, providing support to schools through data collection, organizing training, conducting research, and monitoring accounting. In 2006, the Ministry of Education and Science established the National Curriculum and Assessment Centre, which introduced a new curriculum and textbooks for all primary grades in 2010. The new curriculum is outcome oriented rather than promoting the mechanical transfer of knowledge, and is intended to improve learning achievements for Georgian primary school children. This is supported by training and testing for teachers on the new curriculum.

The government has invested heavily in repairing old buildings and improving infrastructure. A National School Building Programme has ensured the rehabilitation and reconstruction of schools. At the same time, some 1,000 public general schools have been merged in order to better focus resources in anticipation of declining student numbers in the next few decades. In the 2010-2011 school year, the government began providing free textbooks for particularly vulnerable children. Innovative approaches towards teaching English and internet access for every school have also been a central focus of the reform process.

IMPACT

The Gross Enrolment Ratio[8] for primary education (grades 1-6) has fluctuated between 94 per cent and 100 per cent over the last decade, according to UNESCO.[9] However, the Primary Net Attendance Ratio for 2010 was 93 per cent (Reproductive Health Survey 2010). This indicates that around 20,000 primary school aged children are not enrolled in primary school, meaning that they are either: (i) late enrollers, (ii) non-enrollers, or (ii) have dropped out of primary school. Late enrolment seems to be the main reason for a lower net attendance than gross enrolment rate. More than a quarter of six-year old boys (29 per cent) and girls (24 per cent) do not attend primary school. There is little gender difference in primary education. Ninety-nine per cent of children displaced after the war in August 2008 were enrolled in new schools in October 2008.

The Gender Parity Index[10] for primary school Net Attendance Ratio is 1.01, indicating that only slightly more girls than boys attend primary school at the proper age. There are no updated statistics on rates of children with disability attending primary school. However, the figures are relatively low due to both capacity of schools and attitudes of parents.

[8] Primary GER = the ratio of the number of all children (regardless of age) who are enrolled in primary school to the total population of children of official school age

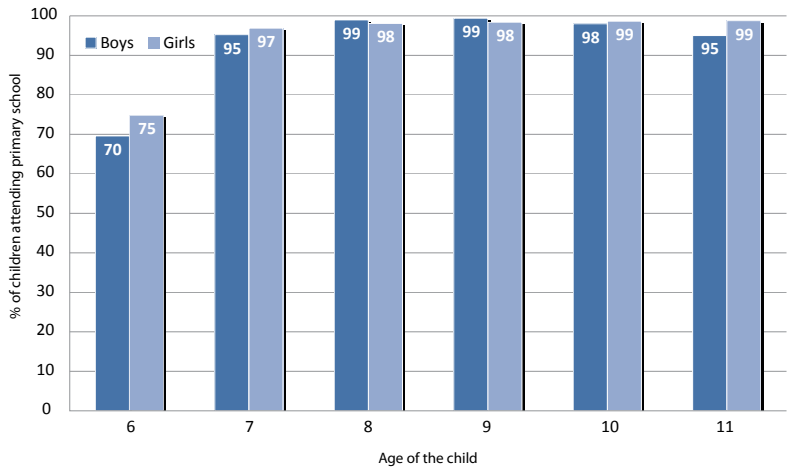
[9] UIS web-site, http://stats.uis.unesco.org/unesco/TableViewer/document.aspx?ReportId=143&IF_Language=eng, accessed on 27 May 2011

[10] GPI = the ratio of girls to boys

It is too early to measure the impact of the newly reformed curriculum and teaching standards on the quality of education and learning outcomes for children. The next Progress in International Reading Literacy Study which is scheduled for 2011 should provide an update on the trend in quality of education in the country.

School infrastructure has improved throughout the country. According to some reports, by 2010 all Georgian schools had been provided with electricity and heating systems. However, conditions related to water, sanitation and hygiene (WASH) remain underdeveloped in many places. Poor WASH has a direct impact on learning achievements. Data collection on key education performance indicators in order to monitor progress remains a challenge.

Boys and Girls attending primary school by specific age, Georgia 2010



Source: RHS 2010

NEXT STEPS

- Invest in a comprehensive Education Management Information System in order to ensure accurate and timely statistical information to support the educational reform efforts, programme implementation and to guide decision making.
- The next Progress in International Reading Literacy Study, which is scheduled for 2011, should provide an update on the trend in quality of education in the country and possibly the early impact of recent curriculum reform.
- Additional investments are required to improve access to quality education for children with disabilities, minority groups and those from a poor background.
- Additional investments in order to improve water, sanitation and hygiene facilities in primary schools, particularly in conflict affected and rural areas are a priority.
- Support national capacity to improve children's developmental readiness to start primary school on time, especially for marginalized children, through expansion of pre-school education for all children.

"Literacy unlocks the door to learning throughout life, is essential to development and health, and opens the way for democratic participation and active citizenship."

Kofi Annan,
former Secretary General of the United Nations

Secondary Education

ISSUE

Secondary school is a vital component of child development - spanning the period in which children transition to adolescence, towards adulthood and when they develop the skills that will determine the way in which they will participate in the labour market and contribute to democratic society.

According to UNESCO, the secondary school gross enrolment ratio increased from 79 per cent in 1999 to 90.1 per cent in 2009[11], with no gender disparity. However, the Committee on the Rights of the Child recently expressed concern about the progressively higher *dropout rates* in later stages of schooling, particularly in rural areas.

Turbulent transition has impacted on the quality of secondary education. Georgian children in the eighth grade ranked lowest in the CEE/CIS region in the 2007 Trends in Mathematics and Science Study (TIMMS), which allows for international comparisons in mathematics and science learning achievements for eighth graders. Of 48 participating countries, Georgian children ranked 33rd in Maths and 37th in science, with a slightly higher score for girls than boys[12].

Other critical challenges in secondary education include the development of healthy lifestyles education, sports infrastructure and coaching. These have decreased dramatically since the end of the Soviet period, whilst new health and social risks, including violence in schools, have seen an increase, particularly during the transitional period.

ACTION

Extensive reforms have been implemented in the secondary school sector since the 2003 Rose Revolution in Georgia. These have included increased expenditure on education, the removal of widespread corruption from the university entrance examination and funding process, decentralization and local management of both secondary and primary education.

In 2011, a new curriculum and textbooks were introduced to all secondary school grades with the aim of improving learning outcomes. As with the new primary school curriculum, these are outcome oriented and designed to encourage active learning rather than the mechanical transfer of knowledge. There has also been a comprehensive overhaul of teaching skills and professional standards.

Through the National School Building programme, which has a school rehabilitation budget of GEL 500 million (USD 329 million) for the period up to 2011, a number of general schools have been rehabilitated and new schools have been built. At the

Convention on the Rights of the Child

Article 28: 1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular: (b) Make secondary education available and accessible to every child.

Millennium Development Goals

Goal 3: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015

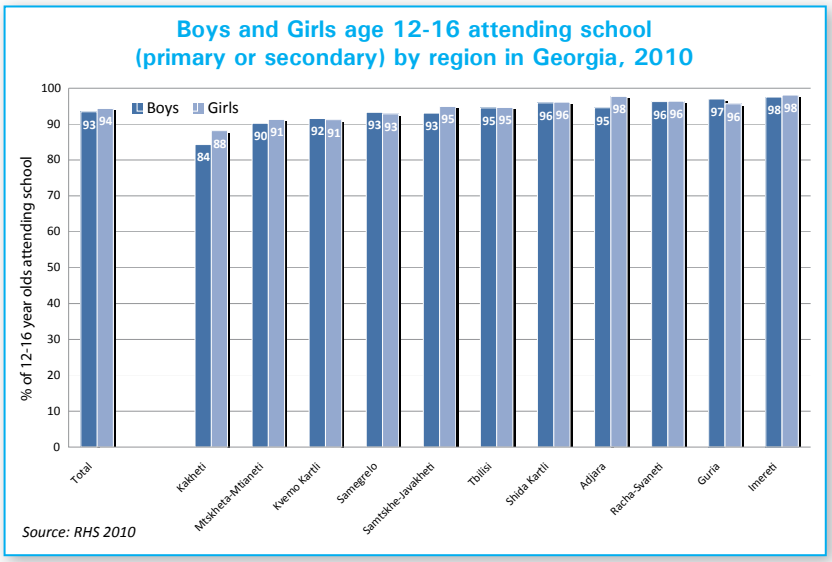
[11] Retrieved [29 June 2011] from http://unesdoc.unesco.org/images/0019/001907/190743e.pdf

[12] Retrieved [29 June 2011] from http://timss.bc.edu/

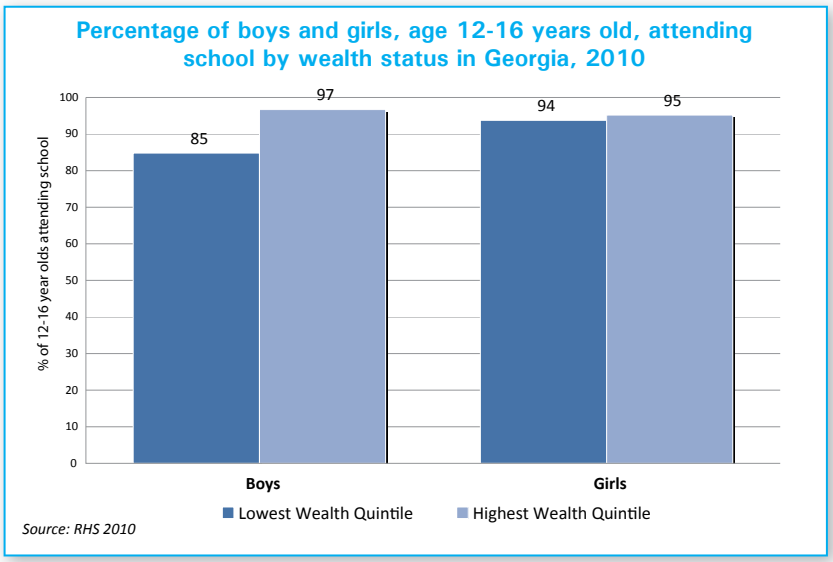
same time, in order to concentrate resources and adjust to declining student numbers in the next few decades, about 1,000 public general schools have been merged.[13]

IMPACT

The 2010 Reproductive Health Survey (RHS) reported a Net Attendance Ratio (NAR) of 86 per cent. Nine per cent of 12-16 year olds were still in primary school (especially 12 year olds, accounting for 34 per cent). Girls are more likely to attend secondary school than boys (88 per cent as compared to 85 per cent). The Gender Parity Index for Secondary School is 1.02.



Poor and ethnic minority children are more likely to start secondary education late and drop out early. The RHS survey pinpointed Kakheti and Mtskheta-Mitaneti as areas with the highest non-attendance rates.



[13] UNDP - Georgia, (2008), op. cit., p. 42, Ministry of Education and Science, Draft Education Strategy and Action Plan 2007-2011, pp. 5, 15, World Bank, (December 2008), Implementation Completion and Results Report for an Education System Realignment and Strengthening Program, pp. 15, 20

Boys in the bottom wealth quintile are significantly more likely to have dropped out of school than their peers in the highest wealth quintile. Wealth status does not seem to have an impact on levels of school attendance amongst girls. However, the 2010 RHS reveals that the NAR is 91 per cent for Georgian girls, 85 per cent for ethnic Armenian girls and 65 per cent for Azeri girls.

Transparency International Georgia (TI) surveyed perceptions on government reform and found that education reform was the single policy issue recognized as successful by nearly all those interviewed. Two particularly successful components were (i) the introduction of school boards to decentralize decision making, and (ii) national exams that give students the opportunity to enter universities on a competitive basis free from corruption.[14]

Georgia is participating in the Programme for International Student Assessment (PISA). It is a system of international assessments that focuses on 15-year-olds' capabilities in reading literacy and mathematics. PISA has been assessed in 65 countries in 2009. Georgia is one of 9 countries that did the assessment in 2010. The results will be available in December 2011.

A child from the poorest 20 per cent of the population is less than half as likely as a child from the richest 20 per cent to study at university[15]. A 2010 study by the Norwegian Refugee Council among students from Abkhaz public schools highlighted the common perception by internally displaced parents and children alike, that passing the national entrance exam and entering higher education is dependent on having access to private tuition, something that is beyond the reach of lower-income households.[16]

NEXT STEPS

The intensive reform programme has the potential to reverse the negative impact of the transition on the secondary education sector and provide a solid foundation for equipping a more diversified modern workforce, in turn enabling future generations to contribute to the democratic development of society.

Next steps should include:

- Continue to strengthen the quality of education through implementation of the new curriculum; boost teacher training and professional standards.
- Ensure proper evaluation of the impact of reform by monitoring education outcomes in forthcoming international studies such as TIMMS and the Programme for International Student Assessment (PISA).
- Research, identify and address the barriers to equity in education, including school drop-out and poorer outcomes for minority and low income children in national entrance examinations.
- Further expand schools as child friendly environments that contribute to wellbeing, development and democratic participation through promotion of sports, healthy lifestyles and management of violence.

"These children and their parents know that getting an education is not only their right, but a passport to a better future - for the children and for the country."

Harry Belafonte,
UNICEF Goodwill Ambassador

[14] Transparency International – Georgia, (2006), Where do we stand – Georgia's Achievements and Challenges through different lenses, World Bank, (December 2008), Implementation Completion and Results Report [ ] for an Education System Realignment and Strengthening Program, p. iv

[15] World Bank, Poverty Assessment 2008 Section 317 Page 141

[16] Retrieved [29 June 2011] from http://www.nrc.no/arch/_img/9482594.pdf

Child Health

Convention on the Rights of the Child

Article 6: Survival and development
Every child has the inherent right to life, and the State has an obligation to ensure the child's survival and development

Article 24: Health and health services
The child has a right to the highest standard of health and medical care attainable. States shall place special emphasis on the provision of primary and preventive health care, public health education and the reduction of infant mortality.
They shall encourage international co-operation in this regard and strive to see that no child is deprived of access to effective health services.

Millennium Development Goals

Goal 4: Reduce Child Mortality
Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

ISSUE

Much of the morbidity and mortality among children in Georgia is preventable. The leading causes of death of children under five are neonatal conditions, pneumonia, diarrhoea and congenital malformations. Many of the deaths are associated with under-nutrition. Children are also at risk from hazardous environments, obesity and unhealthy lifestyles. A growing proportion of child deaths occur within the first 28 days after birth. The main causes are prematurity, asphyxia and infections/pneumonia, together comprising more than three- quarters of neonatal deaths. These causes are closely related to the health of the mother during her pregnancy, the circumstances of her delivery and the first critical hours after birth (see also Maternal Health section of this report).

Approximately half of the population go directly to hospital, bypassing the primary health care system and effectively making it redundant. The cost of services is in many cases prohibitive and a major obstacle to access (Georgia has one of the highest shares of out-of-pocket expenditures in the region - 73 per cent of total health expenditures[17]). The state-financed health insurance programme for vulnerable families has had a positive impact among poor families that are able to access it.

> *In 2008, the CRC Committee was gravely concerned by the high rates of neonatal deaths and premature births as well as the overall state of prenatal and post-natal health care, in particular among minority groups.*

ACTION

The Georgian health system is in a process of deep and profound transition with a focus on market-based strategies to drive improved efficiency and effectiveness, and improved health outcomes for the Georgian population. Key components of the reform strategy include hospital privatization; primary health care reform; coverage of health services for poor families through private health insurance; state-funded provision of essential public health services; deregulation; and restructuring of the Ministry of Labour, Health and Social Affairs.

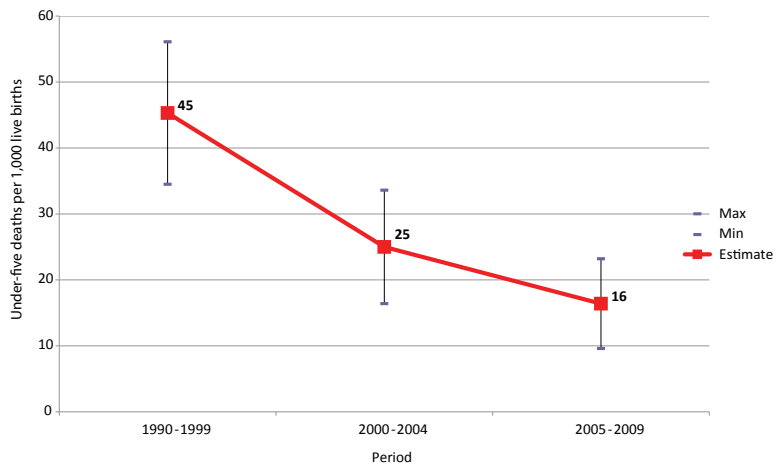
A major component of the reform is the creation of new hospital infrastructure through a comprehensive privatization process. The World Bank, European Union and the UK Department for International Development have been providing financial and technical support for comprehensive primary health care support in Georgia. About 40 per cent of poor, vulnerable families are

[17] Chanturidze T, Ugulava T, Durán A, Ensor T and Richardson E. Georgia: Health system review. Health Systems in Transition, 2009; 11(8):1-116. Retrieved [29 June 2011] from www.euro.who.int/__data/assets/pdf_file/0003/85530/E93714.pdf

included in a state-financed health insurance programme. The State also funds a comprehensive package of health services for children from the most vulnerable families. All children receive free emergency care, while 0-3 year old children also receive free in-patient care. Neonatal and emergency care is fully covered, and the government provides an 80 per cent subsidy for the rest. With regard to out-patient care, the State provides for one consultation by the health provider, including general laboratory tests, per year.

The Ministry of Health, the Reproductive Health Council and UNICEF, in collaboration with the Sheba Medical Centre of Israel, have started to implement a 15-year master plan in order to strengthen the perinatal/neonatal health system. The United States Agency for International Development (USAID) supports the integration of the World Health Organisation (WHO)/Europe effective perinatal approaches into the ongoing health sector reform. Within the scope of the UNICEF and Tbilisi State Medical University partnership, basic and postgraduate level curricula in perinatology and general paediatrics were revised, ensuring compliance with evidence-based standards of clinical excellence and WHO-recommended approaches.

Under-five mortality rate in Georgia for the periods 1990-1999, 2000-2004, 2005-2009



Source: RHS, 1999, 2005, 2010

The Maternal Child Health (MCH) department was abolished, leaving a lack of clarity on who is responsible for oversight of MCH services. A comprehensive health system performance assessment by WHO and the World Bank in 2009 provided guidance for further strengthening of the health system. A Parent-Baby Book (Personal Record for Child Health and Development) was introduced in 2011. The book provides parents of all newborns in the country with essential knowledge of child health and development in the first six years. Based on the Parent-Baby Book, key messages on positive parenting are shared with parents via SMS, through a link with the electronic database of the birth registration system.

IMPACT

Substantial progress has been made in reducing child deaths. Since 1999, the mortality rate of children under the age of five has dropped by two-thirds - from 45 deaths per 1,000 live births to 16 in 2010. Infant mortality reduced during the same period from 42 to 14 deaths per 1,000 live births.

Out of 61,677 live births in 2009, 94 per cent of newborns had a normal birth weight (over 2,499 grams), whereas 9 per cent of live births registered at hospitals were born sick or fell sick after birth. This number includes certain conditions originating in the perinatal period (92 per cent) and congenital anomalies (7 per cent).

Other key process and impact indicators related to Child Health are discussed in 'Immunization', 'Nutrition' and 'Maternal Health' sections of this report.

"When the lives and the rights of children are at stake, there must be no silent witnesses."

Carol Bellamy,
former Executive Director, UNICEF

NEXT STEPS

In order to ensure the better survival, health and development of all children in Georgia, the following steps need to be undertaken:

- Reduce neonatal mortality as the top priority for the public health system.
- Ensure affordable access to quality maternity, neonatal and general paediatric care for all pregnant women and children; provide a basic benefit package, including subsidized drugs, for all pregnant women and children under the age of six.
- Strengthen the professional capacities of health providers dealing with maternal and child health at all levels.
- Improve the referral system for pregnancy and child birth (See Maternal Health section).
- Modernise physical infrastructure and medical equipment.
- Ensure access to health education for women, families and communities, especially marginalized and socially disadvantaged.
- Further support the implementation of the national immunization programme.
- Invest in the Health Information System to generate accurate, reliable, disaggregated and timely data.
- Reinforce all health system functions grounded in a primary health care approach, giving particular attention to cost-effective public health interventions, including those focusing on health promotion, education and disease prevention.
- Monitor the impact of privatization on the quality of maternal and child health care services.

Nutrition

ISSUE

Proper nutrition is essential to ensure that every child has the best start in life. Malnutrition – the state of being poorly nourished – is not merely a result of too little food, but of a combination of factors: insufficient protein, energy and micronutrients; frequent infections or disease; poor care and feeding practices; inadequate health services; and unsafe water and sanitation.

Key tools in the effort to defeat malnutrition include an adequate diet, which includes immediate and exclusive breastfeeding for the first six months; continued breastfeeding with age-appropriate complementary foods; micronutrients; prevention and treatment of disease; and proper care and feeding practices. Many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition. Bread consumption in Georgia is more than sufficient to justify using wheat flour as a vehicle for micronutrient fortification.

Evidence from around the world shows that parents' knowledge and awareness of healthy practices is one of the key factors contributing to the healthy nutrition status of a child.

ACTION

In 2005, the Parliament of Georgia adopted a law on the "prevention of iodine, other microelement and vitamin deficiencies".[18] The law bans the import and sale of non-iodized salt and puts in place mechanisms for a policy of food fortification in the country. Since 2006, Georgia has also been implementing a programme to fortify wheat flour with iron and folic acid. However, many gaps remain in the implementation of this programme nationwide, and flour fortification has not yet been made mandatory.

Nutrition was identified as one of the eight key priorities of the 2010-2015 National Health Promotion Strategy for Georgia. One focus of the strategy is healthier eating, including childhood and maternal nutrition. Furthermore, a "Healthy Life Style campaign" was launched in 2011 under the auspices of the First Lady of Georgia. Some basic elements of child nutrition are included in the new school curriculum.

In order to address the high prevalence of folate deficiency, the clinical standards for pregnancy follow-up were revised. Folic acid supplementation is recommended at least six weeks before conception and up to 13 weeks of gestation. A National Nutrition Survey was conducted in 2009 in order to gain better understanding of the nutrition situation in the country and to provide policy directions.

[18] Law on Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding was already adopted in 1994.

Convention on the Rights of the Child

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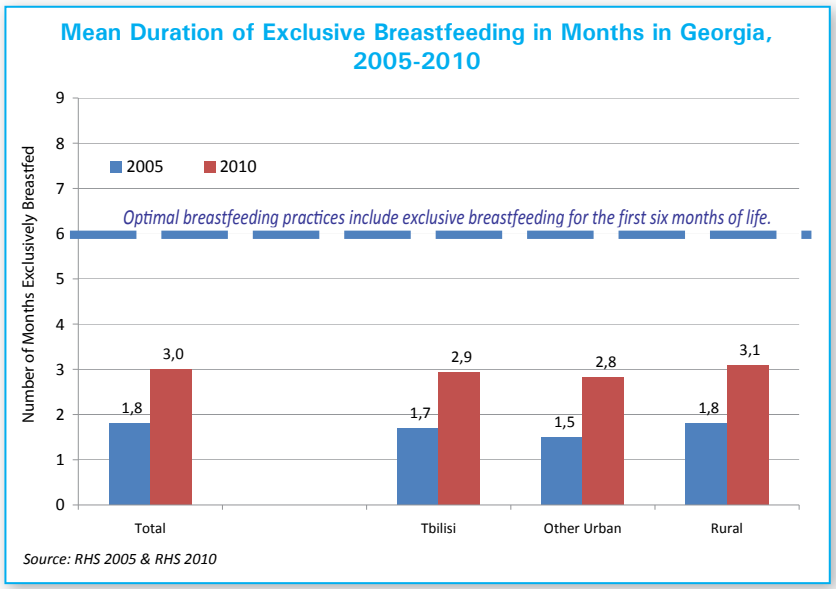
Millennium Development Goals

Goal 1: Eradicate extreme poverty and hunger
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

IMPACT

Malnutrition - Underweight is not a public health problem in Georgia. The prevalence of *underweight* (low weight-for-age) in children less than five years of age is 1.2 per cent. *Wasting*, the situation where the child's weight is too low for his/her height is also not a significant problem (1.6 per cent). *Overweight* – where the child is too heavy for his/her height - and obesity are much greater problems, affecting 20 per cent of young children and 42 per cent of non-pregnant women. *Stunting*, the situation where a child's height is too small for his/her age, is 11 per cent. Azeri children are significantly more likely to be stunted (21 per cent).

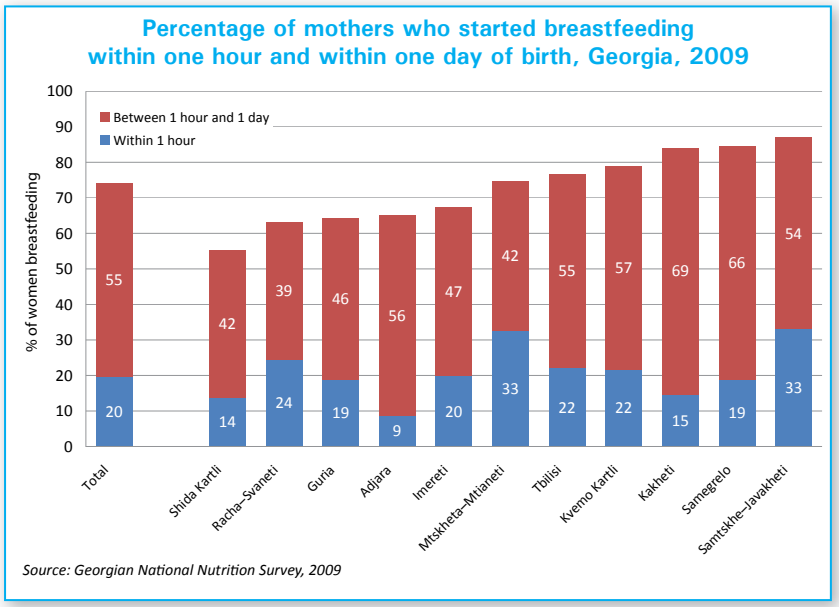


Breastfeeding – Thirteen percent of children are never breastfed. Only about one-half of children less than six months of age are exclusively breastfed[19] and on average children are weaned at the age of 9-10 months. Continued breastfeeding at 12-14 months and 20-23 months of age is found in only a small proportion of children. An age-appropriate combination of breastfeeding and complementary feeding is found in just over one-third of children below the age of 24 months.

Micronutrients - Anaemia is a common health problem in children under the age of five (23 per cent), non-pregnant women 15-49 years of age (24 per cent), and pregnant women (27 per cent). Although the prevalence rates of anaemia in young children and women in Georgia are generally lower than in neighbouring countries, they are substantially elevated when compared to developed countries in Europe and North America. Anaemia is generally most common in Azeri children (36 per cent) and women (non-pregnant, 31 per cent; pregnant, 39 per cent). In children under the age of five and non-pregnant women 15-49 years of age, iron deficiency is rare, and therefore cannot be a major cause of anaemia in these population subgroups. The prevalence of folate deficiency in non-pregnant women 15-49

[19] Optimal breastfeeding practices include exclusive breastfeeding (only breastmilk with no other foods or liquids) for the first six months of life, followed by breastmilk and complementary foods (solid or semi-solid foods) from six months of age on, and continued breastfeeding for up to two years of age or beyond with complementary foods.

years of age is quite high (37 per cent) compared to other countries in which folate deficiency has been assessed in national surveys. Georgian bread is not currently fortified with iron or micronutrients, such as folic acid. Salt consumed by Georgian household members is currently well iodized.



NEXT STEPS

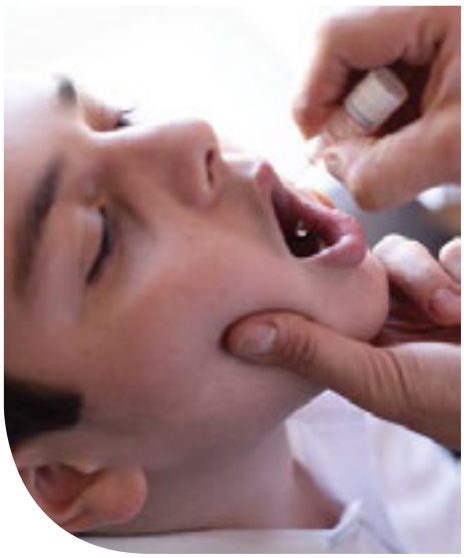
In order to ensure the better survival, health and development of all children in Georgia, the following steps need to be undertaken in the field of evidence-based nutrition:

- Address the problem of stunting through nutrition and health programmes.
- Intensify advocacy efforts for breastfeeding; improve understanding of breastfeeding practices and perception.
- Through further investigation, determine the causes of anaemia in Georgia.
- Given the overwhelming evidence of the effectiveness of folate fortification in preventing neural tube defects in newborns, provide extra folate intake to pregnant (and non-pregnant) women according to international recommendations.
- Continue and expand current food fortification efforts; consider mandatory fortification of wheat flour; establish enforcement and monitoring mechanisms.
- Promote healthy nutrition practices as part of an overall scaled-up public health communication programme embedded in the public health care system.
- Expand health promotion services to address the emerging problems of obesity and overweight.

"Child hunger and child obesity are really just two sides of the same coin. Both rob our children of the energy, the strength and the stamina they need to succeed in school and in life. And that, in turn, robs our country of so much of their promise."

Michelle Obama,
First lady of the United States

Immunization



Convention on the Rights of the Child

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Millennium Development Goals

Goal 4: Reduce Child Mortality
Proportion of 1-year-old children immunized against measles.

ISSUE

Measles is a deadly but vaccine-preventable disease that mainly attacks children under the age of five. When it does not kill, it can cause blindness, malnutrition, deafness or pneumonia. Because measles is highly contagious, vaccination coverage levels need to be maintained at least at 90 per cent. The National Immunization Programme (NIP) of Georgia has made an impressive contribution to the reduction in measles and other vaccine-preventable diseases. Despite this progress, a resurgence of vaccine-preventable diseases is possible. For example, the 2010 polio outbreak in Tajikistan that spread across other countries in Central Asia and Eastern Europe shows the vulnerability of children in the absence of a high performing routine immunization system. The challenge is to sustain high levels of immunization coverage for all vaccine-preventable diseases.

ACTION

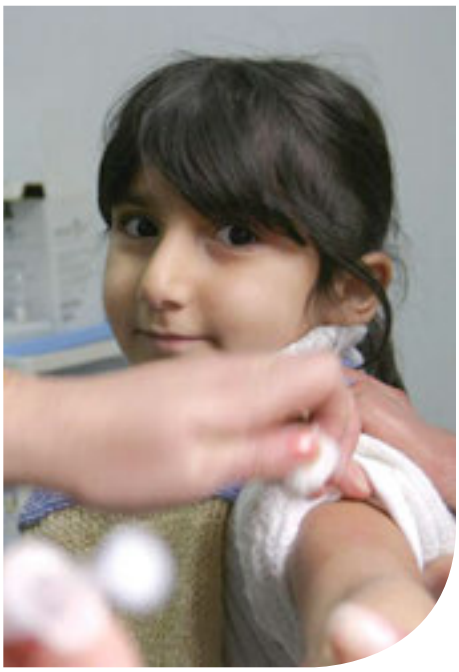
In order to optimize coordination among all agencies involved in immunization, an Interagency Coordinating Committee was created in 2000. It is composed of all the major country-level partners, including the Public Health Department, National Centre for Diseases Control and Statistics, WHO, UNICEF, Rostropovich Vishnevskaya Foundation, USAID and the Curatio International Foundation. Gradually a range of new antigens was introduced: Viral Hepatitis B (2001); combined measles-mumps-rubella vaccine (2004); and the new DPT-HepB-Hib pentavalent vaccine (2010). In order to address immunization gaps, supplementary immunization activities were implemented: polio (2000-2001); diphtheria/tetanus (2000-2001); Hepatitis B (2000-2001); and measles/rubella (2008).

Public communication is important to increase general awareness of the importance of immunization, for example through the annual WHO European Immunization Week. In 2007, the Ministry of Labour, Health and Social Affairs (MoLHSA,) with UNICEF support, implemented a communication strategy on immunization targeting behavioural changes (COMBI), namely timely vaccination. According to the survey results, timely vaccination coverage for the three targeted antigens increased on average by 16 per cent. However, the same survey established that one out of every six mothers interviewed considers immunization to be unsafe[20].

The government has increased its share of financing immunization activities in the country from 19 per cent in 2005 to 97 per cent in 2009. In order to reduce under five mortality caused

[20] Retrieved [29 June 2011] from http://www.comminit.com/polio/content/evaluation-impact-communication-campaign-immunization-communication-behavioral-impact-co

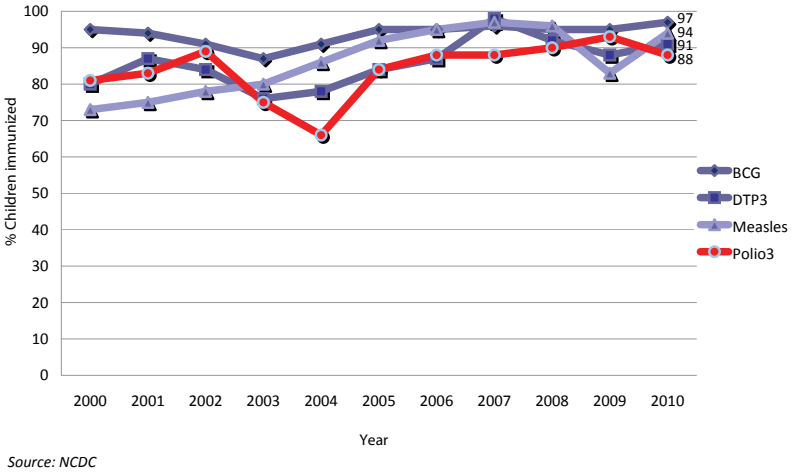
by Rotavirus[21] (more than 100 deaths in 2006) and Streptococcus Pneumonia[22] (more than 160 deaths in 2000), rotavirus and pneumococcal vaccines will be introduced by the NIP in 2012-2013. The introduction of new vaccines will necessitate the revision of the National Immunization Calendar and surveillance software (GEOVAC), and the retraining of health providers. A Parent-Baby Book is being introduced. The book provides essential knowledge for parents and caregivers on core child health and development issues for children up to the age of six. It includes the national immunization calendar and serves as the child's personal immunization card. SMS reminders to parents to take their child to be immunized are automatically sent through special IT software developed and managed by the Civil Registry Agency (CRA) Birth Registration System.



IMPACT

The past decade has seen an improvement in immunization coverage. Coverage has been stable at over 90 per cent for a number of vaccines (BCG[23], DTP3[24], Measles, and Polio). Georgia was declared polio-free in 2002. The number of measles cases has reduced from 8,391 cases in 2004-5 to 22 cases in 2010.

Percentage of children under 1 year old who received BCG, DTP3, Polio3 and Measles vaccine, Georgia 2000-2010



Source: NCDC

In spite of improvements in the central cold store, there were stock-outs for the measles vaccine in 2009 and polio in 2010. This may be attributable to the loss of institutional memory due to structural changes in the MoLHSA and to the early initiation of the shift towards direct procurement of vaccines by the government.

[21] Rotavirus is the most common cause of severe diarrhoea among infants and young children.
[22] Bacteria causing pneumonia and meningitis.
[23] BCG: Baccille Calmette Guérin is a vaccine against tuberculosis.
[24] DPT refers to the combined diphtheria, pertussis and tetanus vaccine. The percentage of children receiving the third dose – DPT3 – is an indicator of how well countries provide routine immunization.

In 2010, eleven out of 65 districts reported less than 80 per cent DTP3 coverage and high drop-out rates. Additional efforts need to be made to vaccinate these hard-to-reach groups. Direct contracting of more than 1,000 primary health care (PHC) providers in 2008 and subsequent changes in the organization of service delivery might partly be the cause for these pockets of low coverage.

The direct contracting of PHC providers has also resulted in challenges in reporting on the number of surviving infants (used as a denominator for immunization coverage rates). In 2010, the number of surviving infants based on the number of newborns reported to the CRA database and adjusted for infant mortality was 3,000 more than the total number reported by PHC providers to the National Immunization Programme. Coverage of the routine immunization programme will therefore be lower if it is calculated using the CRA data as a denominator.

"Immunization has already blazed the trail to achieve greater equity in health – for example, in the way polio and measles programmes can be the leading edge of efforts to reach into the poorer communities."

Tony Lake,
Executive-Director,
UNICEF

NEXT STEPS

In order to ensure that all children are immunized, additional activities need to be undertaken. They include:

- Strengthen the vaccine forecast and procurement process to ensure uninterrupted supply.
- Carry out a nationwide polio vaccination campaign to maintain polio-free status.
- Ensure system-wide integration of communication on immunization into primary health care services.
- Assess the impact of the current organization and quality of PHC service delivery on NIP implementation.
- Strengthen the capacity of PHC staff, especially nurses and family doctors, on immunization practices through supportive supervision.
- Carry out an Expanded Programme on Immunization cluster survey in order to validate reported coverage.
- Intensify monitoring of performance indicators of the surveillance system.
- Fully implement WHO Adverse Effects Following Immunisation (AEFI) guidelines.
- Ensure proper waste management practices at all health facilities.
- Monitor impact of privatization on access to routine immunization services.

Maternal Health

ISSUE

While in most cases having a baby is a positive experience, pregnancy and childbirth can cause suffering, ill health or even death. Every year, women and newborn babies die from complications related to childbirth in Georgia. Lack of access to services contributes to these deaths, as does the providers' lack of capacity to identify and manage complications and provide the right support to women and their newborn babies.

In order to reduce morbidity and mortality due to pregnancy and childbirth, it is essential to ensure an effective continuum of quality care that stretches from the household to referral centre, and includes all maternal and newborn care including timely and appropriate management of pregnancy-related complications. These services must be available to all women and their newborns, wherever they live, whatever the circumstances of their pregnancy and birth, regardless of their socio-economic situation.

The absence of clear referral standards, a shortage of properly equipped secondary level maternity facilities, limited staff capacity and inadequate transportation has had a negative impact on delivery outcomes in the past.

> *In 2008, the CRC Committee was gravely concerned by the high rates of neonatal deaths and premature births as well as the overall state of prenatal and post-natal health care, in particular, among the minority groups.*

ACTION

The State covers the basic set of antenatal services for all women, while antenatal hospitalization is subsidized for the most vulnerable women only. The same is true of delivery services – the State covers in-partum care for the most vulnerable pregnant women, while all women are eligible for free referral services in case of complicated delivery.

The Ministry of Health has accelerated the process of developing and mainstreaming of clinical care standards with support of the EU, UNFPA, UNICEF, USAID and the World Bank. Also the Ministry of Health, the Reproductive Health Council and UNICEF, in collaboration with the Sheba Medical Centre of Israel, began implementation of a 15-year master plan in 2010, aimed at strengthening the perinatal/neonatal system. The Sheba Medical Centre provides technical support and guidance, including a comprehensive analysis of the perinatal health system in-country, capacity development of services and academic training. USAID supports the integration of the WHO/EURO effective perinatal approaches into the ongoing health sector reform (*see section on Child Health*). The Effective Perinatal Care training package introduces health providers to evidence-based practices, aimed at improving delivery outcomes for mothers

Convention on the Rights of the Child

Article 6: Survival and development
Every child has the inherent right to life, and the State has an obligation to ensure the child's survival and development.

Millennium Development Goals

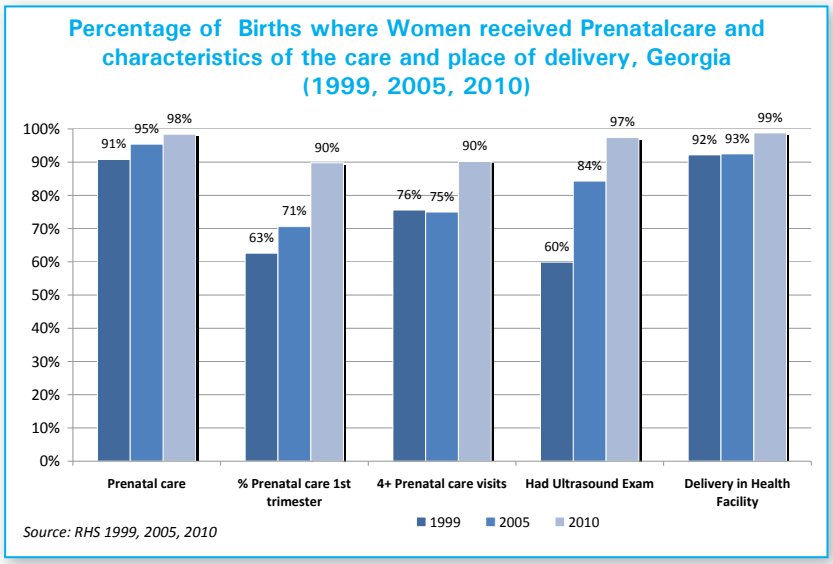
Goal 5: Improve maternal health
Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

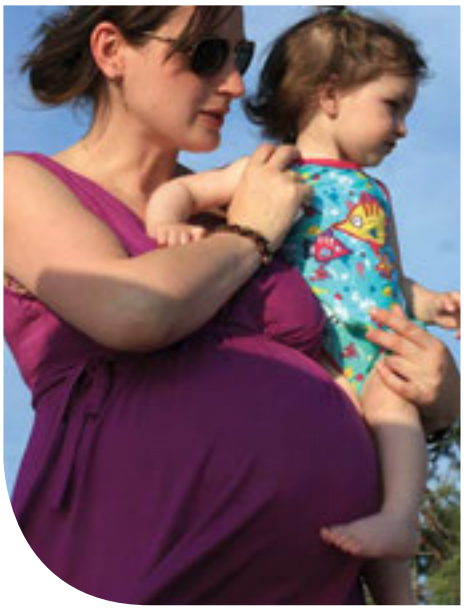
and newborns. Within the scope of the UNICEF and Tbilisi State Medical University partnership, basic and postgraduate level curricula in obstetrics/gynaecology were revised, ensuring compliance with evidence-based standards of clinical excellence and WHO-recommended approaches. Since June 2007, a Hepatitis B screening programme for pregnant women has been carried out through the support of the Vishnevskaya Rostropovich Foundation. Moreover, passive immunization of newborns at high risk of being infected with Hepatitis B virus from antigen-positive mothers has been introduced. UNFPA supports the implementation of the five-yearly nationwide Reproductive Health Survey, and the integration of the maternal mortality methodology in the census.

IMPACT

While there have been encouraging downward trends in maternal mortality, these are difficult to measure. The UN Maternal Mortality Estimation Inter-agency Group estimates that in 2005 the maternal mortality ratio (MMR) was 66 deaths per 100,000 live births. A 'reproductive age women mortality study' in 2006 showed MMR as 52. According to the official statistics, MMR was 12 in 2008, but increased to 52 in 2009.

The proportion of births attended by skilled health personnel has been recommended as a measure of progress for maternal mortality. The graph shows that there are recent gains.





Comparing data from three rounds of the Reproductive Health Survey, prenatal care utilization increased from 91 per cent in 1999 to 98 per cent in 2010. More women have their first visit during the first trimester of the pregnancy. The number of consultations per pregnancy also increased. In 2005, 75 per cent of pregnant women had four or more visits; in 2010 this increased to 90 per cent. The percentage of women who had an ultrasound exam during a prenatal care visit increased from 60 per cent in 1999 to 97 per cent in 2010. The timing of the ultrasound moved over the years to an earlier stage in the pregnancy (first trimester).

Institutional deliveries increased from 92 per cent in 1999 to 99 per cent in 2010. This is largely attributable to a reduction in home deliveries in Kakheti. An increase in the number of caesarean sections has also been observed over the past decade[25]. The RHS 1999 reported 6 per cent caesarean deliveries. This increased to 13 per cent in 2005 and 23 per cent in 2010. The increase was significant for all regions except for Samtskhe–Javakheti (9 per cent).

NEXT STEPS

The Government of Georgia recognizes the need to accelerate progress towards achieving country-specific MDG targets. In order to ensure better health outcomes for women and children, the 15-year master plan to strengthen the perinatal/neonatal system provides an outline of actions to be taken:

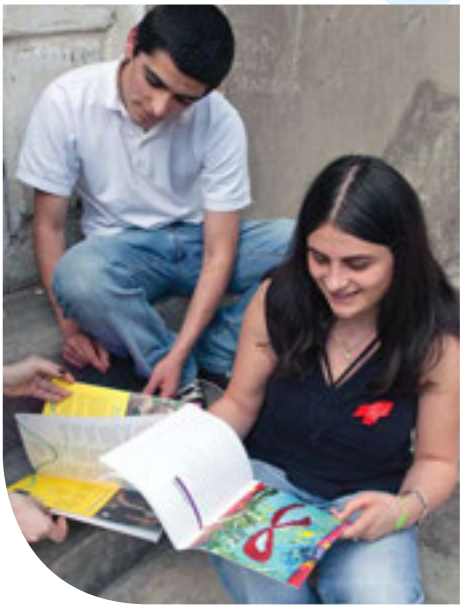
- Undertake professional development through standardized curricula for all levels of formal training of gynaecologists and paediatricians/neonatologists; address the imbalance in the mix of skills between doctors and nurses.
- Develop protocols for major activities in perinatology and neonatology, based on clinical guidelines and evidence-based clinical care standards.
- Develop a Perinatal-Neonatal Information System with clear data collection, transfer and defined reporting responsibilities.
- Implement the Stratified In-patient Perinatal and Neonatal Care model of organization, comprising antenatal care and three levels of in-patient maternal and neonatal services, all linked by a regionally operated and centrally coordinated ambulance service.
- Concentrate most of the deliveries in larger, high volume maternity wards (smaller maternity units should be allowed only as an emergency measure in remote areas).
- Develop a professional, efficient and well managed transport (ambulance) system.
- Modernize physical infrastructure and medical equipment.
- Implement interactive gendered health education interventions for women, families and communities.
- Adopt and implement the mother and child model for isolated and scarcely populated regions.
- Ensure affordable access to maternity and neonatal care for all pregnant women.
- Monitor impact of privatization process on access to perinatal health care services.

"Complications of pregnancy and childbirth still rank among the causes of death and disability in young women and babies – deaths that in many cases can be prevented. Societies are obliged to make use of available evidence-based approaches to prevent these avoidable deaths."

Zsuzsanna Jakab,
WHO Regional
Director for Europe

[25] An indicator of whether EOC facilities are providing life-saving obstetric services is the rate of Caesarean section (or C-section) deliveries, one of the procedures used to treat major obstetric complications. UNICEF, WHO and UNFPA estimate that a minimum of 5 per cent of deliveries are likely to require a C-section in order to preserve the life and health of mother or infant. If the data show that less than 5 per cent of births are by C-section, this means that some life-threatening complications are not receiving the necessary care. Rates higher than 15 per cent indicate inappropriate use of the procedure.

HIV/AIDS, Children and Young People



Convention on the Rights of the Child

General Comment No. 3 (2003) - HIV/AIDS and the rights of the child

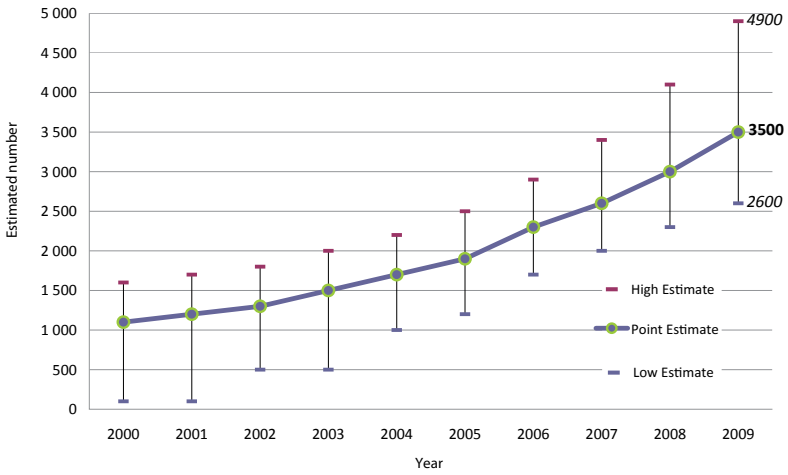
Millennium Development Goals

GOAL 6: Combat HIV/AIDS, Malaria and other Diseases
Have halted by 2015 and begun to reverse the spread of HIV/AIDS

ISSUE

Georgia ranks among countries with low HIV/AIDS prevalence. In 2009, the estimated HIV prevalence rate in the general population was 0.04 per cent[26]. UNAIDS estimates that there were 3,500 people living with HIV/AIDS (PLWHA) in Georgia at the end of 2009. Despite this, the HIV/AIDS epidemic remains a significant public health concern in the country. Georgia is one of only seven countries in the world where HIV incidence has increased by more than 25 per cent over the past decade.

Estimated number of adults and children living with HIV/AIDS in Georgia, 2000-2009



Source: UNAIDS, 2010

The HIV epidemic is largely concentrated among males (75 per cent of cases) and high-risk groups. As in most of the CEE/CIS region, injecting drug use is the major transmission mode, representing 60 per cent of all cases with a known transmission route. Infection through heterosexual contact accounts for 34 per cent of cases; 2.5 per cent through homosexual contact; 2.2 per cent through vertical transmission from mother to child; and 1 per cent though infected blood products[27]. On average, 45 per cent of HIV cases each year are detected late, with AIDS

[26] NCDC&PH epidemiological bulleting, 2010, N12, November. Retrieved [29 June 2011] from www.ncdc.ge/GEO/Publications/Bulletin/bulletin_2010/Vol_15_12_Sidsi.pdf

[27] UNGASS Georgia Progress Report 2008-2009. Retrieved [29 June 2011] from data.unaids.org/pub/Report/2010/georgia_2010_country_progress_report_en.pdf

already clinically manifested. Work by NGOs with commercial sex workers and injecting drug users on safe sex promotion and harm reduction is essential for the prevention of new cases among the most at-risk young people. Voluntary counselling and testing services need to be easily available throughout Georgia for both this group and the youth population in general.

> *In 2008, the CRC Committee was concerned at the increasing number of children with HIV/AIDS or who are affected by the HIV/AIDS-related illness or death of their parents and other family members, and at the lack of concerted action by the State party.*

ACTION

Considerable progress has been made in coordination of the national response since the establishment of the Country Coordinating Mechanism (CCM) in 2005. Under the leadership of the First Lady, the CCM has driven a cross-sectoral approach to addressing HIV/AIDS in Georgia. The National Strategic Plan for 2006-2010 offers a comprehensive HIV prevention package. This includes assuring blood safety; preventing mother-to-child transmission (PMTCT); preventing HIV spread among most at-risk populations; prevention of TB/HIV co-infection; HIV prevention among youth, uniformed services and at the workplace; and post-exposure prophylaxis. Through the Global Fund for AIDS, TB and Malaria, anti-retroviral therapy is universally available for people living with HIV. In addition, a system is in place for free PMTCT services for pregnant women, and 44 voluntary counselling and testing sites have been established throughout the country. Care and support services have been introduced that provide relief from suffering and help to improve the quality of life of PLWHA. In 2009, a new HIV/AIDS law was developed and adopted by parliament in line with international standards of prevention and dignified care of PLWHA. Increased involvement of civil society resulted in scaled-up advocacy efforts, community outreach and preventive activities. Public spending on HIV/AIDS increased from USD 339,520 to USD 2,232,703 in 2009.

In August 2010, the CCM adopted the new National Strategic Plan (NSP) for 2011-2016. The goal of the new NSP is to restrain epidemic growth, primarily within the most at-risk populations, and improve health outcomes for PLWHA. A comprehensive set of indicators to track progress against key objectives complements the NSP. Work to elaborate a national monitoring and evaluation framework is currently underway.

Targeted work on prevention, including clean needle and condom use and counselling is being carried out with high-risk groups such as injecting drug users and commercial sex workers by a number of local NGOs. However, sustainable budgetary support is required to ensure the continuation and expansion of these activities to cover the entire at-risk population. A healthy lifestyles module in the new national school curriculum has been developed, including awareness of HIV/AIDS-related issues.

IMPACT

Universal access to anti-retroviral (ARV) treatment has been achieved. The estimated ARV coverage rate has increased from 76 per cent in 2006 to 96 per cent in 2009. A positive trend has also been observed in the 12-month survival rate in patients on ARV therapy. This increased from 76 per cent in 2006 to 81 per cent in 2009. Another major achievement is in the prevention of mother-to-child transmission. All pregnant women have access to HIV testing services, resulting in 100 per cent coverage for those who attended antenatal clinics. This approach enabled the detection of 34 HIV positive women in 2006-2008, which helped to avoid mother-to-child transmission in all these cases.

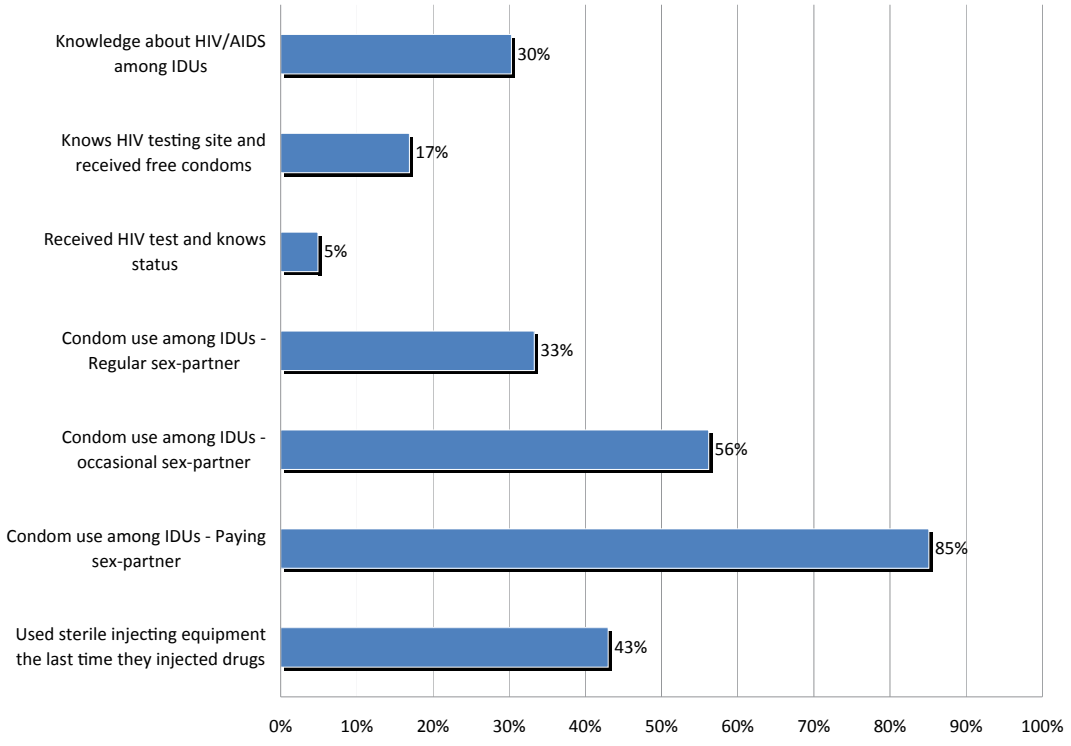
Coverage of most at-risk populations with preventive programmes remains low and uneven in various project/programme areas, particularly among injecting drug users and prisoners. Coverage of injecting drug users with various preventive programmes ranges from 3.9 per cent to 23.8 per cent depending on the locality. Coverage with substitution or detoxification services remains low. The majority of injecting drug users report that they have never been treated (ranging from 51.6 per cent in Batumi to 84.4 per cent in Gori).[28]

A 2008-2009 Behavioural Surveillance Study in five cities in Georgia found that almost two-thirds of the country's estimated 40,000 injecting drug users began using drugs as teenagers. In Tbilisi, nearly a quarter started at the age of 14 or younger[29]. The same study showed that the percentage of young injecting drug users who undertook an HIV test in the 12 months before the survey and who knew their test results was 5 per cent. Seventeen per cent of young injecting drug users knew an HIV testing site, and 16 per cent received free condoms. The use of condoms is very low among young injecting drug users, with 33 per cent saying they had most recently used a condom with a regular partner, and 56 per cent with an occasional sex partner. A similar study on female sex workers in Tbilisi revealed that only 27.5 per cent had received an HIV test in the previous 12 months.

[28] Bio-behavioral Surveillance Surveys among IDUs in Georgia, December 2009, Curatio International Foundation, Tbilisi.

[29] Prevalence of HIV among injection drug users in Georgia- Chikovani et al. Journal of the International AIDS Society 2011, 14:9. Retrieved [29 June 2011] from http://www.jiasociety.org/content/14/1/9.

Knowledge, Awareness, Practices and Behaviour among young Injecting Drug Users (<25 years of age) in Georgia, 2009



Source: UNGASS Georgia Progress Report, 2010

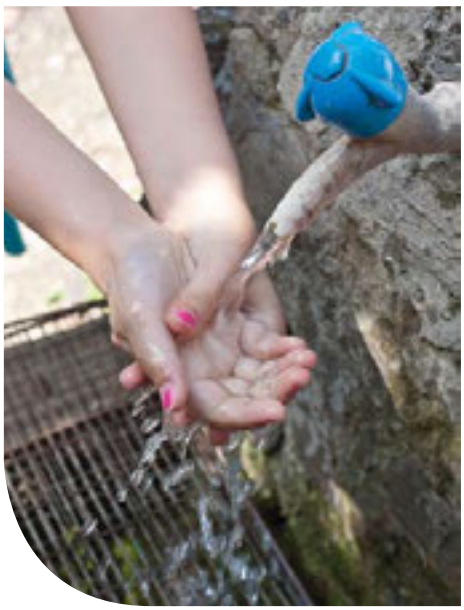
NEXT STEPS

- Reduce youth vulnerability to HIV through effective behaviour change communication interventions.
- Specifically scale up primary prevention programmes to prevent young people embarking on substance abuse and other high-risk behaviour.
- Strengthen health system capacity for effective HIV response.
- Maintain universal access to ART and improve treatment.
- Continue an effective PMTCT programme.
- Implement drug-free school policies.
- Develop national standards of interventions to prevent the spread of HIV among the most at-risk populations.
- Expand voluntary counselling and testing, needle exchange, and drug dependency treatment services.
- Reduce legal and regulatory barriers for drug users and commercial sex workers.
- Monitor impact of privatization of health sector on access to HIV/AIDS prevention, care and support programmes.

"Children and adolescents living on the margins of society need access to health and social welfare services, not a harsh dose of disapproval."

Anthony Lake,
Executive Director,
UNICEF

Water, Sanitation and Hygiene (WASH)



Convention on the Rights of the Child

Article 24: Clean drinking-water is essential for combating disease and malnutrition, and knowledge and access to hygiene and sanitation is necessary for the wellbeing of a child

Millennium Development Goals

Goal 7: Ensure environmental sustainability Halve, by 2015, the proportion of people without sustainable access to safe water and basic sanitation

ISSUE

WASH is a central component of the millennium development agenda. Without access to adequate and safe water, sanitation and hygiene facilities (WASH), and without proper household hygiene practices, the Millennium Development Goals related to child mortality, primary education, disease reduction, environmental sustainability and poverty eradication will not be achieved.

In 2009, the Organisation for Economic Cooperation and Development (OECD) reported that there are sewerage systems in 45 towns in Georgia, serving about two-thirds of the population. These networks are in poor condition and without functioning biological treatment facilities. Facilities in Tbilisi, Rustavi, Kutaisi, Tkibuli, Gori and Batumi reportedly have only some degree of mechanical treatment. As a result, there is discharge of wastewater into streams and rivers, degrading their quality. Water laboratories in Georgia currently perform basic microbiological and chemical analyses, although with poor equipment and facilities.

The majority of households in Georgia's rural areas, villages, and small towns use simple pit latrines, which they finance and maintain themselves. While latrines can provide good hygienic sanitation, they are often not well built or maintained in Georgia. Moreover, there is no provision for the hygienic disposal of faecal sludge emptied from the latrines, posing a threat to health and the environment. WASH facilities in some IDP settlements and collective centres also remain poor and sub-standard.

Schools, particularly in rural areas, often lack adequate drinking water, sanitation and hand-washing facilities, and have poorly maintained external sanitation facilities. Although no recent behavioural survey has been done in the country, small-scale assessments and observations have shown that children demonstrate little knowledge of WASH and have generally poor hygiene habits. An avian influenza study undertaken by Curatio[30] in 2006 with UNICEF's support revealed that only 46 per cent of children wash their hands after going to the toilet.

> *In 2008, the CRC Committee observed disparities in the quality of water and sanitation especially in rural areas of Georgia, and recommended the government improve access to clean running water and sewerage disposal, as well as combat the damage caused by low-quality or contaminated water supplies.*

ACTION

The government has made a strategic commitment to address problems of both rural and urban water, sanitation and hygiene.

[30] Retrieved [29 June 2011] from http://www.unicef.org/georgia/HAI_KAPB_-_edited_part1.pdf

The Georgian National Energy and Water Supply Regulatory Commission provides policy guidance for the water supply and sanitation (WSS) sector, while the Ministry of Regional Development and Infrastructure (MRDI), established in 2008, is responsible for infrastructure development, investment guidance, and management of line agencies. The MRDI has developed an urban WSS Sector Development Plan with a vision to ensure continuous and reliable water supply and safe sanitation services to all of Georgia's urban population by 2020.

Large-scale investments by the government and international donors have focused mainly on improving access to safe water in urban areas and IDP settlements. Numerous rehabilitation projects are currently underway, including the full or partial rehabilitation of water supply systems and sewer networks, and modernization of water infrastructure. A European Investment Bank loan will allow for the rehabilitation of small-scale water supply systems in 28 municipalities, with work already underway in several of them. In addition, a loan by the Asian Development Bank will facilitate the full rehabilitation of water and sewage systems in six municipalities, ensuring a 24-hour drinking water supply to the population by 2016 (the project has yet to be fully launched).

In 2009, the Sanitation, Hygiene and Wastewater Support Service - an expert support team of the Water Partnership Program - found that rural sanitation has been neglected and that many sanitation technologies were not well known in Georgia. While the government has adopted a regional development strategy for 2010-2017, focusing mainly on water system rehabilitation projects and improving the quality of drinking water, sanitation and hygiene have limited attention (with the exception of waste management). In 2010, the Action Plan on Development of Water Management Laboratories in Georgia was developed to improve monitoring of the drinking water quality with the technical support of the Czech Republic Development Cooperation. The plan focuses on laboratory building, reconstruction or relocation; acquisition of laboratory equipment for basic analysis of microbiological and chemical parameters; and recruitment and training of laboratory staff.

The Ministry of Education and Science is addressing poor awareness of good hygiene practices amongst children by integrating hygiene education in the national curriculum for 2011-2016. This is specifically in the subjects of natural sciences for grades 1-6 and civil education for grades 9-10.

IMPACT

According to the 2010 Reproductive Health Survey, 98 per cent of urban and 88 per cent of rural households in Georgia use improved sources of drinking water (water from unprotected wells or unprotected springs being considered as unsafe). Tbilisi has the highest percentage of people using safe drinking water (100 per cent), with the regions of Samegrelo (69 per cent) and Shida-Kartli (84 per cent) at the lowest end of the scale.

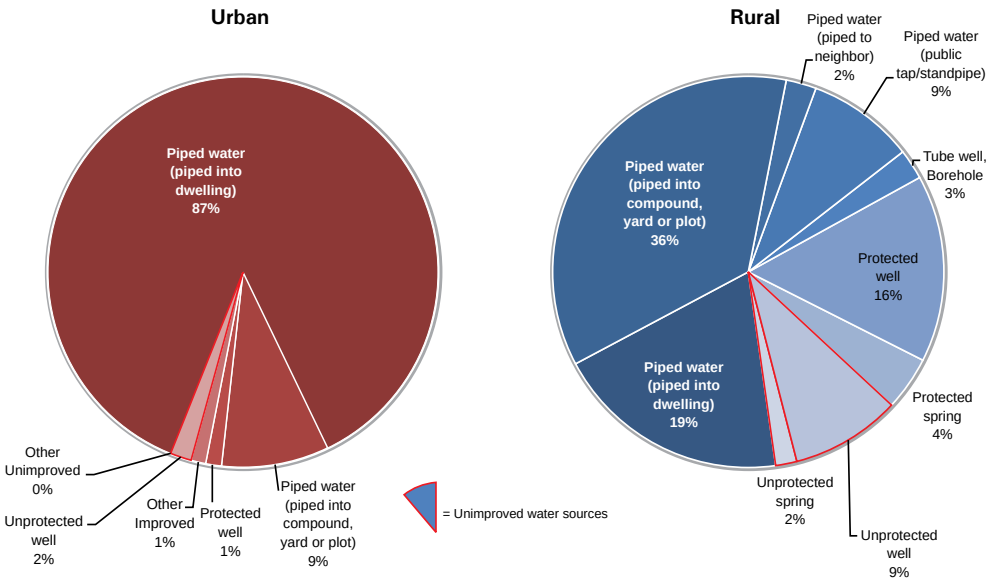
Access to adequate sanitation facilities reflects greater disparities, with 96 per cent of urban households and 71 per cent of rural households using improved sanitation facilities. In five regions more than 20 per cent of households use inadequate toilet facilities.

> *"Safe drinking water and adequate sanitation are crucial for poverty reduction, crucial for sustainable development, and crucial for achieving any and every one of the Millennium Development Goals."*
>
> **Ban Ki-moon,**
> UN Secretary-General

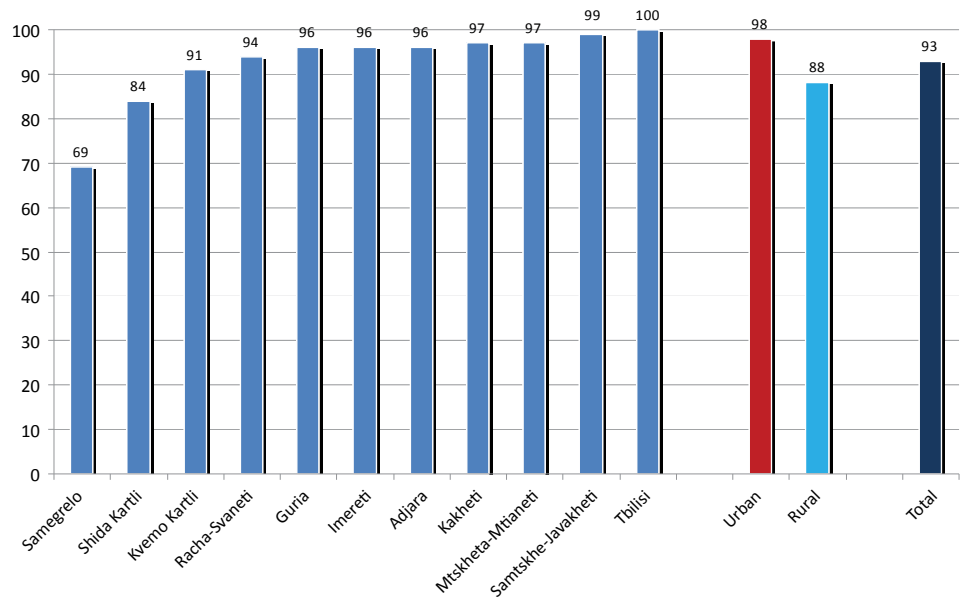
NEXT STEPS

- Expand water rehabilitation projects to cover more rural areas.
- Ensure adequate water supply and sanitation in IDP settlements and neighbouring communities.
- Consider essential and sustainable low-cost sanitation options (double-pit or EcoSan latrines) for households in rural areas (these are cost-effective, more easily available and much less expensive than sewerage systems).
- Expand sewer networks in urban areas.

Access to Water by type of facility, Georgia 2010

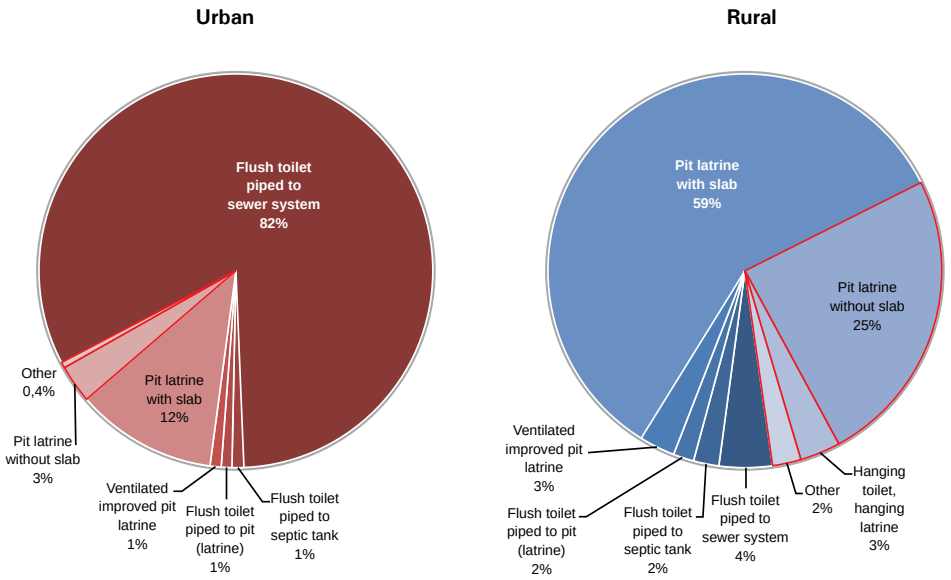


Percent of population with access to Improved Water Source by region, Georgia 2010

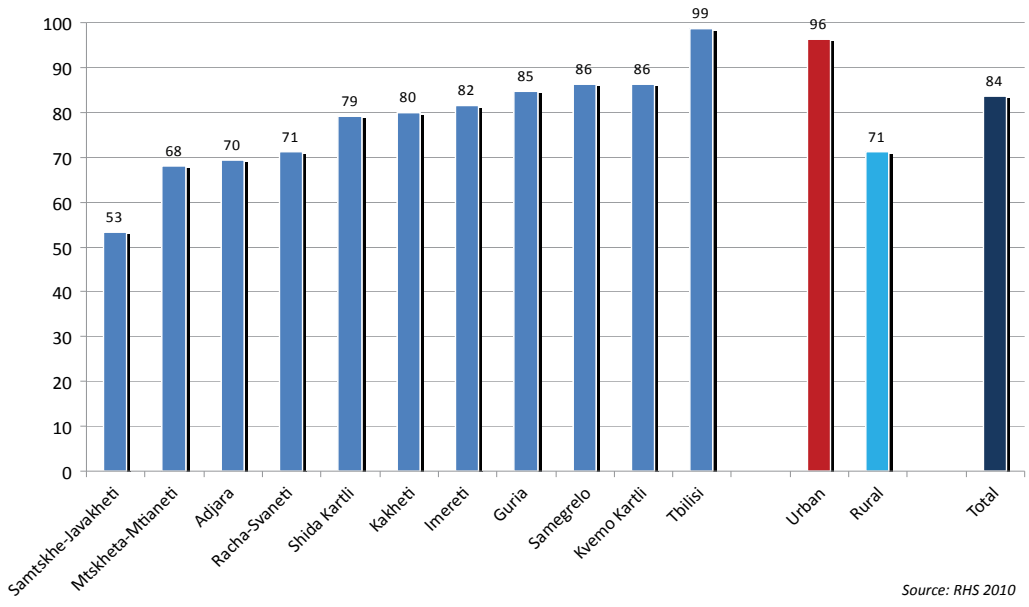


- Expand the rehabilitation and construction of wastewater treatment facilities (mechanical and biological) in big urban centres.
- Promote the improvement of hygiene practices at family and community level.
- Focus more on WASH in schools - including surveillance, monitoring and hygiene promotion.
- Up-grade drinking water testing laboratory systems according to WHO standards.
- Improve waste management systems.

Access to Sanitation by type of facility, Georgia 2010



Percent of population with access to Improved Sanitation by region, Georgia 2010



Source: RHS 2010

Children Outside of Family Care

ISSUE

All children separated from their families have the right to adequate care and protection from the State. Large institutions are internationally recognized as the least appropriate option. Appropriate alternatives include foster care (prioritizing extended families) and small group homes that provide care for eight to ten children per home. Ensuring that alternative care is provided for children who have experienced abuse, violence or neglect – or those children who are at serious risk – is a challenge in many countries, including Georgia. Poverty, disability status and lack of access to basic services like education should never be the sole deciding factors for a child being separated from his or her family.

> *In 2008, the CRC Committee was deeply concerned that a large number of children were customarily placed in institutions due to the lack of adequate services and financial support to families or the absence of social service alternatives and effective gate-keeping mechanisms, and that most of the children placed in residential care were in fact not orphans.*

Convention on the Rights of the Child

Article 20: A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. States Parties shall in accordance with their national laws ensure alternative care for such a child.

ACTION

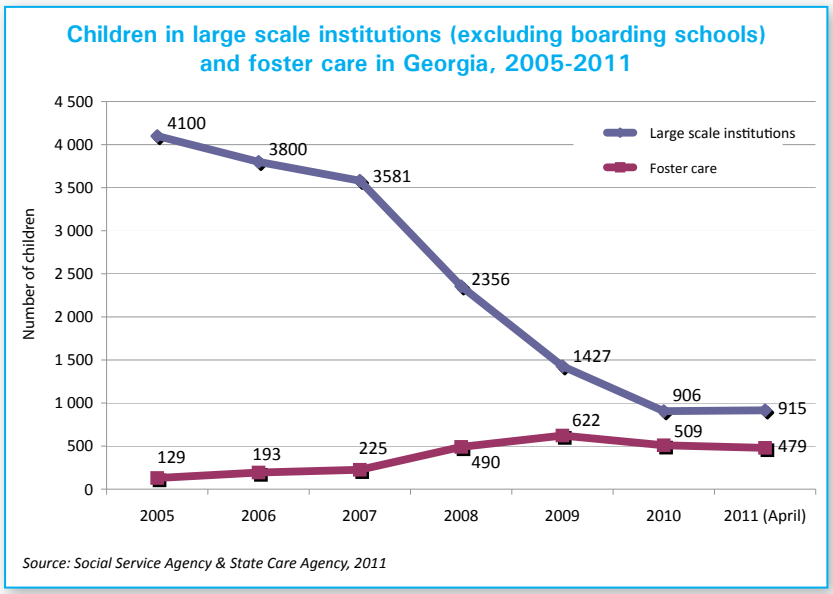
Guided by the National Child Action Plan (CAP) 2008-2011, the Government of Georgia has made considerable progress in reforming the child care system under the stewardship of the Ministry of Labour Health and Social Affairs (MoLHSA). A strong deinstitutionalization campaign, coupled with the establishment of foster care, small group homes, and services aimed at preventing family separation, has been critical. In 2010, the MoLHSA developed a two-year plan of action covering 2011-2012 to end the use of large institutions in the country. The plan envisages the functioning of up to 72 small group homes caring for no more than 8-10 children; enhancing foster care; increasing the number of state-financed day care centres for vulnerable children by twelve; and strengthening state social work capacity. A child care coordination council involving all relevant line ministries, key bilateral donors, international organizations and NGOs has been established to facilitate and monitor the process.

The government is currently assessing the 915 children in the remaining institutions. It is estimated that with support from government and donors, up to 70 per cent will be safely reunited with their families, with the remaining 30 per cent moving to foster families, small group homes, or into adoptive families. An additional 50 state statutory social workers are being trained and deployed to field offices to assist with monitoring all children in their new placements. This represents a 25 per cent increase in certified state social workers throughout the country.

The financial and technical commitment of key donors and bilateral organizations, including the European Union, USAID, and the Polish Government have been and continue to be critical.

IMPACT

The number of children in institutions has decreased from 4,100 in 2005 to 915 in 2011. (This number does not include the approximately 1,300 children living in orphanages run by the church). The number of institutions has decreased from 46 to 18 over the same period. The decrease has largely been achieved through an expansion of alternatives, including foster care (479 placements in 2011 compared with 129 in 2005); community-based family support / day care centres, particularly for children with disability; and small group homes (17 in 2011).



NEXT STEPS

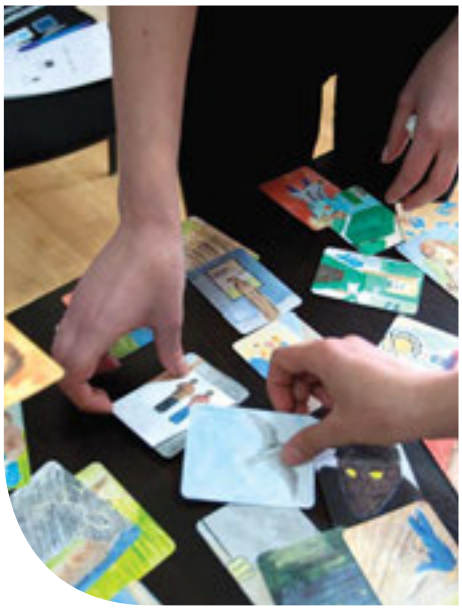
In order to ensure complete and safe deinstitutionalization in Georgia for children, and the continued strengthening of alternative services, the following steps are needed:

- Strengthen services aimed at preventing family separation, including expansion of day care centres.
- Strengthen oversight and quality assurance work for all alternative care services, and ensure adequate gate-keeping to prevent children from unnecessarily going into 24-hour care.
- Ensure the continued growth of professional social work across the country, and strengthen the management and supervision of state social workers.
- Finalize purchasing and refurbishment of adequate small group homes, including for children with disability.
- Increase the number and quality of available pre-screened foster caregivers throughout the country.
- Enhance the capacity of State and non-State social workers, including in health facilities to prevent infant abandonment.
- Involve the Georgian Orthodox Church in the child care reform process.

"The first and most important element of a national policy [on child care] should be prevention of the child-parent separation."

Jaap Doek,
Former Chairperson of the Committee on the Rights of the Child

Children in Conflict with the Law



Convention on the Rights of the Child

Article 40: Children who are accused of breaking the law have the right to legal help and fair treatment in a justice system that respects their rights. Governments are required to set a minimum age below which children cannot be held criminally responsible and to provide minimum guarantees for the fairness and quick resolution of judicial or alternative proceedings.

ISSUE

Children should, as far as possible, be diverted away from the justice system, and deprived of liberty only as a last resort. However, following the 2003 Rose Revolution, the number of convicted children increased by over 100 per cent due to a policy of zero tolerance by the entire justice system in Georgia. Since then, the country has seen a move towards diversion and other alternatives to conviction and deprivation of liberty, and the government has taken initial steps to ensure that judges, prosecutors and lawyers are equipped with the skills to manage cases involving young people.

> *In 2008, the CRC Committee expressed concern about the increasing number of children entering the criminal justice system and receiving custodial measures and punishments; lack of juvenile courts; absence of mechanisms to ensure that imprisonment is used as a last resort and for the shortest possible time; and the often disproportionate length of sentences in relation to the offence; the lack of community-based programmes offering an alternative to prosecution and custody; the excessive length of pre-trial detention and the limited access to visitors during this period; the conditions of detention; and the absence of facilities for the physical and psychological recovery and social reintegration of juvenile offenders.*

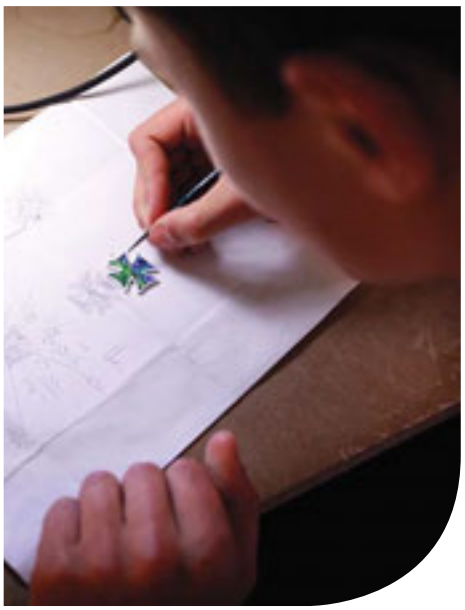
ACTION

The Government of Georgia adopted a Juvenile Justice Strategy and Action plan for 2009-2013 that guides reform in the sector. The process has seen a new approach in the country's juvenile penitentiary system, including individualized plans for convicted juveniles that support their rehabilitation and reintegration into mainstream society. Living and learning rooms for juveniles have been rehabilitated and refurbished. A new Code on Imprisonment was adopted, incorporating the right to education, recreation and meaningful activities for young people. The probation agency has employed and trained one juvenile-focused probation officer in each office around the country.

Recognizing the need to use legal measures as a last resort, the Ministry of Justice and the Ministry of Corrections and Legal Assistance have piloted national schemes in six major cities, aimed at diverting children who commit minor offences away

from the judicial system. It is anticipated that the number of children indicted and/or prosecuted will be reduced by up to 33 per cent through the use of such diversion schemes.

The European Union and the Dutch Government continue to provide essential financial and technical assistance in support of the Government's Juvenile Justice reform programme.

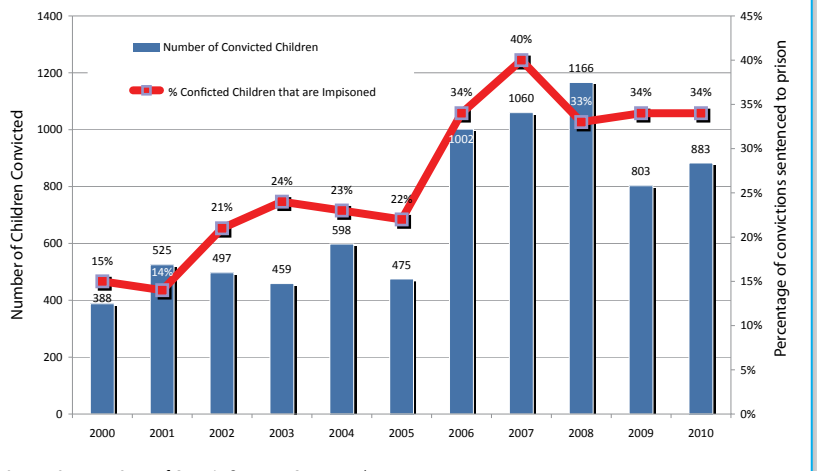


IMPACT

The number of convicted children reached a high of 1,166 in 2008, but has declined significantly since then. During the past few years there have been between 500-600 children on probation. Individual approaches to children in conflict with the law are functional in the penitentiary system, and growing in probation. Twenty trained social workers and five psychologists are now in place both in penitentiary and probation offices across the country. These successes have helped focus attention on diverting children away from the justice system and on 'prevention' - reaching young people with services and support before they come into contact with the law.

As a result of new diversion schemes, more than 35 children have successfully avoided criminal sentences. Social workers in probation offices help children to devise agreed conditions of diversion. Once the child has fulfilled these, his or her case is dropped completely. Given that the vast majority of convicted children in Georgia have committed property crimes, this programme is an important step towards ensuring that children who make a mistake are not given a sentence that stays on their record for a lifetime.

Number of convicted children and the percentage of these children that are imprisoned, Georgia, 2000-2010



Source: Supreme Court of Georgia & TransMONEE Database

Approximately 500 legal professionals – judges, prosecutors and lawyers – have been trained in juvenile justice issues. The number of juveniles receiving early conditional release from prison has been very low (only four juveniles were released early

in 2008). The situation is, however, improving. A newly established juvenile parole board released eight juveniles over its initial five months of work (November 2010 – March 2011).

NEXT STEPS

Although progress is being made, there is a need to further institutionalize reforms, and to increase the focus on prevention, diversion, and other measures that can be used as alternatives to prosecution and detention. The following steps are needed:

- Accelerate efforts to develop specialists in all areas of the youth justice sector, with a specific focus on professional institutions, government and academia.
- Monitor and support the further institutionalization of reforms in the penitentiary system.
- Strengthen reforms in probation to ensure every probation office is equipped with a trained professional to address the needs of young people, and that larger offices are equipped with social workers and psychologists.
- Introduce meaningful community service, which takes into account the fundamental rights of children.
- Introduce mediation and restorative justice programming within diversion.
- Develop a cross-cutting prevention strategy that involves the ministries of health, social affairs, education, and youth and sport to begin to address wider issues related to at-risk youth.

"Within juvenile justice policies, emphasis should be placed on prevention strategies facilitating the successful socialization and integration of all children, in particular through the family, the community, peer groups, schools, vocational training and the world of work."

UN Approach to Justice for Children - Guidance Note of the Secretary General

Children with Disabilities

ISSUE

Children with disabilities have the right to be included in society, free from discrimination. Providing services for families caring for children with disabilities, working towards an inclusive education system that embraces children with special needs, improving early diagnosis and treatment, and transforming attitudes and behaviours that contribute to stigmatization of children with disabilities should be at the core of the response. According to mothers surveyed in Georgia in 2005, 14 per cent of children aged 2-9 years displayed some kind of disability, corresponding to approximately 40,000 children in that age group. While inclusive education remains a challenge – there are currently only 12 inclusive schools in Georgia – the government is working to expand its capacity in this area. Progress is evident, yet there is still a long way to go, with the State, local communities, and non-governmental organizations all having an important role to play.

> *In 2008, the CRC committee regretted the lack of a comprehensive government policy for children with disabilities, which takes into account their overall developmental needs, including their right not to be discriminated against, the right to education and the right to health.*

ACTION

The government's Child Action Plan (CAP) 2008-2011 and the Disability Action Plan 2010-2012 have helped to frame the national response. There are currently 22 day care centres for children with disability managed by NGOs and receiving regular funding from the Ministry of Labour, Health and Social Affairs (MoLHSA). With the remainder of the large Soviet-style orphanages scheduled to close in 2011-2012, it is expected that the number of children in foster care and small group homes – significantly better alternatives for children, including those with disabilities – will increase. In addition, the Ministry of Education and Science (MoES) is committed to transform and close so-called boarding schools (more closely resembling large Soviet-style orphanages) which are meant to provide schooling for children with special needs. The closure of these out-dated, harmful institutions will allow the MoES to expand the number of inclusive facilities for children with disability in schools and communities. Multi-disciplinary teams have been established in the MoES and are available to help diagnose special needs children when a local teacher suspects that a child has a developmental delay.

Misdiagnosis of disability at birth continues to hinder appropriate and timely responses. In 2009, the first Child Development Centre was established with a mandate to improve and strengthen the capacity of the medical sector to appropriately

Convention on the Rights of the Child

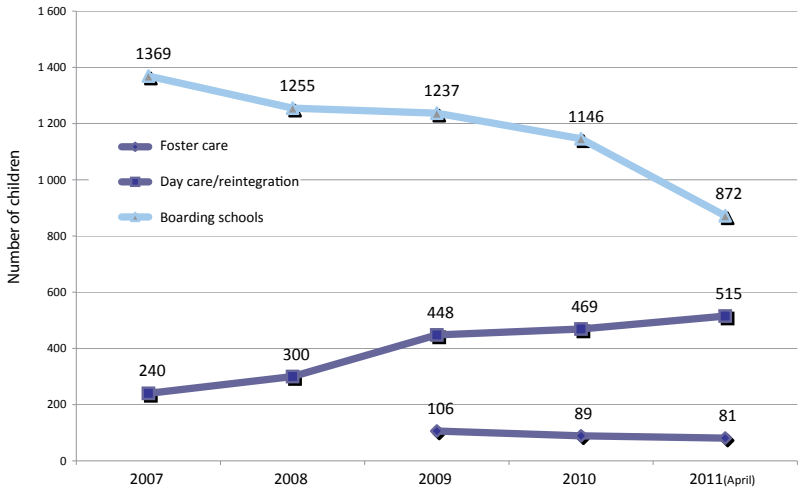
The convention is clear that all articles pertain to all children, including those affected by disability.

Article 23: States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions, which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

diagnose children with developmental delays and disability. The two infant houses in Georgia currently hold 170 children aged 0-5 years; 30 per cent have some form of disability. The government is committed to shrinking and eventually closing the infant houses and providing emergency foster care, early intervention services and scaling up baby-mother shelters as a more appropriate response. The current system does not allow granting formal disability status to children aged 0-3 years; a major policy and practice challenge that restricts children in this age group (and their caretakers) from receiving status-linked benefits from the State. In 2010, 9,533 children were receiving a state disability pension of 70 GEL per month. The Coalition for Independent living – an umbrella group for disability-focused NGOs and advocates – works to keep the issue of disability high on the agenda.

Number of children with disabilities in various services in Georgia, 2007-2011



Source: Social Service Agency 2011

IMPACT

Currently, over 350 children with disability receive a state voucher to attend a day care centre. The MoLHSA has recognized the positive impact of day centres for children with disability, and is now committed to increase state-supported centres by 12 over the next two years. In 2011, the government adopted national standards for day centres for children with disability. The standards were developed in close collaboration with national and international NGOs who are providing services. An assessment of how all state-financed services are performing against these standards is being conducted with the aim of strengthening services to provide better care for children. In 2010, five of the worst boarding schools were closed, and children with special needs residing there were placed in families and supported with services. The total number of children in institutional care is continuing to decline. In 2011, there are 915 children in large institutions, including approximately 100 children with disabilities – with children reunited with family, or moved to foster care or a small group home.

NEXT STEPS

There is an urgent need to redouble efforts to reach families caring for children with disabilities, prevent abandonment and reduce stigma. The priorities include:

- Increase the number of quality day care centres
- Ensure that all children with disability receive appropriate services, regardless of their families' poverty status.
- Expand capacity to identify and assign disability status to children aged 0-3 years.
- Expand the capacity in West Georgia based on the Child Development Centre model in Tbilisi to conduct robust early diagnosis of disability and provide early intervention services to mothers who give birth to a child affected by disability.
- Rapidly increase capacities of local schools to provide inclusive education for children with special needs.
- Create linkages between an inclusive education system and day-care centres so that children can be moved from one system to another according to their abilities.
- Strengthen and support civil society involvement in providing services and reducing stigma in local communities.
- Continue the child care reform agenda to close the remaining large institutions for children, ensuring that children with disabilities are not left behind.

"Disability can not be considered in isolation. It cuts across all aspects of a child's life... Society must adapt it's structures to ensure that all children can enjoy the human rights that are inherent to their dignity without discrimination of any kind."

Marta Santos Pais,
Special Representative of the UN Secretary General on Violence Against Children

Children affected by Violence

Convention on the Rights of the Child

Article 19: States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment.

ISSUE

Children and youth in Georgia are directly affected by violence. A comprehensive study on the issue was conducted in 2007[31]. One particularly worrying finding was that just over one-fifth of caretakers reported they had repeatedly hit a child in their care. Nearly one in ten children reported some form of sexual abuse occurring in the home. Children in institutional care experience violence and abuse on a wider scale, with sexual abuse rising to nearly 18 per cent of children (almost exclusively reported as child to child abuse).

Early in 2011, there was national public debate on violence against children when a five year old boy in a rural village was beaten to death by his mother. When interviewed by the media, village neighbours reported that they had been aware of the extensive and regular abuse of the child but none of them had reported the case to the police. Domestic violence in Georgia is also alarmingly high and is also still a taboo topic, not easily discussed or addressed.

ACTION

There is a range of laws in Georgia related to violence, abuse and neglect of children, including the Criminal Code, the Law on Combating Domestic Violence, and Prevention of and Support to Victims. While these and other laws cover important areas, there is no law explicitly prohibiting corporal punishment in the home. In 2010, the government adopted national referral procedures, mandating the police, schools, child care institutions and health facilities to refer cases of suspected or actual violence and abuse to state statutory social workers, and for adequate follow-up steps to be taken.

Social workers have access to 24-hour placements, including foster care, small group homes, institutional care and two mother-baby shelters run by the State (one in West Georgia and one in East Georgia). The closure of large institutions and the expansion of foster care and small group homes in 2011-2012 will eliminate the possibility that children affected by violence are placed in large orphanages. In the mother-baby shelters, there are enough places for 20 mothers and their babies, although violence is only one of the reasons why single mothers may be admitted. The shelter provides legal support and other services

[31] Retrieved [29 June 2011] from www.unicef.org/georgia/Violence_Study_ENG_final(1).pdf

to help single at-risk mothers reintegrate safely into the community. A limited number of clinical psychologists are available to social workers who can assist with counselling and clinical interventions in cases of violence or abuse. Only three out the 11 regions have full-time psychologists within the Social Service Agency (SSA) itself. In the other eight regions, the SSA employs psychologists on a part-time basis to participate in decision-making at the Guardianship and Care Panels (an administrative body that meets to approve social worker recommendations on child care placements). NGOs provide limited support to follow up particularly difficult cases referred through the national referral mechanism for violence.

IMPACT

The mandatory referral procedures have helped to uncover hidden cases of violence. In 2009, before the procedures were adopted, 30 children were referred to state social workers. In 2010, 90 cases were referred - 83 of them (92 per cent) parental abuse. However, many cases remain undetected. The mother-baby shelters have been effective, as has foster care and small group homes, and the government plans on expanding their capacity in 2011-2012. Psychologists have made a significant difference to the government response, capacitating social work offices to involve professionals in assessments when needed.

NEXT STEPS

To ensure current momentum is not lost, the following priorities have been identified:

- Strengthen the referral mechanism – including institutionalizing trainings within responsible bodies.
- Extend the referral mechanism to address other at-risk youth, such as street children, and children at risk of becoming in conflict with the law – and develop relevant linked services for these children and cover more entities able to refer cases of child violence (e.g. kindergartens).
- Involve health facilities in the referral system and ensure state funding for medical expertise and treatment in cases of violence.
- Modify legislation to forbid corporal punishment in the home.
- Strengthen responses to violence, including through psychologists, crises intervention centres, mother-baby shelters, and social work capacity.
- Increase public awareness to encourage the reporting of cases of violence.

> *"Violence against children is never justifiable. Nor is it inevitable. If its underlying causes are identified and addressed, violence against children is entirely preventable."*
>
> **Kofi Annan,**
> former United Nations Secretary-General

Internally Displaced Children

Guiding Principles on Internal Displacement

Principle 4.2: Certain internally displaced persons, such as children, especially unaccompanied minors, expectant mothers, mothers with young children, female heads of household, persons with disabilities and elderly persons, shall be entitled to protection and assistance required by their condition and to treatment which takes into account their special needs.

ISSUE

The conflicts in Abkhazia and Tskhinvali Region/South Ossetia in the early 1990s resulted in the displacement of over a quarter of a million people. New displacement occurred as a result of armed conflict with Russia in 2008. The majority of ethnic Georgians who fled Tskhinvali Region/South Ossetia, and earlier Abkhazia, have not been in a position to return, except for those displaced from Shida Kartli region in 2008[32]. According to the Ministry for Internally Displaced Persons (IDPs) from the Occupied Territories, Accommodation and Refugees of Georgia (MRA), there were 256,528 IDPs in Georgia as of 31 December 2010, of whom 65,412 were under the age of 18. Most IDPs originate from Abkhazia and over 60 per cent live in the cities of Tbilisi, Zugdidi and Kutaisi.

Internally displaced children face particular hardship: living in very poor conditions; suffering the psychological trauma of displacement; not being fully integrated locally; and facing social stigma that leads to feelings of inferiority and further isolation[33]. Even though the 2010 study carried out by the Norwegian Refugee Council (NRC) revealed that internally displaced children are less likely to be discriminated against today than they were a few years ago, more information is needed to comprehensively analyse the situation of this specific group[34].

> *In 2008, the CRC committee remained concerned that internally displaced children…continue to face serious socio-economic deprivation, especially their limited access to housing, health services and education, as well as the physical and psychological impact of displacement on children. The Committee was further concerned about the potential negative impact of segregated schools for internally displaced children.*

ACTION

The Georgian authorities offered IDPs from the early 1990s whatever buildings were available at the time of displacement. Presently, around 60 per cent of these IDPs live with relatives or in dwellings that they rent or own, while 40 per cent are still

[32] Of the more than 100,000 people displaced from the Shida Kartli region in 2008, including areas adjacent to South Ossetia, nearly all had returned to their homes by the end of that year.
[33] UNICEF/NRC, October 2006, Profile of Collective Centers, Annex 1
[34] Norwegian Refugee Council, March 2010 "Not displaced, out-of-place Education of IDP children in Georgia"

in collective centres located in former hospitals, hotels, schools and other buildings. Living conditions in these collective centres are often very poor: they have not been renovated for almost 20 years, and are crowded and dilapidated, with outdated water and sewerage systems.

Following the new displacement in 2008, IDPs were quickly resettled in cottages in 38 purpose-built settlements, and in refurbished apartments. However, some continue to live in (mostly unofficial) collective centres and private accommodation.

In 2007, the Government of Georgia made a policy shift by adopting the State Strategy for Internally Displaced Persons. While continuing to maintain return as the ultimate settlement option, the strategy also supported integration of IDPs in their current place of residence. After 2008, however, the government acknowledged that IDP return might not be feasible in the nearest future, and thus revised its action plan accordingly. The government showed its increased willingness to invest in promoting IDPs' socio-economic integration; improve their living conditions; reduce their dependency on the State; and integrate the most vulnerable into state social assistance programmes. The government also mobilised significant resources to implement its strategy, and coordinated its activities with the international community. In cooperation with its partners, the Government of Georgia refurbished collective centres; offered IDPs ownership of their assigned collective centre space; built new housing; and offered cash in lieu of housing.

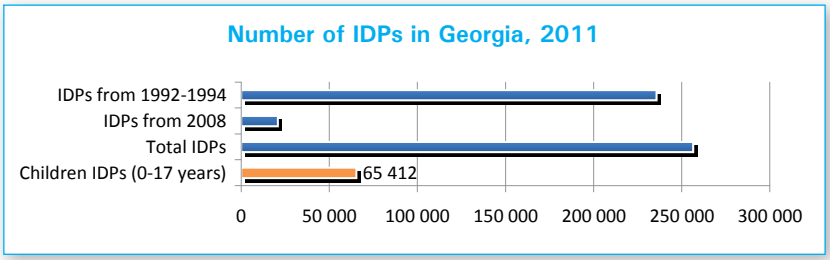
According to the MRA, by the end of 2010 a total of 15,979 IDPs had been provided with durable housing in a new settlement or in a rehabilitated and privatised former collective centre. Furthermore, 2,040 IDPs had received monetary assistance to meet their housing needs[35]. The transfer of ownership of living spaces in some 500 collective centres to IDPs from the 1990s began in February 2009, and is ongoing.

In the summer of 2010, over 1,000 internally displaced families were relocated from collective centres and other temporary shelters in Tbilisi not destined for privatisation.[36] Depending on their status, some were offered alternative accommodation or cash. The government's relocations and related evictions led to numerous grievances and a few protests by IDPs, mainly linked to concerns over possible loss of livelihoods. The government then suspended this process in order to develop standard operating procedures with UNHCR, aimed at improving the protection of IDP rights. These procedures were in place by the end of 2010.

IDPs from both groups (old and new caseloads) receive monthly cash benefits disbursed by the Social Services Agency (SSA). At the end of 2009, a total of 218,117 individuals received this benefit. In addition, IDP from both groups living in collective centres also receive 100 kWh of free electricity per household (until recently this had been unlimited). From November 2008

[35] At the time of drafting this report, the cash option was no longer offered.
[36] IDMC and NRC – Internal Displacement - Global Overview of Trends and developments in 2010

- May 2009, the SSA provided one-time disbursements of GEL 200 to over 18,000 households to help them settle into the collective centres. Harmonizing IDP cash benefits with the Targeted Social Assistance (TSA) cash transfer programme for vulnerable families has, however, met with certain challenges. The eventual aim is to prioritize means-testing over categorical or political considerations in the allocation of Georgia's social spending envelope. At present, IDP households are given the choice to receive either the IDP benefit or the TSA, but not both.



IMPACT

New settlements for IDPs from the 2008 armed conflict were constructed by the government in less than four months. These comprised 6,000 housing units, and electricity and water supplies. IDPs were relocated in a well-organised process. However, the new settlements remain in need of additional water and sanitation facilities[37] and services.

While the living conditions of many IDPs have generally improved, there have been inconsistencies in the quality of refurbishment and in the ownership criteria for IDPs in collective centres. Many IDPs who signed purchase agreements had not received their ownership documents by the end of the 2010.

In addition to the challenge of adequate housing, IDPs are also faced with a lack of economic opportunities and a need for improved access to health care and education.

Ninety-nine per cent of children displaced as a result of the war in August 2008 were enrolled in new schools within three months. Fourteen special Abkhaz public schools (IDP schools), identified by the CRC committee, remain. They largely comprise the children of families displaced from Abkhazia (although most of the children currently in school were born after displacement occurred). There are no notable differences between students of Abkhaz public schools and local public schools in terms of performance. However, there is a significant difference in terms of higher education admission rates. Abkhaz public schools are also in a much worse state of disrepair.

Living conditions of internally displaced children are generally poor. The average income of IDP families is significantly lower than that of other families in Georgia. A better understanding of IDPs' needs and how these can best be addressed is still

"..displaced children.. are still too often overlooked as active agents of change,.. From a very young age many of these children become pillars of support, assistance and hope to their families and communities. Heroes come in all sizes, and blossom at all ages, always of course under extraordinary circumstances."

Walter Kälin,
Representative of the Secretary General for the Human Rights of Internally Displaced Persons

[37] WASH Assessment in New and Old IDP Sites and Selected Villages, ACF, IRC, UNICEF. 2010.

needed. There is a paucity of data available on the health status of IDPs, including on possible health conditions caused by the fact of displacement.

NEXT STEPS

In order to better ensure that adequate protection and assistance is provided to particularly vulnerable IDPs, including children, the following actions are recommended:

- Identify and prioritise the needs of vulnerable groups amongst IDPs, based on increased consultation and participation of IDPs themselves.
- Regularly monitor progress towards durable solutions, along with greater international coordination and support.
- Carry out a comprehensive assessment of current activities focusing on IDP children, youth and female-headed households, and collect verified information regarding services and gaps in service delivery.
- Analyse the provision of basic services to IDPs, focusing on children and women, and identify good and bad practices; ensure increased access to information for IDPs.
- Ensure a legal framework that secures the transition of assistance to IDPs from status-based to needs-based assistance; promote innovative approaches.
- Invest in livelihood development, including in the private sector.
- Promote and put into practice empowerment of internally displaced children, youth and women in order to overcome inequities of accessing social services (e.g. health care, enrolment in higher education, etc.).
- Promote social integration of IDPs by including the host population in assistance and development projects.

Birth Registration

ISSUE

Every child has the right to be registered at birth. There is a strong correlation between non-registration and poor outcomes in health, education and throughout the lifecycle of the child. Children who are not registered are less likely to have access to basic services and protection. Registration is essential for government planning of services for its citizens.

By 2005, 8 per cent of Georgian children were not registered. Children from minority groups in Samtskhe–Javakheti and Kvemo Kartli were less likely to be registered. The same minority groups had much higher rates of child mortality and school drop-out.

> *In 2008, the CRC Committee expressed its concern that large numbers of children belonging to minority groups, as well as internally displaced and refugee children were not registered at birth.*

Convention on the Rights of the Child

Article 7 (Registration, name, nationality, care): All children have the right to a legally registered name, officially recognised by the government. Children have the right to a nationality (to belong to a country).

Article 8 (Preservation of identity): Children have the right to an identity – an official record of who they are. Governments should respect children's right to a name, a nationality and family ties.

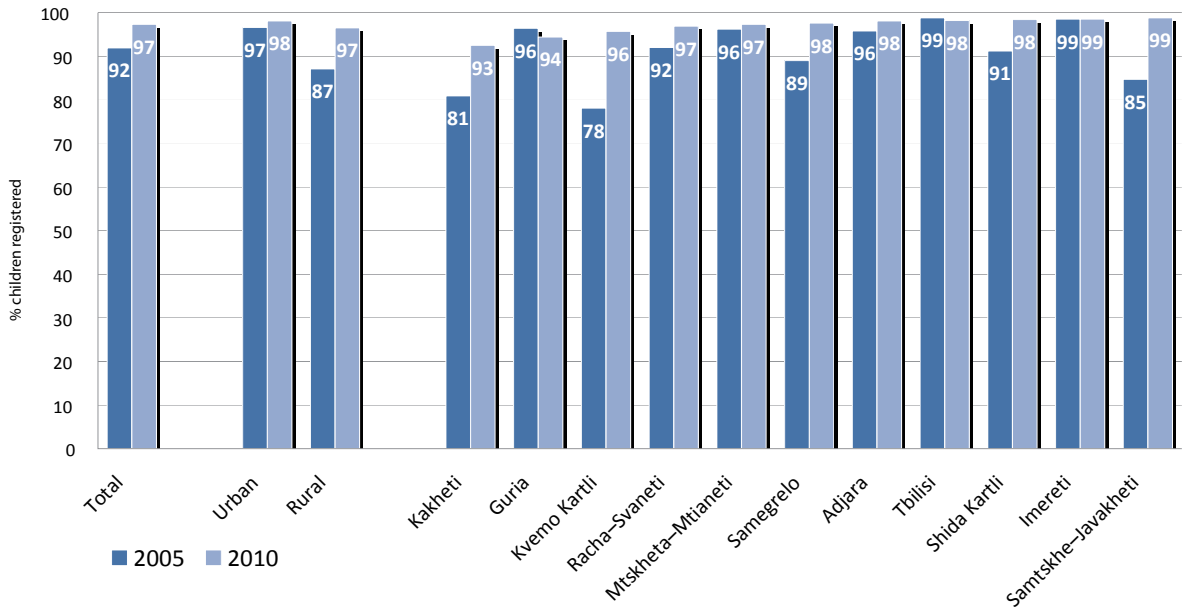
ACTION

The Civil Registry Agency (CRA) of the Ministry of Justice of Georgia has sought to ensure birth registration is extended to every Georgian child. Procedures to issue a birth certificate have been simplified. New legislation allows for the registration of persons lacking the necessary documents without the person having to go to court, which was previously a huge impediment. To increase the demand for birth registration, a public awareness campaign was organized to raise the importance and necessity of birth registration. It included an outreach birth registration drive, targeting minority households in their own languages. The programme had a specific focus on challenging the traditional and cultural obstacles and service gaps that had previously resulted in low registration amongst Azeri and Armenian minorities. The CRA is continuing the expansion of birth registration across the country.

IMPACT

The efforts of the CRA have yielded a significant increase in the percentage of children registered at birth - from 92 per cent in 2005 to 97 per cent in 2010. In all regions, more than 90 per cent of children are now registered before the age of five. The largest increases have been recorded in Kakheti, Kvemo Kartli and Samtskhe-Javakheti, which used to have low coverage among minority groups and which were the focus areas of the outreach campaign.

The percentage of children under 5 years of age whose birth is registered, Georgia, 2005 and 2010



Source: MICS 2005, RHS 2010

NEXT STEPS

In order to maintain high coverage and ensure that the remaining 3 per cent of children are also registered, the following activities will need to be undertaken:

- Develop guidelines and initiate relevant legislative changes to strengthen birth registration and other documentation services.
- Strengthen coordination of local stakeholders to promote universal birth registration at the local level.
- Continue outreach in areas of traditional low registration such as Guria, Kakheti and Kvemo Kartli.
- Expand coverage of the child health portal, improve parenting text messages and other services directly linked to birth registration.
- Develop outreach services for those who remain difficult to reach, including street children, children in institutions, and those from low income households, as has been done for ethnic minorities.

"Unregistered children are, almost inevitably, the children of the poor and excluded. Lack of registration exacerbates their poverty and underscores their marginalization. While birth registration does not of itself guarantee education, health, protection or participation, its absence can put these fundamental rights beyond the reach of those already on the margins of society."

Marta Santos Pais,
Special Representative of the United Nations Secretary-General on Violence against Children

Young People[38]

ISSUE

There are an estimated 577,000 adolescents aged 10-19 in Georgia (690,000 young people). Behaviour that begins in adolescence can critically shape the course of life as well as the future of society as a whole. Young men and women who are well-equipped with important life skills and education can become a critical force in meeting the many socio-economic, environmental and demographic challenges of any given society. Yet without adequate support and attention some behaviour patterns demonstrated at an early age can either cause immediate danger, or like a time bomb, cause damage without warning years later.

A 2008 Youth Tobacco Survey found that 28 per cent of 13-15 year olds (41 per cent of boys and 16 per cent of girls) had smoked cigarettes. Tobacco use is a public health problem in Georgia. The vast majority of adults who smoke become addicted during adolescence. Young people who smoke are also more likely to use illicit drugs and drink more heavily than their non-smoking peers. A 2008-2009 Behavioural Surveillance Study among injecting drug users in five cities in Georgia found that almost two-thirds began using drugs as teenagers.

It is of vital importance to allow adolescents to discover and use the best of their potential and to develop life skills – skills in negotiation, leadership, conflict resolution, critical thinking, decision making and communication. These can help them to build self-esteem, resist peer and adult pressure to take unnecessary risks, unleash their creativity and drive for results, and contribute to the sustainable development of society while preserving their personal autonomy.

Schools can reach large numbers of young people, creating an environment in which good health as well as education is pursued and reinforced throughout the day. They can offer health education and life-skills training, provide good nutrition and promote exercise. But young people also learn in other ways - from their family, neighbours and peers, in youth organisations and sports clubs, in church, in communities and from the media.

Convention on the Rights of the Child

Article 12 (respect for the views of the child): When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

Article 13 (freedom of expression): Children have the right to get and share information, as long as the information is not damaging to them or others.

Article 14 (freedom of thought, conscience and religion): Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should help guide their children in these matters.

[38] The UN system defines young people as persons in the 10-24-year age group. This grouping includes adolescents, aged 10-19, and youth, aged 15-24. Rather than adhere to a strict definition of the age range, in this chapter we use the terms adolescents, young people and youth interchangeably to refer to the 10-24 age group. The broader use of these terms underscores the need for policies and programmes to focus less on age and more on recognizing the specific developmental needs of people as they transition from childhood to adulthood. The new State Youth Policy being developed in Georgia focuses on 15-26 year olds.

In 2008, the CRC committee was concerned about the limited availability of health services, including reproductive health education and assistance for adolescents. Furthermore, concern was expressed about the absence of a national child mental health policy, particularly given the existence of serious gaps in the provision of mental health services for children, especially adolescents. The Committee regretted that children's forums for participation and decision making for matters affecting them, such as the Youth Parliament, were no longer supported by the State party. The Committee also noted with concern that the traditional attitudes in Georgian society may limit children's right to freely express their views within the family, in schools and in the community at large.

Article 17 (access to information; mass media): Children have the right to get information that is important to their health and well-being. Governments should encourage mass media – radio, television, newspapers and Internet content sources – to provide information that children can understand and to not promote materials that could harm children.

***All** CRC articles relate to adolescent children. However, the articles cited above are especially relevant to this particular age group.*

ACTION

In recent years, additional investments have been made to empower adolescents in the areas of education, health and protection. These actions are reviewed in other chapters of this report.

The Ministry of Sport and Youth Affairs (MSY) was established in July 2010. The main aim of the ministry is to develop a state policy on Sports and Youth Affairs and coordinate its implementation. The development of a new State Youth Policy is currently underway. The desired policy objective is to optimize the potential of young people by creating a clear and shared understanding of their roles and needs, and providing a long-term vision with appropriate solutions and mechanisms. It will also aim to institutionalize mechanisms for structured dialogue between youth and the government on the realities facing young people, their role in Georgian society and governmental responsibilities towards them. The policy will further ensure that the government meets relevant European and international standards.

In recent years, prior to the establishment of the MSY, the amount of state funding allocated annually to youth issues was around 2 million GEL. The main focus of this was the organisation of "patriotic" summer camps in different parts of Georgia.

Currently, the Children and Youth National Centre - an institution under the MSY - receives approximately 500,000 GEL annually from the state budget and is responsible for a wider variety of state youth programmes. However, the majority of these are newly-established initiatives which have yet to prove their relevance and sustainability.

The latest comprehensive national youth survey[39] shows that of the 1,000 respondents, only 21 per cent were aware of the state-funded youth programmes, while 66 per cent had no information about this.

[39] "National report on the Georgian Youth" 2009, p20. Retrieved [5 September] from http://ncyog.ge

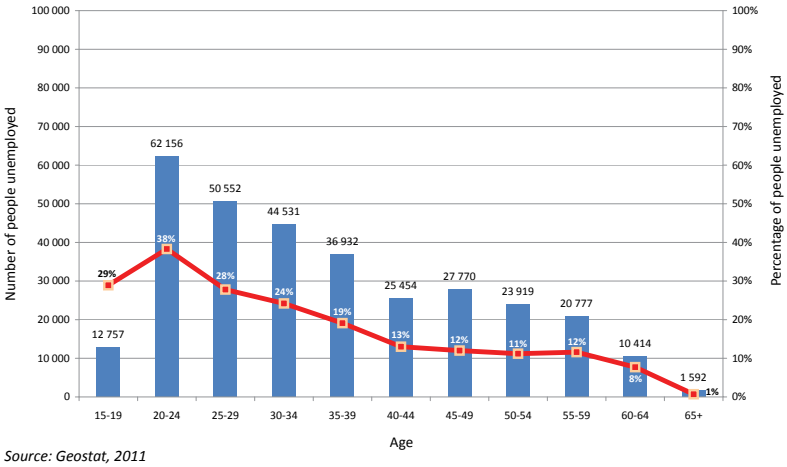
In 2010, the First Lady of Georgia initiated a national healthy lifestyle campaign. 'Don't Worry, Be Healthy,' aimed largely at young people. This focuses on different aspects of healthy living, including good nutrition; awareness of the dangers of drugs, smoking and alcohol; and safe and responsible driving.

IMPACT

While it is relatively difficult to assess the impact of government policies given the absence of reliable data, the impact of basic investments appears positive. Investments in the education sector have ensured a literacy rate of 99 per cent among 15-24 year old women in Georgia. Access to information has increased significantly. TV ownership is almost universal (at 97 per cent) and 20 per cent of households have an internet connection. The impact of special youth programmes has yet to be assessed.

Young people clearly face challenges. Many who leave formal education are unable to find work at a time when they need to feel valued, productive and independent. Youth aged 15-24 in Georgia are more than twice as likely as the total population to want or need jobs, but are unable to find them (unemployment rate: 15-24 years old labour force = 36% / 25 years and older labour force = 14%)[40].

Number and percentage of unemployed people in the labour force by age, Georgia, 2010



Source: Geostat, 2011

Life skills, such as practising a healthy lifestyle, are inadequate. For example, the 2009 National Nutrition Survey found that 15 per cent of 15-24 year old women were overweight or obese. Childhood obesity is the leading cause of paediatric hypertension. It is associated with Type II diabetes mellitus; increases the risk of coronary heart disease; increases stress on the weight-bearing joints; lowers self-esteem; and affects relationships with peers.

[40] Geostat data. Retrieved [2 September 2011] from http://www.geostat.ge/?action=page&p_id=146&lang=eng

NEXT STEPS

In order to ensure positive outcomes for all adolescents in Georgia the following steps need to be taken:

- Finalise the State Youth Policy, involving key stakeholders - young people included - in a meaningful way. The policy should cover, at minimum: education and training; employment and entrepreneurship; health and well-being; participation; voluntary activities; social inclusion; youth and the world; and creativity and culture.
- Develop a subsequent action plan and budget for implementing the policy that specifies the responsibilities for each policy domain or action.
- Formulate and carry out monitoring and evaluation of the action plan, with indicators, benchmarks and timelines.
- Urgently carry out a comprehensive national assessment on the wellbeing of young people, focusing on key areas that ensure the best development of Georgia's adolescents. These should include access to relevant and reliable information; life-skills; opportunities for livelihoods; adolescent-friendly health services; connectedness; and a safe and protective environment.

"By giving all young people the tools they need to improve their own lives, and by engaging them in efforts to improve their communities, we are investing in the strength of their societies."

Anthony Lake,
Executive Director,
UNICEF

Children and Disaster Risk Reduction

Convention on the Rights of the Child

All aspects of children's daily life and life chances are covered by the CRC and all are affected by disasters. A child's right to survival, protection, clean water and sanitation, food, health and education are all adversely affected by disasters. It is the most marginalized, most undernourished and those not attending school who are the most at risk. Disasters only worsen these conditions and increase the risk.

ISSUE

Georgia is in a highly natural hazard-prone region, with annual floods, landslides and mudflows. Droughts and other extreme climatic events further threaten the health and well-being of thousands of people in the country. In 1999-2008, the damage inflicted on Georgia by natural disasters exceeded the comparable indices of the neighbouring southern Caucasus countries by three or more times, amounting to 552 million USD.[41] Global climate change is likely to exacerbate extreme weather conditions making the likelihood of natural disasters more frequent and more intense.

It is often the poorest and remotest communities that suffer the most, as they tend to live in greater density in badly-built houses on land at risk. They possess limited resources and capacity to deal with the risks they face.

Children, women and youth living in natural hazard-prone areas are particularly vulnerable, as they often lack the knowledge and life skills that would enable them to be better prepared and to respond adequately to disasters.

ACTION

Georgia is one of 168 countries which adopted the *Hyogo Framework for Action 2005-2015* [*see on page 63*] aimed at building the resilience of nations and communities to disasters. In spite of the fact that HFA is not a legally binding document, its adoption means that disaster risk reduction has become a priority area for the Georgian Government, especially in terms of coordination of disaster risk reduction at the national level.

In recent years the Government of Georgia has been investing in the development of the State Policy on Disaster Risk Management and relevant legal framework / institutions. Disaster risk management is gradually being integrated in the key State policy documents.

In 2008, UNDP launched a project on *Strengthening the Disaster Risk Reduction (DRR) System in Georgia*, aimed at helping the Government of Georgia to establish and develop a National DRR Platform; integrate disaster risk reduction in development policies,

[41] EM-DAT: The OFDA/CRED International Disaster Database. http://www.em-dat.net, UCL - Brussels, Belgium

programmes and practices; and to strengthen coordination. Since 2010, UNICEF has been supporting the Ministry of Education to integrate a child-focused DRR policy into the education sector and National Curriculum though the *Supporting Disaster Risk Reduction amongst Vulnerable Communities and Institutions in South Caucasus* project. The main aim of the project is to support strategies that enable communities and institutions to better prepare for, mitigate and respond to disasters, and build a safer and more protective environment for children.

From the beginning of the new school year in September 2011, every child in grades 5-9 throughout Georgia will learn about the issues of environmental protection, climate change and disaster risk reduction within the framework of the mandatory *Head of Class Hour programme* and will acquire basic life-skills on how to behave before, during and after a disaster.

IMPACT

Three hundred and seventy-seven school teachers throughout Georgia have already received training and educational materials on disaster risk reduction and are conducting regular lessons in the pilot phase, applying interactive methodologies. Awareness levels among teachers with regards to disaster preparedness and risk reduction have increased by 37 per cent.

Eight pilot schools from communities most vulnerable to natural hazards have been provided with fully equipped disaster preparedness systems, thus strengthening their capacity. These comprise school disaster management boards; emergency response plans and warden systems; basic disaster preparedness equipment and regular simulation exercises. Sixty principals from pilot schools and members of school administrations have been trained in disaster preparedness and prevention, and skilfully practise disaster risk reduction.

A network of the most active children from pilot schools throughout Georgia has been established to promote the exchange of ideas and good practices in disaster risk reduction. This builds on the premise that children's involvement in disaster reduction can play an essential role in increasing the long-term resilience of communities as they are the best messengers within their families and communities

Despite the significant level of progress achieved, additional support and assistance is needed for the establishment of an effective, relevant and well-coordinated disaster risk reduction mechanism in the country – one that equally engages the relevant government ministries, regional authorities and local communities.

Hyogo Framework for Action

At times of disaster, impacts and losses can be substantially reduced if authorities, individuals and communities in hazard-prone areas are well prepared and ready to act and are equipped with the knowledge and capacities for effective disaster management.

HFA Priority Area 1: Ensure that disaster risk reduction is a national and local priority with a strong institutional basis for implementation.

HFA Priority Area 3: Use knowledge, innovation and education to build a culture of safety and resilience at all levels. **Action Point 2:** Education and training - promote the inclusion of disaster risk reduction knowledge in relevant sections of school curricula at all levels and the use of other formal and informal channels to reach youth and children with information; promote the integration of disaster risk reduction as an intrinsic element of the United Nations Decade of Education for Sustainable Development (2005-2015).

HFA Priority Area 5: Strengthen disaster preparedness for effective response at all levels.

"Children are among the most vulnerable. Thousands died last year as earthquake, flood or hurricane reduced their schools to rubble. These deaths could have been prevented. Lives can be saved by advance planning - and by building schools, homes, hospitals, communities and cities to withstand hazards. Such measures to reduce risk will grow ever more important as our climate changes and extreme events become more frequent and intense."

Ban Ki-moon,
Secretary-General of the United Nations

NEXT STEPS

The following steps remain of particular importance in increasing the resilience and reducing the vulnerability of children and communities in natural hazard-prone areas:

- Support further mainstreaming of disaster risk reduction in educational activities, both at the policy and operational levels, including the promotion of the school safety agenda and outreach to an even greater number of communities and schools throughout Georgia.
- Continue to expand teachers' capacity building and training, as well as school management on disaster risk reduction and school disaster preparedness.
- Expand DRR 'community of practice' throughout schools and local communities in Georgia, with children participating in the development of disaster preparedness and response plans at the community level.
- Develop learning materials and didactic tools for DRR interactive teaching – such as computer games, Internet database, for example - targeting the primary level (grades 1-6) in particular.
- Strengthen coordination amongst relevant DRR actors – both local (including children) and international - towards the formation of a National DRR Platform.
- Invest in monitoring and research on the effects of mainstreaming DRR in education.

ANNEX

Tables:

- Demography & Poverty
- Education
- Child Health
- Nutrition
- Maternal Health
- Water & Sanitation
- Child Protection

	Total population (thousands), 2010	Extreme poverty, 2009	Official poverty, 2009	General poverty, 2009	Database of vulnerable families, 2010	Subsistence allowance, 2010	Medical insurance for poor families, 2010	Internally Displaced People, 2011	Internally Displaced Households, 2011
Total	4 436	9	24	42	40	10	25	258 599	88 796
Residence									
Urban	2 351	9	20	35	..	..	..	..	..
Rural	2 086	9	28	48	..	..	..	..	..
Region									
Kakheti	405	9	25	43	48	12	37	1 458	503
Tbilisi	1 153	12	21	34	25	4	12	96 694	34 633
Shida Kartli	311	8	20	32	49	12	33	15 126	4 844
Mtskheta–Mtianeti	109	14	37	60	45	16	40	10 106	3 444
Kvemo Kartli	500	8	28	49	37	7	19	11 620	3 962
Samtskhe–Javakheti	211	8	27	50	44	5	21	2 327	960
Adjara	387	1	13	31	48	11	25	4 727	1 901
Guria	140	3	24	50	54	14	36	589	196
Samegrelo	474	8	24	42	43	10	31	86 679	28 416
Imereti	700	10	29	49	45	14	33	27 078	9 093
Racha–Svaneti	48				66	37		963	383

DEFINITIONS OF THE INDICATORS

Extreme poverty - 61.1 GEL per person per month (equivalent of 1.25 USD a day per person in GEL at May-July 2009 exchange rates).
Official poverty - 89.7 GEL per person per month (60% of median consumption).
General poverty - 122.2 GEL per person per month (equivalent of 2.5 USD a day per person in GEL at May-July 2009 exchange rates).
Database of vulnerable families - Percentage of people registered in the Database of Socially Vulnerable Families.
Subsistence allowance - Percentage of population receiving subsistence allowance from the Social Service Agency (TSA)
Medical insurance for poor families - Percentage of families which are benefitting from the 'medical insurance program of the families under poverty line'.
Internally Displaced People - Number of people that are internally displaced within Georgia

MAIN DATA SOURCES

How do Georgian children and their families cope with the impact of the financial crisis: Report on analysis of the Georgia Welfare Monitoring Survey data, 2009. UNICEF, 2010.
Social Statistics, 2009. Social Service Agency, 2010.
IDP Figures: http://mra.gov.ge/main/ENG#section/89 [for 1,232 persons and 461 families the address was not known].

	Pre-school attendance, 2005	Net intake rate in primary education, 2010	Primary School Net Attendance Ratio, 2010	Primary School Net Attendance Ratio, Girls, 2010	Primary School Net Attendance Ratio, Boys, 2010	Gender parity index (GPI) for primary school adjusted NAR	Percent children of secondary age attending primary school, 2010	Secondary Net School Attendance Ratio, 2010	Secondary School Net Attendance Ratio, Girls, 2010	Secondary School Net Attendance Ratio, Boys, 2010	Gender parity index (GPI) for secondary school adjusted NAR
Total	43	82	93	94	93	1,01	8	86	87	85	1,02
Residence											
Urban	64	82	94	94	94	1,01	7	88	88	88	1,00
Rural	24	81	93	94	92	1,02	8	85	87	83	1,05
Region											
Kakheti	30	81	91	90	92	0,97	9	77	82	73	1,13
Tbilisi	73	85	95	94	95	1,00	8	87	87	87	1,00
Shida Kartli	31	84	96	98	94	1,03	5	91	91	91	1,00
Mtskheta–Mtianeti	30	87	97	96	98	0,99	4	87	86	88	0,97
Kvemo Kartli	29	76	92	95	90	1,06	11	83	81	80	1,01
Samtskhe–Javakheti	16	82	95	97	93	1,04	11	80	84	81	1,03
Adjara	26	82	95	96	93	1,03	6	90	91	89	1,02
Guria	..	83	93	91	95	0,96	5	92	93	90	1,04
Samegrelo	42	80	92	92	91	1,01	5	88	90	87	1,04
Imereti	48	79	92	93	91	1,02	7	91	91	90	1,01
Racha–Svaneti	..	92	98	96	99	0,97	8	88	88	89	0,99
Wealth Quintile											
Lowest	17	81	91	91	91	1,01	6	83	90	76	1,18
Second	28	84	94	96	92	1,05	9	85	84	86	0,98
Middle	37	81	94	95	94	1,00	8	87	85	88	0,96
Fourth	59	81	94	92	96	0,96	7	88	90	87	1,04
Highest	70	82	93	96	91	1,05	7	89	90	88	1,02
Ethnicity											
Georgian	49	..	94	95	93	1,02	..	90	91	88	1,03
Azeri	8	..	86	84	87	0,96	..	64	65	63	1,04
Armenian	41	..	93	91	94	0,97	..	83	85	80	1,06
Other	..	..	93	93	92	1,01	..	83	80	86	0,92

DEFINITIONS OF THE INDICATORS

Pre-school attendance - Percentage of children aged 36-59 months that attend some form of early childhood education programme

Net intake rate in primary education - Percentage of children of primary school entry age entering grade 1

Primary school net attendance ratio – Number of children attending primary or secondary school who are of official primary school age, expressed as a percentage of the total number of children of official primary school age.

Secondary school net attendance ratio – Number of children attending secondary or tertiary school who are of official secondary school age, expressed as a percentage of the total number of children of official secondary school age.

MAIN DATA SOURCES

Reproductive Health Survey, 2010
MICS, 2005

	Infant Mortality			Child Mortality	Under–5 Mortality	Infant Mortality			Child Mortality	Under–5 Mortality	Immunization, 2010			
	Period 2005-2009					Period 2000-2009								
	Total	Neonatal	Post-neonatal	1–4 Years	0–4 Years	Total	Neonatal	Post-neonatal	1–4 Years	0–4 Years	BCG	Polio3	DTP + Hib + HepB3	Measles
Total	14	10	5	2	16	24	18	6	2	26	96	88	92	94
Residence														
Urban	..	..	..	..	..	22	16	6	1	22	..	..	..	..
Rural	..	..	..	..	..	26	19	7	4	29	..	..	..	..
Region														
Kakheti	..	..	..	..	..	27	16	11	6	33	95	99	96	99
Tbilisi	..	..	..	..	..	17	15	2	0	17	96	87	94	94
Shida Kartli	..	..	..	..	..	28	21	7	8	36	97	100	99	100
Mtskheta–Mtianeti	..	..	..	..	..	38	35	3	0	38	92	97	90	96
Kvemo Kartli	..	..	..	..	..	28	17	12	2	30	94	72	81	84
Samtskhe–Javakheti	..	..	..	..	..	22	14	8	3	25	92	89	88	95
Adjara	..	..	..	..	..	27	20	7	4	30	99	91	99	99
Guria	..	..	..	..	..	21	14	7	0	21	97	89	96	100
Samegrelo	..	..	..	..	..	34	31	3	0	34	97	91	94	92
Imereti	..	..	..	..	..	20	12	7	2	22	94	88	87	93
Racha–Svaneti	..	..	..	..	..	7	3	3	0	7	98	97	100	96

DEFINITIONS OF THE INDICATORS

Neonatal mortality rate – Probability of dying during the first 28 completed days of life, expressed per 1,000 live births.
Infant mortality rate – Probability of dying between birth and exactly one year of age, expressed per 1,000 live births.
Under-five mortality rate – Probability of dying between birth and exactly five years of age, expressed per 1,000 live births.
BCG – Percentage of infants who received bacille Calmette-Guérin (vaccine against tuberculosis).
Polio3 - Percentage of infants who received three dosis of Poliomyelitis vaccine.
DPT + Hib + HepB3 - Percentage of infants who received three doses of diphtheria, pertussis, tetanus, haemophilus influenzae type b, and hepatitis B vaccine.
Measles – Percentage of infants who received measles vaccine.

MAIN DATA SOURCES

Reproductive Health Survey, 2010
NCDC

Table 4: NUTRITION

	Low Birthweight, 2009	Children Ever Breastfed, 2010	Underweight, 2009	Stunting, 2009	Wasting, 2009	Obesity, 2009
Total	5	87	1	11	2	20
Residence						
Urban	6	87	1	10	2	20
Rural	4	88	1	12	2	20
Region						
Kakheti	4	91	1	6	2	13
Tbilisi	7	88	1	7	1	17
Shida Kartli	7	86	0	6	2	19
Mtskheta–Mtianeti		86				
Kvemo Kartli	4	88	1	15	2	19
Samtskhe–Javakheti	5	90	2	12	2	14
Adjara	4	84	1	20	2	26
Guria		83				
Samegrelo	4	83	2	9	1	18
Imereti	2	89	2	15	2	30
Racha–Svaneti		86				
Ethnicity						
Georgian	5	87	1	10	1	20
Azeri	4	92	3	21	2	23
Armenian	3	94	1	12	1	13
Other	9	91	2	12	12	15

DEFINITIONS OF THE INDICATORS

Low birthweight – Percentage of infants weighing less than 2,500 grams at birth.

Underweight – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median weight for age of the National Center for Health Statistics (NCHS)/WHO reference population

Stunting – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median height for age of the NCHS/WHO reference population.

Wasting – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median weight for height of the NCHS/WHO reference population.

Obesity – Moderate and severe: Percentage of children aged 0–59 months who are above plus two standard deviations from median weight for height of the NCHS/WHO reference population.

MAIN DATA SOURCES

Reproductive Health Survey, 2010
Georgia National Nutrition Survey, 2009

Table 5: MATERNAL HEALTH

	Antenatal care coverage		Delivered at health facility	Baby Registered, 2010
	At least 1 visit	4 or more visits		
Total	98	91	99	97
Residence				
Urban	99	95	100	98
Rural	97	87	98	97
Region				
Kakheti	93	86	93	93
Tbilisi	99	96	100	98
Shida Kartli	100	98	100	98
Mtskheta–Mtianeti	97	87	100	97
Kvemo Kartli	95	81	99	96
Samtskhe–Javakheti	100	81	100	99
Adjara	100	92	98	98
Guria	100	91	100	94
Samegrelo	99	87	99	98
Imereti	100	96	100	99
Racha–Svaneti	99	78	99	97
Wealth Quintile				
Lowest	94	79	96	94
Second	99	88	98	97
Middle	99	92	100	98
Fourth	99	95	100	96
Highest	100	97	100	99
Ethnicity				
Georgian	99	94	..	..
Azeri	94	78	..	..
Armenian	96	73	..	..
Other	88	79	..	..

DEFINITIONS OF THE INDICATORS

Antenatal care coverage – Percentage of women 15–49 years old attended at least once during pregnancy by skilled health personnel (doctors, nurses or midwives) and the percentage attended by any provider at least four times.

Delivered at health facility – Proportion of women 15–49 years old who gave birth during the five years preceding the survey and delivered in a health facility.

Birth registration – Percentage of children less than five years old who were registered at the moment of the survey.

MAIN DATA SOURCES

Reproductive Health Survey, 2010

	Water				Sanitation			Improved drinking water sources and improved sanitation
	Improved drinking water, 2010			Unimproved drinking water	Improved sanitation, 2010	Unimproved sanitation		
	All improved drinking water	Piped into dwelling, plot or yard	Other improved			Unimproved facilities	Open defecation	
Total	93	75	18	7	84	16	0,02	79
Residence								
Urban	98	96	3	2	96	4	0,01	95
Rural	88	55	34	12	71	29	0,03	63
Region								
Kakheti	97	61	36	3	80	20	..	79
Tbilisi	100	100	..	..	99	1	0,01	99
Shida Kartli	84	63	21	16	79	21	..	69
Mtskheta–Mtianeti	97	74	24	3	68	32	0,04	66
Kvemo Kartli	91	67	24	9	86	14	0,03	78
Samtskhe–Javakheti	99	90	9	1	53	46	0,19	53
Adjara	96	81	15	4	70	30	..	68
Guria	96	40	56	4	85	15	..	81
Samegrelo	69	44	26	31	86	14	..	61
Imereti	96	75	21	4	82	18	..	80
Racha–Svaneti	94	85	9	6	71	29	0,02	68
Wealth Quintile								
Lowest	83	43	39	17	67	33	0,04	56
Second	89	54	34	11	70	30	0,03	61
Middle	94	77	17	6	81	19	..	76
Fourth	100	98	2	..	99	1	0,02	99
Highest	100	100	..	..	100	..	..	100

DEFINITIONS OF THE INDICATORS

Improved drinking water - % of population using improved drinking-water sources, 2010

Improved sanitation - % of population using improved sanitation facilities, 2010

MAIN DATA SOURCES

Reproductive Health Survey, 2010

	Children in Large Scale Residential Institutions (June 2011)				Small Group Homes (June 2011)	Foster Care (June 2011)			Reintegration/ Prevention support, 2010	Adoption (since January 2010)			Juvenile Justice, 2010		
	Total	Infant home	Regular	Children with disabilities		Total	Regular	Emergency		Total	Local	Inter-national	Number of convicted children, Total	Number of convicted, Girls	Imprisoned, Total
Total	922	184	674	64	128	539	513	26	282	328	325	3	883	30	296
Age															
0 to 5	187	184	1	2	..	116	96	20	37	..	..	..	..	..	..
6 to 18	735	..	673	62	128	423	417	6	245	..	..	..	..	..	..
Gender															
Male	542	95	409	38	62	251	231	20	167	..	..	..	..	..	..
Female	380	89	265	26	66	288	282	6	115	..	..	..	..	..	..
Region															
Kakheti	89	..	89	..	22	109	109	..	62	..	..	..	..	..	..
Tbilisi	426	140	256	30	38	190	174	16	51	..	..	..	..	..	..
Shida Kartli	51	..	51	..	..	49	45	4	15	..	..	..	..	..	..
Mtskheta–Mtianeti	36	..	36	..	15	31	31	..	17	..	..	..	..	..	..
Kvemo Kartli	43	..	43	..	15	65	59	6	59	..	..	..	..	..	..
Samtskhe–Javakheti	12	..	12	..	..	18	18	..	28	..	..	..	..	..	..
Adjara	87	44	43	..	7	7	7	..	16	..	..	..	..	..	..
Guria					8	3	3	..	12	..	..	..	..	..	..
Samegrelo-Zemo Svaneti	134	..	100	34	..	7	7	..	13	..	..	..	..	..	..
Imereti	44	..	44	..	23	57	57	..	9	..	..	..	..	..	..
Racha-Lechkhumi Qvemo svaneti	..	..	..	..	..	3	3	..	..	..	..	..	..	..	..

DEFINITIONS OF THE INDICATORS

Children in Large Scale Residention Institutions – Number of children living in one of the 20 large scale residential institutions

Small Group Homes – The number of children living in one of the 17 small group homes

Reintegration/ Prevention support – Number of children whose families receive financial sassistance in order to reintegrate the child back into the family/prevent from having to leave the family.

Adoption - The number of children adopted since January 2010.

Juvenile Justice/Number of convicts - The number of children convicted for a crime in 2010

Juvenile Justice/Imprisoned - The number of children convicted and imprisoned

MAIN DATA SOURCES

State Care Agency and Social Service Agency, 2011