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UNITED NATIONS CHILDREN'S FUND  
ბავშვთა უსუსტო ბავშვთა ფონდი  
ДЕТСКИЙ ФОНД ООН

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ACQUISITION  
RRB 6.07-106  
U.S. Agency for International Development  
Washington, D.C. 20523-6701 USA

Ref: PR/MJ/238  
File: ER 301A

Subject: UNICEF/Georgia Grant No. 114-G-00-00-00039-00  
Date: 21 December 2000

Dear Sir/Madam,

Please find enclosed the two copies of Quarterly Performance Report for the UNICEF/Georgia Grant No. 114-G-00-00-00039-00. The report is submitted in accordance to Grant Agreement items E.3.

Please accept our highest appreciation for the tremendous assistance rendered by the United States Agency for International Development for UNICEF supported programmes in Georgia.

Respectfully yours,

Mariam Jashi  
APO Health  
UNICEF Georgia

Cc: Mr. Kent Larson  
Cognizant Technical Officer  
Chief, Office of Humanitarian Response/Social Transition

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**QUARTERLY PERFORMANCE REPORT  
(Second Report)**

<b>Donor Organization:</b>	<b>USAID</b>
	<b>USAID Project Office: Office of Humanitarian Response/ Social Transition USAID/Caucasus Mission Georgia Sheraton Metechi, 5th Floor 20 Telavi str. Tbilisi, Georgia</b>
<b>Reporting Agency:</b>	<b>UNICEF – Georgia</b>
<b>Assisted Country:</b>	<b>Georgia</b>
<b>Programme/Projects:</b>	<b>MCH &amp; Health Care Reform - YH 602 EPI/Disease Control H03 Nutrition N06</b>
<b>Total funds pledged (on revaluation):</b>	<b>594,000 USD Total 494,000 USD for H03 100,000 USD for N06</b>
<b>Total funds available for the programme:</b>	<b>565,725 USD Total 465,725 USD for H03 100,000 USD for N06</b>
<b>PBA No:</b>	<b>SC/00/020501</b>
<b>P/L Number:</b>	<b>9657</b>
<b>Contribution No.:</b>	<b>00020501</b>
<b>Data Prepared:</b>	<b>15 November, 2000</b>
<b>Period Covered</b>	<b>May – November 2000</b>
<b>Prepared by</b>	<b>Ms. Mariam Jashi – APO Health UNICEF Georgia</b>

## INTRODUCTION

### **Political and Economic Trends**

The transitional circumstances of the last decade have subjected Georgia to fundamental political, economic and social transformation. Despite the visible political stabilization and governmental commitment towards restoring the macro-economic infrastructure, the overall situation still remains fragile. The primary source of fragility is considered to be the increased gap between social demands and supply capacity in terms of legislative, administrative and managerial issues.

The Country has been severely affected by the armed conflicts erupted in South Ossetia and Abkhazia (two autonomous republics of Georgia) resulting in influx of the 300,000 displaced population. While the situation in South Ossetia may be resolved in the foreseeable future, the prospects for a settlement are dim in Abkhazia where relations continue to be on the verge of open warfare. The country hardly coping with the IDPs from Abkhazia and South Ossetia has additionally accepted more than 5,000 refugees (From October 1999) displaced from Chechnya as a result of Russian-Chechnya conflict.

Since 1995, the level of monetary and in-kind family income has increased, however inequality is progressively wider. Although the GDP rate have substantially risen from 1995 (480 USD), is still only 31% of the 1990 level. Over 50% of the population live below the poverty level. The majority of the population is under- or unemployed.

The shortfall of revenues in 1998 made funds available for health and education at US\$ 4 and 13 per capita, respectively.

### **Health and Nutrition**

The Health Care Reform aiming to ensure universal access to basic health services for all children and women was launched in August 1995. The MCH support was additionally reinforced by the adoption of the National Health Policy in 1999 as to one of the main health priorities for 1999-2010 period. However, the major health indicators are still far from favourable.

The primary obstacle to health service quality improvement is the cutback of state expenditures for health. The system received only 41 per cent of 1998 allocations and the 1999 budget has been further reduced by 35 per cent. The recent budgetary sequestration of public expenditures will further impede the performance of the relevant social sectors.

Since 1995, the IMR has increased from 22 to 23 and the U5MR from 26 to 29 per 1,000 live births. MMR has almost doubled since 1991, with the rate of 70 deaths per 100,000 live births (1997). Over the past three years the percentage of unattended home deliveries has increased, mainly due to the hospital-related costs. Iron Deficiency Anemia affects the majority of pregnant women. Child nutrition remains the issue of serious concern with acute and chronic malnutrition rates of 3 and 12 percent, respectively.

Routine Immunization coverage rate was severely affected by the disruption of vaccine provision services and further worsened by socioeconomic and political turmoil in early 1990s. Reported DPT3 coverage for the four-year period (1992-1995) was less than 60%. With extensive support from the International community (UNICEF, USAID, Japan Government), the Government of Georgia has revitalized and reestablished the State Immunization Programme (Decision of

Cabinet of Ministers, 1994). Mass vaccination campaigns for Diphtheria, Polio and Measles (1995-1997) were carried out. For 1998 Georgia has achieved the immunization coverage of 86% and 90% for DPT3 and Measles, respectively. The number of reported cases of Diphtheria declined from 429 (1995) to 114 (1998). There are no polio cases reported for the past few years.

Immunization Coverage Survey carried out by UNICEF (1999 - financially supported by USAID) revealed the following EPI vaccine coverage data: DPT3 80.2%, OPV – 80.3%, BCG – 91.2%, Measles – 86.5%. The full immunization coverage is reported as 76.8% with 65,391 under-2 children been immunized.

Current level of GDP per capita in Georgia is approximately 930\$ (*Source: WB, 1998*). Public budget allocation for Health Care is only slightly above 1% of GDP – approximately 11\$ per capita per annum. Definitely with the current budgetary status Georgia can not address the issue of self-sufficiency in supporting the state EPI programme. Georgia as the low-income country still needs a long-term commitment from the donor States to ensure the achievement and sustainability of disease control initiatives like EPI.

Iodine deficiency remains a problem. According to MoH, iodine deficiency recorded in medical institutions in 1997 affected 28,200 out of 61,800 children (58%) in the endemic areas, including 2,604 children under - 5. In 1998, iodine deficiency was identified in 39,449 children under – 16 in endemic areas (49% of all screened children), 3,504 of them being under-5.

Goitre prevalence in the regions varied from 54 to 78 per cent. In other words, not only the endemic regions of traditionally high prevalence, namely Zemo and Kvemo Svaneti and Racha-Lechkhumi, were affected, but the entire population of Georgia. Changes in the environment, including the consequences of the Chernobyl disaster when radiation levels at the Black Sea coast of Georgia increased a hundred thousand times, as well as disruption of iodized salt imports in the years 1992-1995 have contributed to increased prevalence and dissemination of IDD in Georgia.

**DETAILS OF PROJECT PROGRESS AND UTILIZATION OF FUNDS REPORTED UPON**

PBA REFERENCE SC/00/0205

**Programme YH 602: Maternal and Child Health and Health Care Reform  
Project H 03: EPI/Disease Control  
Project N 06: Nutrition**

The USAID donation became available in May 2000. The latter gave opportunity to UNICEF Georgia office to plan supply procurement, capacity building, monitoring and evaluation activities for the Nutrition and EPI/Disease Control project components.

**Combating IDD in High Endemic Regions of Georgia**

1. Based on the governmental request (Ministry of Health and Social Affairs) 420,000 Iodized Oil Capsules – Lipidol were procured for the highest risk-zones identifies by the situation analysis (1999). The campaign itself - actual distribution of the iodized oil capsules started in August 2000.

*The table below indicates the target population to be covered by the campaign in the mostly affected regions and districts of Georgia:*

REGIONS	DISTRICTS	TARGET POPULATION 0-16 YEARS	
		SUBTOTAL	TOTAL
<b>Racha-Lechkhumi</b>			<b>9,681</b>
	Lentekhi	1,697	
	Ambrolauri	2,784	
	Tsageri	3,780	
	Oni	1,420	
<b>Mestia</b>			<b>2,774</b>
<b>Ajara</b>			<b>120,407</b>
	Khulo	14,540	
	Keda	6,531	
	Kobuleti	26,937	
	Khelvachauri	27,379	
	Shuakhevi	8,702	
	Batumi	36,318	
<b>ShidaKartii</b>			<b>74,792</b>
	Kaspi	9,728	
	Khashuri	16,390	
	Kareli	13,674	
	Gori	35,000	
	<b>TOTAL</b>		<b>207,654</b>

2. Considering the limited capacities of the regional and local health authorities and low awareness on IDD among the general population, UNICEF together with the Public Health

was accompanied by the consensus building conferences for all key stakeholders at the regional level to identify the most effective mechanisms to achieve the best coverage during the capsule distribution. Since August 2000, 3 conferences have been held in Batumi (Adjara region), Kutaisi (Imereti ) and Mtskheta (Shida Kartli). The initiative was recognized to be crucial for better mobilization of the regional and local state authorities.

3. Regional training sessions (3-days) with participation of 15 representatives from district level - 5 health workers, 5 teachers and 5 journalists were trained before each capsule distribution campaign. Totally, 250 health and education professionals were trained on the IDD counseling and on iodized oil capsule utilization.
4. UNICEF office has established a new professional post – Assistant Project Officer IDD on a temporary basis to actively participate in the IDD prevention activities (capsule distribution, capacity building) and to ensure quality implementation, monitoring and evaluation of the project.

### **Strengthening EPI and Control of Vaccine Preventable Diseases**

During the previous reporting period – May-July 2000, the donor funds were mainly utilized for programme support purposes.

1. Project Assistant/Secretary was assigned on a temporary fixed term contract to ensure appropriate clerical and administrative support to the programme related activities.
2. Part of the donation was channeled to cover indirect programme costs, particularly communication costs for the year 2000. The latter includes expenditures for information-communication and other project support activities throughout the year.

The major part of the donation was utilized during the current reporting period – July – November 2000, particularly:

1. 426,720 USD was channeled for Procurement of EPI supplies for the year 2001 – vaccines and syringes for state immunization programme (including 57,025.70 USD for freight cost). 36,200 vials of 10-dose DPT, 48,300 vials of 10-dose OPV, 10,400 vials of 20-dose BCG, 14,800 vials of 10-dose DT, 14,000 vials of 10-dose Measles, 8,500 vials of 10-dose Td, 27,100 vials of 10-dose Hepatitis B together with the safety boxes and syringes for EPI and BCG vaccination were procured. Although the initial proposal included the EPI supply procurement for under-2 population, the government request (Ref: 101-06/207, dated on 23.06.2000) gave sufficient basis to increase the coverage of the target population to 5-years. Accordingly the USAID donation has covered the total national vaccine requirements for under-5 child population for 2001 – with the total beneficiary group of 186,007 children.
2. As stated in the first quarterly report, procurement of EPI supplies for South Ossetia child population was also planned (basis - government request). However, based on the NCDC report the South Ossetia was also covered by the National Immunization Schedule. Therefore the counterparts were advised to submit the request directly to the NCDC for the supply provision.