

FIRST YEAR ANNUAL REPORT

October 1, 2004 - September 30, 2005

“Child Survival and Health Program for Kvemo Kartli and Imereti, Georgia”

Cooperative Agreement Number:

GHS-A-00-04-00025-00

Submitted

US Agency for International Development

USAID/GH/HIDN/NUT/CSHGP

Room 3.7-72B

Washington, DC 20523-3700

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TABLE OF CONTENTS

List of Acronyms	2
Project Summary.....	3
Key Accomplishments.....	4
Factors Impeding Progress	27
Technical Assistance Needs	28
Substantial Changes from DIP	28
Sustainability	28
Response to DIP Consultations.....	29
Programs Management Systems	29
Mission Collaboration	32
Timeline of Activities - Year Two.....	34
Key Issues, Results or Successes.....	34
Annexes	
Annex 1. Rapid Catch Data Form	-1-
Annex 2. Map of Program Area	-11-
Annex 3. List of Medical Facilities for MCH in Targeted Regions	-13-
Annex 4. Formal Meetings with Key Partners	-19-
Annex 5. Health Facilities Resources Survey	-35-
Annex 6. List of Conferences where Project Materials were Presented.....	-39-

LIST OF ACRONYMS

A	Access	IR	Intermediate Results
AAFP	American Academy of Family Physicians	JSI T&R	John Snow Inc., Training and Research Institute
ACTS	A Call to Serve	KPC	Knowledge, Practice, Coverage
AHA	American Heart Association	LOE	Level of Effort
AIDS	Acquired Immune Deficiency Syndrome	LQAS	Lot Quality Assurance Sampling
AIHA	American International Health Alliance	M/C	Maternal/Child
ALSO	Advanced Life Support Obstetrics	M & E	Monitoring and Evaluation
ANC	Antenatal Care	MCH	Maternal and Child Health
APA	American Pediatric Association	MDG	Millennium Development Goals
ARI	Acute Respiratory Infection	MICS	Multiple Indicator Cluster Survey
BC	Behavior Change	MIS	Management Information System
BCC	Behavioral Communication Change	MMR	Measles, Mumps and Rubella
BF	Breast Feeding	MMSG	Mother-to-Mother Support Groups
BFHI	Baby Friendly Hospital Initiative	MNC	Maternal and Newborn Care
CDD	Control of Diarrheal Disease	MOH	Ministry of Health
CIF	Curatio International Foundation	MoLHSA	Ministry of Labor, Health and Social Affairs
CINDI	Countrywide Integrated Non-communicable Diseases Intervention	MP	Medical Personnel
CMO	Chief Medical Officer	NGO	Non-Governmental Organization
CORE	The Child Survival Collaborations and Resources Group	NRP	Neonatal Resuscitation program
CS	Child Survival	OB/GYN	Obstetrics/Gynecology
CSP	Child Survival Program	ORS	Oral Re-hydration Salt
CSHGP	Child Survival Health Grant Program	ORT	Oral Re-hydration Therapy
CSTS	Child Survival Technical Support	PHR	Partners for Health Reform
DFID	Department for International Development	PVO	Private Voluntary Organization
DIP	Detailed Implementation Plan	Q	Quality
DOSA	Discussion-Oriented Self-Assessment	RH	Reproductive Health
ECD	Early Child Development	RV	Reaction of Vasserman
EPI	Expanded Program on Immunization	SD	Standard Deviations
EU	European Union	SO	Strategic Objectives
FE	Facility Assessment	SPSS	Statistical Package for the Social Sciences
FP	Family Planning	STI	Sexually Transmitted Infection
FP/RH	Family Planning/ Reproductive Health	TRM	Technical Reference Materials
FSU	Former Soviet Union	TT	Tetanus Toxoid
GAIN	Global Alliance for Improved Nutrition	UNICEF	United Nations Children's Fund
GEL	Georgian Lari	USAID	US Agency for International Development
GMA	Georgian Medical Association	VPD	Vaccine Preventable Diseases
HIV	Human Immunodeficiency Virus	VRF	Vishnevskaya-Rostropovich Foundation
ICC	Interagency Coordinating Committee	WRA	Women of Reproductive Age
IDD	Iodine Deficiency Disorder	WHO	World Health Organization
IEC	Information, Education, Communication		
IMCI	Integrated Management of Childhood Illness		
IMR	Infant Mortality Rates		
IPM	Institute of Policy and Marketing		

PROJECT SUMMARY

The private voluntary organization (PVO), A Call to Serve (ACTS) International and its branch ACTS-Georgia are implementing a five-year, entry-level Child Survival and Health Program in Georgia. The goal of “Child Survival and Health Program for Kvemo Kartli and Imereti, Georgia” is to create sustainable interventions to reduce maternal, neonatal infant and child morbidity and mortality in the Kvemo Kartli region, and in the cities of Chiatura and Zestaphoni in the Imereti region.

The ACTS Child Survival program serves Georgia’s most vulnerable health groups—mothers, infants and children under five year of age—within the country’s two most economically depressed areas: Kvemo Kartli in the southern border area and Imereti (two districts) in the western area. Georgia is strategically located as a trade and transit corridor in the Caucasus between Europe and Asia.

Improving the health of mothers and their children under the age of five is one of the most critical challenges facing the country today. Increased mortality among mothers and children under the age of five occurred following the 1991 collapse of the former Soviet Union and the resulting deterioration of the health care delivery system. UNICEF’s Situational Analysis for Georgia¹ highlights the increased incidence of neonatal mortality in the country that has more than doubled since 1993, rising from 20 to 51.24 deaths per 1,000 live births in 2003.² This neonatal mortality rate is one of the highest in all of Europe and four times the EU average³. Approximately 60% of under-five deaths occur during the neonatal period and are caused by pneumonia, diarrhea and perinatal complications.

Issues that contribute to the problem, particularly in the targeted areas, are inadequate prenatal supervision, lack of physician continuing medical education, delayed detection of pregnancy-related complications, inability to recognize signs of severe illness in young children, inadequate management of neonatal and common childhood disease and lack of community-based education about childcare, nutrition and development. The total countrywide number of births declined dramatically from 89,000 in 1989 to 47,408 in 2004.⁴

The project is directly benefiting 37,995 children under five and 144,649 women of reproductive age (15-49 years of age). This unusually low ratio (0.26) of under-fives to WRA represents the low birth rate in Georgia, where the average country ratio is even less (0.21). The total estimated direct beneficiaries are 182,644. The entire population for the targeted regions is 535,546.

¹ Women and Children in Georgia. Situational Analysis 2003/UNICEF 2003.

² World Fact Book, <http://www.odci.gov/cia/publications/factbook/>

³ World Bank, 2004, Report No. 29413 GE “Georgia Review of Health Sector” June 2004.

⁴ Ibid.

The project goal is being achieved through three principal objectives:

1. Improved **Quality** of M/C survival services.
2. Improved **Behavior** and maternal and child health practices within households, the community and among health care professionals and health managers.
3. Increased **Availability** of M/C health care services and increased **ACCESS** to adequate standard case management.

The project uses three crosscutting strategies to facilitate implementation of the program objectives: (1) Behavioral Communication Change (BCC) Approaches; (2) Institutional Capacity Building; and (3) Partnership Development for Social Mobilization. Integrated Management of Childhood Illness (IMCI) will be applied in the delivery of child-care service. Efforts and resources are being focused into five technical intervention areas: Maternal and Newborn Care (MNC) 25%, Breastfeeding Promotion (20%), Nutrition (15%), Case Management of Diarrhea (25%) and Case Management of Pneumonia (15%).

KEY ACCOMPLISHMENTS

A Call to Serve (ACTS) International and its local affiliate, ACTS-Georgia were the first to launch the USAID-funded Child Survival Program in Georgia with funding provided from the Child Survival and Health Grants Program (CSHGP). During its first year of operation, ACTS completed program start-up, pre-implementation planning and coordination, and quantitative and qualitative data collection and analysis. The program has now entered into the next phase: intervention planning and implementation (see Timeline of Activities - Year Two on page 34). Key accomplishments of the “Child Survival Program for Kvemo Kartli and Imereti, Georgia” program are being provided for the period of October 1, 2004 - September 30, 2005.

Recruitment and Posting of Field Officers to Respective Rayons (districts)

According to Cooperative Agreement GHS-A-00-04-00025-00, the CS program started in October 1, 2004. Program start-up activities included hiring staff, locating and leasing an office and obtaining basic equipment and supplies.

During the preparation of the proposal, ACTS International decided the program would be best managed by a host country national, due to the fact that the former Soviet Union Republic Georgia has a high potential of skilled human resources, and educational level which meets the requirements for project executive staff. The ACTS Georgia team leaders have appropriate education and skills (e.g., previous experience in managing a community health program, strong human resource management skills, strong writing skills, financial management experience, etc.). The Chief Medical Officer, Maternal/Child Health Division Director, and Program Manager were hired from within the ACTS-Georgia organization. In addition to their professional experience and training, these staffs also bring an indigenous understanding of Georgian culture, traditions and behavioral peculiarities of the targeted regions, as well as their rich networks of contacts and relationships to the CS project.

The following credentials were considered when hiring ACTS-Georgia staff for leadership positions:

- Dr. Giorgi Tsilosani (CMO) – One of the founders and vice-president of the Georgian Medical Association (GMA). A course of lectures ‘A Program for Organizational Development in Subjects: a) Basic Economics; Principles of Marketing; b) Budget Cost Control; NGO International Diploma in Humanitarian Aid under the Direction of the Center for International Health and Cooperation and Hunter College of the City University in New York in Partnership with The Royal College of Surgeons in Ireland; Missouri University Community Academy Development, 2003; 20th Annual Meeting of the CINDI Programme Directors, Prague, the Czech Republic, May 30-31, 2003; Advanced Life Support in Obstetrics (ALSO) Provider Course, American Academy of Family Physicians, Orlando, FL, 2004; 17th World Conference of Family Doctors. WONCA 2004. Orlando, USA, October 13-17; New Grantees Meeting, Washington, October 2004; “Annual Child Survival and Health Mini-University” 2005 – John Hopkins Bloomberg School of Public Health, Baltimore, Maryland; WHO/CINDI Course – Evidence-Based Public Health - Shrums, Austria, September 2005; September 2005 attended CORE Fall Meeting - Health Systems Strengthening from the Community Up, September 12-13, 2005; USAID Child Survival and Health Grants Program – FY06 RFA Conference, September 14-15, 2005.
- Dr. Revaz Tataradze (MCH Division Director) - Leading Georgian Specialist in the field of Ambulatory Medicine/Disease Prevention; A course of lectures, “A Program for Organizational Development in Basic Economics, Principles of Management and Marketing”, NGO - ACTS Georgia-International (USA), Tbilisi; 1997 – Regional Conference: Health Promotion and Disease Prevention. Community-based Projects that Work. Presented by the Albert Schweitzer Institute for the Humanities in collaboration with John Hopkins University School of Hygiene and Public Health. Sponsored by the Open Society Institute in Budapest; 2000 – Completion of Global Tobacco Control Scholarship Program: pre-World Conference Training, Lisle, Illinois, USA; 2000 – Participation in Fund Raising Part of the First Skill-Building Workshops to be presented at a World Conference on Tobacco OR Health, Chicago, Illinois, USA. 2001 – Participation in North Karelia International Visitors’ Week, Helsinki/Joensuu and in WHO CINDI Winter School, Helsinki, hosted by National Public Health Institute, Department of Epidemiology and Health Promotion – WHO Collaborating Center for Community Programs in Chronic Disease Prevention and Health Promotion; 20th Annual Meeting of the CINDI Programme Directors, Prague, Czech Republic, May 30-31, 2003; 12th World Conference on Tobacco OR Health held in Helsinki, Finland, August 3-8, 2003; Family Medicine in Georgia: Key Achievements and Future Perspectives. Georgia Family Medicine Association. January 20, 2004; 21st annual meeting of CINDI Programme Directors, Pavia, Italy, September 24-25, 2004; 2004 - Advanced Life Support in Obstetrics (ALSO) Provider Course and ALSO Instructor Course, Orlando, USA; 17th World Conference of Family Doctors. WONCA 2004. Orlando, USA, October 13-17. “Annual Child Survival and Health Mini-University” 2005– John Hopkins, Bloomberg School of Public Health, Baltimore, Maryland.
- Eteri Suladze (Project Manager) - A Course of lectures A) Program for Organizational Development in Subjects. (Basic Economics; Principles of Marketing; b) Budget Cost Control, NGO 2002 Knowledge, Practice and Coverage Survey; Train-the-Trainer training, under the sponsorship of CSTS, CORE and USAID.

Knowledge, Practice and Coverage Survey (KPC)

Prior to implementing project activities, ACTS conducted a baseline Knowledge Practices and Coverage (KPC) Survey to gain a better understanding of the health status of women and children in the Kvemo Kartli region and the cities of Chiatura and Zestaphoni in Imereti region.

From January - March 2005, the KPC Survey methodology was developed, questionnaires were modified and translated, interviewers and supervisors were selected and trained, the survey was conducted and results were analyzed and disseminated among major stakeholders. KPC data were entered into the CSHGP project data form and published at the CSTS web site. Survey results were presented to colleagues during the John Hopkins Mini-University in Baltimore, MD in June 2005. Results for breastfeeding and nutrition were introduced at the discussion of the Georgian Action Plan (2005-2010) for Food Products and Nutrition in May 16, 2005. ACTS was asked by the Public Health Department of the Georgian MoLHSA for anthropometry results to include them in the *Overview of Studies on Child, Adolescent and Adult Anthropometry 1999-2005*, published by WHO.

While conducting the baseline assessments, including the KPC survey, it was determined that two revisions from ACTS' original CS grant application were necessary. Specifically, changes were needed in the percentage of total effort allocated to two interventions: breastfeeding and management of pneumonia. KPC results showed that there was more medical personnel support for breastfeeding than anticipated. Therefore, that intervention's level of effort was reduced by 5%. In addition, KPC results demonstrated that an additional 5% level of effort should be applied to Case Management of ARI/Pneumonia.

Important preparation work was done before the KPC survey was conducted. The Child Survival team, with NGOs, Tanadgoma⁵ and HERA⁶ also organized six meetings in the target regions. These meetings involved local authorities, representatives of medical institutions and members of the local population. The meetings addressed issues of:

- Health behavior patterns
- Sensitivity toward outwardly delivered messages
- Preferred routes to obtain health related information
- Degree of trust afforded to local authorities and medical personnel
- Perception and beliefs about prevention and treatment of basic health problems
- Sanitary conditions of households
- Possible difficulties and constraints in conducting the KPC Survey

Key stakeholders were involved in the needs assessment and baseline data collection. As participants of baseline studies, they served as interviewers or supervisors and assisted in the collection of qualitative data. Influential community members were involved and they informed other community members about data collection activities and mobilized participants for data collection sessions. As a result of these observations, a decision was made to subdivide Kvemo Kartli Region into two sub-regions and consider the cities of Chiatura and Zestaphoni, geographically located in the Imereti region (western Georgia), as a separate sub-region.

⁵ The *Union for Social Protection of Citizens of Georgia* provides health and social services to Kvemo Kartli population at community level

⁶ *Women Wellness Care Alliance "HERA"*, an Imereti-based health care provider for women

Completion of the Detailed Implementation Plan (DIP)

The Detailed Implementation Plan (DIP) for the “Child Survival Program for Kvemo Kartli and Imereti, Georgia” was developed through the joint efforts of ACTS International, ACTS-Georgia, the Georgian Ministry of Labor, Health and Social Affairs (MoLHSA) and other local stakeholders. A participatory process that began in September, 2004, involved identification of potential community stakeholders, partnership building, situational and gap analysis, development of a common vision and on-site advocacy of the activities related to project implementation. Important parts of the DIP preparation process were the discussions held during workshops and meetings with a variety of partners and stakeholders.

According to recommendations of the CSHGP technical advisor, MCH and public health experts were added to the team for more guidance in developing activities related to behavior change. In addition technical assistance consultants to guide the community mobilization process were invited. ” In the course of the DIP development, Dr. Zaza Bokhua, Deputy of Head, Health Policy Department of MoLHSA and Dr. Tamar Manjavidze, head of MCH division of MoLHSA, assisted ACTS in staying current with new developments and ensured coordination with Primary Health Care Reform and CoReform project activities. Dr. Bokhua also served as liaison in order to inform MoLHSA staff about CS program activities and effective or innovative ideas that could be scaled-up. At the national level, collaboration with ministries and other organizations took place mainly through informal meetings and workshops.

In April, 2005, Olga Wollinka, consultant with significant child survival experience, joined the ACTS DIP review team to assist with draft DIP preparation. The first draft DIP was submitted April 15, 2005. Trish Blair, MD, Giorgi Tsilosani, MD, PhD, Rezo Tataradze, MD, PhD, Eteri Suladze, and Grigol Kharabadze attended the USAID/CSTS technical workshop/mini-university in Baltimore, Maryland in early June, 2005. The draft DIP was presented at the workshop. USAID recommended several areas of improvement for the DIP, including clarification on policy issues, other programs and linkages between ACTS and these other programs, and a more clearly defined monitoring and evaluation framework. The reviewer comments on ACTS International’s first draft DIP clarified issues related to development of the Results Framework and conducting qualitative research using BASICS. Comments provided by Jennifer Yourkavitch, New Partner Child Health Advisor, Jennifer Luna, Monitoring and Evaluation Specialist, David Cantor, Senior Management Information Specialist, Michel Pacque, Child Survival Specialist, Tamar Sirbiladze, MD, Health Programs Management Specialist, USAID Mission in Georgia; as well as consultations with W. Weiss, Associate Research of the Department of International Health of Johns Hopkins Bloomberg School of Public Medicine were particularly beneficial. The feedback session allowed ACTS to dialogue with experts on a number of challenging issues, including dividing the region into three sub-regions, immunization cards, the Georgian immunization calendar and a sustainability framework, etc.

The ACTS CS team benefited from the concurrent technical sessions: Monitoring and Evaluation: Keeping Stakeholders Engaged in Decision-Making; BEHAVE Framework; Panel discussion: Innovative Approaches to Maternal and Newborn Health where ACTS presentation was discussed; DIP Feedback Sessions: MC, Tajikistan. Reviewer comments on ACTS International’s first draft DIP clarified many issues related to improvement of the DIP. Comments provided by the above mentioned specialists allowed ACTS to dialogue with experts

on a number of challenging issues, including dividing the targeted areas into three sub-regions, immunization cards, the Georgian immunization calendar and a sustainability framework, etc.

From June 22-30, 2005, Namita Agravat, MPH, Child Survival and Health Program Adviser, made a site visit to Georgia. The purpose of her visit was to provide technical assistance and to facilitate ACTS' working relationship with the local USAID mission. Ms. Agravat also provided ACTS International a detailed technical review of the previously submitted draft DIP as part of her visit. Tamar Sirbiladze, MD, Health Management Program Specialist for the USAID Local Mission, arranged for meetings attended by Namita Agravat, Dr. Trish Blair, the ACTS-Georgia CS team, the MoLHSA staff, local partners and representatives of international organizations working in Georgia. The purpose of the meetings was to discuss potential linkages between the various groups working in the area of Maternal and Child Health (MCH) in Georgia. Ms. Agravat and Dr. Sirbiladze, together with Dr. Blair and the ACTS CS team, visited the city of Dmanisi and two villages in the Dmanisi district. They also attended a workshop for medical professionals in Rustavi city. As a result of these meetings, specific activities to coordinate with USAID Tbilisi, JSI T&R Institute, Curatio, Abt/CoReform, VRF, UNICEF, MoLHSA/Parliament, and "Claritas" have been identified and the majority of them are reflected in this DIP. The child survival advisory group membership was offered to interested stakeholders including: AIHA, Care Caucasus, representatives of UN agencies: WHO, UNFPA; major partners of primary health care: World Bank, EU, DFID; Tbilisi State Medical University, other Georgian governmental structures (e.g., internally displaced persons, etc).

Ms. Agravat also provided ACTS with a detailed technical review of the previously submitted draft DIP as part of her visit, and helped to develop an action plan for completing the DIP document by Georgian COB. A public health expert was added to the team, as well as technical assistance consultants to guide the community mobilization process. ACTS worked with the VRF on identification and selection of community educators. The role of local NGO partners was clarified, schedules of training at the facility level were agreed upon and the topics, curricula and faculty for conducting training courses at the different levels were selected. A health facility assessment plan was developed. Information about all HIS in Georgia, coordination of specific activities with several recommended partners was identified; and the role of "Claritas" was more clearly defined. Qualitative research methods were planned and the focus of the project shifted to include a newborn component. Planned iodine activities became focused on proper storage of salt and promotion of the use of iodized salt. Copies of the decrees/policies for all key policy issues related to the project were requested. The M&E plan and matrix were developed for each technical intervention. A description of the BFHI process was included in the DIP. USAID/Georgia DIP review comments and discussions with USAID/CSHGP on June 25 were used to further refine the final DIP that was submitted to USAID for approval on August 1, 2005.

George Tsilosani, CMO, CS Program, ACTS Georgia President met with Namita Agravat, Child Survival and Health Technical Advisor, CSHGP and Susan Youll, Program Manager, CSHGP at the USAID CSHGP FY06 RFA Conference in September 14-15, 2005. The issues of final DIP version were discussed. However it was impossible to hand the DIP over to them at the meeting because the DIP final version arrived after their departure, was and was subsequently sent by FedEx to Namita Agravat, Child Survival and Health Technical Advisor, CSHGP and Susan Youll, Program manager, CSHGP.

Partnership Agreements and Collaboration with Stakeholders

Between November 2004-July 2005, ACTS successfully negotiated agreements with its key CS partners working in Georgia including:

- Ministry of Labor, Health and Social Affairs (MoLHSA) of Georgia and its Public Health Department
- CRPA/CLARITAS XXI
- Women Wellness Care Alliance “HERA” (West Georgia)
- Union for Social Protection of Citizens of Georgia “Tanadgoma”
- Vishnevskiaia-Rostropovich Foundation (VRF) for the Health and Future of Children in Georgia (Kvemo Kartli grassroots NGO)

On March 25, 2005 ACTS Georgia signed an Agreement on Cooperation with the Ministry of Labor, Health and Social Affairs (MoLHSA) of Georgia and on March 31, 2005 and received a letter of support from the MoHLSA, Public Health Department. The above documents confirm the urgency and priority of maternal and child health problems in Georgia, as well as compliance of the project’s strategies and goals with health policy for maternal and child health. MoLHSA is contributing in the area of partner relationships by ensuring coordination between ACTS-Georgia and the Maternal and Children’s Health, Information and Reference Services provider network. In addition, MoHLSA supports educational activities; and provides assistance for the development of the partnership network. MoLSHA contributes to CS interventions and monitoring through district and regional health authorities as a part of the MoLHSA Long-Term Health Plan for the country. The deputy of head of health policy department, Dr. Zaza Bokhua (obstetricians) serves as main contact for the CS project for MoLHSA.

On November 1, 2004, PFC documents were signed with CRPA/CLARITAS XXI, Women Wellness Care Alliance “HERA” and the Kvemo Kartli-based, Union for Social Protection of Citizens of Georgia “Tanadgoma”. Following the recommendation of Dr. T. Sirbiladze, Health Program Management Specialist, USAID Caucasus Mission and Namita Agravat, MP, CSHGP Advisor, ACTS also negotiated an agreement to work with the Vishnevskiaia-Rostropovich Foundation (VRF) for identification and selection of community educators. A PFC was signed with VRF on July 5, 2005.

The main local non-governmental partners: Child Rights Protection Association “Claritas” contributes by developing training events planning, calendar scheduling, coordinating materials preparation, adapting curricula and conducting training. Grassroots regional NGO in Kvemo Kartli, “Tanadgoma” is facilitating community mobilization, collecting data at the regional level, serving as community liaison and assisting with organizational issues related to the interventions. The same functions are fulfilled by another grassroots NGO located in Imereti region, the Women Wellness Health Care Alliance “HERA”. ACTS is also maintaining contact and developing collaborations with relevant international organizations. Dr. T. Sirbiladze and Namita Agravat, MPH recommended that ACTS work with the VRF on identification and selection of community educators. As a result the appropriate agreement with the above foundation has been concluded.

An agreement has been made to incorporate information into existing HIS and project monitoring systems with the NCDC and medical statistics.

David Newberry, PhD, CARE Polio Program Director and former director of Child Survival programming will lead the mid-term and final evaluation team. The evaluation team will include USAID mission and MoLHSA staff, ACTS International and ACTS-Georgia CS team members and public health program specialists. Elizabeth Baker, PhD, (Associate Professor, School of Public Health, St. Louis University) will aid in the selection of a specialist from the St. Louis University, School of Public Health faculty.

Participation in Conferences, Planning Bodies and Policy-Setting Groups

On April 7, ACTS CS team participated in the UN-sponsored World Health Day 2005 “Make every mother and child count” and made a poster presentation of KPC survey materials and CS project design.

The CS team attended the CSHGP New Grantees meeting in October, 2004 and the Mini-University in June, 2005, held at Johns Hopkins University, as well as Evidence-Based Public Health: A Course on Chronic Disease Prevention. Particularly beneficial were the technical sessions: Monitoring and Evaluation: Keeping Stakeholders Engaged in Decision-Making; the BEHAVE Framework; Panel discussion: Innovative Approaches to Maternal and Newborn Health where the ACTS presentation was discussed; and the DIP Feedback Sessions: MC, Tajikistan.

The CMO and MCH Division Director attended the World Health Organization (WHO) sponsored Countrywide Integrated Non-communicable Diseases Intervention (CINDI) training course presented by WHO, CINDI-Austria, CINDI-Canada, CINDI-Finland, CINDI-Lithuania, Centers for Disease Control and Prevention, Saint Louis University, Directors of Health Promotion and Education, September 26-29, 2005, Schruns, Austria. Dr. Tsilosani and Dr. Tataradze contributed to insights into the specifics of Child Survival programming approaches, as well as appropriate documentation, planning, monitoring and evaluation and DIP development.

Hosting ACTS International and USAID/Washington Visitors

From June 22-30, 2005, Namita Agravat, MPH, Child Survival and Health Program Adviser, made a site visit to Georgia. The purpose of her visit was to provide technical assistance and to facilitate ACTS’ working relationship with the local USAID mission. Ms. Agravat also provided ACTS International a detailed technical review of the previously submitted draft DIP as part of her visit. Tamar Sirbiladze, MD, Health Management Program Specialist for the USAID Local Mission, arranged for meetings attended by Namita Agravat, Dr. Trish Blair, the ACTS-Georgia CS team, the MoLHSA staff, local partners and representatives of international organizations working in Georgia. The purpose of the meetings was to discuss potential linkages between the various groups working in the area of Maternal and Child Health (MCH) in Georgia. Ms. Agravat and Dr. Sirbiladze, together with Dr. Blair and the ACTS CS team, visited the city of Dmanisi and two villages in the Dmanisi district. They also attended a workshop for medical professionals in Rustavi city. As a result of these meetings, specific activities to coordinate with USAID Tbilisi, JSI T&R Institute, Curatio, Abt/CoReform, VRF, UNICEF, MoLHSA/Parliament, and “Claritas” were identified

Progress Toward Implementation of Technical Interventions

The CS project is focused on quality improvement of services, behavior change and increased availability of and access to maternal and child health care services. ACTS has made great strides towards implementation of the project's five technical interventions: Maternal and Newborn Care (25%), Breastfeeding Promotion (20%), Nutrition (15%), Case Management of Diarrhea (25%) and Case Management of Pneumonia (15%).

Key activities accomplished include:

- Creation of informed demand to increase community understanding and appropriate, efficient use of healthcare services during pregnancy, childbirth, and the postpartum period;
- Identification of barriers—including distance, cost and cultural practices—often preventing pregnant women and mothers with newborns from accessing health care;
- Preparation to influence on behavior change for prevention, early recognition, referral and treatment of complications;
- Assessment of technical competence, systems and supplies for normal deliveries and obstetrical emergencies;
- Quality education and training for outreach postpartum and newborn care;
- Facilitation to effective quality assurance systems; formalization partnership agreements for support of effective links between the community, peripheral health facilities and referral facilities, coordinated efforts of country governments, indigenous NGOs, international PVOs, bilateral and multilateral donor agencies.;
- Conducting planning meetings; development of timelines and assessment tools and methodologies)

Detailed charts demonstrating progress towards the year one interventions follow on pages 14-26.

Progress Toward Capacity Building Objectives

Once program staff and consultants were hired and community stakeholders had been identified, a capacity assessment was completed to determine the training needs of program staff and partners. A pre-implementation workshop was held to orient partners to the program and to encourage commitment from a larger group of stakeholders. Participants in the two-day workshop included health center staff, rayon (district) health facilities staff, regional health department staff, district and commune chiefs, as well as representatives from health-related private voluntary organizations (PVOs) working in the targeted regions. The workshop informed stakeholders about the child survival program, explained how the program fit with ACTS' other community development activities and helped ACTS to gather stakeholder input regarding implementation issues. The workshop was successful in building local participation, cooperation and ownership in the CS program, as well as provided helpful feedback to ACTS for planning early activities, in particular the KPC baseline survey.

A new Georgian field office was leased to increase capacity of ACTS to implement the CS program. Several factors were considered in selection of an appropriate office space (e.g., size, cost, security and availability of electricity and telephone services). The central field office is

located in Tbilisi and readily accessible to staff. Within the program area, the field offices were open and their location was chosen so that they are easily accessible to beneficiaries and partners. Some basic items were procured, including, computers, printers, radios (HF and/or VHF), furniture and stationery. Program vehicles were also purchased at the start of the program. The program also required the new office space in order to create a reference library to provide technical manuals and other publications on child survival, maternal and child health, evaluation and needs assessment, among other topics. ACTS now has CSTS, CORE and the BEHAVE reference materials in the reference libraries in both the headquarters office and the Georgia field office.

Increasing MCH Technical Knowledge and Skills

ACTS Georgia executive staff is actively involved in continued professional education activities. Dr. Tsilosani and Dr. Tataradze, supported by the WONCA Bursary Fund for the 17th World Conference of Family Doctors in conjunction with the AAFP Scientific Assembly, attended the Advanced Life Support in Obstetrics (ALSO) courses in Orlando in October 2004. The ALSO Provider Course is a two-day course for all maternity care providers including physicians, nurse midwives, registered nurses and other clinicians. Using an evidence-based curriculum, the course provides a short amount of lecture time and many interactive workstations utilizing pelvic mannequins and other appropriate medical equipment. A one-day course, the ALSO Instructor Course focuses on specific teaching skills required for adult learning, including how to teach small interactive workstations, how to teach workstations using mannequins and other equipment, how to give effective feedback and effectively lecture and teach workstations using slides. Dr. Tsilosani and Dr. Tataradze have successfully completed the provider and instructor courses.

ALSO provider and instructor courses have been administered in Georgia in November 2004 within the framework of “Physicians with Heart,” a Partnership of the American Academy of Family Physicians, the American Academy of Family Physicians Foundation, and “Heart to Heart International”. The ALSO training was supported by a grant to ACTS-Georgia from USAID to fund materials and travel for 60 doctors throughout the country to attend this course.

Assistance has also been provided to ACTS by our friends and colleagues at World Vision. Thanks goes out to the late Lyndon Brown, MPH and Fe Garcia, MD, MPH who expressed willingness to provide information and materials on Child Survival that have greatly improved ACTS capacity for program success.

Staff Orientation Workshop

A three-day staff orientation workshop was organized in January 12-14, 2005. The objectives of this workshop included: (1) Discussion and reviewing of activities to determine what worked well and to design strategies to improve weaker areas; (2) Briefing on key objectives and strategies; and (3) Informing staff about the upcoming KPC survey, survey timeline and logistics. The goal of this workshop was to prepare the staff to effectively implement the project using the key approaches.

Strategic Planning and Organizational Capacity-Building

A strategic planning process undertaken by ACTS International in 2002 identified the following organizational development goals:

- Establish a Division of Maternal and Child Health, with non-voting representation on the Executive Board for ACTS International.
- Incorporate USAID standards into ACTS International programming, using results frameworks, program indicators and impact evaluation.

A Division of Maternal and Child Health will be created, with a non-voting representative on the ACTS Executive Board through the Division Director, who will participate in all strategic planning processes undertaken by the full Board and the President. This Division will provide coordinated oversight for MCH programs generated by ACTS International and ACTS-Georgia for Georgia, as well as for other countries of interest.

In addition, through further development of ACTS backstopping capabilities, ACTS International will foster organizational development of ACTS-Georgia. For example, ACTS International will provide technical expertise to ACTS-Georgia for program evaluation, building upon well-implemented monitoring systems that ACTS-Georgia has developed to track program outputs. ACTS International will assist its local partner in expanding skills in quantitative and qualitative data collection for effective program development. ACTS International will continue to support enrichment of staff through on-the-job training, exchange visits to other Child Survival projects, participation in US-based public health program training; and university exchange programs and scholarships in order to build its skills for maternal and child health projects and participation in CORE Group activities including trainings and meetings.

ACTS-Georgia will foster its organizational development by:

- 1) Conducting regularly-scheduled organizational reviews (employing DOSA),
- 2) Conducting outcomes assessments and evidence-based decision making to select program interventions and
- 3) Creating professional development training program based on an annual assessment conducted jointly by ACTS International and ACTS-Georgia.

ACTS International and ACTS-Georgia will use a self-assessment tool in 2006, 2007 and 2009 to assess capacity development as the NGO with a focus on maternal and child health issue.

YEAR 1 - PROGRESS TOWARD OBJECTIVES: TECHNICAL INTERVENTIONS

Maternal and Newborn Care (25%)					
Program Goal: To create sustainable interventions to reduce maternal, neonatal infant and child morbidity and mortality in Kvemo Kartli region and the cities of Chiatura and Zestaphoni in the Imereti region.					
Specific Objective: Improved perinatal services and maternal newborn care.					
Indicators (with Measurement Method):					
<ul style="list-style-type: none"> • Indicator 1: Percent of mothers who know at least four signs of danger during pregnancy that indicate the need for treatment. (KPC, LQAS) • Indicator 2: Percent of mothers/family members able to report at least two known neonatal danger signs. (KPC, LQAS). • Indicator 3: Percent of deliveries that use partograph to manage labor. (KPC, LQAS). • Indicator 4: Percent of staff skilled in management of birth asphyxia. (HFA, Observation) • Indicator 5: Percent of children, aged 0-23 months placed with the mother immediately after birth (KPC, LQAS). • Indicator 6: Percent of professionals recognizing signs of danger of delivery. (HFA, Observation) • Indicator 7: Percent of health care facilities that implement M/C Strategy and referral protocols. (HFA). • Indicator 8: Number of trained medical staff in MNC (Health Facility visits, staff attendance.) 					
Major Activities	Activity/ Focus	Time Frame	Responsible	Benchmarks/ Targets	Benchmarks Achieved?
Household/Community					
• Qualitative research	BC, Q	VIII /IX 2005 VIII /IX 2006 VIII /IX 2008	IPM/ACTS	45 focus groups	Planning sessions with Public Health Department; Identification of participants; Developing FG questions.
• Adapting IEC materials, translating them in Azerbaijan and Russian language and printing.	BC	VIII-XII 2005	Claritas/ ACTS	2,000 posters 10,000 leaflets 10,000 booklets 10,000 brochures	Materials being reviewed by MoLHSA; pending approval will print.
• Selection of community leaders (CL).	BC, Q	IX-XI 2005	Claritas/ VRF/ACTS	300 CL	With VRF, ACTS identified 13 CL; ACTS adopted methodology practiced by VRF
• Selection of mother-to- mother support groups (MMSG).	BC, Q	IX-XI 2005	Claritas/ ACTS	300 mothers	20 candidates for MMSG selected in 4 districts of Kvemo Kartli region based on CL recommendations. Women nominated (total 45 candidates) interviewed by “Claritas XXI” and 20 candidates selected.
• Training of CL on MCH.	BC	II/2006-II/2008	Claritas	10 trainings	Materials prepared.
• Training of MMSG.	BC	II/2006-II/2008	Claritas	10 trainings	Materials prepared.

• Sessions conducted by CL.	BC	II/2006-II/2009	CL	10-12 sessions per month	Materials for use by CL for conducting sessions prepared.
• Talks conducted by MMSG.	BC	II/2006-II/2009	MMSG	2 talks per month	Topics for talks defined.
• Assessment of CL/MMSG activities.	BC, Q	VIII/2006-II/2009	Claritas/ ACTS	once in 6 months	Methodology for assessment developed.

Maternal and Newborn Care (25%)					
Major Activities	Activity/ Focus	Time Frame	Responsible	Benchmarks/ Targets	Benchmarks Achieved?
Health Facility					
• Health Facility Assessment.	A, BC, Q	IX -X 2005 IX-X 2007 IX-X 2008	Claritas/ACTS	38 facilities	HF resource assessment conducted in 4 facilities of 2 districts of KK (Bolnisi, Dmanisi); protocol for broader survey including quality of care assessment developed.
• Printing of training materials: ✓ BFHI ✓ MNC ✓ BF	BC, Q	XI -XII 2005	Claritas/ACTS	150 modules 200 modules 200 modules	Being reviewed by MoLHSA; pending approval will print
• Training on BFHI.	BC, Q	II/2006- II/2007	Claritas	150 trained HW	
• Training on MNC.	BC, Q	V/2006- V/2008	Claritas	200 trained HW	
• Training on BF.	BC, Q	II/2006- II/2008	Claritas	200 trained HW	
• Audit of maternity houses.	BC, Q	IV/2008- X/2008	Claritas/ACTS	6 maternity houses	
District					
• Orientation meetings.	A	IX/2005-II/2009	Claritas/ACTS	36 meetings	Two orientation workshops in Kvemo Kartli and Chiatura-Zestaphoni conducted for local stakeholders
• Mass Media Component.	A, BC	IX/2005-II/2009	ACTS	8 TV programs, 8 informational newsletters (10,000 each)	CS project goals and objectives and locations by first channel of Georgian radio; Kvemo Kartli regional newspaper, "Dmanisi" published. Agreement for TV appearance on popular channels "Rustavi 2" reached.
• Launch of Project		IX/2009	ACTS		

Breastfeeding and BFHI (20%)

Program Goal: To create sustainable interventions to reduce maternal, neonatal infant and child morbidity and mortality in Kvemo Kartli region and the cities of Chiatura and Zestaphoni in the Imereti region.

Specific Objective: Improved breastfeeding practice and nutritional status of children.

Indicators (with Measurement Method):

- Indicator 1: Percent of infants, aged 0-5 months that were fed breast milk only in the last 24 hours. (KPC and LQAS).
- Indicator 2: Percent of children receiving breast milk up to 23 months. (KPC, LQAS)
- Indicator 3: Percent of children aged 0-23 months who were breastfed within the first hour after birth. (KPC and LQAS)
- Indicator 4: Percentage of pregnant women and mothers who received breastfeeding counseling during antenatal care. (KPC, LQAS).
- Indicator 5: Percent of health facilities designated “baby friendly.” (Facility external assessment).
- Indicator 6: Percent of compliance of Georgia Law “on Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding.”

Major Activities	Activity/ Focus	Time Frame	Responsible	Benchmarks/ Targets	Benchmark Achieved?
Household/Community					
• Qualitative research	BC, Q	VIII /IX 2005 VIII /IX 2006 VIII /IX 2008	IPM/ACTS	45 focus groups	Planning sessions with Public Health Department; Identification of participants; Developing FG questions.
• Adapting IEC materials, translating them in Azerbaijan and Russian language and printing.	BC	VIII-XII 2005	Claritas/ ACTS	2,000 posters 10,000 leaflets 10,000 booklets 10,000 brochures	Materials being reviewed by MoLHSA; pending approval will print.
• Selection of community leaders (CL).	BC, Q	IX-XI 2005	Claritas/ VRF/ACTS	300 CL	With VRF, ACTS identified 13 CL; ACTS adopted methodology practiced by VRF
• Selection of mother- to- mother support groups (MMSG).	BC, Q	IX-XI 2005	Claritas/ ACTS	300 mothers	20 candidates for MMSG selected in 4 districts of Kvemo Kartli region based on CL recommendations. Women nominated (total 45 candidates) interviewed by “Claritas XXI” and 20 candidates selected.
• Training of CL on MCH.	BC	II/2006-II/2008	Claritas	10 trainings	Materials prepared.
• Training of MMSG.	BC	II/2006-II/2008	Claritas	10 trainings	Materials prepared.
• Sessions conducted by CL.	BC	II/2006-II/2009	CL	10-12 sessions per month	Materials for CL sessions prepared.

• Talks conducted by MMSG.	BC	II/2006-II/2009	MMSG	2 talks per month	Topics defined.
• Assessment of CL/ MMSG activities.	BC, Q	VIII/2006-II/2009	Claritas/ ACTS	once in 6 months	Methodology for assessment developed.

Breastfeeding and BFHI (20%)					
Major Activities	Activity Focus¹	Time Frame	Responsible	Benchmarks/ Targets	Benchmark Achieved?
Health Facility					
• Health facility assessment.	A, BC, Q	IX -X 2005 IX-X 2007 IX-X 2008	Claritas/ACTS	38 facilities	Simplified HF resource assessment conducted in 4 facilities in 2 districts of KK (Bolnisi, Dmanisi). Protocol for broader survey, including quality of care assessment developed.
• Printing of training materials: ✓ BFHI ✓ MNC ✓ BF	BC, Q	XI -XII 2005	Claritas/ACTS	150 modules 200 modules 200 modules	Materials being reviewed by MoLHSA; pending approval will print.
• Training on BFHI.	BC, Q	II/2006- II/2007	Claritas	150 trained HW	Materials being reviewed by MoLHSA; pending approval will print.
• Training on MNC.	BC, Q	V/2006- V/2008	Claritas	200 trained HW	Materials being reviewed by MoLHSA; pending approval will print.
• Training on BF.	BC, Q	II/2006- II/2008	Claritas	200 trained HW	Materials being reviewed by MoLHSA; pending approval will print.
• Audit of maternity houses.	BC, Q	IV/2008- X/2008	Claritas/ACTS	6 maternity houses	
District					
• Orientation meetings.	A	IX/2005-II/2009	Claritas/ACTS	36 meetings	Two orientation workshops in Kvemo Kartli and Chiatura-Zestaphoni conducted for local stakeholders
• Mass Media Component.	A, BC	IX/2005-II/2009	ACTS	8 TV programs, 8 type informational newsletter (10,000 each)	CS project goals and objectives and locations by first channel of Georgian radio; Kvemo Kartli regional newspaper, "Dmanisi" published. Agreement for TV appearance on popular channels "Rustavi 2" reached.
• Launch of Project		IX/2009	ACTS		

Nutrition/Micronutrients (15%)

Program Goal: To create sustainable interventions to reduce maternal, neonatal infant and child morbidity and mortality in Kvemo Kartli region and the cities of Chiatura and Zestaphoni in the Imereti region.

Specific Objective: Improved feeding practices for improving child nutrition and child growth.

Indicators (with Measurement Method):

- **Indicator 1:** Percent of infants aged 6-9 months who received breast milk and solid foods in the last 24 hours. (KPC and LQAS)
- **Indicator 2:** Percent of mothers who know correct complementary feeding practice. (KPC and LQAS)
- **Indicator 3:** Percent of households who know how to use and store iodized salt (KPC, LQAS).
- **Indicator 4:** Percent of medical staff assessing child growth and using growth chart during child's sick visit. (HFA, Follow up observation).
- **Indicator 5:** Percent of medical staff who were asked and explain proper complementary feeding practices. (HFA, Follow-up observation)
- **Indicator 6:** Number of health facilities where correct nutritional counseling is implemented. (HFA, follow up observation).

Major Activities	Activity Focus ¹	Time Frame	Personnel	Benchmarks/ Targets	Benchmark Achieved Comments
Household/Community					
• Qualitative research	BC, Q	VIII /IX 2005 VIII /IX 2006 VIII /IX 2008	IPM/ACTS	45 focus groups	Planning sessions with Public Health Department; Identification of participants; Developing FG questions.
• Adapting IEC materials, translating them in Azerbaijan and Russian language and printing.	BC	VIII-XII 2005	Claritas/ ACTS	2,000 posters 10,000 leaflets 10,000 booklets 10,000 brochures	Materials being reviewed by MoLHSA; pending approval will print.
• Selection of community leaders (CL).	BC, Q	IX-XI 2005	Claritas/ VRF/ACTS	300 CL	With VRF, ACTS identified 13 CL; ACTS adopted methodology practiced by VRF
• Training of CL on MCH.	BC	II /2006- II/2008	Claritas	10 trainings	Materials prepared.
• Sessions conducted by CL.	BC	II /2006- II/2009	CL	10-12 sessions per month	Materials for use by CL for conducting sessions prepared.
• Assessment of CL activities.	BC, Q	VIII /2006- II/2009	Claritas/ ACTS	once in 6 months	Methodology for assessment developed.

Health Facility					
• Health facility assessment.	A, BC, Q	VIII -IX 2005 IX-X 2008	Claritas/ACTS	50 facility	Simplified HF resource assessment conducted in 4 facilities in 2 districts of KK (Bolnisi, Dmanisi). Protocol for broader survey, including quality of care assessment developed.
• Printing of training materials: ✓ BFHI ✓ MNC ✓ BF	BC, Q	XI -XII 2005	Claritas/ACTS	300 chart books	Materials being reviewed by MoLHSA; pending approval will print.
• Training on IMCI	BC, Q	II/2006- V/2008	Claritas	300 trained HW	Materials prepared.
• IMCI Follow-up Visits	BC, Q	IV/2006- XI/2008	Claritas/ACTS	visits to 75 facilities	Schedule and succession facilities prepared.

Nutrition/Micronutrients (15%)					
Major Activities	Activity Focus¹	Time Frame	Responsible	Benchmarks/ Targets	Benchmark Achieved?
District					
• Orientation meetings.	A	IX/2005-II/2009	Claritas/ACTS	36 meetings	Two orientation workshops in Kvemo Kartli and Chiatura-Zestaphoni conducted for local stakeholders
• Mass Media Component.	A, BC	IX/2005-II/2009	ACTS	8 TV programs, 8 type informational newsletter (10,000 each)	CS project goals and objectives and locations by first channel of Georgian radio; Kvemo Kartli regional newspaper, "Dmanisi" published. Agreement for TV appearance on popular channels "Rustavi 2" reached.
• Launch of Project		IX/2009	ACTS		

ARI/Pneumonia and Diarrhea (40%)

Program Goal: To create sustainable interventions to reduce maternal, neonatal infant and child morbidity and mortality in Kvemo Kartli region and the cities of Chiatura and Zestaphoni in the Imereti region.

Specific Objective: Improved adequate management of ARI/ Pneumonia and diarrhea utilizing IMCI protocol.

Indicators (with Measurement Method):

- **Indicator 1:** Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness (KPC, LQAS).
- **Indicator 2:** Percent of mothers who know at least two signs of childhood illness that indicate the need for referral to health care services (KPC, LQAS).
- **Indicator 3:** Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered catch-up feeding (KPC, LQAS).
- **Indicator 4:** Percent of children who were examined for four common danger signs (HFA, Follow up observation).
- **Indicator 5:** Percent of health care providers who assessed for frequent breathing during sick child consult for children under five years of age (HFA, Follow up observation).
- **Indicator 6:** Percent of health care providers who assessed for chest retractions during sick child consult for children under five years of age (HFA, Follow up observation).
- **Indicator 7:** Percent of health care providers who properly classified dehydration degree during sick child consult for diarrhea for children under five years of age (HFA, Follow up observation).
- **Indicator 8:** Percent of primary health facilities that have ORT Corner (HFA, Follow up observation).
- **Indicator 9:** Percent of primary health facilities that have essential drugs and medicines to deliver IMCI services (HFA, Follow up observations).
- **Indicator 11:** Percent of health care facilities with improved performance on correct diagnosis and treatment according to IMCI protocol for sick consults for children 0-5 years of age (HFA, Follow up observation).

Major Activities	Activity/ Focus ¹	Time Frame	Responsible	Benchmarks/ Targets	Benchmark Achieved?
Household/Community					
• Qualitative research	BC, Q	VIII /IX 2005 VIII /IX 2006 VIII /IX 2008	IPM/ACTS	45 focus groups	Planning sessions with Public Health Department; Identification of participants; Developing FG questions.
• Adapting IEC materials, translating them in Azerbaijan and Russian language and printing.	BC	VIII-XII 2005	Claritas/ ACTS	2,000 posters 10,000 leaflets 10,000 booklets 10,000 brochures	Materials being reviewed by MoLHSA; pending approval will print.

ARI/Pneumonia and Diarrhea (40%)					
Major Activities	Activity/ Focus ¹	Time Frame	Responsible	Benchmarks/ Targets	Benchmark Achieved?
Household/Community					
• Selection of community leaders (CL).	BC, Q	IX-XI 2005	Claritas/ VRF/ACTS	300 CL	With VRF, ACTS identified 13 CL; ACTS adopted methodology practiced by VRF
• Sessions conducted by CL.	BC	II/2006- II/2009	CL	10-12 sessions per month	Materials prepared.
• Training of CL on MCH.	BC	II/2006- II/2008	Claritas	10 trainings	Materials prepared.
• Assessment of CL.	BC, Q	VIII/2006- II/2009	Claritas/ ACTS	once in 6 months	Materials for use by CL for conducting sessions prepared.
Health Facility					
• Health facility assessment.	A, BC, Q	IX -X 2005 IX-X 2007 IX-X 2008	Claritas/ACTS	38 facilities	Simplified HF resource assessment conducted in 4 facilities in 2 districts of KK (Bolnisi, Dmanisi). Protocol for broader survey, including quality of care assessment developed.
• Printing of training materials: ✓ IMCI	BC, Q	XI -XII 2005	Claritas/ACTS	300 chart booklets	Being reviewed by MoLHSA; pending approval will print.
• Training on IMCI.	BC, Q	II/2006- V/2008	Claritas	300 trained HW	Materials prepared
• IMCI Follow-up visits.	BC, Q	IV/2006- XI/2008	Claritas	Visits to 75 facilities	Schedule and succession facilities prepared.
District					
• Orientation meetings.	A	IX/2005- II/2009	Claritas/ACTS	36 meetings	Two orientation workshops in Kvemo Kartl,I and Chiatura-Zestaphoni conducted for local stakeholders.
• Mass Media Component.	A, BC	IX/2005- II/2009	ACTS	8 TV programs, 8 type informational newsletter (10,000 each)	CS project goals and objectives and locations by first channel of Georgian radio; Kvemo Kartli regional newspaper, "Dmanisi" published. Agreement for TV appearance on popular channels "Rustavi 2" reached.
• Launch of Project		IX/2009	ACTS		

YEAR 1 - PROGRESS TOWARD OBJECTIVES: CAPACITY BUILDING

Institutional Capacity Building

Program Goal: To create sustainable interventions to reduce maternal, neonatal infant and child morbidity and mortality in Kvemo Kartli region and the cities of Chiatura and Zestaphoni in the Imereti region.

Specific Objectives:

- To increase Maternal and Child Health technical knowledge and skills among staff at all levels.
- To increase use of latest Child Survival technologies.
- Improve data collection and analysis in health programming.
- To scale up/expand successful models.
- Share and integrate lessons learned into health and child survival programming.
- Utilize lessons learned in other sectors to achieve integrated/holistic programming

Indicators

- Indicator 1: No. of HQ staff that have participated in CS technical workshops and worked on a CSHP project.
- Indicator 2: No. of field staff that have participated in CS technical workshops and worked on a CSHP project.
- Indicator 3: No. of ACTS health projects that use CS technologies, such as the BEHAVE framework.
- Indicator 4: No. of programs that replicate methods used in the implementation of the CSHP (e.g., survey methodologies and analysis).
- Indicator 5: No. of health project that include components that can be scaled up (e.g., social mobilization, volunteer recruitment and retention, community education, etc.)
- Indicator 6: No. of discussions/seminars arranged at both HQ and field level to share lessons learned.
- Indicator 7: No. of ACTS health programs that demonstrate inclusion of lessons learned during project design phase.

Major Activities	Activity Focus	Time Frame	Responsible	Benchmarks/ Targets	Benchmark Achieved?
ACTS International					
Increase Maternal and Child Health technical knowledge and skills	Participation in CS technical workshops	October, 2004-September 2005	T. Blair	No. of HQ staff that have participated in CS technical workshops and worked on a CSHP project - 3	Yes
Share and integrate lessons learned into health and child survival programming	Arranging discussions/seminars	October, 2005-September 2006	T. Blair	Number of discussions/seminars arranged at both HQ and field level to share lessons learned	Progress towards: Formalization of lessons learned
	Inclusion of lessons learned in the ACTS health programs	October, 2005-September 2006	T. Blair	Number of ACTS health programs that demonstrate inclusion of lessons learned	Progress towards: formalized lessons learned delivered to ACTS staff working in other health projects to consider them

ACTS Georgia					
Increase Maternal and Child Health technical knowledge and skills	Participation in CS technical workshops	October, 2004-September 2005	G. Tsilosani	Number of field staff that have participated in CS technical workshops - 3	Yes
Increase use of latest Child Survival technologies	Use CS technologies	October, 2005-September 2006	G. Tsilosani	Number health projects that use CS technologies	Progress towards: preparation process
Scale up/expand successful models	Working with Parliament/WHO/MOL HSA to integrate CS strategies at the Strategic Planning and policy level in Georgia	October, 2004-September 2009	R Tataradze	Number of documents of Strategic Planning and policy considering integrate CS	Progress towards: the process is going with Parliament (National food fortification Programm), WHO (CINDI, Nutrition); MoLHSA (Postgraduate education, health policy, health promotion etc)
Other Partners and Stakeholders					
To increase use of latest Child Survival technologies	Presentations ob partnerships and stakeholders meeting	October, 2004-September 2009	E. Suladze	Number programs that replicate methods used in implementation of CSHGP - 2 CS methods presented at 1 partnership meeting and 1 stakeholder meeting	CS methods presented at 1 partnership meeting and 1 stakeholder meeting

FACTORS IMPEDING PROGRESS

The region of Kvemo Kartli selected for CS project implementation is very big to which add the two cities of Chiatura and Zestaphoni in Imereti region. It might be sufficient to choose the poorest district of Kvemo Kartli rather than entire region. It seems reasonable that we would not have included the cities of Chiatura and Zestaphoni. The scope of project implementation area makes it more difficult to manage the Project. The high qualification and professional skills of the local staff (Mr. Ramaz Uruishadze, Dr. Nato Mamagishvili) greatly contributed to ACTS efforts to implement the project. Active actions of the district coordinators under the leadership of Dr. Tamara Lobzhanidze, who has a rich experience in public health sphere made it possible to overcome the constraints impeded by the scope of the Project area.

At the same time the ongoing reforms in the system of Health Care explain the absence of clearly formulated responsibilities of various structures of the Health Care system both at the national and local levels, which hinders selection of the stakeholders. Correct perception of the existing situation by the ACTS Georgia leaders, their personal contacts, frequent meetings at the national level and the efforts of the district coordinators significantly helped to cope with this problem.

Identification of the major child health needs in a country in general and within a target geographical area was impeded by the scarcity of statistical data, which at the same time often inadequately reflect the situation. Qualitative research has never been done and CS budget does not envisage such kind of research. Qualitative research conducted on 900 respondents confirmed the necessity of conducting focus groups research. The method of such research has been developed and the research activities started. Certain difficulties are related to ACTS participation of reproductive health policy group work due to some bureaucratic processes, which delay formal permission for ACTS to participate in the work of the above group.

Delays in KPC Survey Completion

The late start of KPC survey was conditioned by unusually early onset of winter and heavy snowfalls which blocked the roads in mountain parts of Georgia. The sites which were readily accessible and which fell under the sampling areas have been done timely, while the majority of sampling sites became more or less accessible only several weeks later and even then the ACTS cars delivering interviewers and supervisors to the survey sites in several cases stuck in the mud and snow and had to wait for hours for the help to continue their route.

DIP Development Process

The delay in DIP development process is explained by delays in KPC survey implementation since DIP is built on the baseline data obtained during the survey. When the results of the survey have been obtained the time left to the deadline of DIP submission was too short. The ACTS CS team spared no efforts to complete DIP in time. However the volume of this document and its format made it impossible to write a full-scale detailed implementation plan with all the required annexes under the terms of time pressure. The DIP was finished and submitted on time but that came at the price of quality. To this added the fact that ACTS did not have experience in writing such documents as required by USAID adopted practices. For this reason it took such a long time to correct the mistakes and inaccuracies made in the draft DIP. On the positive note we can say that consultations from CSTS team, knowledge obtained at Mini-University sessions and field

visit of Namita Agravat, MPH, USAID Child Survival and Health Program Adviser and the lessons learned in the course of DIP writing did increase the capacity of ACTS Georgia as an organization and improved the skills of its CS project members.

TECHNICAL ASSISTANCE NEEDS

For conducting effective interventions, use of different strategies (i.e., educational, policy, and environmental) is important. How to integrate these strategies and find balance among them depends on the needs and resources of community. How do we work within systems? How can we use the community's data effectively? How do we start and build on our successes? How do we motivate, enable and reward the person or organization to change? By addressing these components with an array of methods, we can capture the attention of many types of people. So, learning the critical elements related to community participation and capacity building, essential to ensure community ownership, is an area where technical assistance is needed, particularly for the local coordinators.

Since this Child Survival program is the first in the country of Georgia - and the first that ACTS is implementing, the project requires technical support in key areas:

- 1) Education of our stakeholders on the purpose of Child Survival would be greatly enhanced with some additional CSTS training in monitoring and evaluation system design especially for tracking with indicators, community-based interventions and initiatives. This aspect of the M & E program is new to the ACTS partners and needs strengthening.
- 2) Development of a communications strategy that can overcome the loss of power is in progress.
- 3) Advocacy skills and building of volunteer networks that work in Georgia again is new to them coming from the post-Soviet system and needs help.
- 4) Formative qualitative research is needed and the St. Louis University, School of Public Health will be helping us with this aspect.

SUBSTANTIAL CHANGES FROM DIP

No substantial changes from the program description since the DIP submission have occurred that would require modification to the Cooperative Agreement.

SUSTAINABILITY

The USAID/GH/HIDN/Child Survival and Health Grants Program recommend a six-step process for sustainability planning and measurement. This process was adopted by ACTS CS program and is reflected in the sustainability plan. TRMs of USAID/GH/HIDN/Child Survival and Health Grants Program recommend a six-step process for sustainability planning and measurement. This process was adopted by ACTS CS program and is reflected in the sustainability plan. The following indicators for sustainability have been selected:

Component 1: Health Status of Population

- Percent of infants, aged 0-5 months that were fed breast milk only in the last 24 hours. (KPC and LQAS).
- Percent of children aged 0-23 months who were breastfed within the first hour after birth. (KPC and LQAS)
- Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness (KPC, LQAS).
- Percent of mothers who know at least two signs of childhood illness that indicate the need for referral to health care services (KPC, LQAS).
- Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered catch-up feeding (KPC, LQAS).
- Percent of households who know how to use and store iodized salt (KPC, LQAS).

Component 2: Health Service Characteristics

- Number of HF-based providers who receive continued education in IMCI protocol.

Component 3: Local Organizational Capacity

- Percent of community leaders who will have met at least once at least once per two last months.
- Percent of mother-to-mother support groups who will have met at least once per last two months.

Component 4: Local Organization Viability

- Percent of the community leaders meetings attended by local health providers
- Attrition rate of volunteers for reasons other than death, disability or movement out of the project area.

Component 5: Community Capacity

- Percent of the villages with defined community leaders
- Percent of the villages with defined mother-to-mother support groups

RESPONSE TO DIP CONSULTATIONS

The recommendations received during the Mini-University debriefing were extremely valuable to ACTS as we developed the DIP. In addition, the beneficial and in-depth guidance provided by Ms. Namita Agravat during her site visit in Georgia was utilized. ACTS has provided detailed response to DIP consultations and debriefing in the DIP document.

PROGRAMS MANAGEMENT SYSTEMS

Management system of the project is based on the new Policy and Procedures Manual which ACTS International has developed in the reporting year.

Financial Management System

A Call to Serve International and A Call to Serve-Georgia Child Survival accounting system disburses project funds based on the approved budget of the final DIP. Monthly reports are compiled for the ACTS-G team by George Kartvelishvili, MBA graduate of the University of Missouri-Columbia who has since returned to Georgia. The ACTS International Accounting System is overseen by the CPA firm of Bill Howell and uses their computerized accounting system.

Quarterly reports are completed by the ACTS International and ACTS-Georgia project leaders. Other partners in the stakeholder system are working in the second year to provide resources that will be tracked through a gift in-kind and matching donor system that will be maintained. The ACTS International project CMO has been trained in the “USAID financial rules and regulations.” Plans are made to bring the project field team to attend a similar training. The project will receive the A-133 audit in the third quarter of FY2006. The project accountant and project managers prepare monthly financial statements and narrative reports indicating financial expenditures are done in accordance with the DIP.

Human Resources

The CS program in Georgia is new to the country; and many aspects of the child survival implementation have been new and required project staff training. The project manager was trained for the KPC survey in the USAID/CORE training program for CPA survey. This project management course provided detailed instruction and ability to conduct sampling according to the guidelines for the KPC survey. CSTS and USAID provided in June 2004 (the summer before the ACTS CS project started), a mini-university that provided training in detail on various aspects of planning and implementation of the child survival program. Key staff from ACTS International and ACTS Georgia attended this 2004 mini-university that dealt with many details related to implementing a Child Survival Program. All the key staff from ACTS-I and ACTS-G attended this 2004 mini-university. Subsequent meetings with Lea Ryan and the staff of CSTS have been invaluable in learning resources available on the CSTS and CORE web sites.

The new grantee meeting in October 2004 held by USAID provided an overview to ACTS of the requirements for the program and subsequent meetings with Lisa Binder in the USAID office and monthly updates to the USAID financial program director for the ACTS project, Abdul Ahmed have been very helpful. The KPC team has been helpful in putting together an ongoing plan as the program progresses from the drawing board into the communities. A five-day visit by Namita Agravat from USAID was instrumental in bringing ACTS into close contact with the USAID grantees.

Dr. Tamara Sirbiladze from USAID has provided ongoing help from the Mission to help ACTS know about and coordinate the aspects of child survival that touch on areas of the USAID grantees meetings. Each person hired has a job description and receives regular reviews to identify important strengths and to correct informational gaps and lack of training.

The program manager conducted extensive training of the district coordinators. In conjunction with other USAID grantees working in the areas of Kvemo Kartli, VRF and ACTS has utilized a combined system to identify the community workers in the area. Our CS team includes three

individuals that represent the nation of Georgia in specialty areas. The Georgian National IMCI trainer who is certified by WHO and received extensive training by WHO and consults throughout the eastern European sector serves as the IMCI coordinator for the ACTS project. A second individual who is the Georgian National Breastfeeding Initiative Coordinator and who is also trained by WHO and consults throughout Eastern Europe serves as the Breastfeeding Initiative trainer. It is invaluable to have these two individuals who bring five-six years of experience in these relevant fields to the ACTS team. A third individual who serves as our project director is also the WHO CINDI coordinator for the country of Georgia and has served in public health consulting in Eastern Europe and Canada as an expert in evidence-based public health.

In the last quarter of the first year, the Georgian CMO and project director attended a five-day training course led by WHO and St. Louis University in evidence-based public health, specifically focused on the identification of indicators and tracking aspects of public health programs. St. Louis University Department of Public Health, Dr. Elizabeth Baker and Dr. Garcia Cresia, serve as backstops to the ACTS International office as we begin our planning for our child and maternal health division in ACTS International. Other consultants, Olga Wollinka and Anna Seigel, have also provided vast experience from their years in child survival work. David Newberry from CARE International serves on our advisory team and will lead the mid-term evaluation group. At the national, the project director and CMO serve, with the approval of the Ministry of Health and the Parliament Committee on Health and Social Affairs, as the ACTS national representatives for the newly launched UN General Assembly Special Session on Children, Global Alliance for Improved Nutrition (GAIN) Program. The other key participating member is UNICEF.

Communication System and Team Development

Communication at the project level in Georgia is done through regular staff planning and review sessions as well as quarterly report evaluations. Communications at the national level is through monthly and quarterly reports as well as weekly telephone communications with the project officer and the head of Public Health Department and Deputy Minister of Labor, Health and Social Affairs who is charged with oversight from the MoLHSA office. The Parliament Committee on Health and Social Affairs deputy, Dr. Giorgi Gegelashvili serves on the ACTS stakeholder advisory board comprised of 15 members who represent the government, other NGOs, local governor and the public health division.

In February, a web-cam communication system was established between the ACTS- Georgia and ACTS International office. This has been invaluable in updating our regular communication. Some technical difficulties with the web cam interfere intermittently. When this occurs, the speaker phone calls are used to maintain communication. Another innovative system we have developed, due to problems encountered when trying to email large documents via email, is to upload the CS DIP and other documents and publications to a web page. This system has made it possible for our staff and consultants to easily access and download CS documents from anywhere in the world. This has enhanced ACTS' ability to exchange information between the headquarters office and Georgia. Episodically, the Georgians still lack electricity and when those instances occur, this makes communication difficult and exchange of written information

impossible. Backups methods include, express mailing and faxing to and from commercial sites in Tblisi that have backup generators.

Local Partner Relationships

The local partners at the district level include the Public Health Director and offices of the Governor and the Mayor. The officials in these positions have been constant throughout the KPC and beginning of the program. However, the Rose Revolution of 2003 in Georgia has created a new administration that has overturned many aspects of the regional and local government system. For instance: the number of ambulatory and policlinics are at this very moment in October 2005, under discussion. The government is aiming to improve facilities and enhance training for the individuals who are trying to deliver care but this may be hectic and chaotic at the time. Right now there is a framework for collaboration in the form of an MOU with the Ministry of Health, Labor and Social Affairs, with the Department of Public Health and with the governor's office in Kvemo Kartli and Imereti. District coordinators for the Child Survival program work closely with their local counterparts and have good ongoing relations with the broader base of stakeholders.

PVO Coordination/Collaboration in Country

The Child Survival program has established and continues to maintain effective collaborative relationships with other PVOs who have programs who support the Child Survival initiatives. The CSP program has established ongoing relationships with the following USAID program, the Co-Reform Program, which has been charged with an overall review of the legislation. They hold regular meetings and are working to finalize their first report. Preliminary versions of these reports were given to ACTS in June during Namita Agravat's meeting and we are awaiting updates.

UNICEF and ACTS have been longtime partners in child programs and as they begin this fall with the MICS program, we are in close coordination with them. Curatio, a local based organization is working with the Health Information Systems with the Public Health Department in Kvemo Kartli area, and ACTS interfaces both with Curatio and with the Public Health Department. There is a funding problem and ACTS has been asked to help provide 70,000 Mother's Cards. We are looking for outside donors and will be working to enhance both Curatio's program and the Public Health Program. The JSI program that works in motherhood and family planning in the Imereti region has a program in its final stages. ACTS has had less ongoing interaction with them until their program is renewed.

MISSION COLLABORATION

The project objectives and overall strategy have been discussed and negotiated in detail with the USAID local mission USAID/Caucasus, in Tbilisi, Georgia. Health Program Management Specialist Dr. Tamar Sirbiladze coordinates relations with the local mission. Denny Robertson, USAID Mission Director, Bob Wilson, Deputy Mission Director, Khalid Khan, USAID Office Director, Health & Social Development for Georgia and Azerbaijan and Melinda Pavin, Senior Technical Advisor Caucasus Mission Health Advisor were also informed about the goals and objectives of the project. In addition, presentations and discussions were conducted during the USAID health grantees meetings, November 11, 2004, February 23, 2005 and March 7, 2005.

Collaboration with the USAID Mission, particularly related to the role this project plays in contributing to the Mission's overall health objectives were discussed. The main USAID country objective is increase use of health and social services and change behavior. As Georgia leads the Caucasus region with its high rate of abortion, and maternal and child mortality is on the rise in order to slow and reverse these trends, USAID/Georgia activities are designed to increase access and education to improved quality healthcare for women. ACTS CS project contributes to this objective by implementing MCH interventions in the targeted areas. USAID mission activities are intended also to prevent and control the incidence of vaccine preventable diseases, tuberculosis, HIV, and sexually transmitted infections. Although these issues are non-specific interventions areas of ACTS project, application of Integrated Management of Childhood Illnesses (IMCI) in the delivery of child-care services should complement mission effort. Findings from the project can be used for mission activities, to assist the health sector in building capacity to deliver better access to better healthcare for more of the population.

With the help of Dr. Tamar Sirbiladze, Health Management Program Specialist for the USAID local Mission collaboration with USAID/Georgia, partners coordinated activities in Imereti with John Snow Inc. The implementation of a three-year project to improve women-friendly, client-focused health services, counseling, and education in targeted communities was determined. Abt Associates and UNICEF are USAID partners whose activities are providing technical assistance, limited equipment, and vaccines to the government's national immunization program, setting up a health information management and infectious disease surveillance system. ACTS in collaboration with VRF, is joining forces with MoLHSA, UNICEF and WHO to expand MCH, BF, BFHI, IMCI coverage to the Kvemo Kartli region and Zestafoni and Chiatura. Abt Associates also provides direct technical and policy assistance to the Ministry of Labor, Health, and Social Affairs, reform health care financing by lobbying for increased public expenditure, increase transparency and accountability and develops improved policies related to family planning and reproductive health. Cooperation is considered by the project to be information exchange about the ongoing reform. If ACTS encounters a key issue, it will bring it to Abt/Coreform (Coreform - USAID-funded project is implemented by Abt Associates, CARE International, Emerging Markets Group and Curatio International Foundation to develop policy in support of improved reproductive health.)

TIMELINE OF ACTIVITIES - YEAR TWO

Project Timeline – Year Two		
ACTIVITIES	TIMEFRAME	RESPONSIBLE
Conduct focus group discussions (15)	October-December 2005	ACTS/IPM
Adapting IEC materials, translating them in Azerbaijan and Russian language and printing	October 2005-December 2005	ACTS/Claritas
Health facility assessment.	October - November 2005	ACTS/Claritas
Printing of Training materials	November 2005 – December 2005	
TV spot on Regional TV	November-December 2005	ACTS/Regional administration
Orientation Meetings in each district	November-January	ACTS/Claritas
Selection of Community Leaders(CL)	October-December 2005	VRF/ACTS/Claritas
Selection of Mother to Mother Support Group(MMSG)	November-December 2005	Claritas/ACTS
Training on BFHI	February-September	Claritas/ACTS
Training on BF	February- September	Claritas
Training on IMCI	February- September	Claritas
Training on MMSG	February- September	Claritas
Training Of Community Leaders	February- September	Claritas
Talks Conducted by MMSG	February- September	MMSG
Sessions Conducted by CL	March-September	Community Leaders
IMCI Follow-up	April-September	Claritas
Training on MNC	May-September	Claritas
Assessment of CL and MMSG Activities	August	ACTS/Claritas

KEY ISSUES, RESULTS OR SUCCESSES

None to report at this time.

ANNEXES

Annex 1. Rapid Catch Data Form

Annex 2. Map of Program Area

Annex 3. List of Medical Facilities for MCH in Targeted Regions

Annex 4. Formal Meetings with Key Partners

Annex 5. Health Facilities Resources Survey

Annex 6. List of Conferences where Project Materials were Presented

Child Survival and Health Grants Program Project Summary

Oct-29-2005

A Call to Serve (ACTS) International (Georgia)

General Project Information:

Cooperative Agreement Number: GHS-A-00-04-00025-00
Project Grant Cycle: 20
Project Dates: (9/30/2004 - 9/29/2009)
Project Type: Entry/New Partner

ACTS HQ Backstop: Trish Blair

Field Program Manager Information:

Name: Giorgi Tsilosani
Address: 8b Kandelaki street
Tbilisi 0160
Phone: (995
Fax: (995 32) 388387
E-mail: actscs@access.sanet.ge

Funding Information:

USAID Funding:(US \$): \$1,094,527

PVO match:(US \$) \$452,318

Project Information:

Description:

The goal of this CS project in Georgia is to create sustainable interventions to reduce maternal, neonatal, infant and child morbidity and mortality in Kvemo Kartli region and the cities of Chiatura and Zestaphoni in the Imereti region.

The project goal will be achieved through three principal objectives:

- 1.Improved QUALITY of M/C survival services.
- 2.Improved BEHAVIOR regarding maternal and child health practices within households and among the community, health care professionals and health managers.
- 3.Increased AVAILABILITY of M/C health care services and increased ACCESS to adequate standard case management

The project will use three crosscutting strategies to facilitate implementation of the program objectives: (1) Behavioral Communication Change (BCC) Approaches; (2) Institutional Capacity Building; and (3) Partnership Development for Social Mobilization. Integrated Management of Childhood Illness (IMCI) will be applied in the delivery of child care services.

The project will include the following technical intervention areas: Maternal and newborn care (MNC) 25%, Breastfeeding Promotion (20%), Nutrition (15%), Case Management of diarrhea (25%) and Case Management of Pneumonia (15%).

The program proposed by ACTS-I is based on a behavioral communication change (BCC) strategy and training for Ministry of Health leadership and health care professionals in evidence-based practices for maternal and child care, as well as community-based practice.

Project Partners:

Claritas XXI, Child Rights Protection Association
Tanadgoma, Local NGO
HERA, Women Wellness Care Alliance
Vishnevskaja-Rostropovich Foundation, VRF

Project Sub Areas:

Kvemo Kartli (1)
Kvemo Kartli (2)
Chiatura and Zestaphoni

General Strategies Planned:

Social Marketing
Private Sector Involvement
Advocacy on Health Policy
Strengthen Decentralized Health System

M&E Assessment Strategies:

KPC Survey
Health Facility Assessment
Organizational Capacity Assessment with Local Partners
Organizational Capacity Assessment for your own PVO
Participatory Learning in Action
Lot Quality Assurance Sampling
Appreciative Inquiry-based Strategy
Community-based Monitoring Techniques
Participatory Evaluation Techniques (for mid-term or final evaluation)

Behavior Change & Communication (BCC) Strategies:

Social Marketing
Mass Media
Interpersonal Communication
Peer Communication
Support Groups

Groups targeted for Capacity Building:

PVO	Non-Govt Partners	Other Private Sector	Govt	Community
US HQ (General) US HQ (CS unit) Field Office HQ CS Project Team	PVOs (Int'l./US) Local NGO Networked Group	Private Providers	National MOH Dist. Health System Health Facility Staff Other National Ministry	Health CBOs Other CBOs CHWs

Interventions/Program Components:

Nutrition (15 %)

- (IMCI Integration)
(CHW Training)
(HF Training)
- ENA
 - Comp. Feed. from 6 mos.
 - Cont. BF up to 24 mos.
 - Growth Monitoring
 - Maternal Nutrition

Pneumonia (15 %)

(IMCI Integration)

(CHW Training)

(HF Training)

- Pneum. Case Mngmnt.
- Case Mngmnt. Counseling
- Access to Providers Antibiotics
- Recognition of Pneumonia Danger Signs

Control of Diarrheal Diseases (25 %)

(IMCI Integration)

(CHW Training)

(HF Training)

- Water/Sanitation
- Hand Washing
- ORS/Home Fluids
- Feeding/Breastfeeding
- Care Seeking
- Case Mngmnt./Counseling

Maternal & Newborn Care (25 %)

(IMCI Integration)

(CHW Training)

(HF Training)

- Emerg. Obstet. Care
- Neonatal Tetanus
- Recog. of Danger signs
- Newborn Care
- Post partum Care
- Normal Delivery Care
- STI Treat. with Antenat. Visit
- Control of post-partum bleeding

Breastfeeding (20 %)

(IMCI Integration)

(CHW Training)

(HF Training)

- Promote Excl. BF to 6 Months
- Support baby friendly hospital

Target Beneficiaries:

	Kvemo Kartli (1)	Kvemo Kartli (2)	Chiatura and Zestaphoni	Total Beneficiaries
Infants < 12 months:	2,993	2,987	785	6,765
Children 12-23 months:	3,020	2,836	946	6,802
Children 0-23 months:	6,013	5,823	1,731	13,567
Children 24-59 months:	10,507	9,730	4,191	24,428
Women 15-49 years:	76,084	59,342	9,223	144,649
Population of Target Area:	276,990	220,556	38,000	535,546

Rapid Catch Indicators:

LQAS sampling methodology was used for this survey

UNDERWEIGHT CHILDREN

Description -- Percentage of children age 0-23 months who are underweight (-2 SD from the median weight-for-age, according to the WHO/NCHS reference population)

Numerator: No. of children age 0-23 months whose weight (Rapid CATCH Question 7) is -2 SD from the median weight of the WHO/NCHS reference population for their age

Denominator: Number of children age 0-23 months in the survey who were weighed (response=1 for Rapid CATCH Question 6)

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	11	263	4.2%	3.5
Kvemo Kartli (2)	16	211	7.6%	5.2
Chiatura and Zestaphoni	4	295	1.4%	1.9

BIRTH SPACING

Description -- Percentage of children age 0-23 months who were born at least 24 months after the previous surviving child

Numerator: No. of children age 0-23 months whose date of birth is at least 24 months after the previous sibling's date of birth (Rapid CATCH Question

Denominator: Number of children age 0-23 months in the survey who have an older sibling

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	55	89	61.8%	19.2
Kvemo Kartli (2)	44	144	30.6%	11.8
Chiatura and Zestaphoni	41	83	49.4%	18.6

DELIVERY ASSISTANCE

Description -- Percentage of children age 0-23 months whose births were attended by skilled health personnel

Numerator: No. of children age 0-23 months with responses =A ('doctor'), B ('nurse/midwife'), or C ('auxiliary midwife') for Rapid CATCH Question 10D

Denominator: Number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	313	314	99.7%	11.1
Kvemo Kartli (2)	268	285	94.0%	11.6
Chiatura and Zestaphoni	300	301	99.7%	11.3

MATERNAL TT

Description -- Percentage of mothers of children age 0-23 months who received at least two tetanus toxoid injections before the birth of their youngest child

Numerator: Number of mothers of children age 0-23 months with responses=2 ('twice') or 3 ('more than two times') for Rapid CATCH Question 9

Denominator: Number of mothers of children age 0-23 months in the survey
 Number of mothers of children age 0-23 months with responses=2 ('twice') or 3 ('more than two times') for Rapid CATCH Question 9
 Denominator Numerator: Number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	0	314	0.0%	0.0
Kvemo Kartli (2)	0	285	0.0%	0.0
Chiatura and Zestaphoni	0	301	0.0%	0.0

EXCLUSIVE BREASTFEEDING

Description -- Percentage of infants age 0-5 months who were exclusively breastfed in the last 24 hours

Numerator: Number of infants age 0-5 months with only response=A ('breastmilk') for Rapid CATCH Question 13

Denominator: Number of infants age 0-5 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	14	82	17.1%	12.1
Kvemo Kartli (2)	10	55	18.2%	15.2
Chiatura and Zestaphoni	12	86	14.0%	10.8

COMPLEMENTARY FEEDING**Description** -- Percentage of infants age 6-9 months receiving breastmilk and complementary foods**Numerator:** Number of infants age 6-9 months with responses= A ('breastmilk') and D ('mashed, pureed, solid, or semi-solid foods') for Rapid CATCH Question 13**Denominator:** Number of infants age 6-9 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	14	82	17.1%	12.1
Kvemo Kartli (2)	10	55	18.2%	15.2
Chiatura and Zestaphoni	12	86	14.0%	10.8

FULL VACCINATION**Description** -- Percentage of children age 12-23 months who are fully vaccinated (against the five vaccine-preventable diseases) before the first birthday**Numerator:** Number of children age 12-23 months who received Polio3 (OPV3), DPT3, and measles vaccines before the first birthday, according to the child's vaccination card (as documented in Rapid CATCH Question 15)**Denominator:** Number of children age 12-23 months in the survey who have a vaccination card that was seen by the interviewer (response=1 'yes, seen by interviewer' for Rapid CATCH Question 14)

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	85	144	59.0%	14.9
Kvemo Kartli (2)	61	125	48.8%	15.1
Chiatura and Zestaphoni	92	128	71.9%	16.6

MEASLES**Description** -- Percentage of children age 12-23 months who received a measles vaccine**Numerator:** Number of children age 12-23 months with response=1 ('yes') for Rapid CATCH Question 16**Denominator:** Number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	85	144	59.0%	14.9
Kvemo Kartli (2)	61	125	48.8%	15.1
Chiatura and Zestaphoni	92	128	71.9%	16.6

BEDNETS

Description -- Percentage of children age 0-23 months who slept under an insecticide-treated bednet the previous night (in malaria-risk areas only)

Numerator: Number of children age 0-23 months with 'child' (response=A) mentioned among responses to Rapid CATCH Question 18 AND response=1 ('yes') for Rapid CATCH Question 19

Denominator: Number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	0	314	0.0%	0.0
Kvemo Kartli (2)	0	285	0.0%	0.0
Chiatura and Zestaphoni	0	301	0.0%	0.0

DANGER SIGNS

Description -- Percentage of mothers who know at least two signs of childhood illness that indicate the need for treatment

Numerator: Number of mothers of children age 0-23 months who report at least two of the signs listed in B through H of Rapid CATCH Question 20

Denominator: Number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	244	314	77.7%	10.8
Kvemo Kartli (2)	144	285	50.5%	10.1
Chiatura and Zestaphoni	190	301	63.1%	10.5

SICK CHILD

Description -- Percentage of sick children age 0-23 months who received increased fluids and continued feeding during an illness in the past two weeks

Numerator: Number of children age 0-23 months with response=3 ('more than usual') for Rapid CATCH Question 22 AND response=2 ('same amount') or 3 ('more than usual') for Rapid CATCH Question 23

Denominator: Number of children surveyed who were reportedly sick in the past two weeks (children with any responses A-H for Rapid CATCH Question 21)

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	23	37	62.2%	29.8
Kvemo Kartli (2)	12	20	60.0%	40.2
Chiatura and Zestaphoni	14	30	46.7%	30.3

HIV/AIDS

Description -- Percentage of mothers of children age 0-23 months who cite at least two known ways of reducing the risk of HIV infection

Numerator: Number of mothers of children age 0-23 months who mention at least two of the responses that relate to safer sex or practices involving blood (letters B through I & O) for Rapid CATCH Question 25

Denominator: Number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	142	314	45.2%	9.3
Kvemo Kartli (2)	13	285	4.6%	3.5
Chiatura and Zestaphoni	60	301	19.9%	6.8

HANDWASHING

Description -- Percentage of mothers of children age 0-23 months who wash their hands with soap/ash before food preparation, before feeding children, after defecation, and after attending to a child who has defecated

Numerator: Number of mothers of children age 0-23 months who mention responses B through E for Rapid CATCH Question 26

Denominator: Number of mothers of children age 0-23 months in the survey

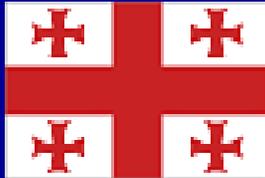
Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)	194	314	61.8%	10.2
Kvemo Kartli (2)	137	285	48.1%	9.9
Chiatura and Zestaphoni	43	301	14.3%	5.8

TB TREATMENT SUCCESS RATE**Description** -- Percentage of new smear positive cases who were successfully treated**Numerator:** Number of new smear positive cases who were cured plus the number of new smear positive cases who completed treatment**Denominator:** Total number of new smear positive cases registered

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kvemo Kartli (1)			%	
Kvemo Kartli (2)			%	
Chiatura and Zestaphoni			%	

Comments for Rapid Catch Indicator

There are four questions on Rapid Catch for which we have comments: 1) TB Treatment Success Rate: This was not part of our interventions. 2) Bednets: Georgia is not endemic for malaria. 3) Tetanus: Georgia follows WHO guidelines for developed countries and does not give tetanus to pregnant women. 4) Full Immunization: Georgia follows WHO guidelines for developed countries (US, Western Europe, etc.) and provides full immunization (with the last vaccination being measles) at or after the first birthday. This question cannot accurately be answered.



Program Location: This Child Survival program will be implemented in the two areas of Georgia : 1) Kvemo Kartli, the most ethnically diverse region of Georgia, and 2) Chiatura and Zestaphonia two towns of the mining region of Imereti located in Western Georgia . In all, there are 9 towns and 314 villages.



ANNEX 3

Health facilities for maternal/child health services in Kvemo Kartli and Imereti (Cities of Chiatura and Zestaphoni)									
Institution	Location	Name of Chief Physician	# of beds	# of b/Gy	# of Midwives	# of births 2005 (9months)	# of Stillborns	# registered Pregnant women	# children aged 0-2 years
Maternity Hospitals	Imereti Region								
w/ women's consultation	Zestaphoni		50	12	16	524		531	
	Chiatura		50	10	5	327		341	
	Kvemo Kartli Region								
w/ women's consultation	Dmanisi	S.Vibliani	15	3	4	83			
w/ women's consultation	Bolnisi	D.Chkhetiani	25	6	7	605	16	66	
w/ women's consultation	Rustavi	A .Baravkov	50	24	44	1054	10	439	
w/ women's consultation	Marneuli	M. Pataridze	60	9	43	576	2	404	
w/ women's consultation	Gardabani	I.Chkhikvishvili	25	9	5	282	2	184	
w/ women's consultation	Tetritskaro	G.Gigauri	10	4	4	74		54	
Maternity Wards in	Kvemo Kartli Region								
General Hospitals	Tsalka Treatment and Diagnostic Center (Hospital-Outpatient Polyclinic)	D. Miminoshvili	15	4	4	21		97	350
	Rustavi #1 Treatment & Diagnostic Center (w/women's consultation)	T. Shavgulidze		2				204	9523
	Rustavi #2 Treatment & Diagnostic Center (w/women's consultation)	M. Karanadze							19976
	Bolnisi reg.- Kazreti hospital-polyclinic unit	E. Enukidze	5	2	4	67	0	40	358
	Marneuli Ambulatori-Polyclinic unit	T. Saneblidze	10	5					140
	Gardabani General Hospital	G. Djgarkava		14					
	Gardabani General Hospital	J.Tserediani	58	1	1	15		32	
	Tetri Tskaro General Hospital	L.Kakabadze	12	3	2	24		158	
	Tetri Tskaro General Hospital								

Institution	Location	Name of Chief Physician	# of beds	# of b/Gy	# of Midwives	# of births 2005 (9months)	# of Stillborns	# registered Pregnant women	# children aged 0-2 years
Women's Consultation	Imereti Region								
	Chiatura							120-per shift	
	Zestaphoni								
Children's Hospital	Imereti Region								
	Zestaphoni							150-per shift	
	Chiatura								
	Kvemo Kartli Region								
	Dmanisi								
	Bolnisi	M. Devnozashvili							6058
	Rustavi	N.Topuria	80						1136
	Marneuli								
	Gardabani								
	Tetritskaro								338
Children's Outpatient Polyclinic	Imereti Region								
	Zestaphoni								
Children's Outpatient Polyclinic	Chiatura								
	Kvemo Kartli Region								
	Dmanisi	L. Katsitadze		2	1			129	692
	Bolnisi								
	Rustavi								
	Marneuli								
	Gardabani	N.Maraneli							3144
Tetritskaro	A. Mukbaniani							215	
Village Ambulatories	Dmanisi Reg.								
	Guguti								
	Gantiadi "Mkurnali"	S. Okmelashvili							
	Gomarethi	D. Mujirishvili							
	Bolnisi Reg.								
	Darbazi								
	Naxiduri	N.Charkviani		1	2			58	601
	Kvemo Bolnisi								
Village Ambulatories	Kveshi	L.Rekhviashvili		1	1			30	737
	Ranchpari								

Institution	Location	Name of Chief Physician	# of beds	# of b/Gy	# of Midwives	# of births 2005 (9months)	# of Stillborns	# registered Pregnant women	# children aged 0-2 years
Village Ambulatories	Marneuli Reg.								
	Ambulatori-polyc.Union								
	Agmamedlo								
	Akhkerpi								
	Algethi								
	Algethis Meurneoba								
	Araphlo								
	Damia-Giurarkhi								
	Didi Muganlo								
	Kachagani								
	Kapanakhchi								
	Kasumlo								
	Kesalo								
	Kizil-ajlo								
	Kulary								
	Kurtliari								
	Ophrethi								
	Orjonikidze								
	Sadaxlo								
	Shaumiani								
	Shulaveri								
	Tamarisi								
	Kojorni								
Village Ambulatories	Gardabani Reg.								
	Aqtaklia Med. center								
	Aqtaklia								
	Axali Samgori								
	Axali Sopheli								
	Didi Lilo								
	Fonichala								
	Gamarjveba								
	Jandara								
	Kesalo	Z. Mamedob		1		40		55	194
	Kojori	G. Margishvili		1				72	
	Krcanisi								

Institution	Location	Name of Chief Physician	# of beds	# of b/Gy	# of Midwives	# of births 2005 (9months)	# of Stillborns	# registered Pregnant women	# children aged 0-2 years
	Kumisi								
	Lemshveniera								
	Martkophi	T. Lekishvili		1				10	
	Nazarlo	A. Kasumov		1				59	
	Norio	A. Mestvirishvili		1		2		31	
	Sarthichala	A. Bekauri		2				181	
	Tabakhmela								
	Teleti								
	Varketili								
	Vaxtangisi								
	Vaziani								
Village Ambulatories	Tetrtskaro Reg.								
	Asureti- Jorjiashvili	M.Tetruashvili							
	Borbalo	L. Vashakidze							
	Koda	G. Bajiashvili							
	Golteti	M.Mishveliani							
	Tsalka Reg.								
	Avarlo								
	Bashkovi								
	Beshtasheni								
	Darakoi								
	Gunia-Kali								
	Khachkovi								
	Kushi								
	Ozni								

Leading Pathologies in children aged 0-2 years, by Region

Rustavi

- | | |
|------------------------|---------------------|
| 1 Respiratory diseases | 3 G-I Diseases |
| 2 Rachitis | 4 Iodine deficiency |

Bolnisi

- | | |
|------------------------|----------------|
| 1 Respiratory diseases | 2 G-I Diseases |
|------------------------|----------------|

Dmanisi

- 1 Problems with Nutrition deficiency
- 2 The nervous system diseases
- 3 Respiratory diseases

Tsalka

- | | |
|------------------------|-----------|
| 1 Respiratory diseases | 3 Anaemia |
| 2 Rachitis | |

Marneuli

- | | |
|------------------------|----------------|
| 1 Respiratory diseases | 3 G-I Diseases |
| 2 Rachitis | |

Gardabani

- | | |
|------------------------|---------------------|
| 1 Respiratory diseases | 3 G-I Diseases |
| 2 Rachitis | 4 Iodine deficiency |

Tetri Tskaro

- | | |
|------------------------|---------------------|
| 1 Respiratory diseases | 3 G-I Diseases |
| 2 Rachitis | 4 Iodine deficiency |

ACTS International/ACTS-Georgia

“CHILD SURVIVAL PROGRAM FOR KVEMO KARTLI AND IMERETI, GEORGIA”

RECORD OF FORMAL MEETINGS: YEAR 1 (October 1, 2004 - September 30, 2005)

PVO/Agency/Organization: Claritas XXI

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
October 15, 2004	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan nemsadze, Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Familiarization with Child Survival Grant and Debriefing	1. Discussion of the pre-DIP activities 2. Choosing KPC modules in addition to Rapid Catch Questions	1. Schedule of pre-DIP activities 2. Including questions related to healthy life style and abortions
October 22, 2004	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan nemsadze, Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Development of draft KPC questionnaire	Discussion of translated draft of the questionnaire	Introduction some changes in phrasing and adding local definitions to make the questionnaire more understandable

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
November 12, 2004	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Nemsadze, Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	1. Reviewing situation analysis 2. Refining the KPC questionnaire	Updating the situational analysis	1. Development of the joint plan of works to obtain the updated information for situational analysis 2. Updating individual modules of the questionnaire
November 19, 2004	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Discussion of the updated situational analysis including MICS reports and Qualitative studies (conducted by Curatio)	Approval of the structure of the updated situational analysis	First draft version of updated situational analysis
November 26, 2004	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Sharing draft work plan for start- up activities	Discussion of the details of the work plan and introduction of relevant amendments	Revised work plan for start-up activities including time-table

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
December 10, 2004	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. tamar Lobzhanidze, Mr. Amiran Sultanishvili, Mr. Giorgi Dvali, district coordinators for KK region; Dr. Nata Mamageishvili, district coordinator for Chiatura and Zestaphoni, Imereti Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Discussion of the approaches to identify the community mobilization leaders to alert the community about the upcoming KPC survey	Applying "Claritas XXI" experience to the strategy of selection and recruiting of community leaders and their education about the goals and objectives of CS program and importance of active participation on the part of communities.	List of basic stakeholders in the region Messages for possible community leaders
December 17, 2004	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Tamar Lobzhanidze, Mr. Amiran Sultanishvili, Mr. Giorgi Dvali, district coordinators for KK region; Dr. Nata Mamageishvili, district coordinator for Chiatura and Zestaphoni, Imereti Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Final approval of KPC questionnaire	Introduction of a final amendments and changes into the KPC questionnaire	Final updated version of KPOC questionnaire in English, Georgian and Russian languages

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
December 24, 2004	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Designing the KPC Survey using the KPC field guide reference	Discussion of KPC survey tools and data analysis	Final plan of KPC survey key indicators and general design of the survey including the time-table and logistics

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
January 14, 2005	<p>Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Tamar Lobzhanidze, Mr. Amiran Sultanishvili, Mr. Giorgi Dvali, district coordinators for KK region; Dr. Nata Mamageishvili, district coordinator for Chiatura and Zestaphoni, Imereti Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant Dr. Zaza Bokhua, Deputy of Health Policy Department, MoLHSA, Mr. Ramaz Ureishadze, Dmanisi district head of administration, Mr. Temur Kharashvili, Head of Rustavi Public Health Department, Mr. David Maisuradze, Head of KK Health department, Manan Korshia, Supervisor of Kvemo Kartli Tsalka Department of the MoLHSA David Giorgadze, Director of Public Health department, Zestaphoni Tsiuri Saralidze, Director of Maternity Hospital, Chiatura</p>	Discussion of IMCI policy and upcoming KPC survey on the whole	Exchange of ideas about the mechanisms of KPC conduction	Outlined trends and patterns in perceptions and optimal ways of approaching the respondents

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
January 21, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Tamar Lobzhanidze, Mr. Amiran Sultanishvili, Mr. Giorgi Dvali, district coordinators for KK region; Dr. Nata Mamageishvili, district coordinator for Chiatura and Zestaphoni, Imereti Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Planning CS staff and stakeholders training related to work plan activities and timelines	Discussion of the issues to be included into training schedule and reviewing available training materials	Training schedule and draft date of training conduction
January 28, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Appointment of CS staff and key stakeholders training Community mapping strategies and tools	The final date for CS staff training was discussed and set The issues of community mapping strategies and tools were discussed. Labeling the major features of target communities; planning roundtable discussion. Discussion of the major issues, institutions, and needs affecting communities; using the maps to direct the program activities	Appointing CS staff and stakeholders training. Roundtable discussion on community mapping appointed. Materials related to community mapping strategies approved and distributed among the meeting participants.

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
February 11, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Discussion of CS staff and stakeholders training related to work plan activities and timelines	The course of training and estimated results have been discussed. Participants feedback forms were analyzed and entire training session was evaluated.	Adopted resolution on success of the training session and recommendations for further improvement of training workshops
February 18, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Collaborative tactics of selection of interviewers and supervisors, planning of four-day training for interviewers and supervisors	The principles and criteria for selection of interviewers and supervisors as well as the schedule of four day training workshop for interviewers and supervisors were discussed	Application forms for interviewers and supervisors List of criteria to be met by interviewers and supervisors
February 25, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Secondary data collection	Discussion on the sources of obtaining secondary data to obtain current or recent information about health knowledge, practices and status of the population, types and distribution of health facilities, policies and protocols in place, quality of care, and community perceptions of health. This would offer a starting point for developing the background for a situation analysis.	The list of possible providers of secondary data has been compiled and a decision was made to get the information from JSI T&R Institute, Curatio, Abt/CoReform, UNICEF, MoLHSA

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
March 11, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Tamar Lobzhanidze, Mr. Amiran Sultanishvili, Mr. Giorgi Dvali, district coordinators for KK region; Dr. Nata Mamageishvili, district coordinator for Chiatura and Zestaphoni, Imereti Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Direct observations in the course of KPC survey	Discussion of health behavior patterns, sensitivity toward outwardly delivered messages, Preferred routes to obtain health related information, degree of trust afforded to local authorities and medical personnel, perception and beliefs about prevention and treatment of basic health problems, sanitary conditions of households, difficulties and constraints in conducting the KPC Survey	Using the obtained information for interventions planning

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
March 18, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Conduction of KPC survey Preparing grounds for DIP writing	<ol style="list-style-type: none"> 1. Discussion of the survey process 2. Development of information letters related to preliminary results of KPC survey 3. Preparing DIP materials to be discussed with stakeholders and representatives of local USAID Mission 4. Reviewing IMCI section of DIP 	<ol style="list-style-type: none"> 1. Lessons learned during KPC survey 2. Preliminary data on the results of KPC survey and drafted changes to be introduced into planned level of effort 3. Information letters for the Head of Maternal and Child Health Division, MoLHSA related to KPC survey preliminary data 4. Meeting schedule with Deputy Health policy Department, Deputy Minister for International Relations (MoLHSA), USAID Local Mission Program Management Assistant Dr. T. Sirbiladze, Deputy Ministers of Health Mr. Varlam Mosidze and Mr. Levan Jugeli 5. Outline of IMCI section of DIP
March 25, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Debriefing comments for DIP	Discussion of debriefing comments concerning the interventions strategy	Reviewed draft comments to debriefing and compiled Summary Sheet

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
March 30, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Educational materials for target population and medical personnel	Discussion of the ways to update and adapt the existing educational materials on breastfeeding, IMCI, prenatal and postnatal care, child spacing	Modified and updated text and messages formulation
April 4, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	DIP writing	Discussion of the KPC baseline data to introduce adequate changes into planned interventions as outlined in initial proposal	Changing level of effort by increasing the LOE for case management of pneumonia by 5% and decreasing LOE for breastfeeding
April 6, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	DIP writing	Refining M&E section of DIP	Final version of M&E to be included into DIP

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
April 8, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Intervention Strategies and Key indicators	Discussion and corrections introduced into intervention strategies to be included into DIP and key indicators	Final version of Intervention strategies and key indicators
April 11, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Medical personnel training materials and schedule	Discussion of training materials; defining the number of trainees, places of trainings conduction and training budget	Final version of training curricula, methods used, approaches and duration of the learning courses
April 13, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Final draft DIP	Chapter-by-chapter discussion of the final version of DIP Introduction of relevant changes and sending the final version of DIP to headquarters for approval	Forwarded final version of the draft DIP to the headquarters

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
May 10, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	DIP review comments from Jennifer Yourkavitch, MPH New Partner / Child Health Advisor CSTS	Discussion of the contents of DIP review comments and outlining relevant amendments to the DIP	Plan for further elaboration of DIP
May 20, 2005	Dr. Patricia J. Blair, ACTS International, CMO, backstop Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketino Sharangia, IMCI National Coordinator, ACTS partner organization "Claritas" representative Ms. Mzia Klibadze, Project Manager's Assistant	Increasing organizational capacity of ACTS field office	1. USAID, CSHGP Advisor, Namita Agravat's , MPH visit 2. Optimizing document flow 3. Financial accounting 4. IMCI training schedule and budget 5. Elaboration of draft DIP	6. Detailed list of documents package to be prepared to make the visit of Dr. Namita Agravat fruitful 7. Scheme for financial and verbal report writing 8. 11 day IMCI training schedule and estimated budget 9. Standard templates to be included into final DIP
May 25, 2005	Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketino Sharangia, IMCI National Coordinator, ACTS partner organization "Claritas" representative	DIP Comments from local Mission of USAID DIP presentation	DIP comments discussion with USAID Local Mission Program Management Assistant Dr. T. Sirbiladze Discussion of the DIP presentation format and contents	Preparing response to the comments and to be considered in the final version of DIP Final version of DIP presentation in Power Point

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
May 27, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Tamar Lobzhanidze, Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Conduction of Post-Survey Workshop in Kvemo Kartli Region	Discussion of organizational issues to conduct the workshop to discuss the KPC findings with key stakeholders in the region	Workshop agenda List of participants Date of workshop conduction Appointing Ms. Mzia Klibadze as a moderator of the workshop
June 4, 2005	Dr. Tamar Lobzhanidze, Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Preparing workshop	Discussion of the materials to be given to the participants before the workshop conduction, notification of the participants, and presentations contents	Workshop conduction plan including translation of the materials, logistics and other organizational issues
June 10, 2005	Dr. Tamar Lobzhanidze, Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Report of Ms. Mzia Klibadze on the work done to prepare the workshop and viewing of presentations	Discussion and approval of all steps made to organize the workshop: Translating and multiplying workshop materials; Notification of the participants; Delivery of the materials to participants for familiarization Logistic aspects of the workshop Ensuring delivery of necessary technical means to make Power Point Presentations of Dr. Sharangia and Dr. Lobzhanidze	Approval of the steps made to organize the workshop on June 15, 2005

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
June 16, 2005	Dr. Tamar Lobzhanidze, Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistan	Discussion of the conducted workshop	The feedback from the workshop participants have been discussed and conclusions were made indicating the success of the workshop. Discussion of the suggestions of the participants to consider them in the implementation plan	Written report on the workshop conduction
June, 20, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Tamar Lobzhanidze, Mr. Amiran Sultanishvili, Mr. Giorgi Dvali, district coordinators for KK region; Dr. Nata Mamageishvili, district coordinator for Chiatura and Zestaphoni, Imereti Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Information Meeting	Report on DIP presentation and consultations with CSTS team Notification about USAID, CSHGP Advisor, Namita Agravat's , MPH visit and discussion of required materials to be presented to Namita Agravat	List of necessary documentation and parts of DIP including Annexes to be included into the final version of DIP

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
June 24, 2005	Dr. Patricia J. Blair, CMO, ASCTS International, Backstop Namita Agravat MPH, USAID, CSHGP Advisor, Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Draft DIP review, technical assistance for writing final DIP	Discussion of interventions and clarification of "Claritas XXI" role in implementation of CS program	The comments included into the Recommendations, have been taken into consideration and adequate clarifications and amendments have been made in final DIP
July 8, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Training Schedules Program M&E Plan Behave Framework	Discussion of the developed training schedules for community leaders and medical personnel Reviewing of the Elaborated M&E Plan and familiarization with BEHAVE framework	Plan for further elaboration of the discussed issues to develop the final version to be included into DIP
July 15, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Comments on debriefing	Revision of draft Comments on CS grant debriefing and discussion of the issues to be included	The Comments on CS grant modified in accordance with the lessons learned during Mini- University workshops and consultations with Namita Agravat MPH, USAID, CSHGP Advisor The Comments are included into final version of DIP

Date	Participants	Purpose of Meeting	Topics	Key Outcomes
1	2	3	4	5
July 22, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Final version of DIP	Discussion of HF Survey and Qualitative Research section of DIP	After relevant amendments and refining the section was included into DIP
September 16, 2005	Dr. Giorgi Tsilosani, CMO Dr. Revaz Tataradze, MCH Division Director, Ms. Eteri Suladze, Project Manager Dr. Ketevan Sharangia, Dr. Maya Kherkheulidze, Claritas XXI Ms. Mzia Klibadze, Project Manager's Assistant	Upgrading training and educational materials	Discussion of the samples of the educational and training materials and further adapting them to specific needs of the target regions	The draft matrix of the educational materials dedicated to breastfeeding, medical personnel training in IMCI strategies and nutrition booklets for population approved

ANNEX 5

Dmanisi and Bolnisi Districts HF Resources Survey

HF resources survey has been conducted in Dmanisi and Bolnisi Districts of Kvemo Kartli. The survey covered the issues of management of primary health care facilities. A special questionnaire was developed basing on simplified model used by PFD Cambodia. The questionnaire was updated and several issues pertinent to Georgia health care system have been added. Its is noteworthy that in Georgia the Primary Health Care System is in the process of reforming and all primary health facilities are undergoing restructuring including development of a required “set” of professional staff, funding models and their allocation. At the same time the guidelines for continuous education are under development. The current policy is directed towards uniting all types of primary health care facilities. The fact that those HF have various ownership status (LTD, private, joint stock companies) can cause certain complications considering the fact that some private and privatized primary health care facilities, which may not fall under the reform. Considering the above said two HF have been chosen in Bolnisi – Maternity House and Pediatric Polyclinic which are privatized. On the other hand in Dmanisi both Maternity House and Polyclinic are joint stock companies with 100% of stocks belonging to the state. Direct observations demonstrated that general state of the buildings, medical equipment and management were better in private HF compared to the state-owned ones. At the same time the motivation is much less expressed in the staff of state-owned HF. Private conversations and discussions revealed an extremely low level of communication between the medical personnel and population. The major factors impeding the progress in case management are language and cultural, low level of confidence are the basic differences, mode of life (when for example a certain layers of population are using plastic film to wrap the baby, poor hand-washing practices, group cases of hepatitis A occurrence, which were recorded directly in the course of the survey are the major barriers in case management. In addition marked deficiency of inter-facility management, lack of result-oriented approach in HF contribute to ineffective population health management. There is obvious lack of technologies of promoting healthy life style among population as well as of visual aids and printed educational materials. To this add cultural habits of referring to a “friend or relative physician” which are not documented and hence are not reflected in statistics of the HF. The situation with internal management is further aggravated by poorly elaborated temporary standards, action instructions which do not comply with existing reality as well as by low knowledge of internal management principles. Different registration forms used in different HF as well as their abundance complicate the comparability of the data and hence general analysis. Low salaries of medical personnel contribute to the lack of motivation. The system of internal recording is actually absent; often monitoring is identified as an audit. Below is the summary of the results of the survey.

1. Obscure state policy related to the primary health care facilities organizational structure resulting in absence of clearly cut guidelines for action;
2. Health facility licensing per se does not guarantee the quality of medical service;
3. Acute deficiency of medical equipment
4. Acute deficiency of medical personnel education in the spheres of communication and modern professional skills;
5. Lack of professional and prevention materials;

6. Low knowledge of population about the healthy life style and lack of information available to the population
7. Low level of case and HF internal management

The table below outlines some of the findings related to the medical services offered by HF in Bolnisi and Dmanisi districts of Kvemo Kartli

Service Availability	Primary health care facilities in the regions namely polyclinics and especially village ambulatories are open only for a few hours in the first half of the day (actually after 2 p.m. village ambulatories are closed)
Fees	There are no internal standards for medical services fees, which are not covered by the State Programs
Human Resources	Human resources are distributed very unevenly: while in Rustavi there is an excess of human resources, the periphery, especially high mountain areas are experiencing shortage of relevant specialists
Training Resources	Standard case management algorithms and case management guidelines are unavailable
Equipment resources	In many rural ambulatories and district hospitals some key equipment is unavailable and the available equipment is often outdated and in poor working condition
Pharmaceutical resources	Distributed very unevenly, while the central hospitals are more or less sufficiently supplied, rural ambulatories are practically left without any pharmaceutical recourses, the only source of pharmaceuticals remaining private pharmacies in district centers where the cost of medicines is very high.

ANNEX 6

List of Conferences Where Project Materials were Presented in Year 1

April 7, 2005

ACTS CS team participated in the UN-sponsored World Health Day 2005 “Make every mother and child count” and made a poster presentation of KPC survey materials and CS project design.

September 12-13

Giorgi Tsilosani, President of ACTS-Georgia attended and presented materials at the CORE Fall Meeting “Health Systems Strengthening from the Community Up” in Washington, DC.

September 14-15

Giorgi Tsilosani, President of ACTS-Georgia attended and presented materials at the USAID Child Survival and Health Grants Program “FY06 RFA Conference” in Crystal City, VA.