

FOURTH YEAR ANNUAL REPORT

October 1, 2007 - September 30, 2008

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

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LIST OF ACRONYMS

ACTS	A Call to Serve	IMCI	Integrated Management of Childhood Illness
ANC	Antenatal Care	IMR	Infant Mortality Rates
APA	American Pediatric Association	IPM	Institute of Policy and Marketing
ARI	Acute Respiratory Infection	KPC	Knowledge, Practice, Coverage
BC	Behavior Change	LOE	Level of Effort
BCC	Behavioral Communication Change	LQAS	Lot Quality Assurance Sampling
BF	Breast Feeding	M/C	Maternal/Child
BFHI	Baby Friendly Hospital Initiative	M & E	Monitoring and Evaluation
CDC	Center for Disease Control	MCH	Maternal and Child Health
CDD	Control of Diarrheal Disease	MMR	Measles, Mumps and Rubella
CMO	Chief Medical Officer	MNC	Maternal and Newborn Care
CORE	The Child Survival Collaborations and Resources Group	MOH	Ministry of Health
CS	Child Survival	MoLHSA	Ministry of Labor, Health and Social Affairs
CSP	Child Survival Program	MP	Medical Personnel
CSHGP	Child Survival Health Grant Program	MTE	Mid Term Evaluation
CSTS	Child Survival Technical Support	NGO	Non-Governmental Organization
DIP	Detailed Implementation Plan	NRP	Neonatal Resuscitation program
DOSA	Discussion-Oriented Self-Assessment	OB/GYN	Obstetrics/Gynecology
ECD	Early Child Development	ORS	Oral Re-hydration Salt
EU	European Union	ORT	Oral Re-hydration Therapy
FE	Facility Assessment	PVO	Private Voluntary Organization
FP	Family Planning	RH	Reproductive Health
FP/RH	Family Planning/ Reproductive Health	SA	Supervision Area
FSU	Former Soviet Union	SD	Standard Deviation
GAAP	General Accepted Accounting Principles	STI	Sexually Transmitted Infection
GAIN	Global Alliance for Improved Nutrition	TRM	Technical Reference Materials
GEL	Georgian Lari	U1	Children under one year old
GMA	Georgian Medical Association	U2	Children under two years old
GOG	Government of Georgia	U5	Children under five years old
HIV	Human Immunodeficiency Virus	UNICEF	United Nations Children's Fund
HQ	Headquarters	USAID	US Agency for International Development
ICC	Interagency Coordinating Committee	USD	United State Dollar
IDD	Iodine Deficiency Disorder	VPD	Vaccine Preventable Diseases
IDP	Internally Displaced Person	VRF	Vishnevskaya-Rostropovich Foundation
IEC	Information, Education, Communication	WRA	Women of Reproductive Age
		WHO	World Health Organization

Project Summary

A Call to Serve (ACTS) International and its national affiliate, ACTS-Georgia, have been implementing a five-year, entry-level Child Survival Program (CSP) in Georgia that runs from 2004-2009. This report covers the fourth year of the five-year project. The ACTS program is the first CSP in Georgia. Increased mortality among mothers and children under the age of five occurred following the 1991 collapse of the former Soviet Union, which resulted in a deterioration of the health care delivery system. The project targets 37,995 children under five years old (U5) and 144,648 women of reproductive age, for a total beneficiary population of 182,644 in the Kvemo Kartli region and in the cities of Chiatura and Zestaphoni in the Imereti region.

The goal of the “Child Survival and Health Program for Kvemo Kartli and Imereti, Georgia” is to reduce maternal, neonatal infant and child morbidity and mortality. The 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.

Interventions include: Maternal and Newborn Care (MNC) 25%, Breastfeeding Promotion (20%), Nutrition (15%), Case Management of Diarrhea (25%) and Case Management of Pneumonia (15%), with the latter two combined into one intervention area: Management of ARI/Pneumonia and Diarrhea (40%). Three crosscutting strategies are being used to achieve 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 childcare services.

A. Main Accomplishments of the Project

The MTE demonstrated that ACTS is implementing the first successful health program in Kvemo Kartli. ACTS selected Kvemo Kartli at the request of the USAID Georgia Mission, as previous health program efforts of other organizations had failed. As reported in the results of the 2007 MTE, the project has met and exceeded MTE targets for three indicators in all 11 Supervision Areas (SAs) (Annex 7). Five SAs met or exceeded MTE targets for the other six indicators and only three areas did not meet two of the indicators. As expected, the Imereti region—the most recent project implementation area—performed lower than the other project areas, due in large part to the isolated nature of the SAs in this region from the main program activities in Kvemo Kartli.

In the MTE, the Imereti region was the focus of intense work in the fourth year of the project. In addition, eight out of eleven SAs met the indicator for “Mothers’ knowledge of at least two danger signs of children’s illness.” ACTS planned to correct this in the three SAs that did not meet the decision rule.

In the fourth year of the program, **ACTS' CSP activities yielded significant progress and achieved or exceeded target values for all indicators of Maternal and Child Health in all supervision areas** (LQAS table) in spite of serious constraints. ACTS has made significant progress in reducing maternal, infant and child mortality through its culturally appropriate and focused community programs and behavior change interventions. In addition, the CSP has successfully reached underserved and isolated communities of Imereti.

Table 1. Findings of the September 2008 LQAS Survey based on Year 4 Benchmarks

Indicator	Target %	Kvemo Kartli									Imereti		
		SA1	SA2	SA3	SA4	SA5	SA6	SA7	SA8	Sa9	SA1	SA2	
Number of mothers who knew 4 signs of danger during pregnancy	25%	2	2	3	2	4	2	2	2	2	2	2	2
Benchmark decision rule		2											
Number of mothers who knew at least 2 signs of childhood illness that indicate the need of referral to health care services	80%	13	14	14	13	13	14	14	13	13	14	14	
Benchmark decision rule		13											
Number of mothers able to report 2 and more neonatal signs	45%	6	6	6	6	6	6	6	6	6	6	6	
Benchmark decision rule		6											
Number of infants who were exclusively breastfed for 6 months	70%	11	11	11	11	11	11	11	11	11	11	11	
Benchmark decision rule		11											
Number of children aged 0-23 months who were breastfed within the first hour after birth	75%	12	12	12	12	12	12	12	12	12	12	12	
Benchmark decision rule		12											
Number of infants aged 6-9 months who received solid foods with breast milk	70%	12	12	12	12	12	12	12	12	12	12	12	
Benchmark decision rule		11											
Percent of infants aged 0-23 months with diarrhea in the last two weeks who were offered more fluids during illness	80%	13	14	14	14	13	13	13	13	13	14	14	
Benchmark decision rule		13											
Total indicators not meeting the benchmark Key indicators	0	0	0	0	0	0	0	0	0	0	0	0	
SA meeting benchmark decision rule	+	+	+	+	+	+	+	+	+	+	+	+	
SA Underperformance (Not meeting benchmark decision rule)	0	0	0	0	0	0	0	0	0	0	0	0	

Information, Educational and Communication Sessions with Communities:

ACTS presented mixed media CS messages to more than 1,250 women of child-bearing age through verbal, musical, dramatic and published presentations via community meetings. As recommended by the MTE, ACTS CS staff added a hand washing component in three of the presentation formats which focused on helminthiasis prevention in children U5. A total of 73 community meetings were held within the Kvemo Kartli region and the two sub-regions of Imereti. (Annex 6).

Training of Mothers, Community Leaders and Health Care Professionals:

Sixty-seven training sessions were held throughout the various SAs of the CSP. In the Imereti Region, four trainings were attended by 75 mothers and three physicians. In the Kvemo Kartli Region, 63 trainings were held and attended by 1,175 mothers, 5 teachers, 24 students and 7 physicians (Annex 8).

Focus Group Discussions:

Sixteen Focus Group Discussions ((FGD) were held in both regions, with 185 Mothers of Children U5 participating (Annex 9). Based on initial interests expressed by FGD participants, ACTS created a list of 20 questions/topics for discussion. FGD facilitators added or deleted elements of the discussion based on the specific participant feedback of each meeting. Subjects for discussion included hand washing, breastfeeding, nutrition, and cultural and social barriers to women seeking medical treatment. ACTS discovered that many physicians were interested in the outcome of the FGDs; some physicians even wanted to attend the FGDs. However, to avoid a chilling effect on open discussion by the mothers of Children U5, ACTS is addressing the need to create separate FGDs for medical professionals.

Meetings with Local Authorities:

The CSP has worked in close collaboration with the Georgian Parliament, Department of Public Health, the MoLHSA, local officials, schools and medical personnel. In Year Four, all districts hosted at least one meeting with local authorities, with a total of 21 meetings held, reinforcing ACTS's cultivation of a diverse and broad-based stakeholder network at national, regional and local levels (Annex 10).

M&E:

CSP involved all stakeholders in the conduct of the survey and presented the findings. The team discussed progress in each of the four CSP intervention areas. The LQAS was conducted September 20 through September 30, 2008. A total of 171 respondents in nine SAs were interviewed for the survey. The respondents were mothers of children U2. The ages of the mothers ranged from 16 to 29 years, mean age being 25.7; SD 5.8; and median age of 25. Sixty percent of the respondents were younger than 25. The number of

LQAS respondents, age range, mean age and median age for the Year 4 LQAS was nearly identical to the Year 3 LQAS sample.

Interviews were conducted in 99 separate sites, both urban and rural, in seven districts and two cities of the Imereti Region. The sampling frame for the LQAS was used to determine the interview sites in each SA. They were defined at random using a Systematic Sampling approach. The households within the selected sites were chosen using a random drawing of the street names for the cities and a “spin the bottle” method for the villages.

Assessing Gaps and Programmatic Responses

The Benchmark for the Year 4 of the CSP is that 25% of the mothers are able to report four pregnancy danger signs. These low indicators and input from participants at FDGs and community meetings, as well as anecdotal information from physicians and mothers identified gaps in information dissemination. In order to increase the number of mothers able to identify four pregnancy danger signs, ACTS is publishing a third edition of the booklet, “Taking Care of Pregnant Women, Newborns and Children U5”. The anticipated third edition will be more illustrative and will include a list of potential risks a woman faces if she ignores the danger signs. In addition, ACTS is in preliminary negotiations with local health facilities to make the free booklets available to patients.

While ACTS’ CSP and the GOG are offering more services to mothers and children, there are still a number of women who are unaware of the many available programs offered. To address the issue, CSP staff members are now spending the last 10 minutes of every community meeting to list the GOG programs aimed at MCH.

A breakdown in services has been caused by the recent eight-day war. Fatalities, injuries and displacement of male members of many families have caused unprecedented and unplanned economic hardships for families already scraping to survive. Nursing mothers fleeing for their lives or experiencing prolonged separation from their infants has caused unplanned interruption or complete cessation of breastfeeding. ACTS’ staff was unable to meet all the planned activities in the target population and is seeking outside funding for relief efforts.

B. Program Objectives Activities Status

The 2008 USAID CSHGP Guidelines for Annual Reports requires that the status of activities be defined in one of three ways: “completed”, “on target” or “not yet on target”. To avoid confusion, ACTS has defined each response as follows:

Completed: Goals met for the life of the program (10-1-2004 through 9-30-2009)

On Target: Goals on target for the reporting period (10-1-2007 through 9-30-2008)

Not Yet on Target: Goals not yet on target for the reporting period (10-1-2007 through 9-30-2008).

Review Annex 11 to view the complete activities chart.

C. Factors Impeding Progress

There have been four main impediments to progress in Year 4 of this CSP. The most prominent, of course, being the invasion of Russian Troops into Georgia in August, 2008, and the ensuing destruction and despair. While still unable to quantify all areas of impact from the aggression, ACTS has documented 4,000 pregnant women and 4,000 breastfeeding mothers, currently being served by the CSP, are suffering from post traumatic stress disorder, with many nursing mothers reporting a decrease in milk production. There is a significant increase in cigarette smoking, alcohol abuse, stress and depression by the entire Georgian population, putting pregnant and nursing women at higher health risk.

As GOG funds are diverted to rebuilding the four billion dollars of infrastructure destroyed by the Russian aggression, cease-fire agreements are repeatedly being violated, aid is intermittent, and the economy is declining. For the ACTS program specifically, 15 community meetings scheduled for late August were cancelled or postponed due to the state of emergency. As soon as travel was pronounced safe by the GOG, ACTS resumed its work in the region. Because of the loss of several days, staff members focused efforts on completing the LQAS survey and will reschedule the postponed community meetings at a later date.

A second impediment to the progress of our CSP is that in the first four years of our five-year program, there have been four different Ministers of Health (Annex 12). With each new Minister, also came an entire change of the national and regional administrative staff. Because ACTS was the first NGO to ever implement a USAID Child Survival program in Georgia, introduction of the evidence-based KPC and LQAS survey approach was new for the Georgian Government. This rapid change of officials meant that repeated stakeholder presentations and discussion times were needed each year of this program to create buy-in by each new administration. This was particularly challenging because each new administration initially sought to remove the previous administration's programs.

With perseverance and commitment to the stakeholder process, each new Minister and his administration were eventually included into the existing stakeholder groups. "Re-inventing the MoHLSA stakeholder wheel", while time-consuming and costly, has produced a very strong commitment on the part of all four separate ministers and administrations. All former MoHLSA staff have moved into other parts of the Georgian government (Parliament, other ministries and some to the private sector), taking with them a solid understanding of the evidence-based practices of CSP.

The third impediment to ACTS achieving the goals of its CSP has been the devaluation of the US dollar (USD) and the increase in petrol prices. Since the ACTS grant budget was written in 2003, the buying power of the USD in Georgia has fallen 50%. During that same time frame, the price of petrol has risen 400%. ACTS estimates the decline in the USD coupled with the skyrocketing price of petrol has resulted in a \$250,000 reduction of USD buying power for the CSP.

ACTS is taking several steps to overcome these budget constraints. The entire headquarters staff has agreed to work on a volunteer basis. All but two of the remaining field staff have gone to half-pay or are now working as daily contractors. Unfortunately, without the full-time commitment of our highly trained staff, the long-term sustainability of the CSP principles are threatened, as there are no longer the interaction, communication and training sessions that occurred during the weekly staff meetings held at the field, central and local offices.

D. Required Technical Assistance

As year 5 will be the final year of the CSP, ACTS is required to hire an independent evaluator to perform the final evaluation. The ACTS staff is currently screening applicants for this position.

E. Substantial Changes to the DIP or MTE

1. As requested in the MTE, ACTS has added a component to the CS message regarding the prevention of helminthiasis. In Year 4, ACTS staff assessed and began implementing programs aimed at hand washing through CSP community meetings, FGDs and publications.
2. Although not originally in the DIP, the overwhelming success of the health fairs and festivals remains a core activity for the CSP, with each year bringing increased stakeholder participation in planning, development and facilitation of the events.
3. The e-learning training sessions were not in the original DIP, but continue to be successful learning opportunities for key ACTS personnel.
4. The recent Russian aggression has forced ACTS to implement emergency expansion of programs to more than 8,000 IDP women who are pregnant or breastfeeding. The majority of the IDP women are in Kvemo Kartli, with some in Imereti. Increased incidences of cigarette smoking, alcohol abuse, post traumatic stress disorder and depression among the entire Georgian population creates risk and trauma for pregnant women, mothers and children.

F. Progress toward Sustainability

ACTS has engaged a network of representative stakeholders from every facet of the community, which is essential in achieving long-term sustainability. The ability of ACTS to create an educational climate for young women that is engaging and helpful while respecting cultural values has been highly successful. Local government officials provide complementary facilities for trainings, and invite ACTS to provide advance training. The local communities invite ACTS to deliver health messages at local celebrations and events. To enhance this relationship with stakeholders, ACTS involves all stakeholders in the review process of the information that CSP staff provides to the community. In

addition, stakeholders are provided a working plan of activities and invited to join ACTS in monitoring the plan. They are also supplied a list of trainings and statistical reports on which the CSP is based.

The high turnover in health ministers and their administrations during the first four years of the CSP, while impeding progress to some programs, has actually resulted in a vast system of stakeholders familiar with the CS principles and supportive of continuing existing programs beyond the term of this CSP.(Annex 12) Specifically, the following programs have evolved from ACTS' CSP and are being sustained by the GOG.

1. Free Prenatal Care and Delivery: The MoLHSA now provides four free prenatal visits for all pregnant women in the Kvemo Kartli and Imereti regions of Georgia. If women attend all four visits, they receive a voucher for a free delivery and one home visit for mother and infant within a week of delivery. In fact, the GOG is so strongly committed to this program, ACTS has been asked by to use its existing channels of communication to disseminate information regarding the program to include the entire country.

2. Free Birth Registration: Prior to 2005, mothers had to pay a fee to register births in Georgia; consequently, many mothers did not officially register births with the GOG. As a result, data collection on birth rates, infant mortality rates, etc. was unreliable. ACTS worked with the GOG to develop a free birth registration program for all mothers.

3. Portable Immunization Records: ACTS has been working closely with the GOG to distribute “mother’s cards”, similar to US immunization cards. The mother’s cards are permanent records of immunizations and vital medical information that are kept by the mother, but presented to physicians when medical or preventative treatment is delivered.

4. Free Immunization Program: In Kvemo Kartli, children U1 are now receiving free immunizations. ACTS is working with local health officials to disseminate information about the program to mothers and to encourage full participation. The free immunization program, sponsored by the Vishnevskaya-Rostropovich Foundation (VRP), is expanding into other regions of Georgia.

5. National Flour Fortification Program: In 2007, ACTS and the GOG embarked on a three-year, \$1.5 million national fortification program that will fortify all wheat milled in Georgia with folic acid to prevent birth defects and iron to prevent anemia. ACTS was selected by the Government of Georgia as the leading implementing partner in the national fortification program, sponsored by the Global Alliance of Improved Nutrition (GAIN). In addition to providing technical assistance, social marketing and policy development, ACTS has helped draft legislation that will require all flour milled in Georgia to be fortified with iron and folic acid. The flour fortification program will go countrywide in 2009.

6. Health Fairs/Festivals: In this the fourth year of the CSP, ACTS has expanded the highly popular and well attended Health Festivals to other districts of the Kvemo Kartli region with more active involvement of the population, including developing programs,

presentations, scripts and dramas. During these fairs, attended by more than 2,000 people, free examinations and health screenings were provided, healthy behavior sessions were conducted and nutritious foods were served. In February, March, May and July, 2008, television stations with viewers in three separate districts ran a total of eight public service announcements, publicizing the festivals, significantly increasing the number of volunteers and participants. The economic value of the television announcements is \$1,100.

7. Paradigm Shift in Attitudes: ACTS' sensitivity to the culture and traditions of the Georgians has shifted the prevailing attitude of potential participants from initial suspicion to now embracing the CSP practices. ACTS staff conducted home visits, invited family members other than the target population to events and garnered permission from family decision-makers through detailed explanations of the benefits of the program. First time participants and any other family members attending the CSP events soon realized the CSP messages only related to child and maternal health issues and that there was no literal or inferred propaganda regarding politics, religious beliefs or domestic roles. As a result, participants returned for subsequent CSP events. This shift in thinking for the Georgians, after years of oppression and suspicion, will benefit future GOG and other social service programs.

Phase Out for Final Year of CSP

Local ACTS staff and partners have been involved with the sustainability strategy. The personnel and operational project costs and financial planning for the duration of the CPS did not anticipate the recent Russian invasion or the global economic crisis. Alternative funding options have been examined for certain aspects of the CSP.

G. Does Not Apply

H. See Section F. for Discussion toward Phase Out in Final Year

I. Management System

Financial Management

ACTS financial management procedures remain consistent. Funds are drawn down by ACTS HQ using OMB Form 270 and wire transferred to the ACTS Georgia bank account, designated specifically for the CSP funds in Tbilisi, Georgia. The quarterly financial reporting using OMB Form 269 is prepared by the ACTS HQ backstop, the ACTS Grants Manager and the HQ accountant. The submitted OMB Form 269 documents the match funding provided by ACTS in support of the OMB Form 269 reports for the fourth year. Each quarterly OMB Form 269 report has been prepared, verified and submitted on time.

The October 1, 2004- April 6, 2006 salaries and other operational expenses were paid by cash, the then prevailing system of the country. From April 7, 2006 to the present, all salaries and operational expenses are paid by direct deposit, providing an electronic paper trail. The signatures of both the project CMO and the accountant are required for all transactions. The Generally Accepted Accounting Principles (GAAP) used by ACTS are documented in the ACTS Financial Manual and are followed for all ACTS financial transactions.

Lily Ushveridze is a full time accountant for ACTS. A portion of her time is devoted to CS field accounting. George Kartvelishvili, MBA, remains the ACTS controller. In year 4 of the CSP, Dr. Milamari Cunningham has been hired as the ACTS Grants Coordination Consultant at HQ. Her duties are to: oversee the matching funds portion of the program; ensure timely competition of the OMB Forms 269 and 270; and work with ACTS-Georgia on completing the monthly CS timesheets and reports.

Human Resources

As stated earlier in Section C., the declining value of the dollar and four-fold increase in petrol prices have significantly impacted the budget requirements of this CSP.

Fortunately, the ACTS staff is committed to the five-year project and many have agreed to either be paid on a daily contract basis or serve as volunteers.

All job positions for the CSP remain functional. Staff turnover has not been an issue during the reporting period. All personnel procedures are in place and job descriptions are located at HQ and the field. Field staff members submit monthly time sheets that include their volunteer time and monthly program reports.

Professional development is provided to staff increasingly through e-learning programs as well as through orientations, workshops, and trainings, which in turn assists in the creation of ownership of the program. Plans for assisting staff with paid positions following the cessation of the CSP are being developed. All core CS staff remains the same as was described in previous reporting periods, although several now donate their expertise as volunteer staff.

PVO Coordination/Collaboration in Country

The Child Survival program has established and continues to maintain effective collaborative relationships with other PVOs who have programs that support CS initiatives (Annex 13).

J. Local Partner Organization Collaboration and Capacity Building

Local Partner Collaborations: ACTS has partnered with numerous local organizations, groups and individuals. Stakeholders are involved in planning, organizing, facilitating, participating and providing feedback of ACTS' activities as part of the project's sustainability strategy. (Annexes 13, 14 and 16).

Capacity Building: Milamari A. Cunningham, MD joined ACTS HQ as the ACTS Grant Coordination Consultant in January, 2008. Since joining the ACTS staff, Dr. Cunningham has participated in 46 hours of training, including six hours of on-line training for Rapid Health Facility Assessment, Pandemic Influenza and Business Management. She also is a graduate of the 40-hour Grantsmanship Training Program.

CSHG Project Manager, Eteri Suladze completed a seven-day MPH Program, sponsored by MIDEGO in December, 2007. Field Office Chief Medical Officer, Giorgi Tsilosani, MD, PhD., completed a seven-day M & E program sponsored by MIDEGO in September/October, 2008.

K. Mission Collaboration

The CSP objectives and overall strategy have been discussed in detail with the USAID local mission USAID/Caucasus, in Tbilisi, Georgia. 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. ACTS' application of IMCI in the delivery of child-care services complements the mission's efforts. (Annex 15).

L. Other Relevant Aspects of the Project

Innovative Ideas

The community health fairs and festivals are among the most widely successful events in ACTS' CSP. Historically, the Georgian culture held many celebrations and festivals. However, under Soviet rule and the economic decline following the break up of the Soviet Union, there has been an absence of festivals and fairs for more than two decades. ACTS has found an enormous enthusiasm for the events, including a grass roots participation in the planning and developing of various programs within the fairs and festivals. The events not only promote the CSP principles, but engender community pride and identity. The multi-generational volunteers invest hundreds of hours planning and implementing a successful festival. Through dramas, puppet shows, teen theaters and demonstrations, Georgians receive information about maternal and child care, breastfeeding, nutrition, hygiene, immunization and wellness including preventive measures for pneumonia and diarrhea. Throughout the Kvemo Kartli region, due to word of mouth interest, mayors of surrounding communities are requesting assistance in health fair planning. This grass roots interest forms the foundation of sustainability from this community investment.

Promising Practice

Positive behavior changes for health are reinforced through the use of ACTS educational pictorial booklets. During FGD anecdotal evidence overwhelmingly shows that those who receive the booklets are using them. Frequently, participants request new healthcare measures they would like covered in future publications. ACTS has been able to revise booklets adding additional information as requested by the target population. (Annex 5, "Results Highlights").

M Annexes

Annex 1: M & E Table

MONITORING AND EVALUATION PLAN								
PRINCIPLE OBJECTIVES:								
<ul style="list-style-type: none"> Improved QUALITY of M/C survival services. Improved BEHAVIOR of household/community on maternal and child health. Increased AVAILABILITY to M/C health care services and increased ACCESS to adequate standard case management. 								
<i>Specific Objectives</i>	<i>Level</i>	<i>N & Type</i>	<i>Indicator Type indicates R for result or outcome and P for Process</i>	<i>Method</i>	<i>Frequency</i>	<i>Baseline value/ Benchmarks 06, 07, 08</i>	<i>EOP Target</i>	<i>Interventions</i>
MATERNAL AND NEWBORN HEALTH								
Improved perinatal services and maternal newborn care.	Household/Community	1 P	Percent of mothers who know at least 4 signs of danger during pregnancy that indicate the need for treatment.	KPC LQAS	MT, FE	5.4% 8%;15%;25%	30%	<ul style="list-style-type: none"> Training of community leaders and health care professionals. Educational sessions with community. Dissemination of IEC materials among community. Training of health care professionals. Monitoring process. Provision with standard protocols of care.
		2 P	Percent of mothers/family members able to report at least two known neonatal danger signs	KPC LQAS	MT, FE	14.7% 15%;30%;45%	55 %	
	Facility	1 R	Percent of deliveries that use partograph to manage labor. *	KPC LQAS	MT, FE	0% 5%;20%;30%	40%	
								•

Providing facilities with existing laws concerning nutrition practices: iodized salt, bread fortification with iron and folic acid
A Call to Serve International – CSHGP Fourth Annual Report 2008 – Georgia

**MONITORING AND EVALUATION PLAN
PRINCIPLE OBJECTIVES:**

- Improved **QUALITY** of M/C survival services.
- Improved **BEHAVIOR** of household/community on maternal and child health.
- Increased **AVAILABILITY** to M/C health care services and increased **ACCESS** to adequate standard case management.

<i>Specific Objectives</i>	<i>Level</i>	<i>N & Type</i>	<i>Indicator Type indicates R for result or outcome and P for Process</i>	<i>Method</i>	<i>Frequency</i>	<i>Baseline value/ Benchmarks 06, 07, 08</i>	<i>EOP Target</i>	<i>Interventions</i>
MATERNAL AND NEWBORN HEALTH								
		2 R	Percent of staff skilled in management of birth asphyxia	HFA – Health facility observation	Annually	22% 28%;35%;45%	50%	
		3 R	Percent of children 0-23 months of age placed with the mother immediately after birth.	KPC LQAS	MT, FE	5% 10%;20%;25%	30%	
		4 P	Percent of professionals recognizing signs of danger of delivery.	HFA Health facility observation	MT, FE	5% 10%;25%;40%	50%	
	District/ Region	1 R	Percent of health care facilities that Implement M/C Strategy and referral protocols	HFA tool	Annually	0% 20%;50%;75%	90%	<ul style="list-style-type: none"> • The revision and updating the protocols of care and referral • Training of Health Care professionals
		2 P	Number of trained medical staff in MNC	Health Facility Visits and Staff attendance records	FE	10% 20%;40%;60%	70%	

- The partograph is a vital tool for providers who need to be able to identify complications in child birth in a timely manner and refer patient to an appropriate facility for treatment

**MONITORING AND EVALUATION PLAN
PRINCIPLE OBJECTIVES:**

- Improved **QUALITY** of M/C survival services.
- Improved **BEHAVIOR** of household/community on maternal and child health.
- Increased **AVAILABILITY** to M/C health care services and increased **ACCESS** to adequate standard case management.

<i>Specific Objectives</i>	<i>Level</i>	<i>N & Type</i>	<i>Indicator Type indicates R for Result or Outcome and P for Process</i>	<i>Method</i>	<i>F r e q u e n c y</i>	<i>Baseline value Benchmarks 06,07,08</i>	<i>EOP Target</i>	<i>Interventions</i>
BREASTFEEDING AND BFHI								
Improved Breast-feeding Practice and nutritional status of children.	Household/ Community	1 R	Percent of infants aged 0-5 months who were fed breast milk only in the last 24 hours.	KPC LQAS	M T , F E	16.1% 20%;30%;45%	50%	<ul style="list-style-type: none"> • Training of community leaders, Mother- to-Mother support groups and health care professionals. • Educational sessions with community. • Dissemination of IEC materials among community.
		2 R	Percent of children receiving breast milk up to 23 months.	KPC LQAS	M T , F E	37.2% 40%;45%;55%	60%	
	Facility	1 R	Percent of children, aged 0-23 months who were breastfed within the first hour after birth.	KPC LQAS	M T , F E	39.5% 50%;60%;75%	85%	

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BREASTFEEDING AND BFHI								
		2 P	Percentage of pregnant women and mothers who received breastfeeding counseling during antenatal care.	KPC LQAS	M T , F E	47.2% 50%;60%;75%	85%	
	District/ Region	1 R	Percent of health facilities designated Baby Friendly	Facility external assessment	M T , F E	0% 25%;50%;50%	50%	• Implementation 10 steps of BFHI through training activities and audit visits.
		2 R	Percent of compliance of Georgian Law “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding” .		M T , F E	25% 30%;50%;65%	75%	• Introduction of Georgian Law to district authorities and mass media and marketing network • Monitoring of Law violations

**MONITORING AND EVALUATION PLAN
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NUTRITION								
Improved feeding practices for improving child nutrition and child growth.	Household /Community	1 R	Percent of infants aged 6 – 9 months who received breast milk and solid foods in the last 24 hours.	KPC LQAS	M T , F E	41.7% 45%;60%;70%	85%	<ul style="list-style-type: none"> • Training of community leaders, Mother-to-Mother support groups and health care professionals. • Educational sessions with community. • Dissemination of IEC materials among community.
		2 P	Percent of mothers who know correct complementary feeding practice	KPC LQAS	M T , F E	40% 50%;65%;75%	85%	
		3 P	Percent of households who know how to use and store Iodized salt	KPC LQAS	M T , F E	0% 10%;35%;50%	65%	

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NUTRITION								
	Facility	1 R	Percent of medical staff assessing child growth and using growth chart during a child's sick visit.	HFA and Follow up observation	A n n u a l l y	0% 10%;30%;50%	60%	<ul style="list-style-type: none"> • Training of health care professionals; Monitoring process. • Provision with standard protocols of care. • Provision IEC materials
		2 P	Percent of medical staff who were asked and explain proper complementary feeding practices.	HFA and Follow up observation	A n n u a l l y	40% 50%;60%;75%	85%	
	District/ Region	1 R	Number of health facilities where correct nutritional counseling is implemented	HFA and Follow up observation	M T , F E	0% 10%;30%;45%	50%	<ul style="list-style-type: none"> • Providing facilities with existing laws concerning nutrition practices – “Iodized salt”, “bread fortification with Iron”

**MONITORING AND EVALUATION PLAN
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ARI/PNEUMONIA AND DIARRHEA								
Improved management of ARI/ Pneumonia and diarrhea utilizing IMCI protocol.	Household/ Community	1 R	Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness.	KPC LQAS	MT, FE	56.3% 65%;75%;80%	85%	<ul style="list-style-type: none"> • Training of community leaders and health care professionals. • Educational sessions with community. • Dissemination of IEC materials among community.
		2 P	Percent of mothers who know at least two signs of childhood illness that indicate the need of referral to health care services	KPC LQAS	MT, FE	64.2% 70%;75%;80%	85%	
		3 R	Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered catch-up feeding	KPC LQAS	MT, FE	35% 45%;60%;75%	85%	
	Facility	1 R	Percent of children who were examined for four common danger signs.	HFA Follow-up Observations (FUO)	Annually	15% 25%;50%;70%	80%	<ul style="list-style-type: none"> • Training of health care professionals. • Monitoring process. • Provision with standard protocols of care. • Provision of facilities IEC materials.
		2 R	Percent of health care providers who assessed for frequent breathing during sick child consult for children under five years of age.	HFA FUO	Annually	3.8% 10%;20%;25%	30%	
		3 R	Percent of health care providers who assessed for chest retractions during sick child consult for children under five years of age.	HFA FUO	Annually	3.8% 10%;20%;25%	30%	

**MONITORING AND EVALUATION PLAN
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ARI/PNEUMONIA AND DIARRHEA								
		4 R	Percent of health care providers who properly classified dehydration degree during child sick consult for diarrhea for children under five years of age	HFA FUO	Annually	3.8% 10%;20%;25%	30%	
	District /Region	1 P	Percent of Primary Health Care facilities that have ORT Corner.	HFA FUO	MT, FE	0% 20%;35%;45%	50%	• Formation of structure of IMCI Management and Supervision.
		2 P	Percent of Primary Health Care facilities that have IEC-counseling materials on IMCI.	HFA FUO	MT, FE	20% 50%;75%;90%	100%	
		3 R	Percent of health services that have essential drugs and medicines to deliver IMCI services.	HFA FUO	MT, FE	0% 25%;50%;75%	80%	
		4 R	Percent of health centers with improved performance on correct diagnosis and treatment according to IMCI protocol for sick consults for children 0 to 5 years of age.	HFA FUO	MT, FE	13% 25%;50%;70%	80%	

Management Plan					
Position	No.	Affiliation	Main Duties	LOE (%)	Paid/ Volunteer
PVO - HQ					
Chief Medical Officer	1	ACTS International	Technical oversight and support for project; Lead DIP preparation, communicates with USAID.	20%	Paid
Fiscal Officer	1	ACTS International	Processes cash draw downs, transfers cash to the field, prepares SF269, monitors country finance and budget.	50%	Paid
Administrative Asst.	1	ACTS International	Backstop program management and service point of contact for program related issues.	50%	Paid
Field Office					
Project Coordinator	1	ACTS - Georgia	Provides general oversight for project.	100%	Paid
CS Country Director	1	ACTS - Georgia	Provides project directions and programming guides.	100%	Paid
Project Manager	1	ACTS - Georgia	Overseeing planning, implementation and evaluation of the project activities.	100%	Paid
Financial Officer	1	ACTS - Georgia	General accounting duties, petty cash functions, completes general ledger.	100%	Paid
Office Manager	1	ACTS - Georgia	Executes routine administrative staff	100%	Paid
Project Director's Assistant	1	ACTS - Georgia	Assists project director and project manager in office administrative work including all required paper work, data entry into computer, organization of work meetings and workshops on the suites	100%	Paid

Management Plan					
Position	No.	Affiliation	Main Duties	LOE (%)	Paid/ Volunteer
Field Office					
District Coordinators	4	ACTS – Georgia	Coordination of project activities at the district level, development of work plans, coordinating with IMCI and MNC coordinators, ensuring training facilities and supplies delivery to training sites.	100%	Paid
IMCI Coordinator	1	Claritas	Training events planning, calendar scheduling, coordination of materials preparation, adaptation of curricula, conduction of trainings.	50%	Paid
MNC Coordinator	1	Claritas	Training events planning, calendar scheduling, coordination of materials preparation, adaptation of curricula, conduction of trainings.	50%	Paid
Partners					
BF and Nutrition coordinator	1	Claritas	Training events planning, calendar scheduling, coordination of materials preparation, adaptation of curricula, conduction of trainings	50%	Paid
Public Health Advisor	1	Health Services Research Center	Guidance in developing activities related to behavior change	50%	Paid
TA consultants for community mobilization	2	Caucasus Social Marketing Association	Guide through developing community mobilization process	50%	Paid
Community Mobilizers	4	Tanadgoma, NGO	Facilitate community mobilization.	20%	Paid
Health Facilities	7	District head doctors	Facilitate intervention activities.		Volunteers
Government Leaders	4	MoLHSA	Participate in project planning and evaluation.		Volunteers

Annex 2: Workplan Year 5

Revised Work Plan for Years 5

J. Project Year	Year V (2008-2009)			
	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
Objective 1: Sustain changes in maternal care giving and care seeking behaviors (maternal and newborn care/breast-feeding/nutrition/pneumonia management/diarrhea management/helminthiasis prevention)				
Updating BCC campaign based on LQAS, FGD and patients survey findings				
Revised BCC materials production				
BCC materials dissemination				
Monitoring BCC through the system of patients cards to track visits to ANCs and health facilities				
Advocacy for introduction of Maternal Cards with information on the child health, immunization and specific responses to external agents if any				
Development of educational TV spots to be aired via local TV network				
Airing TV spots				
Preparation and conduction of Healthy Moms for Healthy Kids Festival				
Objective 2: Sustain improvements in the quality of health services available to children and their mothers				
Conduct training for IMCI protocols among the personal of health facilities				
Follow-up for IMCI protocol implementation				
Working with MoLHSA to develop dissemination materials on evidence-based practice guidelines for maternity care				
Selecting HCF for pilot of evidence-based use of Maternal Cards				
Evidence-based training for identified health care professionals				
Semi-annual training updates for physicians/nurses in evidence-based obstetric practices and IMCI protocols				
Organize systematic distribution plan for essential supplies to support IMCI protocols and evidence-based obstetric interventions				
Distribution of IMCI supplies				
Objective 3: Improve awareness, collaboration and capacity among public, private and NGO stakeholders to improve health impact of MCH projects				
Train community health workers in BCC messages				
Semi-annual BCC updates				
Conduct quarterly meetings jointly with MOH staff and the ACTS-G CSP staff				
Conduct quarterly meetings with ACTS-G CSP staff and stakeholders				
Together with partners, conduct joint quarterly visits to target area hospitals				
Promoting and monitoring the use of fortified flour				
Objective 4: Strengthen capacity of ACTS-I and its local partner to implement sustainable maternal and child health programs				
Yearly strategy meeting, facilitated by consultant to conduct organizational analysis				

J. Project Year	Year V (2008-2009)			
Develop a strategic sustainability plan				
ACTS-I to review and provide extensive feedback on annual BCC and training plans				
Hold annual one-day review workshops for NGO and MOH partners to evaluate successes and areas for improvement				
Objective 5: Performance Monitoring and Evaluation				
Focus Group Discussions				
KPC – Final assessment				
Modifying data collection for more in-depth daily and weekly counts of services provided, beneficiaries and BHI measurements				
Monitoring survey				
Confidential Client Surveys				
Modified Health Facilities Assessments				
Organizational development assessment/DOSA				
Final Evaluation Report				

Annex 3: Budget

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Annex 4: Papers or Presentations about Project

G.Tsilosani, P. Blair, R.Tataradze, E. Suladze, L. Baramidze,T. Lobzhanidze, T. Lomidze, M. Klibadze, K.Sharangia. R.Urushadze, “ Study of children eating habits-the starting point for surveillance to prevent Noncommunicable Chronic Diseases (NCD) “ presented at 5th International Conference: Behavioural Risk Factors Surveillance in Rome, Italy on October 24-26, 2007. http://www.epicentro.iss.it/passi/pdfconf/25/AFTERNOON_2/2.Tsilosani.pdf

R.Tataradze, L. Baramidze,V. Barbakadze, K. Liluashvili,L. Sturua,D.Trapaidze “Towards Behavioural Risk Factor Surveillance System: Georgian Experience” presented at 5th International Conference: Behavioural Risk Factors Surveillance in Rome, Italy on October 24-26, 2007

R. Tataradze “Non-communicable Diseases (NCD) in Georgia” presented at Investing in People Workshop, USAID Site Visit: Health Partnerships at National Center of Disease Control and Public Health in Tbilisi, Georgia on October 3, 2007.

R. Tataradze “Double Burden of Chronic Diseases in the Countries of Restricted Economic Possibilities” presented in the Training-Seminar for Health Educators: Diet, Nutrition, Prevention of Non-communicable diseases presented in National Center of Disease Control and Public Health, Tbilisi, Georgia on September 11, 2007.

R. Tataradze “Strengthening NCD Prevention in primary care in Georgia” presented at the Meeting of WHO National Counterparts for the European Strategy for the Prevention and Control of Non-communicable Diseases (NCD) in London, United Kingdom on May 2-3, 2007

Annex 5: Results Highlight

Innovative Ideas

The community health fairs and festivals are among the most widely successful events in ACTS' CSP. Historically, the Georgian culture held many celebrations and festivals. However, under Soviet rule and the economic decline following the break up of the Soviet Union, there has been an absence of festivals and fairs for more than two decades. ACTS has found an enormous enthusiasm for the events, including a grass roots participation in the planning and developing of various programs within the fairs and festivals. The events not only promote the CSP principles, but engender community pride and identity. The multi-generational volunteers invest hundreds of hours planning and implementing a successful festival. Through dramas, puppet shows, teen theaters and demonstrations, Georgians receive information about maternal and child care, breastfeeding, nutrition, hygiene, immunization and wellness including preventive measures for pneumonia and diarrhea. Throughout the Kvemo Kartli region, due to word of mouth interest, mayors of surrounding communities are requesting assistance in health fair planning. This grass roots interest forms the foundation of sustainability from this community investment. The most widely successful events in ACTS' CSP are the community health fairs and festivals.

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Promising Practice

Positive behavior changes for health are reinforced through the use of ACTS educational pictorial booklets. During FGD anecdotal evidence overwhelmingly shows that those who receive the booklets are using them. Frequently, participants request new healthcare measures they would like covered in future publications. ACTS has been able to revise booklets adding additional information as requested by the target population.

Annex 6: Community Meetings Chart

CSP Year 4 Community Meetings

District	Number of Meetings
Gardabani and Marneuli	37
Tetri Tskaro and Bolnisi	25
Dmanisis	4
Tsalka	2
Chiatura	2
Zestaphoni	2

Annex 7: CSP Service Areas

Map of Georgia



CSP Year 4 Service Areas Kvemo Khartli

SA	District
1	Dmanisi
2	Bolnisi
3	Tetri Tskaro
4	Marneuli
5	Gardabani

SA	District
6	Tsalka
7	Rustavi Central part
8	Rustavi Right side of Mtkvari River
9	Rustavi Left Side of Mtkvari River

SA 1

Dmanisi district: Irganchai D. Dmanisi Amamlo Mamishlo Sapparlo Zemo Orozmani Gantiadi Javaxi Bagchalari Ormasheni Chatakhi Iaguplo Ukangori Akha Kamarlo Kizil-Kilisa

SA 2

Bolnisi district: Akaurta, Geta, Darbazi, S Bolnisi, Kv. Bolnisi, Rachisubani ,Talaveri Savaneti, Sabereti, Kv. Aarkevani, Nakhiduri, Khidiskuri, Chapala, Mtsuaneti, Daba Kazreti , Balichi ,D. Tamarisi, Kurtavi.

SA 3

Tetri Tskaro district: Rotubani, D. Toneti, Koda, Didi Kldeisi, Samta, Dumanisi, Tsintskaro, Khaishi, Jorjiashvili, Vardisubani, D.Manglisi(Algeti), Tetrtskaro.

SA 4

Marneuli district: Algeti, Ajiskendi, Sabirkendi, Kirovka, Kasumlo, Kushchi, Sadaxlo, Ambarovka, Kesalo ,Aidari, Kachagani, Kirach- Muganlo, Kizil-ajlo, Dashtapa, Sulaveri, Zemosarali, Tsereteli, Khojorni.

SA 5

Gardabani district: Varketili, Tsinubani, Akhtakla, Karajalari, Axali Sopeli, Gamarjveba, Birliki, Krtsanisi, Lemshveniera, Martkopi, Vaziani, Nazarlo, Norio, Sartichala, Muganlo, Shindisi, Ponichala, Kesalo;

SA 6

Tsalka district: Trialeti, Avralo, Khachkovi, Takilisa, Nardevani, Olianka, Kizilkilisa, Ashkala, Darakovi, Tamala, Civtkilisa, Kiriagi, Livadi, Ar-sarvani, Tejisi.

SA 7

Rustavi: Rustavi Central part

SA8

Rustavi: Rustavi Right side of Mtkvari River

SA9

Rustavi: Rustavi Left Side of Mtkvari River

Imeriti

SA1

Chiatura district: Chiatura region

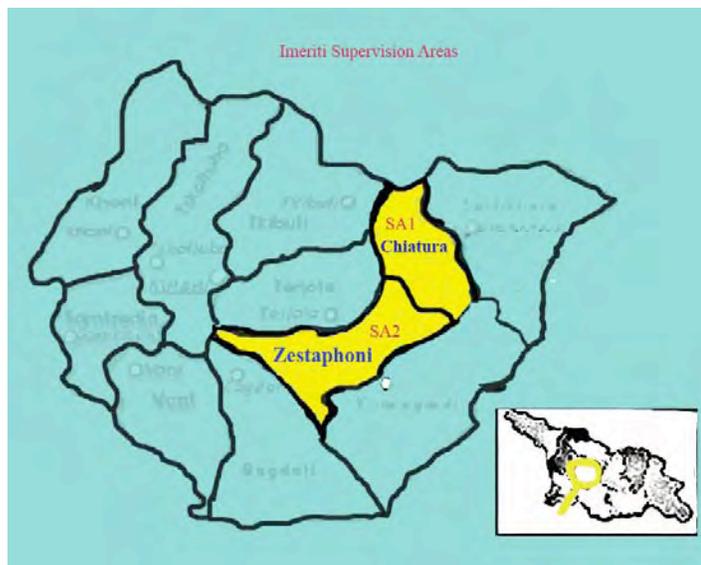
SA2

Zestaphoni district: Zestahoni region

- **Kvemo Kartli**



- **Imereti**



LQAS Summary 2008

Lot Quality Assurance Sampling (LQAS) was used for KPC (knowledge, practice, coverage) survey, which was conducted in September 20 through September 30, 2008. Total of 171 respondents in nine supervision areas (SA) have been interviewed. Total of the 97 interview sites, urban and rural, in 6 SA of Kvemo Kartli and three more sites in Rustavi have been visited. In Chiatura and Zestaphoni of Imereti .

The respondents were mothers of children aged 0-2 years – residents of Kvemo Kartli and two cities of Imereti region with two supervision areas (SA). The sampling frame for the LQAS was used to determine the interview sites in each SA. They were defined at random using Systematic Sampling approach and the households within the selected sites were chosen using random drawing of the street names for cities and the “spin the bottle” method for the villages. Total of the following 99 locations, urban and rural, in 7 districts and two cities of Imereti Region were targeted.

All the respondents were females. Their age ranged from 16 to 49 years, mean age being 25.7, SD 5.8. Median is 25 years. 60% of respondents were younger than 25.

Process and Partnership Building

Successful conduction of any survey especially health related KPC requires cooperation at various levels such as governmental, local administration and community. Considering the above said from the very beginning of the Project Implementation ACTS team compiled a Project Description document in Georgian and distributed it to various departments of MoLHSA , Public Health Department of Georgia and Parliament Commission for Medical Issues, NGO Georgian Medical Association. This was followed by meetings and consultations with the Minister of Labor, Health and Social Affairs and his deputies and the heads of relevant Departments. As a result of these meetings and consultations ACTS concluded Agreement on Cooperation within the Framework of the Project with MoLHSA and Public Health Department of Georgia. This significantly helped in establishing close partnership relationships with Kvemo Kartli administration as well as with district administration and local medical professionals. As a result all administrative bodies at regional and rayon levels as well as health facilities were involved into the process of community mobilization. A three year experience of project implementation demonstrated that a network of local volunteers including local nurses, physicians and representatives of local authorities are playing a crucial role in selection and recruitment of most active community representatives to serve as conveyors of CS major messages to the community members. The above stakeholders alongside with district coordinators actively assisted in recruitment of the representatives of target groups for focus group discussions, community meetings and development of logistic plan to conduct baseline cluster KPC mid-term LQAS and the fourth year surveys. At the same time they served as bridges between the CS team and target population increasing trust and encouraging population participatory attitudes.

Methods

The LQAS survey was conducted in the Kvemo Kartli Region consisting of six districts: Dmanisi, Bolnisi, Tetri Tskaro, Marneuli, Gardabani and Tsalka and cities of Chiatura and

Zestaphoni in Imereti region. The sample size was 19 respondents/SA plus three additional SA for Rustavi city.

✓ **Questionnaire**

The questionnaire was adapted based on LQAS data obtained during mid-term evaluation and contained only modules related to major indicators and benchmarks of the Project as defined in DIP. Average length of the interview was 15-20 minutes, duration of data collection was 10 days..

✓ **Sampling Design**

The entire region of Kvemo Kartli was divided into 6 supervision areas (one per each district of the region) plus three supervision areas in the central city of the region – Rustavi. Such decision was made because Rustavi does not belong to any of the districts of Kvemo Kartli region being its administrative center. A simple random sample of 19 randomly selected individuals per SA was used to judge whether the major project indicators are below average or have reached a performance benchmark. To calculate a coverage proportion for the catchment area, the individual samples of 19 are added together and an average is calculated. In the household survey, lists of the catchment population within each village were obtained from data from the Georgian 2002 Census. A two-stage sampling plan: first randomly selected villages with total number of 19 interviews for each SA have been defined. The second step randomly selected a household within the village (spin the bottle method)

✓ **Training**

The interviewers and supervisors participating in baseline KPC and Mid-Term LQAS survey have been selected to conduct the survey. Three day training of interviewers and supervisors has been conducted before starting LQAS survey. Six interviewers and three supervisors participated in the training. The Agenda of Training is provided in Appendix 2.

Data Collection:

Average length of interview

Average length of interview varied between 15 – 20 minutes;

• **Number of days for data collection**

After identifying interview sites the logistic plan has been developed and interviewers have been assigned to relevant interview locations. With due regards to the geography of the region in question, accessibility and distances between the interview locations the optimal route for two cars with interviewers and supervisors has been developed and duration of the survey with 6 interviewers and 3 supervisors was determined as 10 days.

• *Major constraints/field problems*

The major field problem was accessibility of the respondents in Azeri villages. Considering the fact that LQAS survey was conducted in the beginning of the fall and it is Azeri women that are working in the fields, while their husbands are watching them, it proved rather time-consuming to find the household with a mother of a child aged 0-2 years. Considering this constraint the LQAS team tried to use rainy weather days to visit Azeri villages.

• *Quality-control procedures*

One supervisor was appointed to watch two interviewers each. Total of three supervisors were supervising the activities of six interviewers. By the end of day a supervisor and interviewer had

to fill a special Daily Report Forms as well as tabulate the data obtained. Hand-made tabulations have been used and to control the quality of and accuracy of data tabulation a team of three participants - a caller, a recorder, and a verifier has been formed. A Tabulation Quality Checklist has been used to ensure correct estimation of average coverage for each indicator per SA and catchment area on the whole.

Data Analysis

- Method of data analysis

As has been mentioned above hand made data tabulation was used to analyze the data. The interviewers/supervisors training schedule involved special sessions on hand-tabulation technique. A Summary Tabulation Table was used to summarize the results of the analysis. The following team members participated in data management analysis: interviewers/supervisors, project manager. The data obtained were compared with the data collected in the course of Focus Group Discussions as well as with the data collected from the mothers visiting medical facilities

Results of LQAS Survey

The LQAS survey documented progress in achieving Project goals. This correlated with the interventions their intensity being higher in the districts where interventions were more vigorous . Total of 1175 women of fertile age received Cs messages both in verbal and printed forms. Another kind of community level interventions was organizing Health Festivals in the region with active involvement of local population and support from local authorities and medical professionals. More than 2000 residents of Bolnisi district participated in the Festival “Healthy Moms for Healthy Kids” held in May, 2008.

Discussion

Knowledge of 2 signs of childhood illnesses that indicate the need of referral to health care services.

LQAS result for all SAs : The benchmark corresponding to decision rule 13 was achieved in all SAs and in SA2,3,6 it was even higher

Exclusive breastfeeding

LQAS result for all SAs : The benchmark corresponding to decision rule 11 was achieved in all SAs

Children who were breastfed during the first hour

LQAS result for all SAs : The benchmark corresponding to decision rule 12 was achieved in all SAs

Complementary feeding

LQAS result for all SAs : The benchmark corresponding to decision rule 11 was exceeded in all SAs.

Diarrhea management during the illness.

LQAS result for all SAs : The benchmark corresponding to decision rule 13 was achieved in all SAs and in SA2,3,4, in KK and both SAs in Imereti region it was even higher

General Conclusions:

This survey determined that the overall average coverage level for Project Indicators at Household/Community level is consistent with and in some cases exceeds the target levels. The information obtained from this survey combined with the data obtained from two other smaller studies (focus group discussions and exit interviews at the women consultations and pediatric polyclinics) was used to revise the Action Plan for the final year period and redistribute LOF at the community and household level to achieve improvement in behavior and develop appropriate strategies for achieving target benchmarks by the end of the Project.

Annex 8: Community Trainings Chart

- **CSP Year 4 Trainings**

• Imereti Region			
Location	Date	Participants category	Number of participants
Chiatura	December 24, 2007	Mothers of children U5; 2 pediatricians from city outpatient clinic	20 mothers 2 pediatricians
Zestaphoni	December 19, 2007	Mothers of children U5; One obstetrician-gynecologist from Women's Consultation; Pediatrician from city outpatient clinic	22 mothers 1 Ob-Gyn 1 Pediatrician
Chiatura	June 11, 2008	Mothers of children U5;	18 mothers
Zestaphoni	June 17, 2008	Mothers of children U5;	15 mothers
Kvemo Kartli Region			
Gardabani district villages of Akhtala, PataraLilo, Tsinubani, Kveseti, Dideba, Kesalo, Jandiri	February 11-15 2008; February 24-25 2008	Mothers of Children U5 Ob-Gyns from Gardabami outpatient clinic	1 st meeting – 20 mothers 2 nd meeting 22 mothers; 3 rd meeting – 19 mothers; 4 Ob-Gyns 4 th meeting 18 mothers; 5 th meeting – 20 mothers; 6 th meeting – 19 mothers; 7 th meeting – 23 mothers
Gardabani,, villages of Varketili, Nasaguri, Karajalari,, Akhali	March 10-14 (One meeting was conducted on 10 th of March and	Mothers of Children U5	1 st meeting – 20 mothers 2 nd meeting 23

Samgori, Mukhovani, Vaktangisi, Tsalaskuri	two meetings were conducted each subsequent day)		mothers; 3 rd meeting 15 mothers; 4 th meeting – 20 mothers; 5 th meeting – 17 mothers; 6 th meeting 18 mothers; 7 th meeting 20mothers; 8 th meeting – 15 mothers
Bolnisi	March 5-7, 2008	Mothers of Children U5	1 st meeting – 20 mothers 2 nd meeting 22 mothers 3 rd meeting 20 mothers
Bolnisi	March 26, 2008	Pediatricians and Ob-Gyns of Bolnisi Outpatient clinic	5 pediatricians and 2 Ob-Gyns
Bolnisi district, villages of Ratevani, Kazreti, Kveshi,, Disveli, Tandzia	April 4, 8, 10, 11, 18, 2008	Mothers of Children U5 Teachers of Ratevani School, 8-10 th grade students	1 st meeting – 18 mothers, 2 nd meeting – 20 mothers; 3 rd meeting – 23 mothers; 4 th meeting 22 mothers; 5 th meeting – 5 teachers and 24 students of Ratevani school
Marneuli district, villages of Kvemo Kulari , Norgiuli, Khojorni, Seidkhojalo , Akhalimamudlo, Enikendi, Tsereteli, Jankhoshi , Gulbari, Sioni	May 21-23, 2008; May 27-25, 2008 Two meetings/day	Mothers of children U5	1 st meeting – 19mothers 2 nd meeting 22 mothers; 3 rd meeting 17 mothers; 4 th meeting – 21 mothers; 5 th meeting – 19 mothers; 6 th meeting 20 mothers; 7 th meeting 16 mothers; 8 th meeting – 23 mothers 9 th meeting – 18mothers; 10 th meeting – 20 mothers
Marneuli district, villages of: Akhkula, Patara Beglari, Tsopi, Araflo,	June 2-6, 2008; June 16-20, 2008; June 24-25, 2008	Mothers of children U5	1 st meeting – 20 mothers 2 nd meeting 20

Dashtapa, Zemo Kulari, Budionovka, Kirikhlo, Kachagani , Didi Muganlo	Two meetings/day		mothers; 3 rd meeting 22 mothers; 4 th meeting – 22 mothers; 5 th meeting – 20 mothers; 6 th meeting 20 mothers; 7 th meeting 22 mothers; 8 th meeting – 21 mothers 9 th meeting – 22 mothers; 10 th meeting – 20 mothers 11 th meeting – 20 mothers; 12 th meeting – 20 mothers
Tsalka, City of Tsalks, villages of Bediani, ,Dashbashi , , Ashkala, Kizilkilisa, Nardevani, Khachkovi	July 22-23, 2008 2 meetings/day July 25, 2008	Mothers of children U5	1 st meeting – 22 mothers 2 nd meeting 20 mothers; 3 rd meeting 20 mothers; 4 th meeting – 21 mothers; 5 th meeting – 21 mothers;
Dmanisi, villages of Gantiadi, Irganchai	July 25 2008	Mothers of Children U5	1 st meeting 22 mothers; 2 nd meeting 22 mothers
Tetri Tskaro, villages of Gvevi, , Ipnari Tbisi, Golteti	July 7,9,15, 21 2008	Mothers of Children U5	1 st meeting – 22 mothers 2 nd meeting 23 mothers 3 rd meeting – 20 mothers 4 th meeting – 20 mothers 5 th meeting – 22 mothers; 6 th meeting – 20 mothers; 7 th meeting- 22 mothers

Annex 9: Focus Group Discussion Chart

CSP Year 4 Focus Group Discussions

Imereti Region			
Location	Date	Participants category	Number of participants
Chiatura	May 23, 2008	Mothers of children U5;	1 st FGD - 12 mothers 2 nd FGD - 10 mothers
Zestaphoni	May 24, 2008	Mothers of children U5;	1 st FGD - 14 mothers 2 nd FGD - 12 mothers
Kvemo Kartli Region			
Gardabani village of Kesalo and Tabakhmela	February 17, 2008,	Mothers of Children U5	1 st FGD – 8 mothers 2 nd FGD – 12 mothers
Marneuli, villages of Shulaveri and Tsereteli	February 21, 2008	Mothers of Children U5	1 st FGD– 15 mothers 2 nd FGD 11 mothers;
Bolnisi, villages of Ratevani and Nakhiduri	March 24, 2008	Mothers of Children U5	1 st FGD – 10 mothers 2 nd FGD -12 mothers
Dmanisi, villages of Gantiadi and Bazaklo	June 9, 2008	Mothers of Children U5	1 st FGD – 11 mothers 2 nd FGD -14 mothers
Tetri Tskaro villages of Navtini, Didi Toneti	July 14, 2008	Mothers of Children U5	1 st FGD – 12 mothers 2 nd FGD - 12 mothers
Tsalka, city of Tsalka, village of Aiazma	July 24, 2008	Mothers of Children U5	1 st FGD – 10 mothers 2 nd FGD - 8 mothers

Annex 10: Meetings With Local Authorities

CSP Year 4 Meetings with Local Authorities

Location	Date	Participants category	Number of participants
Dmanisi	February 19, 2008	New head of Dmanisi administration	Updating on the CS activities in Dmanisi district
Bolnisi	February, 22, 2008	New head of Bolnisi administration	Updating on the CS activities in Bolnisi district
Tetri Tskaro	February 26, 208	Head of Tetri Tskaro administration	Updating on the CS activities in Tetri Tskaro district and discussing facilitation of the District Festival

Bolnisi	February 27, 2008	Head of Bolnisi Outpatient Clinic	Discussion of developing a questionnaire for mothers to assess the impact of CS activities on behavior change
Rustavi	February 28, 2008	Meeting with the new Governor of Kvemo Kartli region	Updating on the CS activities in Kvemo Kartli region
Bolnisi	March 18, 08	Head of Bolnisi Health and Social Affairs Department	Discussing involvement of medical personnel with trainings related to the ways of patients approaching counseling in understandable for them way
		Head of Maternity Hospital Head of Pediatric clinic of Bolnisi Head of Bolnisi Public Health Center	
Bolnisi	March 20, 2008	New Head of Bolnisi district administration	Updating on the CS activities in Bolnisi district region and discussing local authorities support in facilitation of Bolnisi Festival
Bolnisi	March 26, 08	Pediatricians of Bolnisi outpatient clinic and Ob-Gyns	Training on BCC
Bolnisi	April 1, 2008	Head of Culture, Sports and Education Center at Bolnisi Gamgeoba; Head of Culture Center and Head of Resource Center of Bolnisi	Discussion of coordinated actions to arrange a Festival in Bolnisi and the offer of the administration to define its place as a Park of Culture and Leisure
Bolnisi,	April 11, 2008	Bolnisi city and rural schools teachers	Discussion of presentations for senior grade students in schools related to health pregnancy and motherhood
Bolnisi	April 15, 2008	Bolnisi school and Ratevani village teachers and students	Training devoted to pregnancy care and safe motherhood to explain the themes of Festival plays and involve them in writing the script and staging the plays for the Festival

Bolnisi	April 21, 2008	Gymnasium Director, Head of Sports Development Department	Preparing the Festival
Bolnisi	April 25, 2008	Puppet Theater staff and director	Rehearsal of the play
Bolnisi	April 28, 2008	Director of Sports and Culture center	Discussion of organizational issues of the Festival

Annex 11

CSP Year 4 Program Objectives Activities October 2007- September 2008

Program Objectives	Key Activities	Status of Activities	Comments
Maternal and Newborn Health (25% of effort)			
1. Improved perinatal services and maternal newborn care, including increases in:			
1.1. Percent of mothers who know at least four signs of danger during pregnancy, requiring treatment	Community meetings, FSD, Festivals	On Target	Low benchmark was utilized due to the large behavior change for sheltered Azeri females, which is challenging due to language and cultural barriers.
1.2. Percent of deliveries that use partograph to manage labor	Health Facility assessment	On Target	

1.3. Percent of staff skilled in management of birth asphyxia	IMCI trainings	On Target	
1.4. Percent of children, aged 0-23 months placed with the mother immediately after birth	LQAS, FGD, MCH trainings	On Target	
1.5. Percent of professionals recognizing signs of danger of delivery	Professional IMCI and continuing medical training	On Target	
1.6. Percent of health care facilities that implement M/C strategy and referral protocols	Professional IMCI and Continuing Medical training	On Target	
1.7. Number of trained medical staff in MNC	9 additional trained	On Target	
Breastfeeding Promotion (20% of effort)			
2. Improved breastfeeding practice and nutritional status of children, including increases in:			

2.1. Percent of infants, aged 0-5 months, only fed breast milk in the last 24 hours	Community meetings, distribution of special booklets and information materials through outpatient clinics and during the Festival	On Target	
2.2. Percent of children receiving breast milk up to 23 months.	Community meetings, distribution of special booklets and information materials through outpatient clinics and during the Festival	On Target	
2.3. Percent of children aged 0-23 months who were breastfed within the first hour after birth.	Trainings on Breastfeeding, community meetings	Completed	
2.4. Percent of women and mothers who received breastfeeding counseling during antenatal care.	Trainings on Breastfeeding, community meetings	Completed	
2.5. Percent of health facilities designated as “baby friendly”	One Baby Friendly Hospital Training at Rustavi maternity hospital	Completed	
2.6. Percent of compliance of Georgia Law “on Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding.”	Advocacy for forbidding formula advertisements; Advising the pediatricians to promote breastfeeding and counsel mothers on its benefits; Community meetings	On Target	
Program Objectives	Key Activities	Status of Activities	Comments
3. Improved feeding practices for improving child nutrition and growth, including increases in:		On Target	

3.1. Percent of mothers who know correct complementary feeding practice.	Community meetings, Issuance of a special booklet with recipes for complementary feeding according to the age of a child; Promotion of the messages at the Festivals	On Target	
3.2. Percent of households who know how to use and store iodized salt.	Community meetings	Completed	
3.3. Percent of medical staff assessing child growth and using growth chart during child's sick visit.	Planned for year 5	On Target	
3.4. Percent of medical staff who were asked and explained proper complementary feeding practices	Complementary Feeding Trainings	On Target	
3.5. Number of health facilities where correct nutritional counseling is implemented.	Providing facilities with existing laws concerning nutrition practices: iodized salt, bread fortification with iron and folic acid	Not Yet on Target	The GOG requested ACTS partnership for countrywide fortification of wheat with iron and folic acid
Case Management of ARI/Pneumonia and Diarrhea (40% of effort)			
Program Objectives	Key Activities	Status of Activities	Comments
4. Improve adequate management of ARI/Pneumonia and diarrhea utilizing IMCI protocol, including increases in:		On Target	

4.1. Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness.	Community meetings, special booklets, leaflets with instructions how to use and prepare ORS under home conditions	On Target	
4.2. Percent of mothers who know at least two signs of childhood illness that indicate the need for referral to health care services.	Community meetings, Workshops with medical personnel, Festivals, Presentations, Booklets for population	On Target	
4.3. Percent of children aged 0-23 months with diarrhea in the last two weeks who were offered catch-up feeding.	Community meetings, special booklets, FGD, leaflets , Festivals	Not Yet on Target	
4.4. Percent of children who were examined for four common danger signs.	Assessment of Health professional conduct	Not Yet on Target	The assessment of the health professional conduct has been rescheduled due to the recent war
4.5. Percent of health care providers who assessed for frequent breathing during sick child consult for children under 5.	Assessment of Health professional conduct	Not Yet on Target	The assessment of the health professional conduct has been rescheduled due to the recent war
4.6. Percent of health care providers who assessed for chest retractions during sick child consult for children under 5.	Assessment of Health professional conduct	Not Yet on Target	The assessment of the health professional conduct has been rescheduled due to the recent war

4.7. Percent of health care providers who properly classified dehydration degree during sick child consult for diarrhea for children under 5.	Assessment of Health professional conduct	Not Yet on Target	The assessment of the health professional conduct has been rescheduled due to the recent war
4.8. Percent of primary health facilities that have ORT corner.	Assessment of Health professional conduct	Not Yet On Target	The assessment of the health professional conduct has been rescheduled due to the recent war
4.9. Percent of primary health facilities that have essential drugs and medicines to deliver IMCI services.	Assessment of Health professional conduct	Not Yet on Target	The assessment of the health professional conduct has been rescheduled due to the recent war

Technical Interventions			
Maternal & Newborn Care (25% of effort)			
Technical Intervention	Key Activities	Status of Activities	Comments
Provision of information about existence of free minimal package of services.	Festivals, TV spots, community meetings, leaflets, announcements on the walls of primary health care facilities	Not yet on target; see comments.	Due the Russian invasion in August 2008, festival and training have been rescheduled.
Provision of information that by going for the antenatal visits can they get free childbirth delivery services.	Festivals, TV spots, community meetings, leaflets, announcements on the walls of primary health care facilities	On Target	The involvement of the community stakeholders in the planning effort remains on target
Increasing knowledge and attitude on importance of antenatal visits.	Festivals, TV spots, community meetings, leaflets, announcements on the walls of primary health care facilities	On Target	

Increasing knowledge about danger signs during pregnancy.	Festivals, TV spots, FGD, community meetings, leaflets, booklet with description of case stories.	On Target	
Changing community leaders' knowledge and attitudes about importance of antenatal services.	Festivals, TV spots, community meetings, leaflets, announcements on the walls of primary health care facilities	On Target	
Changing community leaders and families' attitudes about the need for hand washing.	FGD, community meetings, leaflets, booklet with description of case stories.	Completed	
Technical Intervention	Key Activities	Status of Activities	Comments
Increasing the knowledge about results of ignoring hand washing.	FGD, community meetings, leaflets, booklet with description of case stories.	On Target	
Increasing knowledge about ways infections spread.	Special presentation including the danger of worm infestation, community meetings, booklets	On Target	
Upgrading knowledge on how to dispose of feces safely.	Special presentation including the danger of worm infestation, community meetings, booklets	On Target	
Improving knowledge and attitudes about benefits of immunization.	Community meetings, Festivals, booklets, songs advising timely immunization according to the national immunization calendar	On Target	
Changing attitudes of health care staff towards contraindications and complications of immunization.	Community meetings, Festivals, booklets, songs advising timely immunization according to the national immunization calendar	On Target	

Changing attitudes of the community that immunization is dangerous for child.	Community meetings, Festivals, booklets, songs advising timely immunization according to the national immunization calendar	On Target	
Increasing knowledge on danger signs, signs of when to seek care, importance of adequate treatment and follow-up visit.	Community meetings, FGD, Festivals, booklets, songs listing the danger signs and warning about timely referral to health facility	On Target	
Upgrading knowledge of health professionals and community leaders on danger signs, signs for when to seek care, importance of adequate treatment and follow-up visit.		On Target	
Breastfeeding Promotion (20% of effort)			
Technical Intervention	Key Activities	Status of Activities	Comments
Improved breastfeeding practice and nutritional status of children	Festivals, TV spots, FGD, community meetings, leaflets, booklet with special chapter devoted to breastfeeding	On Target	
Improved feeding practices for improving child nutrition and child growth	Festivals, TV spots, FGD, community meetings, leaflets, booklet with special chapter devoted to complementary feeding and age-matched recipes for preparing complementary feeding: 6-8 months; 9-12 months; 12 months and over. Information on available commercial complementary feeding for children over 6 months of age.	On Target	

Percent of mothers who know correct complementary feeding practice	Advocacy for the use of fortified food: iodized salt and iron and folic acid fortified bread.	On Target	
Management of Nutrition (15% of effort)			
Technical Interventions	Key Activities	Status of Activities	Comments
Increasing the knowledge/attitudes on benefits of additional fluid during any illness	Community meetings, FGD, Festivals, booklets, leaflets indicating the benefits and reasons for additional fluid consumption during the illness	On Target	
Management of ARI/Pneumonia & Diarrhea (40% of effort)			
Technical Intervention (pneumonia)	Key Activities	Status of Activities	Comments
Increasing knowledge on danger signs of when to seek care, importance of adequate treatment and follow-up visits.	Community meetings, FGD, Festivals, booklets, leaflets listing the danger signs and stressing the importance of adequate treatment and follow-up visits; workshops with pediatricians	On Target	
Upgrading knowledge of health professionals and community leaders on danger signs of when to seek care; importance of adequate treatment and follow-up visits.			
Technical Intervention (diarrhea)	Key Activities	Status of Activities	Comments
Changing community leaders and families' attitudes about the need for hand washing.	A special presentation and module has been developed to explain the importance of hand washing with special accent on infestation with worms and the effect of such infestation on the	On Target	

	health of the children. The theme was included into Festival messages and the booklet “Taking Care of Pregnant Women and Children Under 5”		
Increasing the knowledge about results of ignoring hand washing.	The description of bio-septic toilet and principle of its functioning has been, explained to the community leaders and the scheme of its arrangement has been distributed among the participants of community meetings		
Increasing knowledge about the spread of infections.			
Upgrade knowledge on how to dispose of feces safely.			
Increasing the knowledge/attitudes on benefits of additional fluid during any illness.	Community meetings, FGD, Festivals, booklets, leaflets with the recipe how to prepare ORS under home conditions provided there is not commercial ORS available.	Not Yet On Target	The assessment of the health professional conduct has been rescheduled due to the recent war
Changing community leaders and families’ attitudes about the need for hand washing.	FGD, community meetings, leaflets, booklet with description of case stories.	Completed	
Increasing the knowledge about results of ignoring hand washing.	FGD, community meetings, leaflets, booklet with description of case stories.	On Target	
Increasing knowledge about ways infections spread.	Special presentation including the danger of worm infestation, community meetings, booklets	On Target	

Upgrading knowledge on how to dispose of feces safely.	Special presentation including the danger of worm infestation, community meetings, booklets	On Target	
Improving knowledge and attitudes about benefits of immunization.	Community meetings, Festivals, booklets, songs advising timely immunization according to the national immunization calendar	On Target	
Changing attitudes of health care staff towards contraindications and complications of immunization.			
Changing attitudes of the community that immunization is dangerous for child.			
Increasing knowledge on danger signs, signs of when to seek care, importance of adequate treatment and follow-up visit.	Community meetings, FGD, Festivals, booklets, songs listing the danger signs and warning about timely referral to health facility	On Target	
Upgrading knowledge of health professionals and community leaders on danger signs, signs for when to seek care, importance of adequate treatment and follow-up visit.			
Breastfeeding Promotion (20% of effort)			
Technical Intervention	Key Activities	Status of Activities	Comments
Improved breastfeeding practice and nutritional status of children	Festivals, TV spots, FGD, community meetings, leaflets, booklet with special chapter devoted to breastfeeding up visits; workshops with pediatricians	On Target	

Improved feeding practices for improving child nutrition and child growth	Festivals, TV spots, FGD, community meetings, leaflets, booklet with special chapter devoted to complementary feeding and age-matched recipes for preparing complementary feeding: 6-8 months; 9-12 months; 12 months and over. Information on available commercial complementary feeding for children over 6 months of age.	On Target	
Percent of mothers who know correct complementary feeding practice	Advocacy for the use of fortified food: iodized salt and iron and folic acid fortified bread.		
Management of Nutrition (15% of effort)			
Technical Interventions	Key Activities	Status of Activities	Comments
Increasing the knowledge/attitudes on benefits of additional fluid during any illness	Community meetings, FGD, Festivals, booklets, leaflets indicating the benefits and reasons for additional fluid consumption during the illness	On Target	
Management of ARI/Pneumonia & Diarrhea (40% of effort)			
Technical Intervention (pneumonia)	Key Activities	Status of Activities	Comments
Increasing knowledge on danger signs of when to seek care, importance of adequate treatment and follow-up visits.	Community meetings, FGD, Festivals, booklets, leaflets listing the danger signs and stressing the importance of adequate treatment and follow-	On Target	

Upgrading knowledge of health professionals and community leaders on danger signs of when to seek care; importance of adequate treatment and follow-up visits.			
Technical Intervention (diarrhea)	Key Activities	Status of Activities	Comments
Changing community leaders and families' attitudes about the need for hand washing.	A special presentation and module has been developed to explain the importance of hand washing with special emphasis on infestation with worms and the effect of such infestation on the health of the children. The theme was included into Festival messages and the booklet "Taking Care of Pregnant Women and Children Under 5"	On Target	
Increasing the knowledge about results of ignoring hand washing.	The description of bio-septic toilet and principle of its functioning has been, explained to the community leaders and the scheme of its arrangement has been distributed among the participants of community meetings	On Target	
Increasing knowledge about the spread of infections.	Community meetings, FGD, Festivals, booklets, leaflets	On Target	
Upgrade knowledge on how to dispose of feces safely.	Community meetings, FGD, Festivals, booklets, leaflets	On Target	

Increasing the knowledge/attitudes on benefits of additional fluid during any illness.	Community meetings, FGD, Festivals, booklets, leaflets with the recipe how to prepare ORS under home conditions provided there is not commercial ORS available.	Not Yet on Target	The assessment of the health professional conduct has been rescheduled due to the recent war
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Annex 12: List of Ministers of Health

List of Georgian Ministers of Health and Dates of Service	
Name	Dates of Service
Giorgi Tsereteli	November, 2004 – April, 2005
Vladimer Chipashvili	April, 2005 – December, 2006
David Tkeshelashvili	January, 2007 – May, 2007
Alexander Kvitashvili	May, 2007 – present

Annex 13: PVO Partnerships

CSP Year 4 Collaboration with other PVOs

Date	PVO/ Event	Comment
03.10.08 – 03.13.08	World Vision, Tbilisi Office; Meeting with the Communication Officer Ms. Tamuna Kvaratskelia and Administrator Ms. Khatuna Ninidze	Discussion of the future cooperation and contribution to the conduction of Bolnisi Festival “Healthy Moms for Healthy Kids”
04.16.08	World Vision, Tbilisi Office; Meeting with the Communication Officer Ms. Tamuna Kvaratskelia and Administrator Ms. Khatuna Ninidze	Update on the number of Festivals participants and choice of in-kind contribution to the Festival
01.04.08	Meeting with Kartlos Kankadze MD, PhD, MPH - Family Planning Policy and Program Advisor and Dr. Nino Berdzuli - Clinical Coordinator of John Snow Institute Research and Training Institute Inc.	Discussion of coordinated activities in Imereti Region; Sharing experience in community meetings
02.06.08 06.04.08	Meeting with Chairperson of Union of Azerbaijanian Women in Georgia Ms. Leila Suleimanova	Meetings to arrange Focus Group Discussions with Azeri population, organization of community meetings in Azeri villages

Annex 14: NGO Partnerships

CSP Year 4 Collaboration with other NGOs

Date	NGO/Event	Comment
10.03.07	Meeting with Program Coordinator Ivditi Chikovani, Curatio International, Project Manager Ketevan Gogvadze ,	Discussion of Perinatal Assessment Report conducted by Curatio Consulting supported by UNICEF. The report shows insight into the vagaries of previous morbidity and mortality findings.
04.10.08 04.15.08 05.05.08 05.12.08 05.14.08	Meetings with the Head of NGO “International Unity” Ms. Tamar Bobokhidze	Regular meetings to develop the script and stage plays devoted to immunization and other CS messages. Two plays – one puppet theater performance and another Rubella & Measles mass immunization.

Annex 15: USAID Mission Partnerships

CSP Year 4 Collaboration with Local USAID Mission

Date	Local Mission of USAID, Tbilisi Event	Comment
11.10.07	Meeting with Dr. Tamara Sirbiladze, USAID Local Mission Health Specialist	Submission of MTE to Local USAID Mission
12.22.07	Meeting with Dr. Tamara Sirbiladze, USAID Local Mission Health Specialist	Updating on the plans of CS interventions in Kvemo Kartli and Chiatura Zestaphoni
12.24.07	Meeting with Dr. Tamara Sirbiladze, USAID Local Mission Health Specialist	Discussion of the new CS grant proposal for Samtskhe-Javakheti region of Georgia
03.07.08	Visit to submit materials	Submission of S-J Grant Proposal to Local Mission of USAID
02.04.08	Telephone conference with Dr. Tamar Sirbiladze, USAID Local Mission Health Specialist and Dr. Khechinashvili, USAID Local Mission Social Issues Specialist	Discussion of the planned “Healthy Moms for Healthy Kids” Festival in Bolnisi
04.28.08	Meeting with Dr. Tamara Sirbiladze, USAID Local Mission Health Specialist	Updating on the Festival and notification about the date of its conduction
07.24.08	Telephone conference with Dr. Tamara Sirbiladze, USAID Local Mission Health Specialist	Notification about the fact that S-J Grant Proposal was not funded

Annex 16: Governmental Entities Partnerships
CSP Year 4 Collaboration with Governmental Entities

Date	Organization/ Event	Comment
12.28.07	Meeting with the Head of National CDC Mr. Paata Imnadze	Discussion of the future cooperation and the Letter of Support for CS grant proposal in Samtskhe-Javakheti
12.30.07	Meeting with the Minister of Labor, Health and Social Affairs Mr. Alexander Kvitashvili	Update on the ongoing Project in Kvemo Kartli and Chiatura and Zestaphoni and discussion of the grant proposal for Samtskhe-Javakheti and the Memorandum of Understanding
02.04.08	Meeting with Bolnisi Municipality members: 1.Mr.Giorgi Daushvili, Bolnisi Head of Administration 2.Mr. Mamuka Tsereteli, Head of Bolnisi Public Health Care and Social Affairs Service 3. Ms. Maka Mamardashvili, Head of Public Health Department	Discussion of the idea of conduction of the Festival “Healthy Moms for Healthy Kids” in Bolnisi
02.08.08	Meeting with: 1. Mrs. Darejan Chkhetiani, Head of Bolnisi Maternity Hospital; 2. Mrs. Marina Lazareishvili, Head of Pediatric Outpatient Clinic	Discussion of the schedule for meeting with pediatricians and OB-Gyns to have a workshop on working with community
02.21.08	Meeting with the Head of Gardabani District Public Health Department	Obtaining referral to Gardabani Women’s Consultation and regional outpatient clinic for ACTS CS staff to be present at patients’ reception
02.28.08	Meeting with the head of Marneuli Public Health Department	Obtaining referral to Marneuli Women’s Consultation and regional outpatient clinic for ACTS CS staff to be present at patients’ reception.
03.05.08	Meeting with the Head of Bolnisi Public Health Department Ms. Maka Mamardashvili	Obtaining referral to Bolnisi district outpatient clinics for ACTS CS staff to be present at patients’ reception
03.17.08	Meeting with the Head of Gardabani District Public Health Department	Obtaining referral to Gardabani district outpatient clinics for ACTS CS staff to be present at patients’ reception
03.19.08	Meeting with the Head of Marneuli Public Health Department Meeting with the Head of Bolnisi Public Health Department Ms. Maka Mamardashvili	Obtaining referral to Marneuli and Bolnisi district outpatient clinics for ACTS CS staff to be present at patients’ reception.
03.28.08	Meeting with the head of Chiatura Public Health Department,	Obtaining referral to Chiatura city outpatient clinic for ACTS

		CS staff to be present at patients' reception
04.01.08	Meeting with: Ms. Tea Shekiladze, Head of Culture, Sports and Education Department of Bolnisi Municipality Mr. Gocha Tagvadze, Head of Culture Center Ms. Shorena Gabrichidze, Head of Resource Center	Discussion of the Festival Conduction in Bolnisi District
04.03.08	Meeting with the Head of Zestaphoni Public Health Department	Obtaining referral to Zestaphoni Women's Consultation and city outpatient clinic for ACTS CS staff to be present at patients' reception
04.04.08	Meeting with school directors of Bolnisi and Ratevani village: Ms. Tsitso Mchedlidze, Ms. Bella Berdzenadze, Ms. Gulnazi Rekhviashvili, Ms. Adamia and Ms. Leila Aladashvili	Workshop to explain the major messages of CS activities to be used in writing the script for Bolnisi Festival
04.07.08	Meeting with the Head of Bolnisi Public Health Department Ms. Maka Mamardashvili	Obtaining formal referral to Bolnisi district outpatient clinics for ACTS CS staff to be present at patients' reception.
04.11.08	Meeting with the teachers of Bolnisi #5, #2, #3 Public Schools and Ratevani, Rachi Ubani, Kveshi villages and Tamarisi settlement	Preparation for Bolnisi Festival: Workshop to explain the major messages of CS activities to be used in writing the script for Bolnisi Festival
04.15.08	Meeting with the director, teachers and pupils of Ratevani village school	Workshop on CS messages for pupils to enable them to write the script for the Festival play.
04.17.08	Meeting with the Head of Gardabani District Public Health Department Meeting with the Head of Marneuli District Public Health Department	Obtaining referral to Gardabani and Marneuli districts outpatient clinics for ACTS CS staff to be present at patients' reception
04.22.08	Meeting with Bolnisi Gymnasium Director Ms. Lela Adamashvili, Deputy Director Irma Gegechkori, teachers and the students of the Gymnasium Meeting with Ratevani village school teachers and pupils	Preparation for Bolnisi Festival
05.02.08	Meeting with Bolnisi Festival Organizing Committee: 1. Ms. Nino Shakiashvili, Specialist of Culture Service of Bolnisi Municipality; 2. Ms. Tea Shekiladze, Head of Culture, Sports and Education of Bolnisi Municipality; 3. Coaches football, chess and wrestling Ms. Mzeviko Khomasuridze, Head of Puppet Theater Ms. Eter Chumashvili, Director of the Leisure and Culture Park of Bolnisi Local TV representatives: cameraman Mr. Oleg Ugrekhelidze, and a reporter Ms. Eka Eradze	Preparation for Bolnisi Festival: Discussion of the agenda, scripts and organizational issues

		Fast or difficult breathing	6	
		Vomits everything	7	
		convulsions	8	
		other	9	
		(Specify)		

3	Did you ever breastfeed (name)?	Yes-----1		
		No-----2		

4	Now I would like to ask you about the types of liquid [NAME] drank yesterday during the day and at night. (This question is asked to women with children under 6 months of age)	Milk(not breast milk)----- 1 Plain water2 Glucose water.....3 Gripe water.....4 Sugar-salt-water solution.....5 Fruit Juice.....6 Infant /formula7 Tea.....8 Honey9 other_____ 10 (Specify)		
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5	How long after birth did you first put (name) to the breast?	Immediately ----- 1 within first hour ----- 2 after the first hour ----- 3		
---	--	--	--	--

6	Did [NAME] eat any of the following foods and/or fluids yesterday during the day or at night? (This question is given to the mothers with children aged 6-9 months)	Meals from dried or condensed milk or whole cow milk Tea, coffee, or some other fluids Bread, rice, pasta, other grains Fruits Eggs Meat Fish Cheese, yogurt, other diary products Carrots, potato, cabbage, other vegetables Beans, kidney beans or other legumes Vegetable oil, butter, or other fats Sweets, cakes, chocolate		
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This question is asked to the mothers whose child had a diarrhea during last two weeks.

7	When (NAME) had diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	LESS 1 SAME2 MORE3 NOTHING TO DRINK4 DON'T KNOW5		
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Annex 18: Project Data Sheet Form

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.

Location:

Kvemo Kartli Region and mountainous mining region of Imereti, with a total population of 742,000 of which 35,600 are children U5 and 52,000 are women of reproductive age.

Project Partners	Partner Type	Subgrant Amount
Claritas XXI, Child Rights Protection Association	Subgrantee	\$25,000.00
Tanadgoma, Local NGO	Subgrantee	\$10,000.00
HERA, Women Wellness Care Alliance	Collaborating Partner	
Vishnevskaja-Rostropovich Foundation, VRF	Collaborating Partner	
Subgrant Total		\$35,000.00

Project Sub Areas:

Kvemo Kartli total
 Kvemo Kartli (2)
 Chiatura and Zestaphoni
 Total

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/NGOs (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 Case Management (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 total	Kvemo Kartli (2)	Chiatura and Zestaphoni	Total	Total Beneficiaries
Infants < 12 months:	2,993	2,987	785	6,065	12,830
Children 12-23 months:	3,020	2,836	946	6,082	12,884
Children 0-23 months:	6,013	5,823	1,731		13,567
Children 24-59 months:	10,507	9,730	4,191		24,428
Children 0-59 months:	16,520	15,553	5,922	12,147	50,142
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 total	11	263	4.2%	3.5
Kvemo Kartli (2)	16	211	7.6%	5.2
Chiatura and Zestaphoni	4	295	1.4%	1.9
Total	0	0	0.0%	0.0
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 total	55	89	61.8%	19.2
Kvemo Kartli (2)	44	144	30.6%	11.8
Chiatura and Zestaphoni	41	83	49.4%	18.6
Total	0	0	0.0%	0.0
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 total	313	314	99.7%	11.1
Kvemo Kartli (2)	268	285	94.0%	11.6
Chiatura and Zestaphoni	300	301	99.7%	11.3
Total	0	0	0.0%	0.0

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 total	0	314	0.0%	0.0
Kvemo Kartli (2)	0	285	0.0%	0.0
Chiatura and Zestaphoni	0	301	0.0%	0.0
Total	0	0	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 total	14	82	17.1%	12.1
Kvemo Kartli (2)	10	55	18.2%	15.2
Chiatura and Zestaphoni	12	86	14.0%	10.8
Total	0	0	0.0%	0.0
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 total	14	82	17.1%	12.1
Kvemo Kartli (2)	10	55	18.2%	15.2
Chiatura and Zestaphoni	12	86	14.0%	10.8
Total	0	0	0.0%	0.0
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 total	85	144	59.0%	14.9

Kvemo Kartli (2)	61	125	48.8%	15.1
Chiatura and Zestaphoni	92	128	71.9%	16.6
Total	0	0	0.0%	0.0

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 total	85	144	59.0%	14.9
Kvemo Kartli (2)	61	125	48.8%	15.1
Chiatura and Zestaphoni	92	128	71.9%	16.6
Total	0	0	0.0%	0.0

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 total	0	314	0.0%	0.0
Kvemo Kartli (2)	0	285	0.0%	0.0
Chiatura and Zestaphoni	0	301	0.0%	0.0
Total	0	0	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 total	244	314	77.7%	10.8
Kvemo Kartli (2)	144	285	50.5%	10.1
Chiatura and Zestaphoni	190	301	63.1%	10.5
Total	0	0	0.0%	0.0

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
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Kvemo Kartli total	23	37	62.2%	29.8
Kvemo Kartli (2)	12	20	60.0%	40.2
Chiatura and Zestaphoni	14	30	46.7%	30.3
Total	0	0	0.0%	0.0

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 total	142	314	45.2%	9.3
Kvemo Kartli (2)	13	285	4.6%	3.5
Chiatura and Zestaphoni	60	301	19.9%	6.8
Total	0	0	0.0%	0.0

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 total	194	314	61.8%	10.2
Kvemo Kartli (2)	137	285	48.1%	9.9
Chiatura and Zestaphoni	43	301	14.3%	5.8
Total	0	0	0.0%	0.0

Comments for Rapid Catch Indicators

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: The target regions are 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.