



**The UN COVID-19 Response and Recovery Multi-Partner Trust  
Fund  
(UN COVID-19 MPTF)**

**Proposal Title: Assisting the Georgian Government and Local Communities in Mitigating the Impact of COVID-19**

**Amount: USD 1 million**

**I. Immediate Socio-Economic Response to COVID19**

*Short Context – include hyperlinks to relevant reference material and analysis that frames the solution context firmly in the specific situation of the country in question. [1,000 word limit]*

Georgia’s response to the COVID-19 pandemic stands out globally. Adhering to science-based guidance, the Government moved early and quickly to shut borders, impose travel restrictions, close all schools and most businesses, apply strict isolation and quarantine policies, issue sweeping stay-at-home instructions and instruct the public on preventive behaviors in a clear and comprehensible fashion, including through the much-lauded website, [www.stopcov.ge](http://www.stopcov.ge). As a result, the pandemic still has only limited reach: as of 13 May, only 647 cases had been registered and only eleven COVID-19-related deaths confirmed, with 372 patients recovered and 4,246 persons in quarantine. Though a number of community-level transmission clusters have emerged, the Government continues to track contacts and isolate affected communities.

The National Center for Disease Control (NCDC) cautions, however, that infection numbers will continue to rise, with cases expected to peak at perhaps as many as 2,000. The Government’s strategy has been to “flatten the curve” to the extent possible, in order to spare what is recognized as the limited capacity of the healthcare system to handle a large number of critical cases simultaneously. To this end, the Government has extended the state of emergency declared originally on 21 March to 22 May while maintaining restrictions on the movement of residents, indicating that the national economy will remain at a standstill at least for another month.

Georgia’s two breakaway regions – Abkhazia and South Ossetia – are a different story. The de facto authorities there were slow to acknowledge the threats posed by the pandemic, and social-distancing measures were only imposed in Sukhumi after “elections” took place on 22 March. In both regions the health infrastructure is poorly suited

to handle a public health emergency. A rapid assessment by WHO experts in March confirmed a severe shortage of medical supplies and equipment, skilled personnel and infrastructure in Abkhazia. (Unfortunately, the UN agencies have no access to South Ossetia.) Although only six COVID-19 cases have been confirmed in Abkhazia so far, Georgian authorities fear a public health disaster and are readying spillover treatment facilities at the administrative boundary line in Zugdidi.

The success of the measures taken to limit the impact of the pandemic in Georgia comes at a [high socio-economic price](#). Border closures and travel restrictions have decimated the tourism industry that has served as a beacon for investment and economic growth and generated [30% of Georgia's GDP](#) in 2019. The country's economic outlook has deteriorated significantly: before the pandemic, growth of 4.3% was expected for 2020, but now the [IMF estimates that GDP will fall by 4%](#). The economic shock will be severe, with particularly devastating consequences feared for the 20% of the population who live below the national poverty line, particularly given expected higher prices due to shortages in global supply chains and lower remittances as a result of reduced economic activity in sender countries. Given the high share of the population living in rural areas and dependent upon agriculture for consumption and income, getting crops in the ground will be crucial despite isolation policies.

The Government has moved quickly to launch policies designed to cushion the economic impact of the pandemic. A six-point [economic stability package](#) was announced to mitigate the risks for businesses, especially tourism, including postponing tax payments for 2,000 hotels, restaurants, travel agencies and tour companies. Loan payments for individuals and companies have also been delayed, and utility fees waived for low-income customers. Prices of staples have been fixed amid fears about the [food supply chain](#). Looking longer-term, the Government announced a sweeping anti-crisis plan on 24 April to address risks to businesses and individuals, including steps for targeted social assistance for at-risk groups. The anti-crisis plan was drafted with support from USAID and with input on local responses from UNDP.<sup>1</sup>

The Government has been open about its need for sustained assistance from the international community, both in the near term, in the immediate healthcare response and in shielding vulnerable groups from immediate negative social and economic consequences of the shutdown of the national economy, and in longer-term social and economic recovery efforts. This proposal presents a range of urgent solutions to be delivered by the UN agencies in helping to enable the Georgian national and municipal authorities and local communities to tackle the COVID-19 emergency. Each proposed UN activity responds to a specific need explicitly prioritized by the Government. Each response also aligns with the UN's shared priorities: "to leave no one behind" in the crisis and to ensure that the specific threats to women and girls are understood and mitigated. In the Georgian context, three target groups – healthcare workers; public-sectors workers; and the vulnerable elderly – are represented to a large extent by women.

These include:

- Supplementing depleted supplies of personal protective equipment (PPEs); providing training on COVID-19 for healthcare workers, particularly outside the main urban areas; and improving the network of hospital facilities that are prepared to deal with patients with COVID-19 complications;
- Restoring access to essential healthcare services for women and children, including immunization, prenatal and postnatal care, in a period in which most hospitals and healthcare systems are preoccupied with the COVID-19 response;
- Restarting the learning progress for children, where interruptions have increased the risk that some children may never return to school without specific interventions and support, and where some children face a heightened risk of neglect, abuse or exploitation without the protective environment of school;
- Filling information gaps on COVID-19 preventive practices; providing home-based learning and care opportunities for children and families; and overcoming the isolation and stress experienced by young people unable to attend school;

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<sup>1</sup> UNDP policy brief: "The Economic Impact of COVID-19 in Rural Georgia," March 2020.

- Expanding available, safe, accessible and functional infection prevention and control infrastructure in schools and primary health points in schools in Abkhazia;
- Equipping the Georgian emergency services with the technological tools needed to coordinate an increasing volume of calls for help;
- Equipping local-level authorities with technological and financial resources to identify urgent needs and coordinate emergency support for vulnerable populations;
- Improving protection of elderly and homeless persons, particularly those living in poorer rural areas with limited social services and those elderly living in care homes;
- Providing protective gear to enable non-medical professionals, volunteers and local officials to continue to deliver vital services to local populations; and
- Enabling at-risk members of the rural population (including in Abkhazia) to (re-)engage in agriculture as a coping strategy for the duration of the crisis.

## II. Solutions proposed

*Please provide a summary of the proposal. [1,000 word limit]*

To respond to the urgent needs identified by the Government, UNDP, UNFPA and UNICEF will work with support from other UN agencies towards the joint goal of assisting the Government at national and local level in tackling the urgent health and economic challenges posed by the COVID-19 emergency, with four main outputs:

### **Output 1.1.1/ Improved capacity of national agencies and local governments to contain the spread of the virus and respond to urgent community needs**

- **1.1.1.1/ Strengthen the role of village representatives in identifying urgent local needs and facilitating responses.** The offices of village representatives will be equipped with technology needed to enable them to act as facilitators between the rural population and municipal governments. Village representatives are civil servants who can identify local needs and communicate them to the municipal governments. UNDP will equip 126 village representatives with computers, scanners and mobile devices needed to transmit requests and provide municipal e-services. This will discourage villagers from traveling to municipal centres for assistance. To ensure that gender-sensitive needs are identified, the village representatives will work closely with women community groups to make sure women's needs are voiced to and addressed by the municipal government.
- **1.1.1.2/ Provide municipalities with the resources needed to deliver critical social services.** Stay-at-home and quarantine rules under the pandemic are likely to entail a worsening of living conditions and human rights infringements for vulnerable groups. Incidents of domestic violence are likely to multiply; single-parent households are set to be put under additional strain due to lacking childcare and economic strife; homeless people are likely to lack adequate shelter; and persons with disabilities and the elderly may be cut off from needed services and social interaction. Demand for care services and shelters of different types will increase, so UNDP will provide at least three municipalities with the equipment and supplies needed to raise standards.
- **1.1.1.3/ Provide protective gear to front-line public-sector workers.** Remedying the shortage of PPEs has been identified by the Government as a high priority. Alongside medical personnel, PPEs are needed by other public-sector workers and municipal civil servants engaged in containing the virus. Women make up the majority of frontline public-sector and medical workers and are thus at increased risk of infection. UNDP has already provided the United Water Supply Company with protective gear for around 1,000 front-line staff responsible for maintaining municipal water supplies. UNDP will equip another 8,000 non-medical public-sector workers designated by the Government who need PPEs to stay safe while performing their duties.
- **1.1.1.4/ Equip Georgian emergency services with the technology needed to handle increased call volume.** The 144 helpline is Georgia's main emergency number for COVID-19 response. The service currently manages 4,500 calls per day with 330 ambulance crews. To ensure greater efficiency and coordination, specialized GPS-

equipped dashboards are needed to enable dispatchers to assess locations and emergency crew mobility, as well as monitor call times, brigade responses, clinic locations and hospital capacity. Filling this technology gap is deemed essential in anticipation of an imminent rise in the number of COVID-19 cases.

#### **Output 1.1.2/ Enhanced preparedness of local population groups to avert negative health and economic consequences of the COVID pandemic**

- **1.1.2.1/ Raise public awareness about COVID 19, social distancing and quarantine rules to prevent the spread of the virus.** Knowledge is perhaps the most powerful tool to fight the pandemic; spreading information and equipping citizens with the right knowledge and skills is one of the most vital public health activities to implemented at both local and national level. Working in core areas of competence, and in close cooperation with WHO, UN partners will prepare information and advocacy materials and psychosocial support tailored to specific needs: children, young people and parents (UNICEF); the elderly, among whom the majority are women, accounting for 62% of those over 65 and 70% of those over 85 in Georgia (UNFPA); and national minorities, persons with disabilities and other marginalized groups (UNDP). Traditional and social media and information hotlines will promote healthy practices and generate behavioral change.
- **1.1.2.2/ Provide at-risk rural families with farming inputs.** Farming can offer rural families an interim coping strategy to compensate for lost revenue from tourism and associated services. Until a systematic approach is designed and put in place for economic recovery, UNDP will provide agricultural inputs to 300-400 vulnerable households in rural areas, such as female-headed families, IDPs, minorities and families under the poverty line. This approach will include Abkhazia. Although data are not available on the breakdown of farming families, preference will be given to single-parent households.
- **1.1.2.3/ Address the specific vulnerabilities of elderly persons.** UNFPA will ensure that state-run elderly care homes and village doctors receive the training and protective gear and sanitary supplies they need to continue safely caring for elderly people. Working in partnership with the Georgia Red Cross Society, UNFPA will also distribute personal protective gear and sanitation kits to some 2,300 vulnerable older people living alone in four of the country's poorest municipalities. Almost 80% of such impoverished elderly people are women. Homecare visits by Red Cross volunteers will be organized to deliver food and household supplies and prescription medicines to elderly households. In addition, in consultation with WHO, UNFPA will support the adaptation and promotion of relevant epidemic guidelines for caregivers of older people; as well as provide training for volunteers, caregivers and primary healthcare workers in COVID-19 prevention and capacity building for the State Care Agency to ensure compliance with approved standards.

#### **Output 2.1.1/ Enhanced public health response to reduce COVID-19 transmission and mortality**

- **2.1.1.1/ Provide critical hygiene and medical supplies and equipment for healthcare, social and other frontline workers, and their child beneficiaries.** Evidence shows that to control the spread of COVID-19 and to protect healthcare, social and other frontline workers, the majority of whom are women, personal protective equipment is essential. UNICEF will support national efforts to provide PPEs to frontline workers. In addition, UNICEF, in consultation with WHO, will support the national health authorities to effectively manage and treat COVID-19 cases through the procurement of medical supplies and equipment.
- **2.1.1.2/ Strengthen the capacity of the health system to respond to COVID-19.** UNICEF, in collaboration with WHO, will support national efforts to increase the capacity of the health system to respond to COVID-19 by improving capacity in the University Hospital in Tbilisi including through telemedicine so it can (a) receive patients (including mothers and children) infected with COVID-19, (b) serve as a remote referral point for health professionals across the country, which will expand access to services for rural communities, and (c) broadcast thematic lectures to enable re-training of primary healthcare professionals across the country. Capacity of medical professionals will also be strengthened by creating a COVID-19 online resource.
- **2.1.1.3/ Improve access to water, sanitation and hygiene in Abkhazia.** UNICEF, in collaboration with UNHCR, will focus on improving infection prevention and control in public areas by addressing issues of water, sanitation and hygiene in Abkhazia. To create conditions and promote practices to maintain health and prevent the spread of viruses and disease, access to safe drinking water and improved sanitary facilities will be strengthened in three schools or primary healthcare points in

schools. This will also contribute to ensuring the safe and healthy participation of girls in school and reduce the phenomenon of early leaving. In addition, sanitation and safe hygiene practices will be promoted including through the distribution of hygiene kits and communication with households and selected schools.

#### **Output 2.1.2/ Ensuring continuity of health, education and social services to respond to the immediate secondary impacts of COVID-19**

- **2.1.2.1/ Support continuity of essential health services for children and pregnant and lactating women.** With health staff and resources redeployed to treat COVID-19, there is reduced capacity to provide routine childhood health services, and for pre- and post-maternal care. UNICEF will support national health authorities to ensure children and women have continued access to essential health and nutrition services including maternal and newborn care, immunization and treatment of childhood illnesses. UNICEF will provide guidance and support the Government in maintaining service delivery in the context of COVID-19.
- **2.1.2.2/ Facilitate continued access to education and child protection services including prevention of violence against children.** With all schools closed in Georgia, 592,000 children are now out of school. These closures have disrupted the learning progress for children, and have removed the protective environment of school, heightening the risk of neglect, abuse and exploitation. UNICEF will support the Government to continue access to education across all levels of learning through distance education, with a special focus on ensuring the most vulnerable children can continue learning. UNICEF will also help to create a child helpline to respond to the heightened risks that children may face during the pandemic period.
- **2.1.2.3/ Carry out a communication campaign to support parents in the care and learning opportunities for children.** With preschools, daycare centers and schools shut due to the COVID-19 outbreak, UNICEF will support parents in the care and development of children through the provision of information and tips on positive parenting and as well as recommendations and activities for stimulating children so that they continue learning and development at home.

### **III. What is the specific need/problem the intervention seeks to address?**

*Summarize the problem. Apply a gender lens to the analysis and description of the problem. [1,500 word limit]*

The intervention seeks to fill important capacity gaps that have emerged in Georgia's emergency response to COVID-19.

The first of these is the capacity of the local self-governments that are the directly elected authorities in Georgia's 64 municipalities. In the Georgian system, local self-government serves as an essential front-line actor in combating the virus. Local administrations, working in coordination with regional NCD offices and the Government Administration, are tasked with implementing public health initiatives, enforcing local-level lockdowns, and providing essential services to local population. Their work has particular relevance for the health prospects and living conditions of vulnerable groups, including the elderly and persons with disabilities, national minorities and IDPs. They also have a special role to play in rural, remote and mountainous areas, where public services and infrastructure are often far inferior to what is available in Tbilisi.

To fulfil their assigned role in the COVID-19 crisis, local government representatives need additional support. First of all, an effective coordination mechanism is needed between the villages where urgent needs often arise and the municipal centers. Unless villagers are confident that their requests will be answered, they will want to undertake travel to the municipal center to seek assistance directly. This tendency, particularly pronounced among elderly villagers (most of whom are women), could easily compromise quarantine efforts and increase health risks. What is needed is a concerted effort to empower village representatives to use the provided equipment which will serve as a virtual channel between the village and the municipal center. The equipment provided to make this possible will remain after the pandemic, encouraging future uptake of e-services. In order to make this intervention effective in substituting the need for travel to the municipal center, the village representatives will need to make sure that all needs of specific groups, particularly women, who in COVID-19 conditions are shouldering an increased burden of unpaid care work, are communicated to the local administration. Village representatives will be strongly encouraged to consult women's community groups and municipal Gender Equality Councils in the process.

Second, front-line municipal workers who have contact with local residents as part of their professional responsibilities need protective gear to feel safe in performing their duties. A lack of PPEs puts front-line workers at risk, yet municipalities lack the resources (and at present, the opportunity) to procure them. Ensuring that municipal workers can go about their jobs without excessive worry about infection will in turn ensure that vulnerable populations receive the attention they need in the crisis.

Third, local municipalities have a crucial role to play in ensuring that vulnerable persons and families weather the COVID-19 crisis without experiencing deprivation or a fall into poverty. Most Georgian municipalities have opted to invest in tourism as the surest way to expand employment and increase income. The expected collapse of the tourist season for 2020 and perhaps longer threatens dire consequences for the many locations and regions depending on this sector. The negative impact on women's livelihoods will likely be disproportionately high, as women make up a majority of rural hospitality workers and are generally over-represented in the rural service sector. In Georgia most city dwellers have rural roots, so the economic lockdown prompted many urban wage workers to take temporary refuge in the village, where costs are lower and extended families can provide support. As a coping strategy for the COVID-19 crisis, most of these people are expected to engage or re-engage in agricultural activities.

Economic hardship also threatens Abkhazia, where a large share of residents (both those working directly in hospitality and those producing agricultural products for sale) depends upon seasonal income from Black Sea coastal tourism. Similar coping behaviors, with urban dwellers making a return to the countryside, are also likely there. Although the contested status of the territory prevents the UN from working directly with municipalities, similar support efforts can be channeled through existing community-level entities, including the Local Action Groups (LAGs) established under an EU-funded rural development program. Since their establishment in 2018, these district-level volunteer community bodies bringing together diverse stakeholders from villages and rural settlements have collaborated to create a vision for local development, identified urgent needs and implemented priority projects.

UNDP's early assessment is that agriculture is likely to weather the crisis better than other sectors. Indeed, demand for domestically produced food might even increase if import supply chains remain disrupted. So pandemic-driven farming could give unemployed or underemployed workers an important economic cushion. However, to benefit from this coping strategy, marginalized and impoverished individuals, will need assistance in procuring seeds, tools and other inputs. Particular emphasis will be placed on supporting women-headed rural households, as they are at high risk of losing all alternative sources of income. This is why targeted and gender-sensitive provision of support for efforts to engage or re-engage in agriculture is an important element of support to the COVID-19 response in rural areas.

Such support will be particularly critical in Abkhazia, where farmers depend almost completely on imported inputs from Turkey or Russia – imports which are now fully blocked. Compounding the existing vulnerabilities, consecutive rounds of pest invasions have since 2017 eroded the ability of rural communities in Abkhazia to cope with external crises. To help cushion the impact of COVID-19, the program will work through the LAGs to identify threats to livelihoods and allocate inputs to address them. The Centre for Agriculture and Rural Development (CARD), established by UNDP in 2017, offers extension services and project management support to farmers in Abkhazia and will provide the technical expertise needed to support or, as necessary, lead the allocations.

Alongside these challenges to local communities, the COVID-19 crisis has imposed new demands on both national and local officials to provide information on preventive behaviors and social-distancing regimes, particularly to members of marginalized communities, and more broadly to manage emergency responses. As the virus has spread, it has become clear that risk communication needs to be tailored to a wide range of specific audiences and provided through a diversity of channels.

The pandemic poses specific challenges for both Georgia's youngest and its oldest citizens. As in other parts of the world, it is expected that the pandemic will disproportionately affect vulnerable older people, particularly those living in rural and remote areas marked with high poverty levels and barriers to accessing health and social services. More than 41,000 Georgian pensioners currently live alone in extreme poverty, and their vulnerability to COVID-19 is particularly high. Most of the elderly living in poverty are women. Conditions in elderly care homes are often already precarious, and stay-at-home and quarantine rules can leave elderly people isolated and deprived of ready access to food and medicine. To mitigate the risks the pandemic poses, elderly people themselves need information and protection. State care homes and caregivers such as village doctors need supplies of PPEs and hygiene products. The volunteers who tend to elderly people living alone also need information, protective gear

and supplies of food and household necessities.

Although children have largely escaped the health ravages of the pandemic, all schools, kindergartens and universities have been closed in Georgia since 2 March. These extended closures have disrupted the learning progress for children, affecting their future learning and increasing the risk that some children may never return to school without specific interventions and support. Furthermore, outside the protective environment of school, children are at heightened risk of neglect, abuse and exploitation. Energetic measures have already been undertaken to shift education to online provision, but further support will be needed to ensure that quality is not diminished and that equality of opportunity is respected despite a pronounced digital divide. From a gender perspective, it is important to note that the burden of home schooling has fallen almost exclusively on women, who were often already overwhelmed with domestic chores. This means that efforts to improve home schooling would not only benefit children's learning and development, but also the wellbeing of mothers.

Finally, as transmission of COVID-19 continues to increase, so too will COVID-19 related mortality. The pandemic has generated an infinite-seeming demand for personal protective equipment. This gap needs to be filled to ensure that healthcare workers stay safe and do not themselves become vectors of infection. The need for training on COVID-19 treatment protocols is also widespread; here online instruction options need to be created to reach remote locations. Furthermore, the COVID-19 crisis exposed the need to promote positive hygiene behaviours as a key to improved infection prevention and control. This necessitates improved infection prevention and control infrastructure to allow people, especially children, to respond to behaviour change messaging. Expanded access to safe drinking water, adequate sanitation and improved hygiene, particularly in public places such as schools and primary health points in schools, could prevent the spread of disease. Moreover, as health personnel and resources are redeployed for the COVID-19 response, capacity has narrowed to address routine childhood health services including immunizations, and for pre- and post-maternal care, depriving women and children of access essential healthcare services. Support is thus needed to ensure that regular healthcare functions are delivered.

#### **IV. How does this collaborative programme solve the challenge? Please describe your theory of change.**

*Describe programme approaches, methods, and theory of change, and explain why they are the appropriate response to the problem. State results and interim solution(s) you are proposing. Please highlight how the solution(s) is data driven; if it employs any innovative approaches; if it applies a [human rights-based approach](#)<sup>2</sup> and how is it based on the principle of "build back better". [1,500 word limit]*

The proposal is based on a two-pronged approach, on the one hand supporting the Georgian authorities in the uninterrupted provision of vital public services in a safe manner, particularly at the local level, where administrative capacities were often limited even before the onset of the pandemic; and, on other, reaching out directly to poor and vulnerable groups among the population to ensure that basic social and economic needs are met and human rights respected. This approach is aimed at ensuring continued provision of essential social services while protecting livelihoods directly threatened by the social distancing that is key to fighting the spread of the virus.

The theory of change behind the proposal assumes that if front-line medical, social and public-sector workers are provided with proper protective gear and advanced digital technologies, they will be able to deliver the vital healthcare, educational and other public services that are needed to keep vulnerable populations healthy and safe. It assumes that timely provision of technology can bridge many gaps created by stay-at-home and quarantine policies that have closed schools, offices and many businesses. It assumes that science-based guidance shared in ways tailored to the needs of different population groups will promote behaviors that will limit the spread of COVID-19. It assumes that some at-risk families in rural areas will be able to cushion the economic shock caused pandemic shutdowns if they receive agricultural inputs in a timely fashion. Finally, it assumes that the stopgap emergency measures outlined here can be designed as a bridge to a longer-term full-scale socio-economic recovery program.

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<sup>2</sup> Please refer to [OHCHR COVID19 Guidance](#)

The solutions envisaged build on the core capacities, experience and partnerships already developed by UNDP, UNFPA, UNICEF and other engaged UN agencies, and expand on efforts already undertaken since the onset of the crisis (see Question VII). In the broadest sense, they leverage abiding commitments to the Sustainable Development Goals and their core imperative, “to leave no one behind,” and in particular to efforts already made towards achieving Global Goals 3 (Health), 4 (Education) and 16 (Good Governance), with additional emphasis on Goal 5 (Gender Equality) and Goal 6 (Water and Sanitation). The activities proposed reflect a shared allegiance to the principle of equality even in emergency conditions, and a resolve to mobilize as rapid as possible a response to ensure that hard-won development gains, including in the area of gender equality and women’s economic empowerment, are not eroded in the struggle to contain the virus.

The three lead agencies and other UN partners will coordinate closely their activities, combining efforts wherever appropriate. For example, the program is designed to provide PPEs to a wide range of professional groups as well as to at-risk populations. The nature of the protective equipment differs across the program; however, wherever possible, joint procurement will be strongly considered in order to ensure efficiency and value for money, even where distribution will need to be managed separately. Similarly, the UN agencies will coordinate on communications, outreach and advocacy, to ensure a balance of consistent messaging and customized delivery.

The proposal also reflects a commitment to address the needs of conflict-affected populations, whether IDPs residing in territories controlled by the Government or people in Abkhazia, who face particularly acute vulnerabilities in terms of access to healthcare and risk a steep descent into poverty with abrupt halt of most economic activity.

The proposal is grounded in the awareness that gender equality and respect for human rights across the spectrum, including economic, social, and cultural rights as well as civil and political rights, is fundamental to the success of the public health response and recovery from the pandemic. It recognizes that the COVID-19 crisis poses significant challenges for both the Government and other duty bearers and the rights holders in the Georgian context. The specific activities to be undertaken by the UN agencies have been selected with an eye to protecting human rights that might otherwise be neglected in such an extreme crisis. A first priority covers the right to information and participation in decision-making, which is particularly important for women. The Georgian authorities have achieved broad public compliance with strict social-distancing rules thanks in large part to sharing accurate information in a timely fashion. However, where the UN has provided additional help is ensuring that relevant information reaches all people, without exception, including national minorities, the elderly and persons with disabilities. This flow of information needs to be sustained and expanded; this is why it figures in all three agency programs.

In the COVID-19 crisis, response measures, health and social protection interventions must be accessible for all, without discrimination. Given the heightened risks faced by the elderly and persons with disabilities, this means stepping up to provide replacements for family and other support networks disrupted by social distancing. It also means attention to the ways in which men and women are affected differently by the pandemic, and ensuring that the perspectives, voices and knowledge of women are incorporated in outbreak preparedness and response. Single-parent households require special attention, as they face both economic pressure and a care deficit exacerbated further by the closure of schools and preschools. The pandemic also threatens the right to education, and though online alternatives are being provided, the closure of schools puts at risk the idea of equal access (given the digital divide between rich and poor families) and is particularly precarious for the educational prospects of girls.

Although oriented to meeting emergency needs, the proposal is grounded on a “build back better” approach. It aims to develop new capacities of women and men at local level, particularly with respect to coordination between village representatives and municipal administrations. These will remain in place after the initiative concludes. In addition, the proposed activities will expand the reach of innovative e-services that Georgia has been developing for many years, but which remain under-utilized, particularly in rural and remote areas. This applies to other activities planned under the program, including the GPS support to the 144 emergency hotline, online-supported home schooling and telemedicine training. In this sense, the program can be seen as “leapfrogging” progress that under normal circumstances would have taken many years to achieve.

## V. Documentation

*Attach/provide hyperlinks to documents/analysis prepared at the UNCT level with government counterparts to assess the potential cumulative impacts of COVID-19. Please indicate if the UNCT has completed and posted the National Plan for Combating COVID-19 on the WHO partner portal. [1,500 word limit]*

Since the start of COVID-19 epidemic, the UNCT has maintained regular contacts with the Government of Georgia and other development partners (chaired by the UN RC, the development partner group, which includes also the IFIs, has met several times since the onset of the pandemic). A situation report outlining the UN response is being shared on a weekly basis with the government and development partners. Working under WHO guidance, the UNCT developed a Country Preparedness and Response Plan (CPRP) Checklist as well as a draft CPRP Plan, which can be found at <https://covid-19-response.org>. The Government has commissioned an anti-crisis plan for social protection measures and socio-economic recovery initiatives which was made public on 24 April. To coordinate assistance by the international community, the Government has created a comprehensive spreadsheet of needs that is updated regularly; this can be found at: <https://docs.google.com/spreadsheets/d/11wSsKMkd1b46BGKNS6QxlrNfyIN7m-WR/edit#gid=2129723632>. All activities detailed in this proposal are aligned with needs identified as immediate priorities by the Government.

## VI. Target population

*Describe and estimate the direct users of the solution and potential impact on beneficiaries. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens). [1,500 word limit]*

The solutions proposed will have nationwide reach, with an emphasis on protecting those who face the greatest risks to their health and livelihoods. This approach has the explicit approval of the Government of Georgia and corresponds to priorities established in the official registry of requests for international partners:

<https://docs.google.com/spreadsheets/d/11wSsKMkd1b46BGKNS6QxlrNfyIN7m-WR/edit#gid=2129723632>

UNDP's proposed interventions will contribute to reaching:

- The entire 3.7 million population of Georgia, which will receive targeted information and advocacy on COVID-19 preventive behaviors. This total includes 1,940,940 women; 770,809 persons aged 15-29 years; 488,136 representatives of national minorities; 189,639 IDPs; and 336,423 people residing in high mountainous areas;
- The entire population of Georgia, which will enjoy greater safety through more efficient operation of the main 144 emergency call center;
- 126 village representatives (two per municipality, excluding Tbilisi) equipped with communication technology and, indirectly, through improved provision of social services, the 2.6 million population of 63 municipalities;
- 8,000 public-sector workers who will be able to perform their jobs safely thanks to PPEs provided by the program. This number includes civil servants from the Ministries of Environmental Protection and Agriculture and Economy and Sustainable Development, the NCDC, police officers and municipal civil servants;
- 4,300 impoverished elderly persons, nearly all of whom are women, who will receive protective gear, hygiene/sanitation kits and relief aid and basic supplies;
- 184 majority female beneficiaries of the three shelters for the elderly and homeless operated by Tbilisi (120 homeless), Rustavi (39 elderly) and Samtredia (25 elderly); and
- 300-400 rural households (including in Abkhazia), giving priority to single-parent families, that will receive the inputs needed to cultivate 400 ha of agricultural land, with indirect benefits for 1,500 persons.

UNICEF's proposed interventions will contribute to reaching:

- Over one million people, with a focus on parents, children, teachers and other persons interacting with children, who will be reached through child-friendly COVID-19 related risk communication and community engagement;
- 876,554 children (458,005 boys and 418,549 girls), who will be able to access health and protection services if and when needed;
- 1,200 primary healthcare workers with improved capacity to serve the projected 2,000 COVID-19 cases;
- 592,000 out-of-school children who will be able to continue their learning;
- 1,900 children in alternative care settings; 3,450 social workers, caregivers and other frontline staff from child protection and juvenile justice systems; 300 children and women beneficiaries of social services; and 100 children in the juvenile justice system who will receive protective gear; and
- Three schools or primary healthcare points in schools in Abkhazia that will benefit from improved sanitation and water supply that will protect approximately 350 children and 1,000 people through improved hygiene practices.

UNFPA's proposed interventions will contribute to reaching:

- 800,000 elderly people (more than 65% of them women), who will gain a better understanding of how to prevent COVID-19 prevention and care for themselves;
- 2,300 vulnerable elderly persons, 80% of whom are identified as women according to data from the Ministry of Health,<sup>3</sup> in four municipalities with [high poverty rates](#), who will receive protective gear, essential food, medicines and psychosocial support;
- 248 elderly residents and 183 caregivers in 11 state-funded elderly care homes, which will receive the support they need to continue providing services safely;
- 180 village doctors in selected municipalities, who will receive protective gear and training;
- 180 volunteers in selected municipalities, who will support the most vulnerable elderly people living alone; and
- The State Care Agency, which will receive support in setting standards and monitoring their implementation in state-funded elder care institutions.

## VII. Who will deliver this solution?

*List what Recipient UN Organizations (RUNOs) and partners will implement this project and describe their capacities to do so. Include expertise, staff deployed, as well as oversight mechanisms that determine the monitoring and evaluation (M&E) arrangements and responsibilities. Use hyperlinks to relevant sites and the current portfolios of RUNOs so the text is short and to the point. [1,500 word limit]*

The lead agencies for the proposal are UNDP, UNFPA and UNICEF, working in tandem with UNHCR and WHO as well as with normative support from other UN agencies. As is the norm for the work of all UN agencies in Georgia, all activities will be carried out in partnership with the relevant counterparts in the Government at the national level and local self-government entities and administrations at the municipal and village level. In addition, the agencies will work with civil society partners, including the Georgia Red Cross Society. As in-kind contributions, UNDP, UNFPA and UNICEF will cover any staff costs required for implementation from their own resources. All the UN agencies have engaged energetically in efforts to support Georgia in responding to the pandemic, and the joint UN program funded under the SDG Fund to improve social protection of persons with disabilities has already been repurposed so that available resources are being applied to protect the most vulnerable from the impact of the COVID-19 crisis.

[UNDP](#) is the leading development organization in the country and is assigned the “integrator” function in UN efforts to achieve the Sustainable Development Goals. Operating in Georgia since 1993, UNDP has contributed to Georgia's success in the fields of democratic reforms, inclusive growth, conflict transformation and environmentally sustainable solutions. With an annual budget of USD 20 million, UNDP currently employs 26 staff based in the Country Office and 111 project staff. With headquarters in

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<sup>3</sup> The lists of vulnerable elderly living under the poverty line will be received from the MoH and further verified with the local municipalities. According to the MoH data, around 80% of this group are women.

Tbilisi, UNDP runs field offices in Abkhazia (Sukhumi) and Ajara (Batumi). Through partnerships with national institutions, civil society and private sector, UNDP operates in four major areas: [Democratic governance](#); [Economic development](#); [Environment, energy & disaster risk reduction](#); and [Crisis prevention & recovery](#).

Implementation will be undertaken by the staff of the projects under Democratic Governance and Conflict Prevention & Recovery portfolios and supervised by respective portfolio Team Leaders. M&E of the project will be conducted using the project-specific results framework presented below. The risks identified at the inception of the project will be monitored on a quarterly basis through UNDP's internal online system. Results reporting will come in the form of regular progress reports and through UNDP's [transparency portal](#). Knowledge, good practices and lessons learned will be captured and implementation will benefit from synergies with other UNDP projects.

UNDP has already been active in the COVID-19 response in Georgia. With funding from USAID and the EU, UNDP has delivered support to Abkhazia that already includes nearly USD 100,000 worth of healthcare commodities such as PPEs, respirator masks, hand sanitizer, disinfectant and hand soap. Equipment such as ventilators is currently being procured. A public advocacy campaign organized by UNDP together with UN and NGO partners has resulted in the regular airing of WHO messages on local television channels and the distribution of 14,000 brochure to pharmacies and door-to-door in all seven districts. Training of medical professionals is also being provided. In addition, a stock of N95 respirator masks was provided to Rukhi Hospital in Zugdidi, which opened recently with the purpose of offering treatment to people from Abkhazia. Direct support to vulnerable members of Georgia's IDP communities in multiple regions is also being provided through a partnership with the NGO Abkhazeti.

In addition, UNDP has already provided support to nine municipalities placed under quarantine after the detection of the first community-spread COVID-19 cases: Marneuli, Bolnisi, Mtskheta, Zugdidi, Tetrtskaro, Ambrolauri, Oni, Lentekhi and Tsageri. Materials were provided in Georgian, Armenian and Azerbaijani languages to ensure that the national minority citizens receive adequate information in a format they can understand, and tens of thousands of informative leaflets were dispatched to high mountainous villages and other remote settlements. UNDP also helped to set up the Armenian-language version of the official coronavirus website, [www.stopcov.ge](http://www.stopcov.ge).

In a joint effort with the Administration of the Government to ensure that persons with disabilities receive full and timely information on COVID19, UNDP translated informational videos in Georgian, Armenian, Azerbaijani and Abkhaz sign language for the hearing impaired. In addition, 10,000 brochures adapted to the needs of those with mental illness and intellectual disabilities were distributed to 20 residential and psychiatric institutions. UNDP worked with local psychiatric associations to develop specialized protocols and supervision programs to ensure that both staff and residents are prepared for the COVID-19 crisis.

At the request of the Ministry for Regional Development and Infrastructure, UNDP provided the United Water Supply Company, one of Georgia's main water utilities serving urban areas, with USD 18,000 worth of protective gear, including facemasks, coveralls, gloves, hand sanitizer and disinfectant, to enable around 1,000 front-line workers to do their jobs safely.

As part of a broader effort to adopt its entire program portfolio to the needs of the COVID-19 crisis, UNDP also helped to launch an online dispute resolution facility to assist businesses in finding solutions to conflicts arising from pandemic response measures through mediation rather than having to go to court. Further COVID-19-related initiatives are being negotiated with development partners in the areas of gender equality, persons with disabilities, human rights and rural and local development.

UNDP's main counterparts in the planned activities will be the Ministry of Regional Development and Infrastructure; the Administration of the Government; the Ministry of Environmental Protection and Agriculture; all 64 municipalities and 126 villages; and in Abkhazia, the Local Action Groups in five of seven districts.

[UNICEF](#) has been operating in Georgia since 1993. Guided by the Convention on the Rights of Child, UNICEF is focused on supporting Georgia in accelerating the universal realization of child rights, by fostering greater social inclusion of the most deprived children and by reducing disparities and inequities affecting children and their families. Programme areas include young child survival and development, social protection and inclusion, justice for children and child rights monitoring. There are 46 staff members and consultants, with a field-based team of nine stationed in Abkhazia, Georgia.

The entire UNICEF team has been mobilized to support the COVID-19 response. This has included the development of a tool that allows the Government to project needs for hospitalization and artificial ventilation which is being used by the Non-Communicable Diseases Department of the National Centre for Disease Control (NCDC). UNICEF supported the procurement of personal protective equipment and/or medical supplies and equipment for University Clinic in Tbilisi, 5 hospitals in Adjara Region, and for two health facilities in Abkhazia region. Technical assistance was provided by UNICEF for infant isolation and care capacity, ANC protocols, and routine immunization services during COVID-19. With support from the Korean Embassy, UNICEF contributed 1,000 masks and 50 liters of hand sanitizer to several child institutions.

UNICEF has engaged in social media and television campaigns on COVID-19 prevention, safe hygiene practices and related topics, including targeted communications for vulnerable groups including ethnic minorities and persons with disabilities. UNICEF's dedicated COVID-19 webpage has reached 47,261 unique users and had 63,408 page views ([www.unicef.org/georgia/covid19](http://www.unicef.org/georgia/covid19)). Furthermore, social media and television campaigns on home-based learning, play and stimulation has reached more than 280,000 people thus far. Through a partnership with the national broadcaster Rustavi-2 "Midday Show", a 15-day challenge to help parents in the care and early learning of their children was launched and promoted daily. The show had a 12% share of viewership. To reach young people, UNICEF engaged with several influencers on TikTok, to create a video on COVID-19 safety and mental wellbeing, generating 2,500 views in one day.

With support from UK aid from the British people, and in partnership with the Prime Minister's Office and the State Minister for Reconciliation and Civic Equality, UNICEF delivered essential hygiene and food items for 380 vulnerable families. UNICEF, in partnership with the Education for All Coalition, is supporting the Ministry of Education, Science, Sports and Culture, to develop and launch programmes to ensure all children in Georgia can continue their education. UNICEF is supporting the provision of psychological support to children in alternative care and their caregivers, the development of guidelines for frontline social workers in the child protection and juvenile justice systems, and production of a TV programme to support parents of children with disabilities. Communication materials have been developed for religious leaders to prevent violence against children. In addition, UNICEF-trained social workers are supporting vulnerable families in Abkhazia, Georgia.

The [UNFPA](#) Country Office in Georgia is led by the Head of Office and the non-resident Country Director (UNFPA Representative in Turkey). The Country Office benefits from the wealth of expertise and experience accumulated by the organization at the regional and global levels. Population dynamics, including ageing, is one of the priorities of UNFPA work globally, at the regional level, as well as in Georgia. Apart from providing technical assistance to the government in developing policies and action plans to address and mainstream ageing, UNFPA also supports local governments in the introduction of innovative services for elderly.<sup>4</sup>

In responding the pandemic, UNFPA is already addressing the needs of elderly people by distributing special kits in target municipalities through 60+Clubs.

In addition, UNFPA is supporting Georgia's health authorities in ensuring continuity of sexual and reproductive health services and interventions, including protection of the health workforce through: providing information and technical guides for planning and amending procedures and algorithms for respective service provision, which results in pregnant women with suspected or confirmed COVID-19, or in isolation, having access to skilled woman-centered care. Procurement of PPEs (including for distribution in Abkhazia, Georgia) is underway. Development of an on-line training course on clinical management of pregnant women affected by COVID-19 to be integrated into the Medical University IT platform is underway. UNFPA has also developed and in partnership with the MoH distributed brochures on pregnancy in the context of COVID-19 in various languages.

Striving to ensure the continuity of lifesaving services for survivors of gender-based violence and the most at-risk women and girls, UNFPA is coordinating a GBVIE Inter-sectoral working group; preparing posters containing information on the existing hotlines and services for response to cases of violence against women; procuring PPEs and

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<sup>4</sup> <https://georgia.unfpa.org/en/node/9654>; <https://georgia.unfpa.org/en/news/regional-workshop-healthy-ageing-hosted-tbilisi>; <https://georgia.unfpa.org/en/news/%E2%80%9C60club-healthy-and-active-living%E2%80%9D-%E2%80%93-new-initiative-unfpa-georgia>.

disinfectants for state-run shelters; providing kits for vulnerable women of reproductive age living in Marneuli municipality, which is currently under a total lockdown.

In cooperation with the NCDC, UNFPA is supporting on-line peer education training on COVID-19 targeting young people in two target regions to facilitate the dissemination of reliable information among youth and their communities. UNFPA also supports a social media campaign aimed at encouraging men to take an equal share of housework and childcare burdens.

In implementing the program, UNFPA will partner with the Georgia Red Cross Society, the country's leading humanitarian organization with a 100-year history. As an auxiliary to the public authorities according to the Law of Georgia "On the Georgia Red Cross Society," it is at the forefront of providing nationwide services, through its network of 39 local branches, in peacetime and emergencies to "assist vulnerable people in coping with the effects of emergencies and socio-economic crisis to protect human life and dignity."<sup>5</sup> Currently, the Georgia Red Cross Society is carrying out the humanitarian response to the COVID-19 crisis to prevent and alleviate the human suffering of the most at-risk people<sup>6</sup> affected by the coronavirus pandemic both in health facilities and in homebound settings.<sup>7</sup> The Georgia Red Cross Society is an integral part of the International Red Cross and Red Crescent Movement and along with the Movement partners: the International Federation of Red Cross and Red Crescent Societies,<sup>8</sup> the International Committee of the Red Cross, and partner National Societies, as well as leading humanitarian actors present in the country.

Close collaboration will be ensured with the State Care Agency and the Emergency Situation Coordination and Urgent Assistance Centre (under the MoH).

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<sup>5</sup> [https://drive.google.com/file/d/1wYaNDGI7dWDnurcmqYVogpr\\_n9Grb8vY/view?usp=sharing](https://drive.google.com/file/d/1wYaNDGI7dWDnurcmqYVogpr_n9Grb8vY/view?usp=sharing)

<sup>6</sup> <https://drive.google.com/open?id=1F6fjC9QfbWB6KfW8R9OGRu12G4W6ph2>

<sup>7</sup> <https://drive.google.com/open?id=1XSA8PFu8NvRYyt8XcdSXT7JdiEYw2Q6T>

<sup>8</sup> [https://drive.google.com/file/d/134BET7Tvkn2fR9MJghRBcui1T\\_Dybt0b/view?usp=sharing](https://drive.google.com/file/d/134BET7Tvkn2fR9MJghRBcui1T_Dybt0b/view?usp=sharing)

## Cover Page

<b>Contacts</b>	<b>Resident Coordinator or Focal Point in his/her Office</b> <b>Name: Dr. Sabine Machl</b> <b>Email: sabine.machl@un.org</b> <b>Position: UN Resident Coordinator</b> <b>Telephone: +995591708092</b> <b>Skype: macsab</b>																				
<b>Description</b>	<b>Assisting the Georgian Government and Local Communities in Mitigating the Impact of COVID-19</b>																				
<b>Universal Markers</b>	<u><a href="#">Gender Marker</a></u> : <i>(bold the selected; pls select one only)</i> a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. b) <b>Make a significant contribution to gender equality and/or the empowerment of women and girls;</b> c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.																				
<b>Fund Specific Markers</b>	<b>Human Rights Based Approach to COVID19 Response</b> <i>(bold the selected)</i> : Yes/No Considered OHCHR guidance in proposal development <a href="#">UN OHCHR COVID19 Guidance</a>																				
	<b>Fund Windows</b> <i>(bold the selected; pls select one only)</i> <b>Window 1: Enable Governments and Communities to Tackle the Emergency</b> Window 2: Reduce Social Impact and Promote Economic Response																				
<b>Geographical Scope</b>	<b>Country: Georgia, including Abkhazia, Georgia</b>																				
<b>Recipient UN Organizations</b>	<b>UNDP, UNFPA and UNICEF</b>																				
<b>Implementing Partners</b>	<b>Georgia Red Cross Society</b>																				
<b>Programme and Project Cost</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Budget</th> <th style="text-align: left;">Agency</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Comments</th> </tr> </thead> <tbody> <tr> <td>Budget Requested</td> <td>UNDP</td> <td>\$400,000</td> <td></td> </tr> <tr> <td>Budget Requested</td> <td>UNICEF</td> <td>\$425,000</td> <td></td> </tr> <tr> <td>Budget Requested</td> <td>UNFPA</td> <td>\$175,000</td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td><b>\$ 1 million</b></td> <td></td> </tr> </tbody> </table>	Budget	Agency	Amount	Comments	Budget Requested	UNDP	\$400,000		Budget Requested	UNICEF	\$425,000		Budget Requested	UNFPA	\$175,000		<b>Total</b>		<b>\$ 1 million</b>	
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<b>Comments</b>	
<b>Programme Duration</b>	<b>Start Date: 15 May 2020</b>
	<b>Duration (In months): 7.5 months</b>
	<b>End Date: 31 December 2020</b>

## Results Framework

<b>Window 1: Proposal Outcome</b>	<b>Assisting the Georgian Government and Local Communities in Mitigating the Impact of COVID-19</b>				<b>Outcome Total Budget/USD</b>
	1.1 Please develop a relevant outcome for the proposal: SDG 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks				<b>USD 1 million</b>
<b>SDG</b>		<b>Baseline</b>	<b>Target</b>	<b>Means of verification</b>	<b>Responsible Org</b>
<b>Outcome Indicator [Max 2500 characters]</b>	1.1a Nationalized SDG indicator 3.d.1 Core capacities of International Health Regulations (IHR) and health emergency preparedness	74% average for 13 sub-indicators	90% average for 13 sub-indicators	NCDC - National Center for Disease Control and Public Health	Ministry of Health
<b>Proposal Outputs</b>	1.1.1 <b>Improved capacity of national agencies and local governments to contain the spread of the virus and respond to urgent community needs</b>				
	1.2.1 <b>Enhanced preparedness of local population groups to avert negative health and economic consequences of the COVID pandemic</b>				
<b>Proposal Output Indicators</b>	1.1.1.a Number of village representatives equipped to channel local needs to municipal centers	0	126	Program Reports	UNDP
	1.1.1.b Number of municipal shelters properly equipped for needs of elderly and homeless	0	At least 3	Program Reports	UNDP

	1.1.1.c Number of front-line public-sector workers throughout the country equipped with PPEs	1,000	9,000 (60% of whom women)	Program Reports	UNDP
	1.1.1.d. Percentage increase in the daily response rate of the 144 emergency call center	4000 calls daily	At least 10 % increase	Program Reports, data from the 144 emergency call center	UNDP
	1.2.1.a Number of people reached/engaged throughout the country through COVID-19 public awareness and risk communication activities, broken down by gender and target audiences (general population; the elderly; children/youth/parents; national minorities, persons with disabilities and other marginalized groups)	tbd	tbd	Program Reports, media monitoring reports, viewership reports, webpage and social media analytics	UNDP, UNFPA, UNICEF
	1.2.1b Number of farm households benefiting from provision of seeds and other agricultural inputs by UNDP, including in Abkhazia, Georgia	0	At least 300	Program reports	UNDP
	1.2.1c Number of vulnerable elderly persons in target municipalities benefiting from project interventions	0	2,300 (80% of whom women)	Georgia Red Cross Society reports	UNFPA
	1.2.1d Number of state-funded institutions and homes for the elderly providing continuous care thanks to project support	0	11	Program reports	UNFPA
<b>Proposal Outputs</b>	2.1.1 <b>Enhanced public health response to reduce COVID-19 transmission and mortality</b>				
	2.1.2 <b>Ensuring continuity of health, education and social services to respond to the immediate secondary impacts of COVID-19</b>				
<b>Proposal Output Indicators</b>	2.1.1a Number of people reached with critical WASH supplies (including hygiene items) and services	0	1,000	Program reports	UNICEF
	2.1.1b Number of healthcare facilities staff and community health workers provided with personal protective equipment (PPE)	200	800	Program reports	UNICEF

	2.1.1c Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	0	1,200	Program reports	UNICEF
	2.1.1d Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases including among children, pregnant and breastfeeding women	0	1,200	Program reports	UNICEF
	2.1.2a Number of children and women receiving essential healthcare services, including immunization, prenatal and postnatal care, HIV care and Gender-Based Violence (GBV) response care in UNICEF-supported facilities (to be disaggregated by service type so that it is possible to track delivery of support to GBV survivors, among others).	0	50,000	Program reports	UNICEF
	2.1.2b Number of children supported with distance/home-based learning	Not available although programmes have started (measurement to start soon)	592,000	Program reports	UNICEF
	2.1.2c Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	0	5,000	Program reports	UNICEF

## SDG Targets and Indicators

Sustainable Development Goals (SDGs)			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input checked="" type="checkbox"/>	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input checked="" type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input type="checkbox"/>	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input checked="" type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		

### Relevant SDG Targets and Indicators

Target	Indicator # and Description	Estimated % Budget allocated
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	<b>50%</b>
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-five mortality rate	<b>5%</b>
4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex	<b>10%</b>
16.6 Develop effective, accountable and transparent institutions at all levels	16.6.2 Proportion of population satisfied with their last experience of public services	<b>35%</b>

## Risks

**What risks and challenges will complicate this solution, and how they will be managed and overcome?**

*(COVID19 has created an unprecedented and fast changing development context. Accepting this volatile situation, please identify up to three risk to the success of the proposal based on best available analysis to the UN)*

Event	Categories Financial Operational Organizational Political (regulatory and/or strategic)	Level 3 – Very High 2 – Medium High 1 – Low	Likelihood 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	Impact 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	Mitigating Measures (List the specific mitigation measures)	Risk Owner
Inability to deliver activities as planned due to unexpected and unforeseeable implementation complications (access and travel restrictions, public protest, revised planning on the part of the Government)	<i>Operational/Political</i>	2	3	3	<ul style="list-style-type: none"> <li>● Effective communication with partners and stakeholders at various levels including within the UN system and Government to support unclogging possible hindrances.</li> <li>● Involving decision-makers at critical phases if needed while relying mostly on operational level staff from the government for effective coordination and anticipation of any potential changes or delays to respond flexibly.</li> <li>● Updating workplans on a daily basis in line with crisis developments and related governmental or other regulatory actions to adapt activities to changing context.</li> </ul>	PUNOs
PPEs and other medical supplies and equipment production slowdown and procurement obstacles that slow timely delivery	<i>Operational</i>	3	5	4	<ul style="list-style-type: none"> <li>● Order as quickly as possible</li> <li>● Utilize forecasting capacity of HQs to inform production capacity</li> <li>● Capitalize on local capacity for supplies</li> <li>● Check on procurement statuses daily to identify possible delays or other complications at an early stage so that in such case the expected products are promptly substituted with other emergency items that are physically available as close to the delivery point as possible and with a focus on other more reliable providers</li> </ul>	PUNOs

## Budget by UNDG Categories

Budget Lines	Fiscal Year	Description	Agency 1 UNDP	Description	Agency 2 UNICEF	Description	Agency 3 UNFPA
1. Staff and other personnel	2020		--		--		--
2. Supplies, Commodities, Materials	2020	PPE kits for front line non-health workers, printing materials, agricultural inputs for farmers in Georgia (including Abkhazia)	263,000	PPE, medical supplies and equipment for healthcare, social and other front-line workers in Georgia (including Abkhazia)	182,196		--
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020	IT equipment for 126 village representatives, IT equipment for emergency services, equipment for shelters	110,832		--		--
4. Contractual services	2020		--	Communications, design	40,000	Local IC; awareness raising campaign products	24,500
5. Travel	2020		--		--	Local travel, monitoring visits	2,104.23
6. Transfers and Grants to Counterparts	2020		--	Telemedicine, distance learning, child hotline and other protection services	175,000	Georgia Red Cross Society-IP	132,947
7. General Operating and other Direct Costs	2020		--		--	Printing, translation	4,000.00
<b>Sub Total Programme Costs</b>			<b>373,832</b>		<b>397,196</b>		163,551.40
8. Indirect Support Costs * 7%			26,168		27,804		11,448.60
<b>Total</b>			<b>400,000</b>		<b>425,000</b>		<b>175,000</b>