



# **GEORGIAN NATIONAL STRATEGIC PLAN** **FOR EARLY CHILDHOOD DEVELOPMENT**

*International Consultation Team*

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## **EXECUTIVE SUMMARY**

Despite the significant efforts taken by the country towards improving the survival, health and development of young children, there is a growing acknowledgement that much work remains if significant gains are to be made and sustained. A successful effort to address the issues of young children's survival, growth, health and development, requires cooperation among various sectors and ministries. Georgia is committed to developing a systematic intersectoral approach to ECD that is rooted in the principles of holistic early childhood development and builds upon programmatic reform and expansion. This integrated approach will allow Georgia to bridge gaps in knowledge, services and resources while fostering children's access to cost-effective programs and services. This approach will guide Georgia as it achieves its vision for children.

The purpose of the strategic action plan is to create a shared sector vision and road map for effectively infusing ECD principles and standards of care into the health and education sectors. The purpose of the international team consultation was to provide technical guidance and recommendations for creating this integrated approach to ECD in Georgia. Articulation of the strategic action plan emanated from a 3-day multisectoral consultation in Gudauri from November 30 to December 2, 2006. The consultation was attended by approximately 40 participants representing Parliament, Ministries of Health and Education, local and international NGOs, and academia and facilitated by the international consultation team.

The high degree of commitment and participation of the participants assured a thoughtful and deliberative consultation. The consultation resulted in the identification of priority strategies and initial set of activities to be included in the plan.

- *Policy Strategy 1:* Parliament Council for coordination of ECD
- *Program Strategy 1:* Expand health programs include ECD principles
- *Program Strategy 2:* Expand and revise pilot parenting programs to include ECD principles
- *Program Strategy 3:* Pre and post-graduate training for professionals across health and education to include ECD principles
- *Program Strategy 4:* Expand and reform education to include education for children prior to primary school

The group also reached consensus that the aforementioned 5 strategies needed to be prioritized but a comprehensive approach to ECD would include consideration of additional program criteria and aspects, which are divided into five broad groups:

- Target populations (e.g., young children with disabilities, children with HIV/AIDS, ethnic minority, marginalized children, young orphan children),
- Children living in difficult situations (e.g., young street children, institutionalized children, conflict zones and young children)
- Strategies (e.g., building on existing resources, database for monitoring of ECD programs and outcomes)

- Programs (e.g., poverty alleviation programs and ECD, maternity leave, parental leave, social benefits, supports for breastfeeding mothers)
- Additional areas of focus (e.g., accidents and injuries (especially automobile accidents, car seats/ seat-belt enforcement); child neglect, abuse, violence, domestic and institutional).

A strategic action plan begins with a vision statement of broad, aspirational goals. The Georgian vision of ECD has been culled from the desired values for Georgian children and vision for ECD programming articulated during the Gudauri consultation. The Georgian vision for ECD is broad in focus and comprehensive in scope. While the vision illustrates a desirable model for national ECD programs and policies, achieving it requires a deliberate strategy and actionable activities that, while increasing participation and access to services, also ensures high quality programs. The strategic action plan can be thought of as a road map that details the path from the current ECD situation in Georgia to the vision. Summarized below are the policy strategy and the 4 programmatic strategies that emerged from the Gudauri Consultation.

*Policy Strategy 1. Parliament Council for the Coordination of ECD*

An outcome of the Gudauri consultation was the intention to set up a government council for the coordination of ECD. It was decided that this council would function under the aegis of the parliament and have oversight and responsibility for policies necessary to ensure quality programming and coordination in curricula and service provision. The ECD council would be comprised of heads of MoE&S and MoLSHA and senior representatives of other ministries, academia, civil society institutions, donors and international organizations. A full time council secretary would need to be hired to oversee and organize all activities of the council.

The council would undertake the following activities:

- *To raise awareness on ECD within the National Government.*
- *Establish Policy Committees.*
- *To formulate recommendations for standards and guidelines for ECD programs.*
- *To disseminate knowledge widely about ECD.*

*Program Strategy 1. Expand health programs to include ECD principles*

The goal of this strategy is to ensure that principles of ECD are integrated into the health care system as well as enhancement of existing components into state health programs. Promoting education and highlighting the importance of holistic ECD principles will facilitate healthy child development and overall development, including its cognitive, social, and emotional aspects. In order to achieve the objective of expanding the health care system to include ECD, several activities will need to be undertaken:

- *Activity 1: Revision of health care guidelines and protocols*
- *Activity 2: Development of the ECD University curricula for the medical students*
- *Activity 3: Mainstreaming holistic ECD principles into ante-, intra-, postpartum and primary health care services (specific focus on women's consultations, Maternity Houses and Home Visits)*

In order to sustain the expansion of health service to include ECD the tasks and activities will have to be shared by the key stakeholders including the MoLSHA, professional organizations, academia, international organizations and donors. In addition, the leadership for healthcare reform and expansion at the policy level should be taken over by the MoLHSA. MoLHSA should also be responsible for oversight, coordination and the regulatory functions of the healthcare system. The regional government should get their delegated authority from the state government along with a percentage of funds (to be determined) to manage and implement the programs within the regions.

In terms of fiscal planning to sustain this strategy, the Government launched health sector reform and model for health care financing: combining tax subsidies, out of pocket payments and mandatory health insurance, will be utilized. According to this reform, the government will finance and guarantee a “Universal package of priority services to the entire population.” The universal package is to be funded from state resources and every citizen of Georgia will have a right to obtain these services. Basic benefit package is a basic health insurance package which will insure the population from financial burden incurred by utilization of specific services. Basic benefit package will be purchased for poor households, and subsidized for others.

*Program Strategy 2. Expand and Revise Pilot Parenting Programs to include ECD Principles*

The primary goal of this strategy is of updating and revising the pilot parenting program curricula in accordance with holistic principles of ECD. A second goal of this strategy is expand the implementation of parenting programs to ensure national coverage, especially for the more disadvantaged and needy populations. There are 3 categories of activities that should be undertaken to meet the goals of this strategy:

- *Activity 1. Revision of the parenting program curricula and materials*
- *Activity 2. Development and Expansion of existing Implementation Strategies*
- *Activity 3. Development of Supportive Supervisory Mechanisms*

The key players and stakeholders involved in the development and implementation of the parenting program are: MoLHSA; MoE&S, and academia; professional associations, local and international NGOs, and donors and international agencies, e.g., UNICEF. Each of these organizations and agencies have a role to perform in the development, implementation and sustainability of the parenting program. Given that the parenting program will be covered under both health and education sections, that Parliament Council on ECD will play an important role in ensuring coordination and consistency of the program, across modes of service delivery. The leadership for revision should reside at the national level, with MoE&S and MoLHSA leading implementation reform based on the target population ages. The roles of MoLHSA & MoE&S for governance of parenting programs converge along a development continuum. MoLHSA will lead implementation for the pre-natal to 3 years of age children and MoE&S for the 3 to 6 year old children.

The following initial categories of expenses are considered in the fiscal planning process for revision and expansion of the parenting program -- Revision of the parenting program curricula and materials and implementation and supervision costs.

*Program Strategy 3. Pre- and post-graduate training for professionals across health and education to include ECD principles*

The following goals have been set for this strategy. First, a curriculum for teaching ECD at the state Medical Universities and Pedagogical Universities must be developed, piloted, revised, implemented and integrated into the respective curriculum. Holistic principles of ECD need to be integrated into graduate and post-graduate university programs for health and education sectors. Second, a unified set of standards for ECD across both sectors will be articulated to ensure consistent training. Given the scope of reform and expansion associated with this action area for following 3 initial sets of activities will need to be undertaken.

- *Activity 1. Develop and revise curriculums for medical and educational professionals*
- *Activity 2. Approve and test curriculums for pre- and post- service physicians and teachers*
- *Activity 3. Pre-Service and in-service training of parenting program service providers*

Given the wide scope of activities that will need to be undertaken in order to achieve the desired results of ECD training for health and education professionals several agencies will need to be centrally involved, including, MoE&S, MoLHSA, Universities and Academia, and UNICEF. The leadership for ECD training should be led by the MoES and MoLHSA. The ministries should be responsible for the creation of the curricula, as well as oversight and coordination once it is in place. The local government should collaborate with the ministries on the use of regional resource centers for post-graduate in-service training of teachers.

In order to carry out the four sets of activities listed above the following categories of expenses need to be considered: Coordination and facilitation expenses of the ECD Training working group; Technical assistance and guidance for curriculum development and revision; printing and dissemination costs; and costs of conducting pre-service training.

*Program Strategy 4. Educational reform and expansion to include education for children prior to primary school*

This strategy is being undertaken to ensure that all children 3 years of age to entry into primary school have access to quality educational programs and that currently existing programs for children 3 to 6 years of age are expanded in accordance with principle of holistic early childhood development. Consequently the goal of this strategy is to improve participation and access to quality preschool education for all children with a special focus on gender equity, and the inclusion of minority and vulnerable populations. Given the scope of reform and expansion associated with this action area for following 2 initial sets of activities will need to be undertaken.



- *Activity 1. Develop a policy and program models of preschool education*
- *Activity 2. Development of Standards and Guidelines to Improve Program Quality*

Given the present trend of decentralization in the country, the governance structures are undergoing change. The leadership for preschool reform and expansion at the policy level should be taken over by the Ministry of Education and Science (MoES). MoES should also be responsible for oversight, coordination and the regulatory functions of the preschool system. The vertical alignment of this regulatory function between national, regional and municipal governments needs to be considered. In addition UNICEF, partner organizations, academia, universities and national and international NGOs should also be involved.

Georgia is considering applying for the Fast Track Initiative. The expenses linked to preschool reform could be included in FTI proposal by prioritizing school readiness. This would enable utilization of donors' funds to provide seed money for the system.

An implementation framework in 3parts is presented in the report – timelines, monitoring and evaluation. The implementation of the strategic plan through actionable activities is a process. The 3-year timeline provided serves as a framework to organization efforts that are co-occurring and sequential. The timeline also illustrates the synergies between efforts occurring across sectors as actionable activities are undertaken. As stated earlier, Parts 2 and 3 of the implementation framework suggest indicators to monitor the progress towards completion of the strategy and evaluation indicators to assess the impact of the resulting programs, once the strategy has been implemented. Consequently, the monitoring indicators are assessed during the course of the actionable activities to gauge progress based on the timeline estimated in Part 1 of the implementation framework, and the evaluation indicators are assessed after the program is implemented, in the long-term.

In the final section of the report a set of ECD policy and program recommendations are made that not only are relevant across the five strategy areas but also aim to improve the comprehensiveness of the strategic plan. These recommendations are made for the short, medium and long term based a programmatic perspective, i.e., of moving from those most in need to the general population, and a sequential perspective emanating from the 5 strategy areas. However, it should be noted that some recommendations cover the entire time span.

#### ***Comprehensiveness Recommendations (Short Term)***

- *Create a National Task Force to address: Target Populations; Children living in difficult situations; and Children with Special Needs*
- *Additional Program Focus Areas*
- *Involvement of other Sectors of Government & the Private Sector*

#### ***Resource Coordination Recommendations (Across the time span)***

- *Capacity Building*
- *International Partners*

***Quality & Sustainability Recommendations***

Many of the following recommendations serve to both promote the quality and impact the sustainability of services. Those that do so are marked with a Q (for quality) and an S (for sustainability).

- *Increase the Monitoring of ECD Services (Q/S; Short Term)*
- *Create a National Child Development Resource Center (Q/S; Short Term)*
- *Increase National Commitment to Comprehensive ECD by Increasing its Funding (Q/S; Across the time span)*
- *Develop a Unified Data Collection Capacity (Q/S; Medium Term)*
- *Increase Number of Specialized Professionals Coming into ECD-related Fields (Q/S; Medium Term)*
- *Evaluate Existing Programs (Q/S; Long Term)*
- *Create a National ECD Public Relations Program (S; Long Term)*

The strategic plan for ECD in Georgia can be considered a pioneering initiative by any international standards. There are possibly a handful of countries that are approaching ECD in such a comprehensive manner, incorporating the principles of ECD into their programming and policy. A major strength of this plan is that it addresses holistic development – all domains of child health and development are covered comprehensively. Second, this plan provides for a continuum of services from pre-natal stage to primary school. By ensuring holistic attention to children's needs across the entire early childhood period, this plan presents a model for other countries to emulate and draw upon if the goals of child survival, growth, development, protection and participation are to be met.