United Nations Development Programme
Country: Georgia
Project Document

Project Title	**Support to Mental Health reform in Georgia**
UNDAF Outcome(s):	**1.3 Vulnerable groups enjoy improved access to quality health, education and essential social services.**
Expected CP Outcome(s):	1.3.1. Central and local government's capacity to analyze, plan, implement and monitor inclusive social protection measures and services improved 1.3.2. The number of inclusive social care services provided at central and local community level increased
Expected Output(s): (Those that will result from the project)	Capacity of the Georgian MH care personnel strengthened to provide professional, adequate and ethical care to the patients.
Executing Entity:	**UNDP**
Implementing Agencies:	**GIP Tbilisi**

PROGRAMME PERIOD: 2011-2015____

KEY RESULT AREA (STRATEGIC PLAN)_________

ATLAS AWARD ID: ________________

START DATE: 01. MAY 2011_
END DATE 30. APRIL 2012_

PAC MEETING DATE 11 MAY 2011____

MANAGEMENT ARRANGEMENTS :NGO IMPLEMENTATION

Total resources required 271,317___
Total allocated resources: 271,317__
- Regular __________
- Other:
  - Gov. of Romania 271,317__
  - Donor __________
  - Donor __________
  - Government __________

Unfunded budget: __________

In-kind Contributions __________

Agreed by: (Ministry of Health, Labor and Social Affairs) ____________________

Agreed by: (UNDP) ____________________

I. SITUATION ANALYSIS

Background information

Mental health is an integral part of personal and public health. WHO describes mental health as: "a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Mental ill health includes mental health problems and strain, impaired functioning associated with distress, symptoms, and diagnosable mental disorders, such as schizophrenia, depression and others. So, in the broad understanding Mental ill health covers psychiatric disorders, but also intellectual and developmental problems and impairments. Mental ill health is one the most acute individual and social challenges as individuals with MH problems often face social marginalization, exclusions, discrimination, unemployment, homelessness, etc.

The Universal Declaration of Human Rights, provides that "all people are free and equal in rights and dignity". It establishes that people with mental disabilities are protected by human rights law by virtue of their basic humanity. Furthermore, Convention on for the Protection of Human Rights and Fundamental Freedoms[1], the Convention on the Rights of the Child[2], the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment[3] and other international mechanisms reinforces the obligations of a state to protect the rights of persons with mental health disabilities. These conventions require that protection of the basic rights and fundamental freedoms of People with Mental Health Problems (PMHP) are respected through state policy. This among others, implies provision of the MH services in a way that precludes seclusion, stigmatization, disrespect and disregard of mental patients.

The Convention on the Rights of Persons with Disabilities[4] is a significant new instrument to reaffirm that persons with mental disabilities have the right to full and equal enjoyment of their human rights. It reinforces clearly the principle of 'dignity and justice for all of us'.

In the context of an increasing recognition of rights and dignity of PMHP, Georgia has yet to pursue major transformation that would convert the old-Soviet mental health care structure into a contemporary system meeting basic human rights standards. This is, by no means, an easy process, as the mental health care has always been a low priority in Georgia and other former East Bloc countries. In the "communist" ideology, only persons who either produced or had been productive during their working years had value. As a result, mental patients were stashed away in large institutions, where people were ignored, relegated to an inhuman status or sometimes even left to die.

Unfortunately, the post-soviet legacy keeps manifesting itself, especially by viewing the mentally disabled persons and persons with mental illnesses as superfluous, bothersome and worthless for society. Both, people with intellectual disability and people with mental health

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[1] UN Convention for the Protection of Human Rights and Fundamental Freedoms (1948)

[2] UN Convention on the Rights of the Child (1989)

[3] European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (1984)

[4] Entered into force on May 3, 2008, though, Georgian has not ratified the convention yet

problems, suffer from prejudices, negative attitudes, degrading treatment, abuse and discrimination in society.

Recent studies carried out in Georgia, demonstrate a magnitude of the problem and reveals a strong linkage between mental ill health, social exclusion and poverty[5]. Almost half of the People with Disabilities in Georgia are People with *Mental* Disabilities. Income of PMHP and their families is 9-10 times lower than ordinary families' income; more then 90% of PMHP and 68 % of their working age care-givers are unemployed; 23% of PMHP name lack of food as the sharpest problem – alongside with lack of health care (27%) and unemployment (22%). The PMHP a face huge social isolation and exclusion – 74% of them do not have social contacts, never visited a friend or relative; 80% spends the most time at homes; Their relationships are strained and they live alone 2,4 –times often then ordinary people. The state funding and established services meet only 40 % of needs of PMHP.

Similarly, situation in the health care establishments are worrisome. At present there are 6 psychiatric institutions with 1,000 beds in the country. State allocates around 10-12 US Dollars per day for mental patients admitted to institutions (2010). This is hardly enough to cover salaries, heating and food, resulting in the lack of drugs and lack of care. The premature death rate among inpatients is already very high and keeps growing compared to (other) developing countries. The level of mental health services is the worst in the poor remote regions of the country.

The reports[6] of public defender office, based on findings of regular monitoring of closed psychiatric institutions, highlight the gross violations of all basic rights of inpatients – starting from inappropriate forced/involuntary admission to the hospitals (now forbidden by the new law on psychiatry care (2007)); violations within psychiatric institutions, especially physical constrains and seclusion (often it constitutes the torture or cruel treatment as patient might be tied for days without allowing to basic sanitary and other needs); widespread violations include the abuses of: the right to information (knowledge where and why he/she is, knowledge on diagnosis or treatment plan, etc.); the right to the respect to privacy (space, private things or money); discrimination (age, status); the right to education; psychological and social rehabilitation (only heavy medication takes place in most places); the safeguarding of care and rights of incapable patients (often left in separate rooms without basic care, even bed linen); and many others.

In a similar vein, The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) repeatedly criticized the Georgian Government on inhuman conditions of MH institutions, low quality of care, untrained staff, etc[7].

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[5] **GIP-Tbilisi (2008) Analytical Report on Situation and Needs of Persons with Mental Disorders in Georgia; Tbilisi**

[6] **PDO Reports, both Special and Parliamentary reports (2007-2010) at http://www.ombudsman.ge/index.php?page=22&lang=1**

[7] Council of Europe: Committee for the Prevention of Torture, *Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 21 March to 2 April 2007*, 25 October 2007, CPT/Inf (2007) 42, available at: http://www.unhcr.org/refworld/docid/472042f02.html [cited on, 11 April 2011]; Council of Europe: Committee for the Prevention of Torture, *Report to the Georgian Government on the visit to Georgia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 5 to 15 February 2010*, 21 September 2010, CPT/Inf (2010) 27, available at: http://www.unhcr.org/refworld/docid/4c986a0d2.html [cited on, 10 April 2011]

These reports provide many systematic policy recommendations, basically directed at the de-institutionalization and development of community –based services; these findings also emphasize the need of an intensive education of the MH staff in human rights and ethics, also in addition to delivering effective and modern care to people with MH illnesses.

Recent Developments

During last 50 years MH care in the world has undergone major changes, one of the major shifts has been the development of community-based services. From human rights perspective, the implications of these changes have been substantial, requiring a new services and new set of competencies for working; new emphasis on recovery and rehabilitation; new professions as social worker or occupational therapist, etc.

Georgia has recognized the urgency of change and demonstrated some progress in this direction over the last few years through, primarily, doubling State Budget allocation to mental health services since 2004. Increased funding enabled the state to produce evidence-based national recommendations with the purpose to improve quality of treatment, provide basic retraining to doctors and nurses, rehabilitate psychiatric institutions and improve living conditions of patients undergoing compulsory treatment.

Yet, MoLHSA (along with other parties) acknowledges that "the conditions, in which the patients of mental healthcare institutions live and undergo treatment, require urgent intervention in order to provide them with proper therapeutic surroundings and treatment appropriate to their dignity, rights and health state" [8].

With an aim to address these serious shortcomings, the MOLHSA has commenced a fundamental reform of Mental Health care system at the end of 2010. In line with the international requirements and standards, the ongoing reform targets to[9]:

- Enhance primary healthcare and increase the role of family doctors and nurses within the mental healthcare sphere for the population
- Provide acute and emergency treatment within general hospitals
- Establish shelters for long-term and rehabilitation services
- Develop community-based services, providing geographical and financial availability of out-patient service for all the patients before and after hospitalization
- Introduce fair and patient-oriented financing
- Support professional development of health care manpower – nurses, doctors, and also other assisting specialists
- Elaborate and introduce evidence-based national guidelines
- Ensure involvement of user organizations and patients' family members at all stages of treatment and rehabilitation process.

In the framework of the reform, several important steps have already been undertaken, e.g.

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[8] MoLHSA, Press release "The Mental Health Sphere Reforms in Georgia" from November 5, 2010 (see annexed)
[9] Ibid.

- The new state program on "Psychiatric Care" was elaborated and adopted[10] promoting/introducing modern community-based services, crisis Intervention and homecare mobile teams and Protected Living Environments/Shelters. The budget for the programme has been set to approximately GEL 10 mln.
- The big reconstruction/rehabilitation works have been started to re-locate the beds from Asatiani Hospital on Mental Health Care to general-profile clinics (4 clinics);
- The new child and adolescent mental health department is created within a general hospital;
- The space has been allocated and is being reconstructed for establishments of Protected Living Environments/Shelters (4 departments);
- Crisis Intervention Center for Tbilisi will be established and join an outpatients clinic.

Few of the critical dimensions of the reform have remained seriously unattended, though. Firstly, this is professional development of health care manpower – doctors, nurses and other assisting specialists. Human resources are the most valuable asset of a mental health (MH) service. A MH service relies on the competence and motivation of its personnel to promote MH, prevent disorders and provide care for people with MH problems. In many MH services, the largest part of the annual recurrent budget is spent on personnel. Yet major difficulties are frequently encountered in the planning and training of human resources for MH care.[11] The survey on MH needs in Georgia (2008)[12] identified the urgent need of capacity building of human resources employed in MH sector. The modern literature, training curriculum and qualified trainers are yet to be prepared in the country, who will further advance the complex reform of the MH care system in the country.

Secondly, even though the State has allocated the physical space for promoting the PLEs, a lot remains to be done to make the PLE effectively fulfill its function. It is expected that PLEs replace the social care homes and the situation when people with prolonged mental health disorders were living in psychiatric clinics, that have greatly contributed to the institutionalized form of Georgian mental health care, and also to stigma and structural human rights abuses. The change towards PLEs is one a decisive step and can lead to a much improved human rights situation in which people remain much more integrated in society than until now (in total, 7 PLEs are planned with 30 beds each). However, introducing PLE's require a change in policy, clear guidelines, standards and protocols, clear admission and discharge criteria, careful education of staff and the development and introduction of mechanisms and safeguards that avoid the PLE's from becoming small social care homes. All this needs to be developed in collaboration with the newly hired staff of the PLE's in order to maximize their ownership and involvement. Training of the PLE staff will equally be important to enhance their operational skills and knowledge in these guidelines, as well as in other modern methods of caring the MH patients.

The proposed project will address the first gap; In addition, UNDP will seek supplementary resources to complement the started activities and support introduction of comprehensive PLE policies, standards, guidelines and regulations.

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[10] The program was adopted in January 2011.

[11] WHO (2005) Human Resources and Training in Mental Health. Geneva

[12] GIP-T (2008) Mental Health Needs in Georgia – Analytical Report. Tbilisi

II. STRATEGY

The project is in line with the UNDAF priority area 1, outcome 1.3. Vulnerable groups enjoy improved access to quality health, education and essential social services and the respective Country Programme outputs: 1.3.1. Central and local government's capacity to analyze, plan, implement and monitor inclusive social protection measures and services improved and 1.3.2. The number of inclusive social care services provided at central and local community level increased

The project aims to support Georgian MH care system to "***create necessary environment for an adequate care and rehabilitation of the MH patients ensuring their dignified life in full compliance with their human rights***".

The following output will be targeted by the project: "Capacity of the Georgian MH care personnel strengthened to provide professional, adequate and ethical care to the patients".

Output 1. Capacity of the Georgian MH care personnel strengthened to provide professional, adequate and ethical care to the patients.

Capacity development of the MH professionals involves few major domains recognized by the MOHLSA and other national and international stakeholders:

- Re-training of Human Resources – psychiatrists, nurses, psychologists, social workers etc in delivering modern, effective MH care; this concerns approximately 240 psychiatrists and approximately 800 other specialists.
- Translating and publishing the basic manuals in number of fields of MH (clinical issues, nursing, child and adolescent MH, etc);
- Promoting the exchange of knowledge and expertise across Georgia and with other countries.
- Organizing Continuing Medical Education (CME) and ensuring training and retraining of mental health personnel as an ongoing process. It is important that personnel working in facilities have updated knowledge of the subject. One important aspect of the CME is the establishment of an Information and Resource Center that will serve as a training venue, a library, a place for meetings and an exchange facility during the intensive reform times and beyond.

The overall process will take approximately two years and will result in increased professional capacities of MH personnel in Georgia and improved quality of care for people with mental health problems. Despite the need, the current project will not focus exhaustively into all four domains due to shortage of available resources but rather concentrate on the critical segments selected from the first and second components.

UNDP and MOHLSA will cooperate with an international NGO – Global Initiative on Psychiatry (GIP) and its Georgian Representation to implement this component . The GIP is a distinguished international player in the Mental Health area with a sound experience in

Georgian reform, an established cooperation with the MOHLSA and thus it is uniquely placed to partner with UNDP in implementation of this output.

GIP has already have a practical experience in supporting the MOHLSA in improvement of the MH system. It has developed a set of various training modules for MH professionals, translated contemporary MH manuals/books (mostly into Russian) and carried out trainings of practitioners in various subjects.

In addition, the GIP has an established collaboration with academic institutions and mental health care centers in Western and Eastern Europe. It has an advantage to secure the high caliber experts/trainers with reduced rates due to their commitment to the vision and mission of the GIP. All trainers, normally mobilized by the GIP are well aware of the Georgian context and of the respective requirements.

In addition, GIP is an established partner of the MOHLSA in coordination of the professional capacity development component of the MH reform program (the respective MoU annexed). It has already developed comprehensive training modules with participation of Georgian and international experts in the following disciplines of fundamental importance at the initial stage of reform:

- Nursing: the module is intended for mental health nursing specialists and offers a wide range of topics as - general nursing practice and models, respect of a client and professional boundaries, utilizing nursing care plans and positive therapeutic relationships, being a member of the team, support and equality, assessment and interventions, etc. It should be emphasized that the course has an extensive part on users' empowerment and also mobilization and involvement of their family members in the treatment and care process, advocacy and promotion of rights of PMD.
- Multidisciplinary Teamwork and Case Management (MDT&CM): The module introduces the modern approach to care and includes issues as properties and functions of the multidisciplinary team and key attributes of effective teams; individualization of a comprehensive array of evidence-based services with competency, consistency, continuity, coordination, collaboration, and fidelity; setting personally relevant treatment and recovery goals; roles of the various team members, including leadership roles; maximizing clinical effectiveness; skill range to meet complex needs of service users; challenges and benefits, etc.
- Clinical Issues I: Covers the topics as primary interview with a client; respect of right to information and confidentiality; informed consent; communication skills; implementing effective care guidelines and protocols during treatment that are already developed and recommended by MoLHSA, etc.
- Clinical Issues II: Covers the themes as dealing with agitated patient, suicide management, etc. These parts are based on acknowledged and evidence-based guidelines (mostly of APA) and offer the participants schemes and algorithms of proper and swift action and professional conduct.

- Child and Adolescent Mental Health (CAMH): Organizing the help, early identification and intervention, triage, treatment planning, work with a family, methods of treatment, etc.
- Aggression Management: This module is also rather unique and provides a new methodology of dealing with aggressive and disruptive clients; the course covers topics as Practical and didactive process of training personal safety techniques; Acquiring the personal safety techniques and seize to perfection in performance; separation techniques; Dealing with possible resistance and emotional reactions; humane controlling techniques, etc.
- Psychosocial Rehabilitation: The course is one of the basic ones as provides a main tool for out-of-hospital care that promotes recovery, full community integration and improved quality of life for service users; the module covers the themes as social skills training, psychological support to clients and their families; symptoms management; coping skills and resource mobilization; basic living skills; motivation; relationships, planning, etc.
- Crisis Intervention and Mobile Teams (CI): The module provides answers on questions as such: What makes a crisis intervention service? What should I expect from a CI service? Who is CI for? Who makes up a CI team? How can a CI team help? Does CI work? When can CI fail?
- Social Psychiatry: Social and community psychiatry; therapeutic communities; self-esteem and self-efficacy; assertive community teams; rehabilitation in a social context; cultural and social factors that engender, precipitate, intensify, or prolong maladaptive patterns of behavior and complicate treatment, etc.
- Protected Living Environments (PLE): This module also introduces a new concept of long-term care and offers subjects as Services of supported living – historic overview, general principles; Differentiation in Residential Services; Rehabilitation and Community Residences; Attitude Staff Recovery; Social Inclusion-Recovery; Methodical work in practice and developing the client profile; Care Agreement; Living areas Care Demand and Care Activities; Plan of Guidance; etc.

These modules use the modern methods of training as community-based education, problem-based learning, and multidisciplinary team-based learning. They utilize extensive case discussions and role-plays, small group discussions and presentations. The Human Rights-based approach, ethical care and humane relationships with users/beneficiaries are cross-cutting themes in all modules. The effectiveness of the modules are evaluated with pre- and post tests developed by the trainers.

These modules are intended to form a basis of the capacity development actions throughout the reform. The modules include the comprehensive set of developed materials that will be published and serve as a reference to specialists. The modules will contain the special guidelines/standards in key areas, which will be used by the MOHLSA to monitor delivery of services vis-a-vis these standards. e.g. clinical modules incorporate the practical and efficient ways for implementation of already recommended protocols of care (e.g. on schizophrenia, PTSD, organic disorders, etc); Modules that offer new knowledge – e.g. crisis intervention, aggressions management, MDT&CM, CAMH, etc. reflect the established standards

of care, code of conduct and basic principles of intervention. They are developed according to modern effective care guidelines. The respective training materials will also made available to the MoLHSA and it's agency responsible for quality control so that allow the agency to assess the provided care standards;

The courses will be available throughout and after 2 years for those who require continues medical and professional education.

The initial and a very intensive phase of the training of trainers will take place in May - August, 2011, to complement the new services that are being introduced in the newly reconstructed facilities from summer 2011.

The international experts will train a pool of competent Georgian trainers (at least 7, per each module), who will later train the targeted MH personnel. The future trainers will be selected based on 4 main criteria:

- Being experts of the given field;
- Having experience of conduction training or teaching;
- Being available and committed for traveling and delivering trainings in other regions of the country;
- Possessing the relevant knowledge/skills/experience that is needed for development of the given service.

All future trainers will commit to serve in the capacity of trainers within this project and beyond its expiry. The majority of selected trainers will be from non-state organizations, mostly NGOs and Universities. Each TOT sessions will last for 3-4 days.

After TOT is successfully completed, the first stage of extended trainings will be launched. The trainers will conduct approximately 5 days intensive courses to the target audience in selected topics. By the end of this phase it is expected that approximately 75 psychiatrists, 80 nurses, 15-17 psychologists and some 20-23 other specialists (inc. social workers, neurologists, specialists involved in rehab activities, etc.) are retrained and prepared to get engaged in renewed services (in total, up to 200 persons). The country will also acquire the pool of qualified local trainers as a resource to further expand this initiative and cover *all* practitioners in the country at a later stage.

The sustainability of the action in this context is equivalent to establishment of high quality care and services to the MH patients. The improved quality will be ensured by better prepared professionals, better manuals and literature available, new care standards and better monitoring capacities to contrast the actual services with the standards.

All practitioners will receive extensive trainings and continue their engagement in the new environment only contingent upon a successful completion of the training. The practical training modules will also be developed and remain with the MOHLSA for continuation of the similar trainings in the future.

In complement to the training, the MOHLSA will supply the practitioners with the standards, principles of care, etc. developed as a part of the project and used, among others, for

monitoring purposes by the MOHLSA. The standards will set additional safeguards for maintaining the relevant professional care by the trained professionals. The practitioners will also have an access to the modern literature – translated manuals, e-resources, networking, etc. to keep their professionals growth and exchange.

The pool of qualified and committed trainers, who are available on call of the MHLSA, also adds to the sustainability of achievements. This creates a resource in the country, that will be used in upcoming activities and provide the intellectual engine for further reform

The achievements of the project will be verified by regular monitoring visits of Public Defender Office/exerts of National Preventive Mechanism, which provides an independent evaluation and report on human rights practices in these services.

RESULTS AND RESOURCES FRAMEWORK

Intended Outcome as stated in the Country Programme Results and Resource Framework: 1.3.1. Central and local government's capacity to analyze, plan, implement and monitor inclusive social protection measures and services improved ; 1.3.2. The number of inclusive social care services provided at central and local community level increased

Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:

Applicable Key Result Area (from 2008-11 Strategic Plan):

Partnership Strategy; UNDP will partner with MOHLSA, GIP and PDO to implement this programme in a holistic manner

Project title and ID (ATLAS Award ID): Support to Mental Health reform in Georgia

INTENDED OUTPUTS	OUTPUT TARGETS FOR (YEARS)	INDICATIVE ACTIVITIES	RESPONS. PARTIES	INPUTS
Output 1: Capacity of the Georgian MH care personnel strengthened to provide professional, adequate and ethical care to the patients. Baseline: The specialists of Mental Healthcare are not well informed and updated about the modern methods of the MH care. Indicators: 1.1. A pool of qualified local trainers prepared; 1.2. No. of trainings conducted; 1.3. No. of training participants; 1.4. Comparison of pre and post-tests scales; 1.5 Share of trained MH professionals remaining at their places 1.6 No of new books/manuals available	Targets (year 1) 1.1. A pool of qualified local trainers prepared; 1.2. At least 15 training sessions organized 1.3 At least 200 persons participate in the trainings 1.4 post-test scales at least 50% higher then the pre-test scales 1.5 At least 80 % of the trained professionals maintain their job. 1.6 At least 5 critical books/manuals translated and published	1 Activity Result: A pool of qualified local trainers available. 1.1. Organize TOT all 10 modules with about 7 trainers prepared in each subject. 2. Activity Result: The target group of the MH professionals receive trainings and materials in respective topics 2.1. Trainings organized in all 10 Modules for approximately 200 professionals 2.2. General evaluation of the training process 2.3. The most critical contemporary literature identified, translated, published and disseminated.	GIP	GIP: $ 250,000 UNDP GMS: $ 21,317 TOTAL: $ 271,317

IV. Annual Workplan

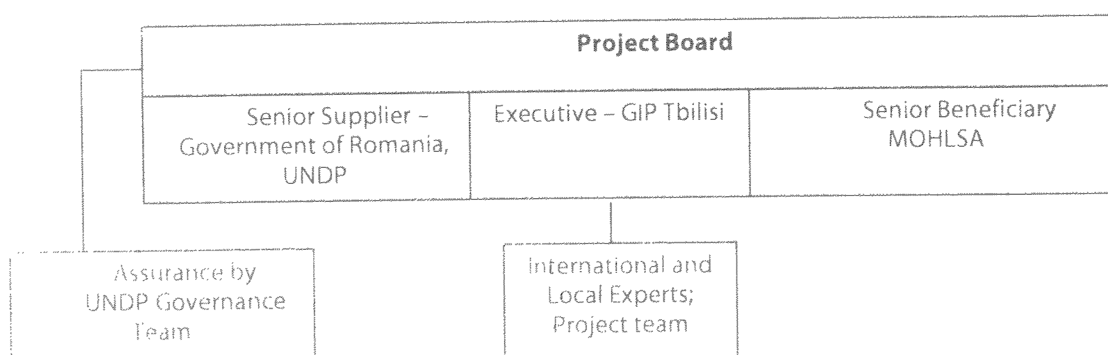
Annual workplan is attached

V. Management Arrangements

The project will be implemented under NGO Implementation Modality implying that Implementing Partner – GIP Tbilisi, will take major responsibility over the implementation of the project, under the oversight of the Project Board.

As per UNDP procedures and requirements, the project will introduce the Project Board with the three relevant roles of executive, senior supplier and senior user. While the executive will ensure the funds are managed properly and in a cost-efficient manner, the user will actually use its benefits and the supplier will provide resources and skills to produce the output. In the relevant case, the project executive role will rest with MOHLSA and UNDP, the supplier will be the Government of Romania, and MOHLSA will be a principle user of the output. The Board meetings will take place on a quarterly basis, or as needed. Project assurance will be provided by the Governance Team of the UNDP. The MOHLSA will also provide a quality assurance regarding the project products such as the training materials, organized trainings, etc.

Global Initiative on Psychiatry office in Tbilisi, Georgia (GIP Tbilisi) will serve as an implementing partner of UNDP. As per UNDP rules and regulations, GIP has gone through a Capacity Assessment process. UNDP will sign the standard Project cooperation agreement with the GIP and pursue the cooperation based on the agreement.



VI. MONITORING FRAMEWORK AND EVALUATION

Monitoring, evaluation and reporting is the responsibility of GIP and UNDP. In accordance with the UNDP rules and regulations, the project will be monitored through the following:

Within the annual cycle

- ➢ An Issue Log shall be activated in Atlas and updated by the GIP through project assurance to facilitate tracking and resolution of potential problems or requests for change.
- ➢ Based on the initial risk analysis submitted (see annex 1), a risk log shall be activated in Atlas and regularly updated by reviewing the external environment that may affect the project implementation.
- ➢ Based on the above information recorded in Atlas, a Project Progress Reports (PPR) shall be submitted by the GIP to the Project Board through Project Assurance, using the standard report format available in the Executive Snapshot.
- ➢ a project Lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project
- ➢ a Monitoring Schedule Plan shall be activated in Atlas and updated to track key management actions/events

Annually

- ➢ Annual Review Report. An Annual Review Report shall be prepared by the GIP and shared with the Project Board. As minimum requirement, the Annual Review Report shall consist of the Atlas standard format for the QPR covering the whole year with updated information for each above element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.

VII. LEGAL CONTEXT

This document together with the CPAP signed by the Government and UNDP which is incorporated by reference constitute together a Project Document as referred to in the Standard Basic Assistance Agreement (SBAA) and all CPAP provisions apply to this document.

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIMEFRAME				RESPONSIBLE PARTY		PLANNED BUDGET		Quarterly breakdown			
Baseline, indicators including annual targets	List activity results and associated actions	Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount $	Q1	Q2	Q3	Q4
Output 1: Capacity of the Georgian MH care personnel strengthened to provide professional, adequate and ethical care	**1. Activity Result: A pool of qualified local trainers available.**					GIP							
	1.1 Organize TOT all 10 modules with about 7 trainers prepared in each subject.	X						71200/International Consultants	16,800	16,800			
								71300/Local Consultants	2,400	2,400			
								71600/Travel	15,300	15,300			
								72400/Interpreter	9,600	9,600			
								73100/Rental	2,000	2,000			
								74500/Costs Training Sessions	40,300	40,300			
								subtotal	**86,400**	86,400			
Baseline: The specialists of Mental healthcare are not well informed and	1.2. Manage and coordinate TOT and the Trainings	X	X	X	X			71400/Project Manager/Logistics Manager/Finance Manager	36,000	9,000	9,000	9,000	9,000
								71200/Managerial Consultant and Supervisor	18,000	4,500	4,500	4,500	4,500
								71600/Travel	9,700	2,425	2,425	2,425	2,425
								74200/Information Bulletin	2,400	600	600	600	600
								74500/Meeting/press conference	2,000	500	500	500	500
								71200/Monitor/Evaluator	3,600		1,800		1,800
Indicators								subtotal	**71,700**	17,025	18,825	17,025	18,825
1.1 A pool of qualified local trainers prepared; 1.2 No. of trainings conducted; 1.3 No. of training participants;	**2. Activity Result: The target group of the MH professionals receive trainings and materials in respective topics**					GIP							
	2.1. Trainings organized in all 10 Modules for approximately 200 professionals	X	X	X	X			71300/Local Consultants	38,400	9600	9600	9600	9600
								74500/Costs Training Sessions	16,750	4188	4188	4188	4188
								74200/Printing Materials	10,500	2625	2625	2625	2625
								73100/Rental	5,000	1250	1250	1250	1250
Indicators:								subtotal	**70,650**	17663	17663	17663	17663
Targets: 1.1 A pool of qualified local trainers prepared; 1.2 At least 15 training sessions	2.2 The most critical contemporary literature identified, translated, published and disseminated.	X	X	X	X			72400/Translation	21,250	5313	5313	5313	5313
Indicators								subtotal	**21,250**	5,313	5,313	5,313	5,313
	Sub Total Output 1								250,000				
UNDP GMS and communication									21,317				
TOTAL									**271,317**				