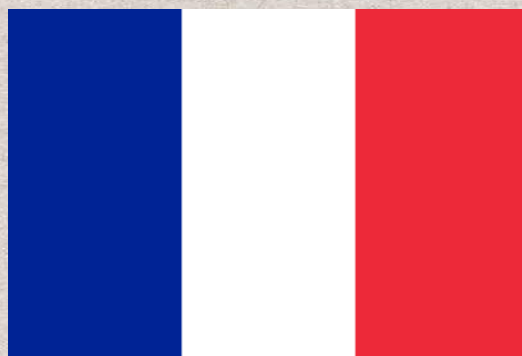


EXPERTISE FRANCE



Technical Assistance to the Social Welfare system in Georgia



Technical Assistance to the Social Welfare system in Georgia

December 2018

**Human capital & Social development Department
Social Protection & Decent Work Unit**

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LIST OF ACCRONYMS

AFD	Agence Française de Développement
CSO	Civil Society Organization
CWD	Children with Disabilities
DRG	Diagnosis-Related Group
IDP	Internally Displaced Person
IT	Information Technology
MOLHSA	Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs
PHC	Primary Healthcare
PCG	Project Coordination Group
PWD	People with Disabilities
SSA	Social Service Agency
TA	Technical Assistance
TSA	Targeted Social Assistance
WB	World Bank
WD	Working Day
WHO	World Health Organization

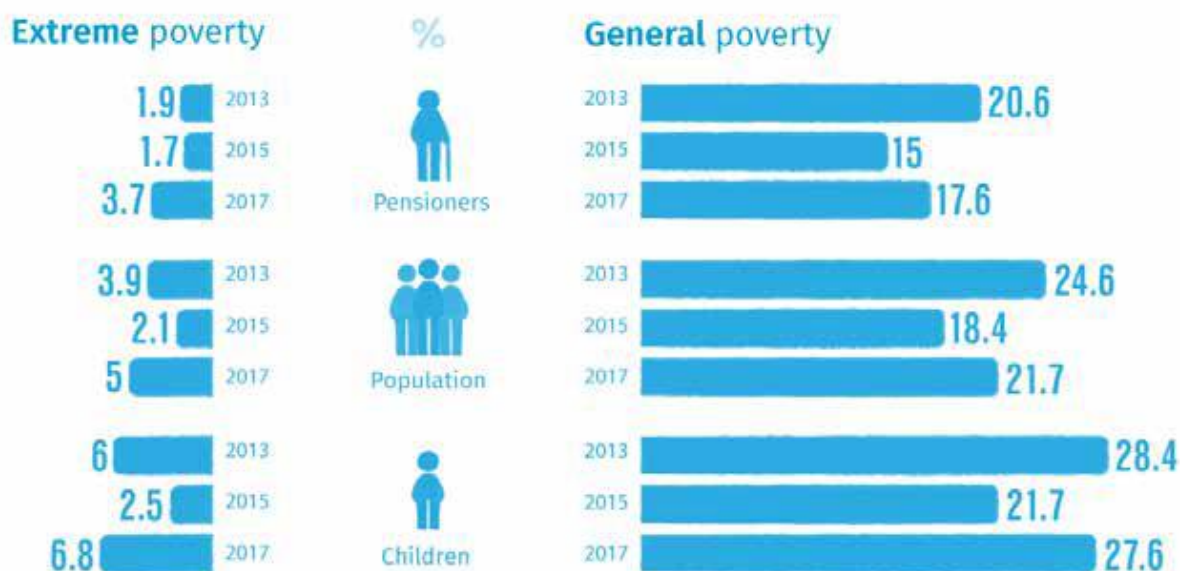
1. Relevance of the technical assistance proposal in the Georgian social context

1.1 Recent socio-economic developments in Georgia

One can observe a better and substantial economic growth in 2017 in Georgia compared with two previous years, thanks to tourism, foreign direct investments and remittances from the diaspora. Numerous jobs were created in diverse sectors. However, growth was not limited to those items and prices for basic necessities went up, meaning a less affordable lifestyle for vulnerable groups : electricity tariffs rose by 27,5% in July 2016, healthcare (+6,9%), food (vegetables +25%, fruit and grapes +16%, cheese and eggs +9,3%).

Aggregate government spending is projected to reach 11,4 billion GEL in 2018 (+9,7% increase from 2017). However, public expenditures on healthcare and social protection decreased from 2016 to 2017. It is worth noting that social protection expenditure is the largest spending item in the state budget (24,6% in 2017, or 6,7% of GDP), and especially pensions.

Approximately 20% of the general population is living under the relative poverty line (60% of median consumption corresponding to 177.1 GEL/month), with a marked difference between rural and urban areas. The country is overall better off when compared to 2013-figures, but worrisome for vulnerable groups.



Source: UNICEF (2018), "The Welfare Monitoring Survey 2017 Summary"

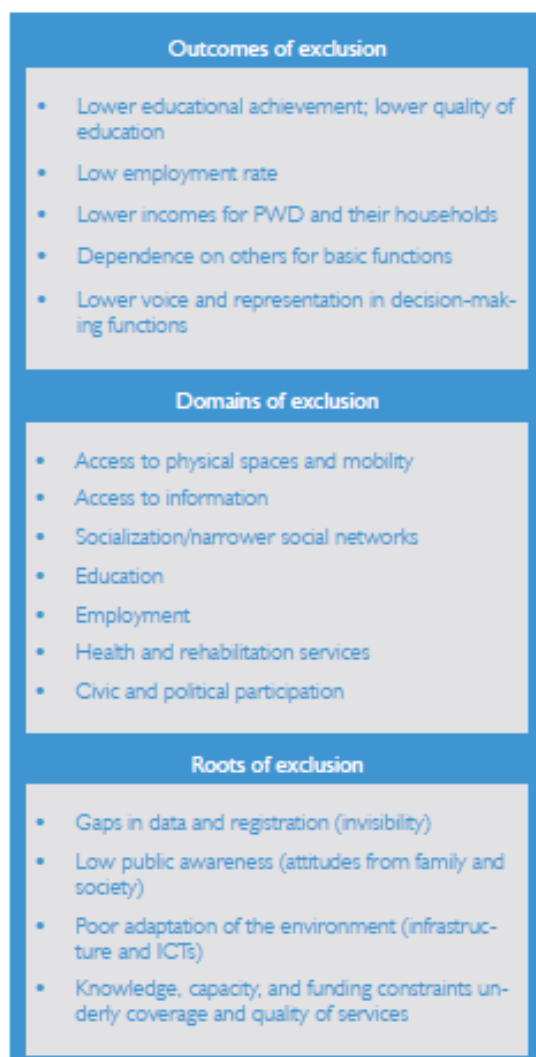
1.2. Snapshot of vulnerable groups facing poverty in Georgia

According to main observers, vulnerable groups are socio-economic groups with significantly lower income than the general population: People With Disabilities (PWD), Internally Displaced Persons (IDP), homeless persons and children in street situation.

Socio-economic conditions of PWD

The number of PWD in Georgia is accounted by the Ministry of IPDs from the Occupied Territories, Labour, Health and Social Affairs (MOLHSA), in charge of defining and monitoring social policies for PWD. In February 2016, according to official figures, 123 957 individuals received a disability pension (3,3% of the population). However, the official definition of disability may exclude people with a lesser degree of disability. On a global scale, PWD have higher poverty rates (41,2%), lower educational achievements (6% are illiterate, Rate of PWD with master or equivalent is half of the general population), and lower labour force participation than the general population. PWDs affect economically and socially a whole family/household: caregiving is mostly done by a family member (mothers especially) and more often than not doesn't allow the caregiver for a sustained economic activity.

As the World Bank puts it in its 2017 report on "Social Exclusion and Inclusion in Georgia: A Country Social Analysis", "[e]xclusion and invisibility of PWD is a result of multiple mutually reinforcing barriers".



Source: The World Bank (2017), "Social Exclusion and Inclusion in Georgia : A Country Social Analysis"

The entire life of PWD is affected by their conditions. Equally worrisome is the situation of children with disabilities (CWD): they are only 9 integrated classes for CWD in Georgia. Approximately 6000 CWD go to school and there are 1300 teachers trained to teach CWD. Out of 2084 public schools in Georgia, 263 have ramp access. The collaboration between Ministry of Education, Science, Culture and Sport and the MOLHSA aims at integrating day centres into public schools. Guides and extra funding are allocated to schools with CWD.

Transitions into adult life and independence for young adults with special needs is very difficult. There is still much discrimination in employment even though a set of laws exists to fight it. Law enforcement¹ can be difficult in those situations.

¹ Laws concerning PWD are the following : Law on the Elimination of All Forms of Discrimination; Labour Code of Georgia; Law on the Social Protection of Persons with Disabilities; Law on Social Assistance of Georgia; Law of Georgia on Secondary Education and the National Education Plan

Children in street situation

It is very difficult to have sound and consistent data about the number of children living and/or working in the streets as the issue deals with many changing individual situations: for instance some children are temporarily in the streets or moving seasonally, or are just below 16, making it hard to count them as children. Most recent studies in Georgia have focused on a qualitative assessment of children in street situation rather than a quantitative assessment. However, Non-Governmental Organizations such as Caritas estimate that around 2, 500 children are living and working in the streets of Georgia. Most children living and working in the streets are in an urban setting, where economic activity is thriving (e.g. along the Black Sea coast during tourism season). Their situation is worrisome because of the long-term impact for people missing education and basic human development opportunities for their future. More often than not, the poverty trap affects street children. Root causes of the problem needs to be addressed.

According to UNICEF (Report “Children living and working in the streets of Georgia” published in July 2018), street children can be divided in subgroups:

- Homeless children and youth (of the street): Youth/children who live and work in the streets, unaccompanied by adults while in the street, and without protective care from parents. They may stay in touch with parents on occasion.
- Unaccompanied children in the street, sleeping at home: Children who spend most of their daytime hours working or otherwise engaging in economic activities in the street, unaccompanied by adults, but who are provided for with food and/or resources by a parent on a regular basis, and who themselves contribute with income to the family.
- Street children of mobile street families: Children that accompany or are accompanied by adults who are also street workers, and who work, but do not sleep, in the streets.
- Children of homeless families: Children of homeless families are similar to children of mobile street families, but they do not return to a home at night.

There is an ethnic dimension to the phenomenon but it cannot be understood in ethnic terms only. There is a predominance of Romani speakers (of Moldavan Roma descent) and Azerbaijani Kurds among street children of mobile street families.

The main challenges concerning street children are as follows

- Outreach of Azerbaijani Kurdish families who do not see any reward in cooperating with the state or local services (many avoid registering birth, do not seek formal documentation and identification papers, do not enrol children to school and do not apply for social support). Children are often taking part in income generating activities with their parents
- Limited educational opportunities, lack of future employment prospects and bad appearance and hygiene (hindering their socio-economic integration in everyday life). The National Program of Social Rehabilitation and Childcare by MOLHSA is tackling these issues with day-care centres for street children
- Vulnerability to physical, emotional and sexual violence from caretakers and other street youth. Most street children do not have access to either education or medical services beyond emergency care.

Internally Displaced Persons: from a status-based social allowance to a needs-based pension

Internally Displaced Persons from the conflicts in Abkhazia (1992 -1993) and South Ossetia (2008) represent approximately 7% of the population of Georgia. They are a very heterogeneous group since some succeeded in reintegrating socio-economic life after leaving the regions. However, poverty rate among this group is very high with circa. 43,3 % living under poverty line.

Many IDPs are located in adjacent areas of the border zones of the self-declared independent states and major cities (75% of IDPs live in urban areas due to the housing and economic opportunities). Most of them came from rural areas and were not able to maintain their traditional livelihoods. 38% still inhabit collective centres where living conditions are substandard: IDPs who still live in non-rehabilitated collective centres away from the capital are one of the most marginalized sub-group: most of them were displaced during the 1990s and the Abkhazia conflict when the State response to housing was not as effective as the one in 2008.

The Government introduced a benefit of GEL 45/month/IDP for individuals earning less than GEL 1,250/month. The main challenges are twofold:

- Socio-economic challenges: housing and living conditions; unemployment (low qualifications due to a low socioeconomic status and low-skilled jobs) especially for males as women tend to accept low-skills jobs.
- Budgetary issues: the government benefit for IDP is status-based and the status is hereditary. It means that more and more people will receive the benefit unconditionally. There is a need to smoothly switch from a status-based governmental benefit to a needs-based benefit in coordination with other social benefits, notably the Targeted Social Allowance (TSA). Political communication is required as the issue and status of IDP is a sensitive topic and needs to be maintained.

1.3 Health in Georgia: improving population access to sustainable services²

82% of the population in Georgia is covered by the universal healthcare program. Despite this figure, the universal state healthcare introduced in 2013 providing basic medical services is facing many challenges:

- Share of governmental spending on healthcare in overall healthcare expenditures is significantly lower (at 20,9% in 2016) compared to the least limit of 40% recommended by WHO, meaning that the population has to cover a considerable

² Main findings and figures come from :

- Tengiz Verulava and Tamar Maglakelidze, Health Financing Policy in the South Caucasus: Georgia, Armenia, Azerbaijan, *Bulletin of the Georgian national academy of sciences*, vol. 11, no. 2, 2017
- A.Jorbenadze, A. Zoidze, D. Gzirshvili, G.Gotsadze, *Health Reform and Hospital Financing in Georgia*, Ministry of Health of Georgia; Curatio Medical Group, Tbilisi, Georgia

amount of costs on medical care itself (“out-of-pocket” expenditures is high) and that public medical infrastructures face many challenges;

- 79, 1% of all health expenditures in 2016 are private health expenditures, be it out-of-the pocket expenses (74% of the private health expenditures) or through a private health insurance (26% of the private health expenditures and growing), i.e. the Universal Healthcare Program covers 3.2 million people, while the 530, 000 are on private or corporate benefits ;
- Access to affordable health services (especially in rural areas); corporate, employer sponsored or private insurance is more common in urban areas than it is in rural areas. Almost 11% of the population is unaware of the health coverage plans and assume they are not enrolled in any.
- Cost of medicine and medical acts: in an UNICEF survey³, 27% of household reported buying medicine to be their main problem. Average expenditures on medication increased significantly across consumption quintiles. Drug production and prices as well as prices of medical acts are under-regulated.

1.4 Mental healthcare profile of Georgia

Mental health covers many different situations, from chronic depression to severe mental disabilities. Whereas some mental health problems can be bearable on an everyday life, severe mental disabilities for individuals affect their family and livelihoods of the household. Mental health is still a stigma for many families. People living with mental disorders in Georgia face a lack of care and, as a recent WHO report and the Georgian Ombudsman put it, lack of human and compassionate treatment.

Since 1995, the number of inpatient psychiatric beds has decreased significantly from 5000 to 1490, but outpatient and community mental health care has not been developed enough to compensate. For inpatient care, there are 9 specialized institutions and three departments (with 30-bed units) within general hospitals. From 2006 till 2011 circa. 2,5% of public health expenditures were allocated to mental health. This amount dropped to 1,9% for the period 2012-2015.⁴

There is a strong link between mental health problems, social exclusion and poverty. Poor conditions and treatment in mental health institutions due to a lack of qualified personnel, inappropriate therapeutic environment, and low-quality treatment. The academic offer for aspirant doctors are limited: as a result, there are very few mental health specialists (lack of motivation: Tbilisi enrolls only 2 to 3 new residents in psychiatry each year). A new residency program in child psychiatry opened in 2016 in the medical university. The National Institute of Mental Health (now Center for Mental Health and Prevention of Addiction) for research activities is the main research actor on those issues and covers the whole mental health scope, with an emphasis on posttraumatic stress disorders and other stress-related disorders.

In 2013, the “National Concept on mental health” for inpatient care, community-based services, balance between pharmacological treatment and psychological therapies wasn’t

³ United Nations Children’s Fund (UNICEF), *The Well-Being of Children and their families in Georgia, Georgia Welfare Monitoring survey fifth stage 2017*, June 2018, prepared by Analysis and Consulting Team (ACT)

⁴ *Advances in Psychiatry*, published by Afzal Javed, Kostas N. Fountoulakis, Springer 2018

enforced. The “National strategy and action plan for years 2015-2020” tries to find a balance between preferences of people with mental disorder and family and community interests; and a balance between methods of prevention, treatment and rehabilitation.

1.5 Objectives of the technical assistance financed by AFD

The technical assistance (TA) aims at providing the Ministry of IDP from the Occupied Territories, Labour, Health and Social Affairs and its partners with tools to face the above-mentioned challenges for vulnerable groups and health-related costs.

The technical assistance will mobilize long-term and short-term expertise to accompany change in those areas, support institutions and CSOs in their policies and programs and train relevant stakeholders to standards.

TA will also support evidence-based monitoring and improved data systems in order to improve public policies in targeting root-causes of social issues.

2 Work Approach

The project will be implemented in close collaboration with the relevant Georgian authorities. It is proposed to establish a **Project Coordination Group (PCG)**, at the beginning of the project in agreement with AFD, in order to support the smooth implementation of the project and to ensure a better cooperation between the main Project's stakeholders (Project Team, AFD and Beneficiary Institutions).

The PCG will ensure that project activities meet their objectives and that its implementation progresses consistently with the ongoing social protection reforms. AFD and the MOHLSA will oversee the implementation of the project and may request adjustments to its methodology.

The PCG will be chaired by a representative from the MOLHSA and will be composed of representatives of the technical assistance direct beneficiaries (MOHLSA, SSA). The Project Team Leader should be part of the PCG and other members of the project management team may participate as observers in the PCG. Representatives of AFD and Expertise France may participate to the PCG in order to coordinate the Project Team activities.

In complex Technical Assistance projects, it is usual to make adjustments to the annual work plan before the end of the covered period. It is proposed to organize 4 meetings of the PCG, one every 6 months, in order to analyse the progress in implementing the planned activities and, if necessary, to propose adjustments. In case of necessity, the PCG could hold additional meetings at the request of one of this member.

The PCG's responsibilities will include the following:

- Examining the half year progress reports, providing advice on project activities and recommending new direction when appropriate.
- Providing full access to all the information regarding the overall project context, necessary for the launching and the management of the project activities
- Facilitating overall project implementation.
- Identifying and suggesting to the project management potential synergies between its mission and other relevant initiatives.

2.1 Project Methodology

The project's activities will include four complementary pillars:

- Pillar 1: Enhancing social support to vulnerable groups
- Pillar 2: Ensuring affordable and quality healthcare
- Pillar 3: Support to optimizing resources allocated to IDP needs
- Pillar 4: Cross-cutting issues : Monitoring and evaluation (Component 4.1) and capacity-building (Component 4.2)

The four pillars address different needs expressed by the Georgian authorities for improving the social welfare while making its financing sustainable from a fiscal point of view.

Activities presented in this document will need to be further refined at the start of the project with AFD and the beneficiary institutions, taking into account the work already done, analysing the existing reports produced on behalf of the Georgian authorities. Existing methodologies and programs of other donors will also be taken into account, e.g. the pilot project conducting with UNICEF for implementing the functional/social model of PWD in the Adjara region.

An inception phase of 1 to 2 months will allow to use as much as possible what has been already produced and avoid overlapping. At the end of the inception phase, the Project Team will submit, during the first meeting of the Project Coordination Group (PCG) an Inception report together with annual work plan, based on the activities proposed below.

The annual work plan will propose to the members of the Project Coordination Group priority areas of intervention, concrete activities, duration, and period of implementation and methods of intervention.

Proposed activities could be:

- Technical assistance on specific thematic with the mobilization of national, regional or international experts
- Advisory services directly provided by the project team
- Studies
- Organization of trainings
- Organization of workshops, seminars or conferences
- Organization of Study tours

When preparing the annual work plan, the Project Team will discuss the most suitable method for the implementation of the various activities with the concerned direct beneficiaries. In this task, Expertise France will accompany the Project Team making proposals based on similar activities already implemented in other countries.

2.2 Project Team

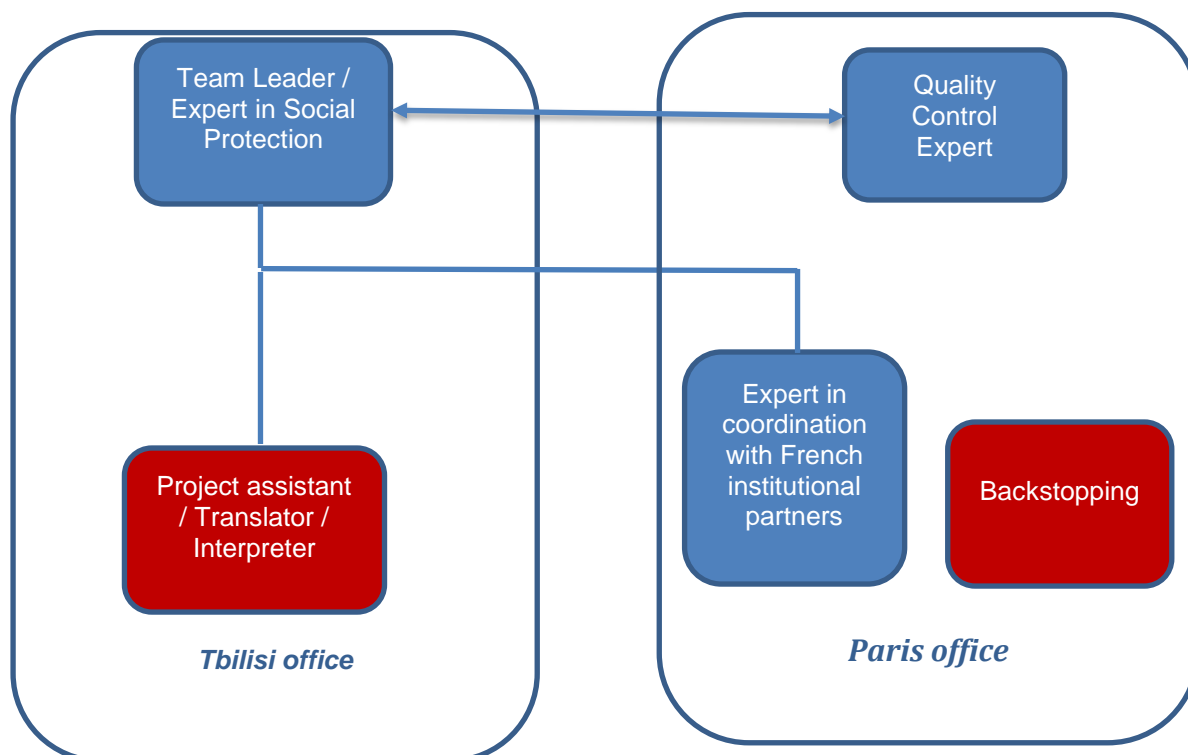
The success of the project will rely on the setting up of a permanent multidisciplinary project team in Tbilisi, in charge of technical, administrative, financial and logistical aspects.

The different members of the project team proposed by Expertise France will ensure the effective implementation of various activities envisaged through the following missions:

- Identification of the needs of the contracting authority and beneficiary institutions
- Development and adjustments of annual work plans
- Procurement and contracting activities (including drafting terms of reference and tender documents)
- Supervision of the contracts execution
- Technical and administrative support as well as the logistical aspects of technical missions (transport, accommodation, catering, ...), organization of workshops or working meetings, steering committees or study tours.
- Preparation of the technical and financial reports

- Administrative, financial and contractual management of the Project

The recruitment of the project team will be the responsibility of Expertise France which will apply its own internal procedures. However, in order to ensure the adequacy of the profiles of the Team Leader, the Team Leader Assistant (TL) and experts (international or local), CVs of potential candidates will be submitted for approval to the MoLHSA and AFD.



The Tbilisi Office

The technical team

1) Team leader – expert in social protection

Based within the premises of the Ministry, he/she will supervise the whole project, be a member of the PCG, and lead most of the activities of Component 1, 2, 3, 4.1 and 4.2.

His/Her missions:

- Representation of the project in the PCG;
- Strategic interlocutor of MOHLSA/SSA for implementation of project activities;
- Transmission of his/her technical knowledge to the MOHLSA teams;
- Co-redaction with the other members of the team of the annual work plans and overall supervision of effective implementation of activities;
- Drafting of half-year progress reports and presentation during PCG
- Supervising the elaboration of the terms of reference for the various project components;
- Supervising the development of various strategic documents produced within the project components;

- Representation of the project, in close consultation and collaboration with AFD and the beneficiary institutions, with institutional partners;
- Supervision of technical reports produced by short-term experts for the different components.

The administrative and financial team

Project Assistant and Interpreter:

- Permanent support to the technical team;
- Assistance to the Project Coordination Group;
- Support to the logistical organization of the different activities implemented within the framework of the project;
- Interpretation and translation of strategic documents (an extra support of professional translators and interpreters will be considered during activities that bring together many actors or to translate large volumes of documents).
- Management of local contracts and coordination with the Paris office;
- Support to the Project Team for project financial execution under supervision of the Contracting Authority;
- Management of all administrative, contractual and financial aspects of the project in close collaboration with the project coordinator in Expertise France;

The Paris Office

In Expertise France premises

Quality insurance expert

- Permanent quality assurance and control of the project implementation;
- Facilitation of peer-to-peer or institutional cooperation;
- Provision of advice in construction of annual work-plan and half-year progress reports;
- Approval of final version of deliverables before submission to Contracting authorities;
- Participation in some activities of the project related to the increasing of the project visibility and awareness

Expert in capacity development and coordination with French institutional partners

- Administrative and contractual management of the project team based in Tbilisi;
- Follow-up of the respect of contractual obligations with Expertise France and possible contractual modifications (request of addendum, etc.);
- Coordination with AFD headquarters;
- Follow-up of the respect of Expertise France financial and contractual procedures;
- Support in the identification of technical expertise;
- Participation in the launching of tendering procedures and the selection of external service providers;
- Support to the contracting of external service providers;

- Payment of external service providers;
- Accounting and financial control of the project, on the basis of the financial reports, including the feeding and the control of the use of the bank account of the project, and the follow-up of the advances received;
- Consolidation and control of technical and financial reports before sending to the contracting authority;
- Logistical support to activities (installation of the Tbilisi project team, organization of short term expertise missions, organization of study visits in France/Europe);
- Participation, on behalf of Expertise France, in the Project Coordination Group whose schedule will be defined with the project team in Tbilisi, the contracting authority and the beneficiary institutions.

For the effective implementation of the activities, the Project Team will also benefit from a technical, financial and logistical backstopping of Expertise France different departments (financial, human resources, legal, IT, travel, etc....)

3 Project implementation methodology

Activity 0	Inception phase and launch event
<i>Objective:</i>	To present the project and its approach to key stakeholders, thus ensuring their motivation and participation
<i>Target administration:</i>	MOLHSA, SSA, CSOs, partners
<i>Description:</i>	<p>The project's success depends on the involvement and the collaboration of all stakeholders and the development of a sense of common responsibility among the parties involved. At the onset of the project, there is a need for the creation of a social consensus around the project.</p> <p>A kick-off meeting with all relevant stakeholders will be held to gather the representatives of MOLHSA, SSA, AFD, donors, key Departments of the Ministry and local agencies involved in the project, as well as civil society representatives. During the kick-off meeting, the TA team will remind the main objectives and milestones of the project. This event will be the occasion to discuss the content of the inception report written by the TA team, notably for:</p> <ul style="list-style-type: none"> - Clarifications and amendments on the ToRs; - Proposed work plan for completion of the activities in the project - Required commitments of staff and resources from the project partners
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Inception report et updated methodology and planning

	<ul style="list-style-type: none"> ▪ Launch event
<i>Input:</i>	Team Leader: 35 WD Senior International experts: 10 WD Local experts : 40 WD
<i>Timing:</i>	Months 1-2

3.1 Enhancing social support to vulnerable groups

3.1.1 Improving the support to peoples with disabilities (PWD) by developing functional/social model of assessing and granting disability status in line with the UN Convention on the Rights of Persons with disabilities

Necessary information which should be transmitted subject to successful implementation of following activities:

- Adapted disability assessment methodologies for children and adults (translated in English)
- Report (translated in English) explaining the adaptation and the rationale behind these adaptations
- Methodology of Adjara A.R Pilot project to test the new functional assessment methodology

Activity 1.1.1	Presentation of best practices in implementing the functional/social model for evaluation of disability
<i>Objective:</i>	Give an overview of experience of selected countries in implementation of the functional/social model of disability in order to draw lessons-learned from experiences in relevant countries
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health, and Social Affairs –Department in charge of PWD
<i>Description:</i>	<p>Expertise France will propose relevant countries which experience can be valuable for Georgia and approve the selection together with beneficiary. Based on this selection a workshop will be organised with relevant stakeholders in the Ministry. The workshop will be moderated by the Team Leader and international experts will present different case studies over a one- or two-day workshop.</p> <p>Relevant experiences regarding implementing the functional/social model include France, Eastern Europe (Lithuania) and North Africa (Algeria).</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Countries are selected and approved by the beneficiary; ▪ Comparative grid is developed; ▪ Report on comparative analysis is written;

	<ul style="list-style-type: none"> 1-day workshop is organised in Tbilisi
<i>Input:</i>	Team Leader: 10 WD Senior International experts: 15 WD
<i>Timing:</i>	Months 1-3

Activity 1.1.2	Development of methodology for public policy impact assessment (evaluation questionnaire)
<i>Objective:</i>	Propose the methodology for impact assessment of implementation of social model of disability in Georgia
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health, Labour and Social Affairs – Social Affairs Department in charge of PWD ; National Statistics Office (GeoStat); CSOs
<i>Description:</i>	<p>Based on the analysis of experience of other countries in implementing of social model, as well as on disability assessment methodologies adapted for Georgia by UNICEF, the project team will work on the methodology of public policy impact assessment. This impact assessment will be based on an evaluation questionnaire which can use different tools (ICF, Washington Group on Disability Statistics, etc).</p> <p>The decision should be made concerning the number of observations and the geographical coverage of survey. Our previous experience shows that 2000 observations should be sufficient in order to draw first conclusions of impact of switch from medical to social model of disability. Furthermore, the piloting of new disability assessment methodologies in Adjara A.R and in Kakheti should be used in order to implement public policy impact assessment. Gender dimension of disability attribution should be taken into account.</p> <p>The specialists of the National Statistics Office (GeoStat) should be involved in the preparation of the survey methodology. Existing statistics on the number of primary and secondary attribution of disability as well as on the register of PWD should be analysed in order to prepare the significant sample for survey.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> Methodology of policy impact assessment (including gender dimension) is drafted and approved by the beneficiary; Evaluation questionnaire established in English and Georgian Electronic version of questionnaire based on Adapted assessment methodologies is developed and tested Sample of population to be interviewed is identified Database for data treatment is established
<i>Input:</i>	Team Leader: 5 WD Senior International experts: 15 WD Local experts: 20 WD

<i>Timing:</i>	Months 3-5
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Activity 1.1.3	Implementation of survey for public policy impact assessment (Adjara A.R and other pilot region)
<i>Objective:</i>	Carry out impact assessment of social model of disability in selected regions of Georgia
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health, Labour and Social Affairs – Social Affairs Department in charge of PWD ; National Statistics Office (GeoStat)
<i>Description:</i>	<p>Based on the geographical scope defined in the framework of activity 1.1.2, local interviewers will be recruited and trained by an international and local expert to the implementation of questionnaire and its methodology. It is better to implement the questionnaires on the level of primary or secondary evaluation of the PWD in order to assess the differences in assessment methodologies.</p> <p>Local interviewers are then sent on the field to conduct the survey and collect data. Answered questionnaires and collected data are entered and rendered anonymous in the database by local experts.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ 2000 observations are gathered; ▪ Anonymous database is established
<i>Input:</i>	<p>Team Leader: 10 WD</p> <p>Senior International experts: 10 WD</p> <p>Local experts: 70 WD</p>
<i>Timing:</i>	Months 4-7

Activity 1.1.4	Development of recommendations for implementation of functional/ social model of assessing disability in Georgia
<i>Objective:</i>	Formulate evidence-based analysis and recommendations in order to implement and mainstream the functional/social model in Georgia
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health, Labour and Social Affairs – Social Affairs Department in charge of PWD ; National Statistics Office (GeoStat); Other public institutions; Local authorities; SCOs
<i>Description:</i>	Based on the survey results, international and local experts will draft a report with evidence-based analysis and recommendations for implementation of the functional/social model in Georgia. Gender dimension of disability should be taken into consideration in this report. The main conclusion of this report will be presented and discussed with the Ministry.

	<p>Special recommendations will be formulated regarding involvement of different stakeholders (MoH, Other public institutions, local authorities, SCOs) with clear distribution of roles. The results of analysis should be presented to the broader public, involving main stakeholders and CSOs representing the PWD.</p> <p>Based on this broad discussion the project team will develop the methodology of assessment of capacities of different service providers which can be involved in the implementation of social model on Georgia. Clear criteria should be established in order to select the valuable partners and reinforce their capacities.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> Public policy impact assessment report (including gender dimension) is drafted; Recommendations on involvement of different stakeholders (MoH, Other public institutions, local authorities, SCOs) with clear distribution of roles; Development of methodology of assessment of capacities of different service providers
<i>Input:</i>	<p>Team Leader: 10 WD Senior International experts: 25 WD Local experts: 40 WD</p>
<i>Timing:</i>	Months 7-10

Activity 1.1.5	Support in drafting a realistic Action Plan for implementation of functional/social model in Georgia
<i>Objective:</i>	Support mainstreaming the functional/social model in Georgia
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs – Social Affairs Department in charge of PWD ; SCOs
<i>Description:</i>	<p>Based on the public policy impact assessment, the survey, discussions with the Ministry, PWDs and CSOs, an Action Plan will be drafted by international and local experts in order to plan the mainstreaming of the functional/social model in Georgia.</p> <p>This Action plan should present a comprehensive timeline for the implementation of social model of disability in Georgia, highlighting clear stages, defining necessary conditions to pass for following stage etc. Furthermore this Action plan should define clearly the responsibilities of different stakeholders (education, health social policies) as well as division of responsibilities between central and local authorities and service providers.</p> <p>This Action plan should be discussed with main stakeholders and involving the CSOs representing PWD.</p>

<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Proposal of Action Plan for implementation of functional/social model in Georgia; ▪ Organisation of debates involving professionals and PWD
<i>Input:</i>	Team Leader: 15 WD Senior International experts: 5 WD Local experts: 20 WD
<i>Timing:</i>	Months 10-14

Activity 1.1.6	Support in implementation of awareness raising campaigns and consultations about implementation of functional/social model in Georgia
<i>Objective:</i>	Raise awareness about difference between medical and social models of disability Reinforce the rights of PWD in social, professional and political life and assessment of inclusive policies for everyday life of PWD
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs – Social Affairs Department in charge of PWD ; Other public institutions; Local authorities; SCOs
<i>Description:</i>	Together with the Ministry and CSOs, international and local experts analyse of the existing awareness raising campaigns of the Ministry and CSOs and draft recommendations for future campaigns aiming at reinforcing the visibility and rights of PWD Three workshops involving the Ministry, local authorities, CSOs, PWDs, employers are organized in Tbilisi and in two regions to be selected.
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Organisation of 3 thematic round tables involving different stakeholders ▪ Communication strategy about difference between medical and social models of disability
<i>Input:</i>	Team Leader: 15 WD Local experts: 60 WD
<i>Timing:</i>	Months 14-20

3.1.2 Support to implement the second phase of deinstitutionalization

Necessary information which should be transmitted subject to successful implementation of following activities:

- Standards for children under state care with severe disabilities approved by MOLHSA (translated in English)

Activity 1.2.1	Development of methodology for monitoring of standards for children under state care with severe disabilities
<i>Objective:</i>	Render operational the implementation of standard for children under state care with severe disabilities
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs – Social Services Department
<i>Description:</i>	<p>The standards for children under state care with severe disabilities was developed in Georgia together with international partners and approved by MOLHSA. The second home for children with severe disabilities was open recently which is delivering in-patient services, day-care services (rehabilitation and habilitation) and home services. Now the priority is to strengthen capacities of potential service providers (including private non-profit providers) and train them on how to implement standards for children under state care with severe disabilities.</p> <p>Local expertise is available in Georgia in order to organise the training on newly approved standard. However, the comprehensive mix between local and international expertise can bring additional added value.</p> <p>The project team will develop and propose a pilot methodology for implementation of standards for children under state care with severe disabilities and monitoring of quality of delivered services. The coordination with the system of early intervention should be clearly established. This model will take into account the strengths and weaknesses of the current coordination between the stakeholders. The definition of roles and responsibilities of the most important stakeholders will be the baseline to the development of a multi-stakeholders approach.</p> <p>Under this pilot methodology, specific training activities will be foreseen in order to train potential service providers in two pilot regions how to implement the standards for children under state care with severe disabilities. Furthermore the clear methodology of monitoring of service delivery will be prepared and presented to beneficiary.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Methodology is drafted for pilot implementation of standards for children under state care with severe disabilities and

	<p>monitoring of quality of delivered services</p> <ul style="list-style-type: none"> ▪ Workshop to discuss the methodology of piloting ▪ Selection of 2 pilot regions
<i>Input:</i>	<p>Team Leader: 5 WD</p> <p>Senior International experts: 5 WD</p> <p>Local experts: 30 WD</p>
<i>Timing:</i>	Months 2-6

Activity 1.2.2	Support in implementation of monitoring of standards for children under state care with severe disabilities
<i>Objective:</i>	Implement a pilot monitoring tool in two regions of Georgia
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs – Social Services Department; CSOs, parents associations
<i>Description:</i>	<p>Based on the Methodology for pilot implementation of standards for children under state care with severe disabilities and monitoring of quality of delivered services developed in the framework of the activity 1.2.1, the project team will implement the pilot testing in two pilot regions. This proposal of pilot methodology will take into account the decentralization and the willing of deinstitutionalization and will be implemented in regions chosen together with the Ministry. The regions where specialised Homes are active should be involved in the piloting.</p> <p>The project team will provide support to MOLHSA in organisation of 3 monitoring missions in line with criteria developed under the Methodology for pilot implementation of standards. The main objective is to homogenize the criteria of evaluation and to create a positive dynamic of collaboration between the stakeholders.</p> <p>Furthermore, at least 3 training sessions will be implemented for the potential services providers (including CSOs). These training sessions are devoted to explain the implementation of the Standard and the criteria of monitoring of quality of provided services.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ 2 monitoring missions are organised in 2 pilot regions ▪ 3 training sessions are organised for potential services providers
<i>Input:</i>	<p>Team Leader: 20 WD</p> <p>Local experts: 40 WD</p>
<i>Timing:</i>	Months 6-18

Activity 1.2.3	Drafting of recommendations to generalise specialised home care service for children with severe disabilities under the state care
<i>Objective:</i>	Make specialized home care services more visible and learn on best practices of service provision
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs – Social Services Department
<i>Description:</i>	<p>Results of pilot experimentations will be analysed in the report provided by the project team. Furthermore several focus groups with beneficiaries, such as families concerned with child disability can be organized. The project's team will conduct these workshops in the regions after the consultations among the professionals.</p> <p>An assessment report will be prepared including detailed recommendations for further implementation of specialised home care service for children with severe disabilities. These recommendations will complete the analysis and outcomes of the consultation among the professionals.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Report on recommendations to generalise specialised home care service for children with severe disabilities under the state care
<i>Input:</i>	<p>Team Leader: 10 WD</p> <p>Local experts: 30 WD</p>
<i>Timing:</i>	Months 14-24

3.1.3 Establish new services for children in street situation to protect their rights and promote their integration

Activity 1.3.1	Support in development of new standards for services provided to children in street situation
<i>Objective:</i>	Create a legal and operational framework for delivery of social services to children in street situation
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs – Social Services Department; CSOs
<i>Description:</i>	The project team will work in order to support the MOLHSA in development of new standards for services provided to children in street situation in line with best European and international practices. This process should involve large consultations with CSOs already active in service delivery for these vulnerable groups in order to identify needs and best practices concerning care, social inclusion and schooling options.

<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Workshop for identification of best practices in service delivery for children in street situation ▪ Proposal of new standards for services provided to children in street situation is drafted ▪ Validation workshop involving different stakeholders is organised
<i>Input:</i>	Team Leader: 15 WD Senior International experts: 5 WD Local experts: 40 WD
<i>Timing:</i>	Months 1-12

Activity 1.3.2	Development of methodology for monitoring of standards for services provided to children in street situation
<i>Objective:</i>	Render operational the implementation of standard for services provided children in street situation
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs – Social Services Department; CSOs
<i>Description:</i>	<p>The project team will develop and propose a pilot methodology for implementation of standards for services provided to children in street situation and monitoring of quality of delivered services. This model will take into account the strengths and weaknesses of the current coordination between different stakeholders. The definition of roles and responsibilities of the most important stakeholders will be the baseline to the development of a multi-stakeholders approach. Under this pilot methodology, specific training activities will be foreseen in order to train potential service providers on how to implement the standards for services provided to children in street situation. Furthermore a clear methodology of monitoring of service delivery will be prepared and presented to the beneficiary.</p> <p>The methodology will be validated by the Ministry and can be transferred to service providers.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Methodology is drafted for monitoring of standards for services provided to children in street situation
<i>Input:</i>	Team Leader: 5 WD Senior International experts: 5 WD Local experts: 30 WD
<i>Timing:</i>	12-20 months

Activity 1.3.3	Drafting of recommendations to mainstream services provided to children in street situation
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<i>Objective:</i>	Mainstream international best practices provided to children in street situation
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs – Social Services Department; CSOs
<i>Description:</i>	Based on meetings and workshops with relevant stakeholders (public departments and CSOs), international and local experts will draft recommendations on specialised services for children provided to children in street situation.
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Report on recommendations to mainstream specialised home care service for children with severe disabilities under the state care
<i>Input:</i>	Team Leader: 10 WD Local experts: 30 WD
<i>Timing:</i>	Months 20-24

3.2 Ensure affordable and quality healthcare

3.2.1 Improve the effectiveness and efficiency of universal healthcare and other programs

Necessary information for successful implementation of this component:

- Results of external survey to identify groups of population that are not adequately covered and the main gaps of the existing health care system (e.g. geographical disparities, access to drugs and services, increasing costs, challenge in payment mechanisms, diverse quality of treatment, etc.)
- Report of the MOLHSA presenting the strategic purchasing vision and road map

Activity 2.1.1	Recommendations of common approaches to be used to address high cost of services, drugs and consumables
<i>Objective:</i>	Provide recommendations on regulation of prices and on how to decrease out-of-pocket payments for medical acts, drugs and consumables
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health, Labour and Social Affairs – Health Department
<i>Description:</i>	This activity is devoted to explore and recommend common approaches to be used to address high cost services, drugs and consumables; This requires to:

	<p>-Define procedures in order to establish a list of high cost services, drugs and consumable that will be covered which financial conditions should apply,</p> <p>-Define procedures to bargain prices with care providers, pharmaceutical laboratories and care products suppliers.</p> <p>Considering the growing burden of long duration disease on health system financing, this activity will provide inputs to support the Ministry decision-making process with regards to costs exemption policies. Furthermore, the activity will explore the relative impact of various modalities (free access, reimbursement, co-payment) on care demand and health conditions.</p> <p>Based on the analysis of situation, workshop with relevant stakeholders (Ministry, hospital and insurances ...) international and local experts will provide recommendations to the Ministry on options aimed at decreasing out-of-pocket payments.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Recommendations on regulation of drug market, medical services and consumables
<i>Input:</i>	<p>Team Leader: 5 WD</p> <p>Senior International experts: 10 WD</p> <p>Local experts: 20 WD</p>
<i>Timing:</i>	Months 1-6

Activity 2.1.2	Analysis of introduction of efficient remuneration models
<i>Objective:</i>	Provide recommendations on implementation of efficient remuneration models in Georgia
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health, Labour and Social Affairs – Health Department
<i>Description:</i>	<p>This activity is devoted to provide first recommendations on how to introduce and test the remuneration and cost accounting mechanisms at case level</p> <ul style="list-style-type: none"> ▪ To facilitate consensus-based decisions on piloting remuneration on primary healthcare, secondary outpatient and inpatient levels ▪ To support cost accounting according to the remuneration agreed on ▪ To analyse strengths and weaknesses of piloted remuneration models and to propose adjustments. Data gained during the costing exercise is going to be used for these adjustments. ▪ Road map for implementation of the Diagnostic-Related Group system

<i>Deliverable(s):</i>	<ul style="list-style-type: none"> Recommendations on introduction of efficient remuneration models
<i>Input:</i>	Team Leader: 5 WD Senior International experts: 15 WD Local experts: 20 WD
<i>Timing:</i>	Months 1-6 months

Activity 2.1.3	Support in elaboration of strategic purchasing mechanisms
<i>Objective:</i>	Provide recommendations on introduction of strategic purchasing mechanisms in Georgia
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health, Labour and Social Affairs – Health Department
<i>Description:</i>	<p>This activity is devoted to propose the optimum service delivery configuration to be incentivized through the Ministry in order to improve efficiency and quality of services:</p> <ul style="list-style-type: none"> - Present good European practises on the structure of health care delivery with emphasis on Primary Health Care (PHC) development - Facilitate consensus regarding benchmarks for improvement in efficiency - Propose interventions based on health care institutional planning as well as on improvement of contracting and remuneration for higher efficiency
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> Report presenting the strategic purchasing mechanisms (including principles of contracting for purchasing services, continue selective contracting) in order to improve the effectiveness and efficiency of universal healthcare and other related health programs; Road map for implementation of strategic purchasing mechanisms
<i>Input:</i>	Team Leader: 5 WD Senior International experts: 10 WD Local experts: 20 WD
<i>Timing:</i>	Months 1-6 months

Activity 2.1.4	Piloting of proposed strategic purchasing mechanisms
<i>Objective:</i>	Test the pilot methodology for strategic purchasing mechanisms in two Georgian regions
<i>Target</i>	Ministry of IDPs from the Occupied Territories, Labour, Health, Labour and Social Affairs – Health Department

<i>administration:</i>	
<i>Description:</i>	<p>Based on the results of the three previous activities, the project team will propose the piloting methodology in two pilot regions. It is possible to take into account the existing experimentations with electronic medical information system in Tbilisi, Batumi and Kutaisi.</p> <p>The piloting methodology will be developed and proposed for approval by the beneficiary. Two pilots will be selected and piloting model will be implemented.</p> <p>As a result of pilot testing, a Report will be elaborated on actions to be taken to improve the effectiveness and efficiency of universal healthcare, with a particular attention to quality of care and cost containment methods.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Piloting methodology in 2 regions is developed; ▪ Piloting is implemented; ▪ Report on actions to be taken to improve the effectiveness and efficiency of universal healthcare, with a particular attention to quality of care and cost containment methods
<i>Input:</i>	<p>Team Leader: 15 WD</p> <p>Senior International experts: 5 WD</p> <p>Local experts: 80 WD</p>
<i>Timing:</i>	Months 6-18

Activity 2.1.5	Define standard operating procedures for the implementation of performance-based contracting, especially to primary health care
<i>Objective:</i>	To set up standard operating procedures for the implementation of performance-based contracting, especially to primary health care
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health, Labour and Social Affairs – Health Department
<i>Description:</i>	<p>This activity is devoted to develop performance based contracting methodology for the Ministry based on best European practices, including performance indicators and quality indicators.</p> <p>Expertise France will present best European practices in performance based contracting on Primary Health Care, secondary outpatient, inpatient care levels</p> <p>To develop understanding what regards rationale to introduce performance based contracting in Georgia, especially to primary health care</p> <p>To contribute to creation of a vision of optimal contracting</p>

	methodology and practical steps required to move from the present situation towards the vision.
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> Standard operating procedures for the implementation of performance-based contracting, especially to primary health care are drafted
<i>Input:</i>	Team Leader: 5 WD Senior International experts: 15 WD Local experts: 20 WD
<i>Timing:</i>	Months 6-18

Activity 2.1.6	Analyse the functioning of IT in the health sector (E health)
<i>Objective:</i>	Improve the efficiency of using information technologies in the health financing
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Labour, Health, Labour and Social Affairs – Health Department
<i>Description:</i>	<p>This activity is devoted to analyse national legislative and normative framework related to the architecture standards, technical standards and legislative acts, regarding information management and personal data protection in Georgia. Overview of international best practice must be provided. Existing utilisation of IT in the health sector, and the current eHealth regulations in Georgia must be analysed. The objective is also to overview security aspects, individual data storage, beneficiaries' and health care suppliers' identification and procedures and protocols for digital information dissemination.</p> <p>Furthermore it is important to identify and define the quality requirements to e-Health system and its performance. Architecture standards, technical standards and respective normative acts approved by the international eHealth SDOs (standard development organizations) and SMOs (standards maintenance organizations) as well as best practices of other countries must be analysed in a context of applicability to Georgia</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> Report of functioning of IT in the health sector (E health) and recommendations for improvement
<i>Input:</i>	Team Leader: 5 WD Senior International experts: 10 WD Local experts: 40 WD
<i>Timing:</i>	Months 6-18

3.2.2 Strengthen the public Mental Health Services

Necessary information for successful implementation of this component:

- National strategy of mental health adopted in 2014 by the Decree of Government of Georgia, (translated in English)
- WHO reports on mental health in the Caucasus and the special report on Georgia

Activity 2.2.1	Development of the roadmap for implementation of deinstitutionalization and the development of community based services in line with recommendations of WHO report
<i>Objective:</i>	Support deinstitutionalization process for Mental Health Services in Georgia
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs – Health Department
<i>Description:</i>	<p>This activity is devoted to draft a roadmap for implementing deinstitutionalization.</p> <p>TA will analyse national legislative and normative framework related to the technical standards and legislative acts regarding mental healthcare. Overview of international best practices will be provided.</p> <p>Detailed roadmap for implementation of deinstitutionalization and the development of community based services should take into account the capacities existing in Georgia. This roadmap should present a gradual improving of services with special emphasis on community based services, day-care and home-based services, without reducing abruptly the capacities of existing institutions. The priority should be given rather on gradual transformation of existing institutions.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Support for establishing the roadmap for implementation of deinstitutionalization and the development of community based services in line with recommendations of WHO report
<i>Input:</i>	Senior International experts: 10 WD Local experts: 20 WD
<i>Timing:</i>	Months 1-6

Activity 2.2.2	Elaboration of monitoring mechanisms for protection of Human rights in mental health institutions (public and private)
<i>Objective:</i>	Provide MOLHSA with a toolbox for monitoring and enforcing Human rights in mental health institutions
<i>Target</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and

<i>administration:</i>	Social Affairs – Health Department
<i>Description:</i>	TA will make an overview of international best practices and propose indicators and monitoring mechanisms for protection of Human rights in mental health institutions (public and private). TA will meet with relevant stakeholders to decide and mainstream monitoring in their work.
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Mechanisms and tools for protection of Human rights in mental health institutions (public and private)
<i>Input:</i>	Senior International experts: 10 WD Local experts: 20 WD
<i>Timing:</i>	Months 6-12

Activity 2.2.3	Formulation of recommendations for improving of legal framework for mental health care in line with best EU practices
<i>Objective:</i>	Improve quality of life of people living with mental health problems
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs – Health Department
<i>Description:</i>	Based on available data and existing policies, TA will meet with different stakeholders to draft recommendations on how to improve mental healthcare.
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Recommendation for improving of legal framework for mental health care in line with best EU practices
<i>Input:</i>	Senior International experts: 10 WD Local experts: 20 WD
<i>Timing:</i>	Months 12-24

3.3 Reinforcing the efficiency of resources allocated to IDP needs

Activity 3.1	Formulation of recommendations for housing and livelihood improvements of vulnerable IDPs
<i>Objective:</i>	Support the Ministry in addressing the housing and livelihood issues of vulnerable IDPs
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs – IDP Department
<i>Description:</i>	Identification of the vulnerable IDPs (for ex. with a vulnerability score between 100, 001 and 200, 000 according to the TSA vulnerability

	<p>index) and their vulnerabilities thanks to a multi-analysis of the different tools of SSA (TSA benefits) and the IDP Livelihood Agency, as well as CSOs and representative of IDPs and field visits to CSOs and resettled households.</p> <p>Elaboration of recommendations for the programs of the IDP Livelihood Agency targeting vulnerable IDPs.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Report and recommendations on i) the resettlement providing information on the number of people/ families resettled and resettlement solution ; ii) livelihood issues (socio-economic integration)
<i>Input:</i>	<p>Team Leader: 25 WD Local experts:40 WD</p>
<i>Timing:</i>	Months 10-18

Activity 3.2	Analysis of budgetary impact of different solutions for reform of IDP benefits
<i>Objective:</i>	Switching from a IDP status-based government benefit to a needs-based benefit
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs – IDP Department
<i>Description:</i>	Together with the relevant stakeholders (MOHLSA, MOF), international and local social policy experts and statisticians/economists gather data and present different budgeted reform scenarii.
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> ▪ Report and recommendations with different budgeted scenarii
<i>Input:</i>	<p>Team Leader: 25 WD Local experts: 40 WD</p>
<i>Timing:</i>	Months 18-20

Activity 3.3	Organisation of workshop about best options for Georgia, including a benchmark of other countries' experiences in management of IDP issues
<i>Objective:</i>	Present and exchange different experiences and lessons-learnt from relevant countries regarding IDP issues to decision-makers and facilitate debate/conversation between different interest groups
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs – IDP Department

<i>Description:</i>	<p>A one-day conference is organized by Expertise France and a CSO specialised in mediation/facilitation in order to present to relevant stakeholders (representatives of IDPs, IDP Livelihood agencies, municipalities hosting IDPs) with a benchmark of other countries in IDP management (housing issues and socio-economic integration). Together with the Ministry, the TA will choose a mediator/facilitator for this conference/workshop.</p> <p>The relevant countries include Balkan states, Eastern Europe, North Africa and Turkey but other might be added.</p> <p>Prior to the conference, guests will have received relevant information regarding IDP policies. A debate will then be moderated by the mediator in order to raise IDP issues.</p>
<i>Deliverable(s):</i>	<p>1-day conference workshop with benchmark presentations of relevant experiences (ex. Balkan states, Eastern Europe, North Africa and Turkey, etc.)</p> <p>1-day mediation with the different stakeholders</p>
<i>Input:</i>	<p>Team Leader: 25 WD</p> <p>Local experts:40 WD</p>
<i>Timing:</i>	Months 20-24

3.4 Cross-cutting issues

3.4.1 Improving the evidence-based monitoring and evaluation of social policies

Activity 4.1.1	Establishment of a working group for statistical analysis and projections
<i>Objective:</i>	Mobilise internal skills of different departments in the MOLHSA and SSA in order to improve data collection and analysis and implement informed and better targeted social policies
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	<p>A working group will be established involving primarily the different thematic departments at MOHLSA and SSA and the Department of Information Technologies of the MOHLSA. This group can involve initially limited number of persons already working on analysis of statistics of the Ministry. However, it is better to involve at least three different skills: IT specialists in charge of MIS, Statisticians and field workers able to provide the interpretation for different data.</p> <p>The working group modalities will then be discussed: when and how</p>

	to meet, role in Monitoring and Evaluation of social policies ...
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> 3-5 specialists of the Ministry and SSA are mobilised; working group officially established
<i>Input</i>	Team Leader: 10 WD
<i>Timing</i>	Months 2-6

Activity 4.1.2	Presentation of best practices in monitoring of social benefits (case of TSA)
<i>Objective:</i>	Capture the best European and international practices in monitoring and evaluation of social policies which can be implemented in Georgia
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	<p>The overall purpose of monitoring and evaluation (M&E) is the measurement and assessment of performance, defined as achievement of results or progress towards them, in order to manage more effectively a certain policy or intervention. M&E is invaluable to managers and staff as it helps them to work more efficiently, learn from experience, make corrective actions for improvement, mitigate the risks, take informed decisions and implement policies in an accountable and responsible way. M&E thus helps improving government performance and achieving results.</p> <p>The information produced by a M&E system can be used in different ways: to allow more efficient resources' reallocation in the budgeting process; to assist in the preparation of national and sectorial planning; to aid on-going management and delivery of government services; or to underpin accountability relationships. Even the most ambitious M&E government systems don't endeavour to achieve all the goals. As a consequence, a single, « best approach » to a national or sectorial M&E system doesn't exist. On the contrary, the country approaches are highly diverse reflecting both the different starting points faced by each country as well as the destinations to which they aspire.</p> <p>Different approaches will be thus presented by the TA team, highlighting the influence of institutional context and M&E systems' objectives on the use of indicators and on the characteristics of those indicators, i.e.:</p> <ol style="list-style-type: none"> 1. The new public management approach; 2. The strategy/objective indicators approach; 3. The quality and efficiency approach;

	4. The benchmarking and coordination approach; 5. The scoreboard approach.
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> Simulation of existing data (TSA and/or other benefits) provided; French experience in introduction of active measures for TSA beneficiaries presented
<i>Input</i>	Team Leader: 5 WD Senior international experts: 15 WD Local experts: 30 WD
<i>Timing</i>	Months 2-6

Activity 4.1.3	Analysis of existing data sources and reporting obligations
<i>Objective:</i>	To carry out an exhaustive mapping of existing data related to social policies gathered by different administrations and assess their quality and compatibility
<i>Target administration:</i>	Ministry of IDPs from Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	<p>Before starting to work on the definition of M&E indicators for social policies, it is essential to carry out an exhaustive mapping of all existing data related to social sphere, in order to assess the compatibility of different indicators related to social policies under the responsibility of the MOLHSA.</p> <p>Furthermore it is important to analyse all existing strategic documents setting up measurable objectives in various social fields. This task is especially important in the framework of recent administrative reform merging different services involved in social policies under the responsibility of the MOHLSA. In this regard, data gathered by different administrations must be mapped and their quality (for their intended uses in operations, decision making and planning, comprehensiveness, reliability, accuracy, timeliness, level of disaggregation, etc.) and compatibility assessed.</p> <p>According to information gathered by the Consultant, the main sources of data would be:</p> <ul style="list-style-type: none"> Internal data of the MOHLSA, including regular quarterly reports, produced by operational Departments General statistical information available mainly in Geostat Databases available in MOHLSA and other relevant ministries and public institutions
<i>Deliverable(s):</i>	Report on existing data sources
<i>Input</i>	Team Leader: 10 WD Senior international experts: 10 WD

	Local experts: 40 WD
<i>Timing</i>	Months 6-10

Activity 4.1.4	Preparation of a demographic model of projection of i) the global population and ii) the beneficiaries of different social benefits and services
<i>Objective:</i>	Develop a forecasting tool
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	<p>Based on sound and reliable data from Geostat and the Ministry, TA will develop a forecasting model to help decision-makers in social policies assess policies impact. TA will develop an IT tool based on easy-to-access software in order to represent social policies' beneficiaries, impact and costs. Social policy parameters will be integrated in the tool.</p> <p>TA will encourage ownership of the tool and train the relevant staff accordingly.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> Model of projection for different types of beneficiaries (PWD, Children, TSA); 3 thematic studies are developed
<i>Input</i>	<p>Senior international expert : 25 WD</p> <p>Local experts: 60 WD</p>
<i>Timing</i>	Months 12-18

Activity 4.1.5	Development of M&E guidelines for social policies
<i>Objective:</i>	Develop M&E guidelines to be used by MOLHSA
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	TA will present guidelines to the working group regarding relevant social policies.
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> M&E guidelines for social policies
<i>Input</i>	<p>Team Leader: 10 WD</p> <p>Senior international expert : 10 WD</p> <p>Local experts: 40 WD</p>
<i>Timing</i>	Months 18-24

3.4.2 Capacity-building

Activity 4.2.1	Training Needs Analysis of Ministry and Social Service Agency
<i>Objective:</i>	Identifying the needs for staff capacity building in themes related to the project
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	<p>To ensure that the training programme meets the needs of participants and forms a coherent whole, which complements other activities within the project, a training needs analysis will be carried out. It will build on any training needs assessment already carried out within the MOLHSA and local structures.</p> <p>At the beginning of the project implementation the team leader will review the existing capacity building measures with Head of Departments, managers and HR teams at the Ministry and Social Service Agency.</p> <p>Together with the stakeholders, the team leader will identify the training needs and other capacity building measures. The team leader will design a capacity building plan and have it approved. The plan will identify the beneficiaries, the theme and the approximated date.</p>
<i>Deliverable(s):</i>	Report on training needs assessment
<i>Input:</i>	Team Leader: 10 WD Local experts : 10 WD
<i>Timing:</i>	Months 3-6

Activity 4.2.2	Development of training materials and training program
<i>Objective:</i>	To design a global training programme addressing the needs of MOHLSA, other relevant ministries, municipalities and NGOs for better design and implementation of result-based social policies
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	<p>Based on the conclusions of the TNA and other previous activities, a global training programme based on a modular approach will be designed by the TA team in order to strengthen stakeholders' skills and knowledge.</p> <p>However, the final decision on the number of participants, training programs and duration will be made in line with the training need analysis with the approval of the MOHLSA.</p> <p>In order to ensure a better ownership of training results as well as to</p>

	guarantee the possibility to rely on local expertise after the end of the project, the TA team propose to use mixture mix between local and international experts in training preparation and implementation.
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> Training programme and template for training materials are approved
<i>Input</i>	Team Leader: 10 WD Local experts: 30 WD
<i>Timing</i>	Months 6-10

Activity 4.2.3	Training of trainers
<i>Objective:</i>	Disseminate know-how to trainers
<i>Target administration:</i>	Ministry of IDPs from Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	<p>Before the training starting, the sessions of training for trainers will be organised in order to ensure the homogeneous training delivery and materials preparation. Furthermore, the training evaluation forms will be developed during this stage.</p> <p>The training programme will be supported by the development of tailor-made training materials, to be used during the project and after its completion. The unified templates will be developed based on the training programme. The training materials will be designed in such a way so that they can be used after the end of the project, providing another form of sustainability to the training and the project more generally.</p>
<i>Deliverable(s):</i>	<ul style="list-style-type: none"> 5 trainers are trained
<i>Input</i>	Team Leader: 20 WD Local experts: 20 WD
<i>Timing</i>	Months 10-12

Activity 4.2.4	Training of social workers and service providers for implementation of functional/social model of disability
<i>Objective:</i>	Disseminate the chosen functional/social model of disability to social workers and service providers
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	Based on the previous project activities, four trainings are organised in 2 pilot regions where the approach functional/social model of disability is being implemented.

<i>Deliverable(s):</i>	<ul style="list-style-type: none"> 4 x 2-day-long trainings are organised in 2 pilot regions involving 100 persons
<i>Input</i>	Team Leader: 10 WD Senior international experts: 10 WD Local experts: 70 WD
<i>Timing</i>	Months 12-20

Activity 4.2.5	Training of specialists for implementation of public policy impact assessment for implementation of functional/social model of disability
<i>Objective:</i>	Improve capacities of institutions to assess and improve the functional/social model of disability
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	Based on the previous project activities, two trainings are organised in 2 pilot regions where the approach functional/social model of disability is being implemented.
<i>Deliverable(s):</i>	2 x 2-day-long training are organised on public policy impact assessment involving 20 persons from central level and 2 pilot regions
<i>Input</i>	Team Leader: 5 WD Senior international experts: 5 WD Local experts: 30 WD
<i>Timing</i>	Months 12-20

Activity 4.2.6	Training of specialists on implementation of monitoring of standards for children under state care with severe disabilities
<i>Objective:</i>	The objective is to foster and strengthen capacities among the professionals.
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	A training program on monitoring and evaluation process of social programs will be developed and conducted involving 40 key participants from several governmental institutions and other stakeholders. The subject of the training will be the standards needed for the early identification and rehabilitation services for children with disabilities or at risk of disability. Among these 40 participants, several will be selected to become future trainers and disseminate in their institution of origin the training program. They will be in charge of conducting new session of trainings for more participants, in order to ensure the sustainability of the project.

	Trainings will be developed also in 2 regions in order to better disseminate the material and approach of the new system
<i>Deliverable(s):</i>	2 x 2-day-long training are organised on public policy impact assessment involving 20 persons from central level and 2 pilot regions
<i>Input</i>	Team Leader: 5 WD Senior international expert : 5 WD Local experts: 30 WD
<i>Timing</i>	Months 12-20

Activity 4.2.7	Training of specialists on implementation of new standard for services provided to children in street situation
<i>Objective:</i>	The objective is to foster and strengthen capacities among the professionals.
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	Based on the previous project activities, two trainings are organised in 2 pilot regions.
<i>Deliverable(s):</i>	2 x 2-day-long training are organised on public policy impact assessment involving 20 persons from central level and 2 pilot regions
<i>Input</i>	Team Leader: 5 WD Senior international expert : 5 WD Local experts: 30 WD
<i>Timing</i>	Months 12-20

Activity 4.2.8	Training of specialists on implementation of strategic purchasing mechanisms
<i>Objective:</i>	The objective is to foster and strengthen capacities among the professionals.
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs
<i>Description:</i>	Based on the previous project activities, two trainings are organised in 2 pilot regions.
<i>Deliverable(s):</i>	2 x 2-day-long training are organised on public policy impact assessment involving 20 persons from central level and 2 pilot regions
<i>Input</i>	Team Leader: 5 WD Senior international expert : 5 WD Local experts: 30 WD
<i>Timing</i>	Months 12-20

Activity 4.2.9; 10 and 11	Organise study visits
<i>Objective:</i>	<p>Expertise France will organize three study visits on :</p> <ul style="list-style-type: none"> - functional/ social model of assessing disability - on the health care regulatory framework - social assistance and social care <p>in order to share experiences and best practices, create personal and institutional links between Georgia and France</p>
<i>Target administration:</i>	Ministry of IDPs from the Occupied Territories, Health, Labour and Social Affairs–
<i>Description:</i>	<p>Each of the three international study visits shall last for 5 days (except travel days) with the participation of 6 staff each. The list of participants will be agreed with the MOLHSA.</p> <p>The organisation of each study visit will follow the same path:</p> <ol style="list-style-type: none"> 1. Study Tour Planning: the TA team will design a study tour programme for each study visit, in partnership with the beneficiaries, making sure to create a high-impact programme with immediate relevance. The programme will consist of a mix of meetings and practically oriented visits (examples of social services and centres). 2. Study Tour Briefing: Study tour planning meetings will be held with participants to clearly establish the goals and expectations of the visits, and to inform about logistical arrangements. A briefing package for each participant will be prepared ahead of the study visit, with background information, a detailed agenda, anticipated learning outcomes, and details on the organisations to be visited. <p>Receiving organisations will be briefed in advance as well.</p> <ol style="list-style-type: none"> 3. Study Tour Logistics: logistics relating to the study visits will all be handled by the TA Team, including: venues and activities for visits; Travel; Accommodation and catering; and Interpretation services. 4. Accompaniment: to ensure smooth implementation of study visits, all delegations will be accompanied by an experimented expert.
<i>Deliverable(s):</i>	3 x 6 persons x 6 days study visit
<i>Input</i>	Team Leader: 30 WD
<i>Timing</i>	Months 11-24

3.5 Closing phase

The 'Closing Phase' of the project refers to activities that aim to hand-over the formal responsibilities from the TA team experts to the local counterparts and to ensuring sustainability and visibility of the project's results. However, our project philosophy is to ensure an on-going consultative and joint responsibility-driven process to maximise long-term sustainability. This will be done during the last month of project duration.

Activity 5	Closing phase
<i>Objective:</i>	Prepare for demobilization, ensure ownership of deliverables
<i>Target administration:</i>	MOHLSA
<i>Description:</i>	<p>The Closing Phase will consist of the following activities:</p> <ol style="list-style-type: none"> 1. Preparation of a final project publication. 2. Demobilization of experts, equipment and facilities; verification and transfer of project files and closure of administrative formalities 3. Preparation and submission of the Final Report <p>We suggest that at the end of the assignment the Consultant will prepare a Final Project Publication, which will summarise the major achievements and lessons learned, and include proven guidelines, methodologies and instruments which are useful for replication of similar type of project activities. The Final Project Publication will be disseminated as a hardcopy and CD-ROM formats and it can be uploaded on the project website to raise further public awareness. The responsible expert for this activity will be the TA Team Leader.</p> <p>The Team Leader will coordinate the demobilisation of experts, equipment and other project facilities, and verification and transfer of any files belonging to the project to the MoLHSA and Contracting Authority. In addition, we propose that the TL will arrange final briefing meetings with the counterparts from the relevant bodies and AFD. A closing event will also help disseminate information and deliverables to the relevant stakeholders and ensure their ownership.</p> <p>The team leader will bear the main responsibility of the preparation of the project's Final Report. This report will summarize the projects achievements and list the recommendations made by the experts. In the continuity of interim reports, special emphasis will be put on how to ensure the sustainability of the results achieved.</p>

<i>Deliverable(s):</i>	Final Report Closing event
<i>Input</i>	Team Leader: 25 WD Senior international experts : 15 WD Local experts: 5 WD
<i>Timing</i>	Month 24

Technical Assistance to social welfare system in Georgia		Working days			
		International			Local
		Total	CdE	ECT	
Inception phase		20	15	5	20
Launch event		25	20	5	20
Pillar 1	Enhancing social support to vulnerable groups				
Component 1.1	Improving the support to peoples with disabilities (PWD) by developing functional/social model of assessing and granting disability status in line with the UN Convention on the Rights of Persons with disabilities				
A111	Presentation of best practices in implementing the functional/ social model for evaluation of disability	25	10	15	
A112	Development of methodology for public policy impact assessment (evaluation questionnaire)	20	5	15	20
A113	Implementation of survey for public policy impact assessment (Adjara A.R and other pilot region)	20	10	10	70
A114	Development of recommendations for implementation of functional/ social model of assessing disability in Georgia	35	10	25	40
A115	Support in drafting a realistic Action Plan for implementation of functional/social model in Georgia	20	15	5	20
A116	Support in Implementation of awareness raising compaigns and consultations about implementation of functional/social model in Georgia	15	15	0	60
Component 1.2	Support to the implementation of the second phase of deinstitutionalization				
A121	Development of methodology for monitoring of standards for children under state care with severe disabilities	10	5	5	30
A122	Support in implementation of monitoring of standards for children under state care with severe disabilities	20	20	0	40
A123	Drafting of recommendations to generalise specialised home care service for children with severe disabilities under the state care	10	10	0	30
Component 1.3	Establish new services for children in street situation to protect their rights and promote their integration.				
A131	Support in development of new standards for services provided to children in street situation	20	15	5	40
A132	Development of methodology for monitoring of standards for services provided to children in street situation	10	5	5	30
A133	Drafting of recommendations to mainstream services provided to children in street situation	10	10	0	30

Technical Assistance to social welfare system in Georgia		Working days			
		International			Local
		Total	CdE	ECT	
Pillar 2	Ensure affordable and quality healthcare				
Component 2.1	Improve the effectiveness and efficiency of universal healthcare and other programs				
A211	Recommendations of common approaches to be used to address high cost of services, drugs and consumables	15	5	10	20
A212	Analysis of introduction of efficient remuneration models	20	5	15	20
A213	Support in elaboration of strategic purchasing mechanisms	15	5	10	20
A214	Piloting of proposed strategic purchasing mechanisms	20	15	5	80
A215	Define standard operating procedures for the implementation of performance-based contracting, especially to primary health care	20	5	15	20
A216	Analyse the functioning of IT in the health sector (E health)	15	5	10	40
	necessary information : - Results of external survey to identify groups of population that are not adequately covered and the main gaps of the existing health care system (e.g. geographical disparities, access to drugs and services, increasing costs, challenge in payment mechanisms, diverse quality of treatment, etc.) -				
Component 2.2	Strengthen the Mental Health Services				
A221	Development of the roadmap for implementation of deinstitutionalization and the development of community based services in line with recommendations of WHO report	10	0	10	20
A222	Elaboration of monitoring mechanisms for protection of Human rights in mental health institutions (public and private)	10	0	10	20
A223	Formulation of recommendations for improving of legal framework for mental health care in line with best EU practices	10	0	10	20

Technical Assistance to social welfare system in Georgia		Working days			
		International			Local
		Total	CdE	ECT	
Pillar 3	To optimise the ressources allocated to IDP needs				
Component 3.1	Reinforce the efficiency of ressources allocated to IDP needs				
A311	Proposal of different innovative solutions for housing and livelihood problems of vulnerable IDPs (vulnerability score between 100, 001 and 200, 000)	25	25	0	40
A312	Analysis of budgetary impact of different solutions for reform of IDP benefits (from a status-based government benefit to a needs-based benefit)	25	25	0	40
A313	Organisation of workshop about best options for Georgia, including an benchmark of other countries' experiences in management of IDP issues	25	25	0	25
Pillar 4	Cross cutting issues				
Component 4.1	Improve the evidence-based monitoring and evaluation of social policies				
A411	Establishment of a working group for statistical analysis and projections	10	10	0	
A412	Presentation of best practices in monitoring of social benefits (case of TSA)	20	5	15	30
A413	Analysis of existing data sources and reporting obligations	20	10	10	40
A414	Preparation of a demographic model of projection of i) the global population and ii) the beneficiaries of different social benefits and services	25	0	25	60
A415	Development of M&E guidelines for social policies	20	10	10	40
Component 4.2	Capacity building				
A421	Training Needs Analysis of Ministry and Social Service Agency	10	10	0	10
A422	Development of training materials and training program	10	10	0	30
A423	Training of trainers	20	20	0	20
A424	Training of social workers and service providers for implementation of functional/social model of disability	20	10	10	70
A425	Training of specialists for implementation of public policy impact assessment for implementation of functional/social model of disability	10	5	5	30
A426	Training of specialists on implementation of monitoring of standards for children under state care with severe disabilities	10	5	5	30
A427	Training of specialists on implementation of new standard for services provided to children in street situation	10	5	5	30
A428	Training of specialists on implementation of strategic purchasing mechanisms	10	5	5	30
A429					
A430	Organise a study visit on functional/ social model of assessing disability	10	10	0	
A431	Organise a study visit on the health care regulatory framework	10	10	0	
A432	Organise a study visit on social assistance and social care	10	10	0	
Closing conference		20	10	10	5
Closing phase		20	15	5	
TOTAL		735	440	295	1240



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