

ASSESSMENT INDICATORS OF THE IMPLEMENTATION OF THE NATIONAL ACTION PLAN

2018-2022

	Activity	Assessment Indicator for Implementation of the Action Plan	Baseline Data (2016/2015)	Target Data (2021)	Terms of Implementation				
					2018	2019	2020	2021	2022
<u>MTO 1.1 Legislative and normative base, policy for water resources and protecting drinking-water supply - reviewed and updated by 2022.</u>									
Note: Once the Protocol on Water and Health is ratified, MTO 1,1 including below specified activities, becomes a national target under the provisions of the Protocol									
1.1.1	Revision of existing legislation, regarding water resources, drinking water quality and sanitations, that require harmonization with international requirements.	Legislation reviewed by 2020 and Report is ready referenced with the laws	Should be determined	All sectoral laws and sub-legislative norms are reviewed		P	P		
1.1.2	Making changes in the national policy for drinking water quality and sanitation and regulatory normative documents according to the recommendation of the WHO Harmonization of	Number of legislative amendments and / or newly adopted by 2020; documents, laws and norms on the water quality, supervision, reporting and risk management	No data /or incomplete data	New Legislative Framework and Regulations enacted				P	

[illegible]

1.2.1	Conduct baseline analysis of the quality of surveillance system of drinking water and implement necessary interventions for its improvement	Situational analysis is conducted, measures are outlined	incomplete data	Approved, Published		P			
1.2.2	Conduct baseline analysis of the surveillance system for waterborne diseases and implement necessary interventions for its improvement	Situational analysis is conducted, measures are outlined	Work in progress	Approved, Published		P			P
1.2.3	Conduct state routine monitoring on the quality of drinking water and creation of the unified database	The unified database on drinking water quality is created, functioning and regularly updated Drinking water quality assessment laboratories are established and included in the unified database for water quality An inventory has been conducted.	The data on is incomplete at the national level,	Complete database / inventory database at national level		P			

MTO 1. 3. Ensure public health through improvement of access to safe and sustainable water supply according to National and International requirements

Note: Once the Protocol on Water and Heath is ratified, MTO 1.3 including below specified activities, becomes a national target under the provisions of the Protocol

1.3.1	Inventory of the sewage / sanitation systems of the cities and villages	<p>An inventory has been conducted</p> <p>% number of population, which have access to "improved" and "non improved" sanitary and sewage sites</p>	<p>Data is incomplete at the national level</p> <p>2015 totally 86% improved 13% non improved</p>	Complete database / inventory database at the national level			P		
1.3.2	Develop complex measures for improving the state of sewage / sanitation systems in urban and rural areas to protect water resources' pollution from sewage wastewater	<p>Improvement and modernization measures for sewage / sanitation systems are defined and the deadlines for execution are specified</p> <p>Old technologies of sewage / sanitary systems are replaced gradually</p>	Data is incomplete at the national level	Rehabilitation and improvement plan is approved			P		
1.3.3	Preparation of gradual-introduction plan of inclusion/implementation of WSP approaches in the urban and rural water supply systems	WSP approaches introduction is reflected in the national drinking water regulations, the supportive programs are planned, WSP is implemented, gradual introduction plan is developed by 2020	Data is incomplete at the national level	WSP approaches are introduced in 10% of water supply systems of big cities, regions and villages			P		

1.3.4	Conduct education and capacity building programmes for staff involved in urban and rural water supply systems	Educational program is prepared and training cycle is functioning The staff is retrained	Data is incomplete at the national level	Employees in water supply systems of large cities and regions have been trained in qualification upgrading course		P			
1.3.5	Implementation of awareness raising campaigns for population and providing timely and objective information regarding drinking water quality. Raise awareness of population regarding prevention of contamination of bathing waters	Number of measures conducted for water resources' protection, water hygiene and prevention of water borne diseases. Population has access to drinking water quality information	Data is incomplete at the national level	Website, where the information is available	P	P	P	P	P
<u>MTO 1. 4. Provide to Georgian population adequate sanitation and wastewater treatment plants by 2022</u>									
Note: Once the Protocol on Water and Health is ratified, MTO 1.4 including below specified activities, becomes a national target under the provisions of the Protocol									
1.4.1	Inventory of the sewage / sanitation systems of the cities and villages	An inventory has been conducted % number of population, which have access to "improved" and "non improved" sanitary and sewage sites	Data is incomplete at the national level 2015 totally 86% improved 13% non improved	Complete database / inventory database at the national level			P		

1.4.2	Develop complex measures for improving the state of sewage / sanitation systems in urban and rural areas to protect water resources' pollution from sewage wastewater	Improvement and modernization measures for sewage / sanitation systems are defined and the deadlines for execution are specified Old technologies of sewage / sanitary systems are replaced gradually	Data is incomplete at the national level	Rehabilitation and improvement plan is approved		P			
<u>MTO 1.5. Improve drinking water, sanitation and hygiene (Water, Sanitation and Hygiene -WASH) in educational and medical facilities, recreational areas and IDP settlements.</u>									
1.5.1	Planning and implementing of priority measures in educational facilities for improvement of WASH condition	The availability has been improved by implementing priority measures on safe water and sanitation Continuous supervision has improved hygienic conditions	Centralized water supply system is 70%. Main supplies of drinking water in 4% of urban and 12% rural schools are non improved supplies	100% of schools in rural and urban area should use the improved water supply systems		P			
1.5.2	Planning priority measures in Health care facilities for improvement WASH conditions	The availability has been improved by implementing priority measures on safe water and sanitation Continuous supervision has improved hygienic conditions	Data is incomplete at the national level	100% of Health care facilities in rural and urban area should use the improved water supply systems		P			

1.5.3	Undertake baseline assessment and plan and prioritize activities in IDPs settlements for improvement of WASH	The availability has been improved by implementing priority measures on safe water and sanitation Continuous supervision has improved hygienic conditions	Data is incomplete at the national level	100% of IDP settlements in rural and urban area should use the improved water supply systems				P	
1.5.4	Developing the monitoring system for the water quality in swimming pools	Responsibilities are defined Report is available	Data is incomplete at the national level	All the data are available at the website			P		
1.5.5	Identify recreational/bathing areas and monitor their water quality. Raise awareness in public to avoid bathing water pollution	Responsibilities are defined Report is available	Data is incomplete at the national level	All the data are available at the website		P			
MTO 2.1: Harmonization of legislation in the field of child safety by 2020 in compliance with the Association Agreement									
2.1.1	Identification of relevant legislation in the field of child safety and its relevant harmonization	Assessment report for the harmonization process and progress	A working version of the Law on Sport and Physical Education has already been prepared, which is in compliance with the Association Agreement	Harmonization is implemented					P
MTO 2.2 In comparison to 2018 Increased proportion of schools and kindergardens by X%, where safe physical activity is available by 2020									
2.2.1	Implementation of the standard of equipment for adequate facilities to ensure safe physical activity	The report is prepared on the implementation of the standard	National standards and relevant requirements created by the Ministry of Education, Science, Culture and Sport require harmonization with the international requirements on safe sport facilities in the educational system	Standard is developed and established			P		

3.1.1.	Preparatory works of ratification of the last three protocols of the Convention on long-range transboundary air pollution (CLRTAP) are done	Protocol of 1999 on Reduction of Acidification, Eutrophication and Land Ozone Level, Protocol on Heavy Metals and Protocol on persistent organic pollutants are prepared for ratification	The last three protocols of the Convention on long-range transboundary air pollution (CLRTAP) are not ratified	Preparatory works for ratification of the last three protocols of the Convention on long-range transboundary air pollution (CLRTAP) have been conducted			P		
3.1.2.	Harmonization of national legislation in compliance with EU legislation, as defined in the Association Agreement	The number of laws and subordinate acts harmonized with the EU legislation	Existing legislation and subordinate acts are not harmonized with EU legislation	Legislative and subordinate acts harmonized with the EU legislation are enacted			P		
<u>MTO 3.2. - Air quality monitoring in major cities of Georgia (Tbilisi, Kutaisi, Rustavi, and Batumi) is carried out in accordance with EU Air Quality Directive (2008/50/EC):</u>									
3.2.1.	Designing National Air Quality Monitoring Network which reflects the population exposure to air pollution in accordance with Georgian legislation and international recommendations	Spatial Distribution and Characteristics of Monitoring Stations are in line with the European Directive; The list of observable pollutants corresponds to the European Directive; The functional organogram of the monitoring network is available for interested individuals	The Air Quality Monitoring Network does not meet the requirements of the EU Directive (2008/50/EC)	The report of the Ministry of Environment Protection and Agriculture of Georgia about the current national monitoring network and its development			P		
3.2.2.	Procurement and installation of AQ monitoring equipment and laboratory infrastructure	Number of operational monitoring stations on the territory of the country; The number of monitoring stations conducting PM10 and PM2.5 measurements	The National Air Quality Monitoring System needs development to fully cover the exposure of the population	Monitoring stations are installed in accordance with the air quality monitoring national control / management system and reflects the exposure of the population.					

3.2.3.	Training for the monitoring network staff	Percentage number of personnel who has undergone training	Monitoring network staff needs the training	All personnel of the monitoring stations and laboratory have undergone training			P		
3.2.4.	The Quality Assurance / Quality Control (QA/QC) system is introduced	Proportional share (%) of monitoring stations, where the quality control (QA / QC) system is introduced; The PM10, PM2.5, NO2, O3 data regarding concentrations conforms to quality standards	Quality assurance and quality control (QA / QC) system is not introduced	The quality assurance and quality control (QA / QC) system is implemented in accordance with the EU Directive (2008/50 / EC)			P		
<u>MTO 3.3. - Provide health-relevant information on population exposure to air pollution and its influence on health in major cities of Georgia (Tbilisi, Kutaisi, Rustavi, and Batumi);</u>									
3.3.1.	Determining the format of information on population exposure to air pollution and its influence on health in major cities of Georgia (Tbilisi, Kutaisi, Rustavi and Batumi)	Quantity of media means (magazines, television or radio stations, webpages) through which the population is informed, on a daily basis, about air quality of each city	Information, regarding the air pollution, population exposure and impacts on health condition, isn't available	Data regarding the concentrations in atmospheric air according to the baseline indicators (PM10, PM2.5, NO2, O3) of air quality are available for population in selected cities			P		
3.3.2.	Assessing impact on health of exposure to air pollution in major cities of Georgia (Tbilisi, Kutaisi, Rustavi, Batumi)	The number of cities for which the assessment of health impact (HIA) is conducted and completed; Mortality associated with atmospheric air pollution in 4 cities -SDG 3.9.1. is calculated	The assessment report on air quality management policy has not been published	Assessment report, oriented to air quality management policy, is published				P	

MTO 3.4. – Health risks due to fuels combustion (wood, gas, kerosene, etc.) for heating and cooking in households and children’s educational institutions are assessed:

3.4.1.	Health risks due to fuels combustion (wood, gas, kerosene, etc.) for heating and cooking in households and children’s educational institutions are assessed by relevant indicators	Percentage number of children's educational-care institutions for which the assessment is conducted Percentage number of children that were covered in the study of households Percentage number of population which use each type of fuel for food preparation and heating SD+G 7.1.2.	Health risks due to fuels combustion (wood, gas, kerosene, etc.) for heating and cooking in households and children’s educational institutions are not assessed	Indicators are selected according to WHO ENHIS and SDG; The methodology of health impact assessment (HIA) is defined in accordance with the WHO recommendations; the report is published				P	
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Objective 3.5. – Child care facilities, kindergartens, schools and public recreational settings are tobacco smoke-free:

3.5.1.	Tobacco consumption in public places is completely prohibited by law	Requisites of accepted legal act (s)	Monitoring process isn't going on	Tobacco consumption in public places is prohibited by law		P			
3.5.2.	Support of the effective and relevant education, awareness raising and sensitization in accordance with the 12th article of FCTC	Percentage share of persons with adequate knowledge regarding tobacco harmful influence	No training is conducted, low awareness	Heads of child care institutions, kindergartens, schools and other public institutions are trained on the issues related to tobacco harmful effects and awareness is increased		P	P	P	

3.5.3.	National survey on tobacco smoking in child care facilities, kindergartens, schools and public facilities □	Tobacco consumption level / frequency in	National research has not been conducted	Information on the prohibition of tobacco consumption is available and prohibition is enforced				P	
<u>MTO 3.6. – According to the United Nations Economic Commission for Europe (UNECE) Batumi Action for Cleaner Air and WHA68.8 of the World Health Assembly resolution, complex strategies and action plans have been designed to minimize harmful effects on air pollution and human health, with involvement of environmental, health and other sectors.</u>									
3.6.1.	Develop a Complex Strategy and Action Plan for Reducing Harmful Impact on Air Pollution and Human Health	Requisites of the normative act on the approval of the Strategy / Action Plan; The number of reports of responsible departments on completed works	No Complex National Strategy and Action Plan for Reducing Harmful Impact on Air Pollution and Human Health	Complex Strategy and Action Plan for Reducing Harmful Impact on Air Pollution and Human Health is Developed and Approved			P		
<u>MTO 4.1 The relevant legislation in the field of chemical substances is harmonized with the Association Agreement and multilateral environmental treaties</u>									
4.1.1	Elaboration of the Law on chemicals management	Adopted law	The Agreement process has begun with donor organizations	Approved, published			P		

4.1.2	Normative act (s) for the classification, labeling and packaging of substances and mixtures (01.09.2020 for substances and 01.09.2021 mixtures in accordance with N1272 / 2008 (CLP) Regulation on Classification, Labeling and Packaging of Substances and Compounds).	Adopted legislative act	The Agreement process has begun with donor organizations	Approved, published			P	P	
4.1.3	Harmonization of EU legislation and introduction of the production safety directive in general for ensuing safety of consumer products. Directive 2001/95 / EC of the European Parliament and the Council of 3 December 2001 on general product safety	act is published		The subordinate normative act is adopted by the Government and published in an official journal			P		
4.1.4	Harmonization of the EU legislation and introduction of European recommendations for general child consumer products safety to ensure consumer products safety „Child Product Safety Guide- Potentially dangerous products“	Working version of subordinate act is published	No data	The document is available for review, comments and proposals			P		

4.1.5	Harmonization of the legislation and introduction of European Directives on childrens' toys to ensure consumer products safety (Directive 2009/48/EC the European Parliament and of the Council of 18 June 2009 the safety of toys).	The name / list of the received act (s)	No data	The subordinate normative act is adopted by the Government and published in an official journal		P			
4.1.6	secondary special packaging (hard to remove lid, labelling) for drugs, other preparations which contain hazardous chemicals, such as household cleaning products, household use pesticides etc in order to prevent poisoning	The name / list of the received act (s)	No data	The subordinate normative act is adopted by the Government and published in an official journal		P			
4.1.7	Harmonization of the EU legislation and introduction of European Directives on cosmetic-perfume products safety to ensure consumer products safety Safer cosmetics for Europeans Regulation (EC)No 1223/2009 on cosmetic products —	The name / list of the received act (s)	No data	The subordinate normative act is adopted by the Government and published in an official journal			P		

4.1.8	Harmonization of the EU legislation and introduction of Directives on the household chemical products to ensure consumer products safety (Regulation (EC) No648/2004	The name / list of the received act (s)	No data	The subordinate normative act is adopted by the Government and published in an official journal		P			
4.1.9	"Prohibition of use of leads in paints" according to WHO recommendations to ensure consumer products safety	The name / list of the received act (s)	No data	The subordinate normative act is adopted by the Government and published in an official journal		P			
4.1.10	Harmonization of EU legislation and introduction of Directives on biocides to ensure consumer products safety (Regulation (EC) No 528/2012, DIRECTIVE 98/8/EC)	The name / list of the received act (s)	No data	The subordinate normative act is adopted by the Government and published in an official journal		P			
4.1.11	Harmonization of EU legislation and introduction of Euro-Directives on placement of pyrotechnics in the consumer market to ensure consumer products safety Directive 2007/23/EC	The name / list of the received act (s)	No data	The subordinate normative act is adopted by the Government and published in an official journal		P			

4.1.12	Assessment of capabilities, formation of chemical safety system and creation of a relevant system for monitoring chemicals in circulation on the territory of the country.	The competent body is mentioned CLP (1272/2008 /EC) According to the requirements	Work in progress □	The subordinate normative act is adopted by the Government and published in an official journal		P			
4.1.13	Implementation and implementation of IHR-requirements of international Health regulations in the national legislation, for controlling emergency situations caused by chemical substances	National legislation reflects IHR-requirement requirements	Work in progress	The subordinate normative act is adopted by the Government and published in an official journal		P			
4.1.14	Promote the implementation of the Minamata Convention on Mercury	Action plan in relation to mercury is published	Work in progress	Legislation is published in the Legislative Herald		P			
4.1.15	Elaboration of legislation on mercury (sectoral legislation amendments related to mercury)	Legislation regarding mercury is published	Work in progress	Legislation is published in the Legislative Herald		P			
<u>MTO 4.2 Elaboration of legislative and operational framework for creating a data base to collect relevant information of hazardous chemicals in Georgia by 2020</u>									
4.2.1	Create a model of a chemical register and its operational framework for collection and information sharing on hazardous chemicals in Georgia	Register of hazardous chemical substances is developed □	Working version of register is approved □	Action frame is elaborated, agreed,enacted □	P				

4.2.2	Develop proposals for the legislation revision to ensure sustainability of functioning of an operational framework	The package of legislative amendments has been developed for the sustainability of the register □	Preparation of working version	Legislative amendments were reflected in national legislation	P				
<u>MTO 4.3 The risk of child-rearing hazardous chemical substances in schools and kindergartens is estimated and reduced to 2020.</u>									
4.3.1	Establishment of the system for the monitoring and control of air pollution by hazardous chemical substances in school and kindergarten.	School and kindergarten is designed to monitor and control air pollution with hazardous chemical substances	0%	Number of schools and kindergartens is increasing by 10% annually, which is monitored by 2020.		P			
4.3.2	Establishment of national capacity to evaluate risk factors for chemical substances in accordance with WHO methodology.	National capabilities are designed to assess the risk of combined impact of several chemical substances	No data	Methodology has been developed.			P		
<u>MTO 4.4. Development of National Program for the assessment and management of asbestos is developed by 2019</u>									
4.4.1	Development of asbestos national profile in accordance with WHO recommendations (identification of the needs / deficiencies).	The number of people who are at the risk of occupational health because of the impact of asbestos, are analyzed	Working versions is developed □	Government resolution on approvals of asbestos national profile		P			

4.4.2	Development of the national program for elimination of asbestos-related diseases □	Working version of the national program for elimination of asbestos-related diseases are agreed between agencies	Outstanding issue	Approved and enacted			P		
<u>MTO 4.5 The risk of hazardous chemical substances at work places (especially in rural areas) is estimated and reduced to 2020.</u>									
4.5.1	Proper management of pesticides and other agricultural chemicals for farmers, inclusion the component on educational and preventive measures	% number farmers who trained educational program		Implemented educational programs		P	P	P	P
4.5.2	Registration of the agrochemicals and their waste and improvement of the management	The working version of the agrochemicals and their waste registers has been developed		Registration is developed, approved, published, updated periodically			P		
4.5.3	Create poison control and toxicology (information) center (PoisonCenter) in line with WHO requirements	Center is established and functioning	No data	Annual report of the information consulting center (Poisoning Center) for poisoning-control and toxicology			P		
4.5.4	Mapping of existing toxicology-chemistry laboratories and ensuring accessibility for the purpose to prevent, detect, provide readiness, respond and liquidate the mass non-communicable diseases and poisoning in population	Laboratory confirmation of poisoning is possible	No data	Number of confirmed diagnoses According to the Annual Report of the Poisoning Center of Motion Control and Toxicology			P		

4.5.5	Construction of the disposal landfill for the industrial toxic wastes, which are generated in the territory of the country	The government's resolution regarding polygon construction has been developed and approved	Outstanding issue	Construction of the polygon is in progress			P		
<u>MTO 4.6 reduction in radon impact on population</u>									
4.6.1	Implementation of radiation monitoring in geological projections in the underground structures in the country.	Prepare map of radon monitoring results	Outstanding issue	The % of the kindergartens, schools, hospitals and underground structures where the construction and implementation of construction works was carried out to reduce the impact of radon.			P		
4.6.2	Raising awareness of the population and stakeholders on preventive measures related to radon.	Number of information materials and activities developed / prepared. The number of the population, covered by information events	Outstanding issue	The population will be periodically informed. The website contains educational materials			P		
4.6.3	Implementation of interventions in radon high concentrations buildings.	% of buildings where construction work was done to minimize radon impacts.	Outstanding issue	The report on the conducted raids and the planned activities as defined stages			P	P	P
<u>MTO 5.1 Evaluate vulnerability to climate change, health impacts and adaptation (health care aspects) including assessment 2018.</u>									
		Frame and scope the assessment is defined; the geographical region and health outcomes of interest is defined; policy context for the assessment is defined; the project team and							

5.1.1	Assessment of current and future risks of climate change on population health	the project team and management plan is defined; The stakeholder's involvement in the assessment process is ensured; the communications plan is developed.	Outstanding issue	Report is published			P		
5.1.2	Conducting the vulnerability and adaptation assessment.	The baseline conditions on human health risks of climate change is established; Climate-sensitive health care risks are assessed; Vulnerable population groups and regions risks are assessed; additional burden of morbidity is determined by the impact of climate change; the current capacity of public health policies and programs are determined.	Outstanding issue	Report is approved and published			P	P	P
5.1.3	Conducting the assessment of activity and inactivity costs	The assessment of the activity costs and health-care costs of inactivity is done.		Expenses in USD currency and their share in relationship to GDB is assessed and the report is published			P		
5.1.4	Capacity building of national experts based on international experience and provision of project management team with technical means	The experts are prepared and project management group are provided with technical means	Outstanding issue	Number of trained experts		P	P	P	

MTO 5.2 Elaboration of the National Health Care Adaptation Strategy and Action Plan 2018

5.2.1.	Elaboration of National Health Climate Change Adaptation Strategy	National Adaptation Strategy has been developed and includes all necessary public health-care activities	Outstanding issue	The Strategy is approved and published			P		
5.2.2	Elaboration of an Heat- Waves action plan	The action plan on impact of heat waves on the health is elaborated and available.	Outstanding issue	The action plan on impact of heat waves on the health is approved		P			
<u>MTO 5.3 Harmonize the legislation with regard to the requirements of the UNFCCC Convention and assessment of health outcomes</u>									
5.3.1	Inventory of health- care legislation and identification of those acts that require change	All sectors, laws and subordinate acts are defined		Number of identified sectors and legislative acts			P		
5.3.2	Harmonization of health-care legislation with the association agreement and convention	Number of harmonized and adapted acts		health-care legislation is harmonized and adapted		P	P		
<u>MTO 5.4 Health care facilities reduce the share of greenhouse gas emissions X% in national emissions by 2020 (from 2018)</u>									
5.4.1	Determination of the share of greenhouse-gas emissions from the medical institutions, in the country's general emissions	The share of greenhouse-gas emissions from medical institutions is defined	Outstanding issue	The volume and percentage of greenhouse-gas emissions from the health sector is identified			P		
5.4.2	Detailed analysis of energy efficiency in the health system	The energy efficiency of buildings and renewable energy resources in the hospitals is assessed		The report on analysis and recommendations has been developed					P

5.4.3	Assessment of hospital safety	Assessment of the security and stability of the buildings, with taking into account the requirements of energy efficiency, is done.		The number and percentage amount of the hospitals has been assessed			P	P	
5.4.4	Introduction of the use of the renewable energy, within the frameworks of the pilot project, in several hospitals	The number of hospitals where the use of renewable energy is introduced	Outstanding issue	Reduction of the share of greenhouse gas emission from the hospitals on municipal level				P	
5.4.5	Increase awareness of healthcare personnel in energy-efficiency issues	The manual has been developed; The healthcare personnel are trained; Posters and booklets are published	Outstanding issue	The 30% of healthcare personnel are trained in energy-efficiency issues			P	P	P
<u>MTO 5.5. Education / preparation of population and preparedness for emergencies caused by natural disasters such as earthquakes, floods and other extreme weather events as well as Technological disasters</u>									
5.5.1	Conducting Training and practical exercises, where the needs of children, adolescents and pregnant women will be taken into consideration in the emergency situations for their readiness and adequate response	The Report on Emergency Preparedness annual Study is available	Information required to determine basic data is not available	Appropriate information and training for the population is available		P	P	P	P