



DFID “Georgia PHC Development” Project

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Outputs

- **Output 1: FM demonstration sites functional**
- **Output 2: New financing model for PHC implemented**
- **Output 3: Human Resource Capacity for new PHC model established**
- **Output 4: Risk pooling scheme for essential primary care drugs developed and implemented in demonstration sites**



Output 1: FM demonstration sites functional

- FM centers opened at the end of April 2002
- Organizational structures established within FMCs
- Roles and responsibilities of PHC team members defined in JDs
- Legislative framework developed and approved by the Ministerial decree (15.04.2002)
- FMCs accredited



Output 1: FM demonstration sites functional

- Ambulatory Care Programme designed
- Ratified by Tbilisi City Parliament and MoLHSA in May and operationalised Oct 2002
- Contracts developed and signed with TMHD, CDC, PHD, MoLHSA, SMIC, STD Institute
- Open enrolment commenced
- Clinical guidelines developed in 10 areas with 100 protocols and are being implemented in the FMCs;
- MIS working group is developing core data set



Output 2: New financing model for PHC implemented

- Household survey for Health Service Utilisation and Expenditure in Tbilisi undertaken
- Alternative options for financing PHC identified
 - Financing option discussion paper for development of PHC in Georgia produced and submitted to MoLHSA for discussion
- PHC financing proposal developed for ACP
 - Weighted capitation and performance related pay
 - Agreed by FMC chiefs and TMHD representation.
 - Implementation started in October 2002
- New financing model implemented in whole Tbilisi



Output 2: New financing model for PHC implemented

- Social marketing strategy developed and implemented
- Monitoring and evaluation framework for PHC developed-implementation started
- Referral counter-referral framework developed and agreed-implementation started



Output 3: Human Resource Capacity for new PHC model established

- Developmental needs of PHC team assessed
- Training programmes developed for FM, PHC Nurse and Managers and approved by MoLHSA*
- Multidisciplinary training programme implemented
- Legal base for training centres and trainers developed
- 3 Training Centres refurbished and all 5 supplied training equipment
- NFMTC and 4 FM training centers accredited fully operational



Output 3: Human Resource Capacity for new PHC model established

- 36 FM Trainers trained
 - 12 from Ajara, Imereti, Shida Kartli and Mtskheta Mtianeti
- 5 PHC Manager Trainers trained
- 16 PHC Nurse Trainers trained
 - 2 from Mtskheta Mtianeti
- 36 FPs completed FM training programme and licenced (Total of 94 in 2 Projects)
- 90 rural PHC physicians trained in short courses
- 24 PHC Nurses trained



Output 3: Human Resource Capacity for new PHC model established

- 34 Family Physicians training mainly from 3 Tbilisi PHC facilities identified by TMHD
- 32 Family Physicians training in Ajara, Imereti, Shida Kartli
- 10 PHC Manager training
- 120 PHC physicians to be trained in short courses
- 19 PHC doctors to be trained with support from Master Trainers funded by AIHA Mtskheta-Milwaukee Partnership Project



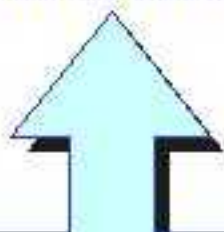
Output 4: Risk pooling scheme for essential primary care drugs developed and implemented in demonstration sites

- Drug utilisation studies completed
- Essential list developed
- Drug requirements and budget for FMCs estimated
- Concept paper for Drug Reimbursement Scheme (based on Kutaisi experience) developed and discussed with key stakeholders
- Initial agreement and co-financing from TMHD secured
- DRS Rational prescribing training of 60 FPs and 30 nurses



Current infrastructure for training of PHC human resources

National Health Management Center



NFMTC

N1 Medical Preventive Center

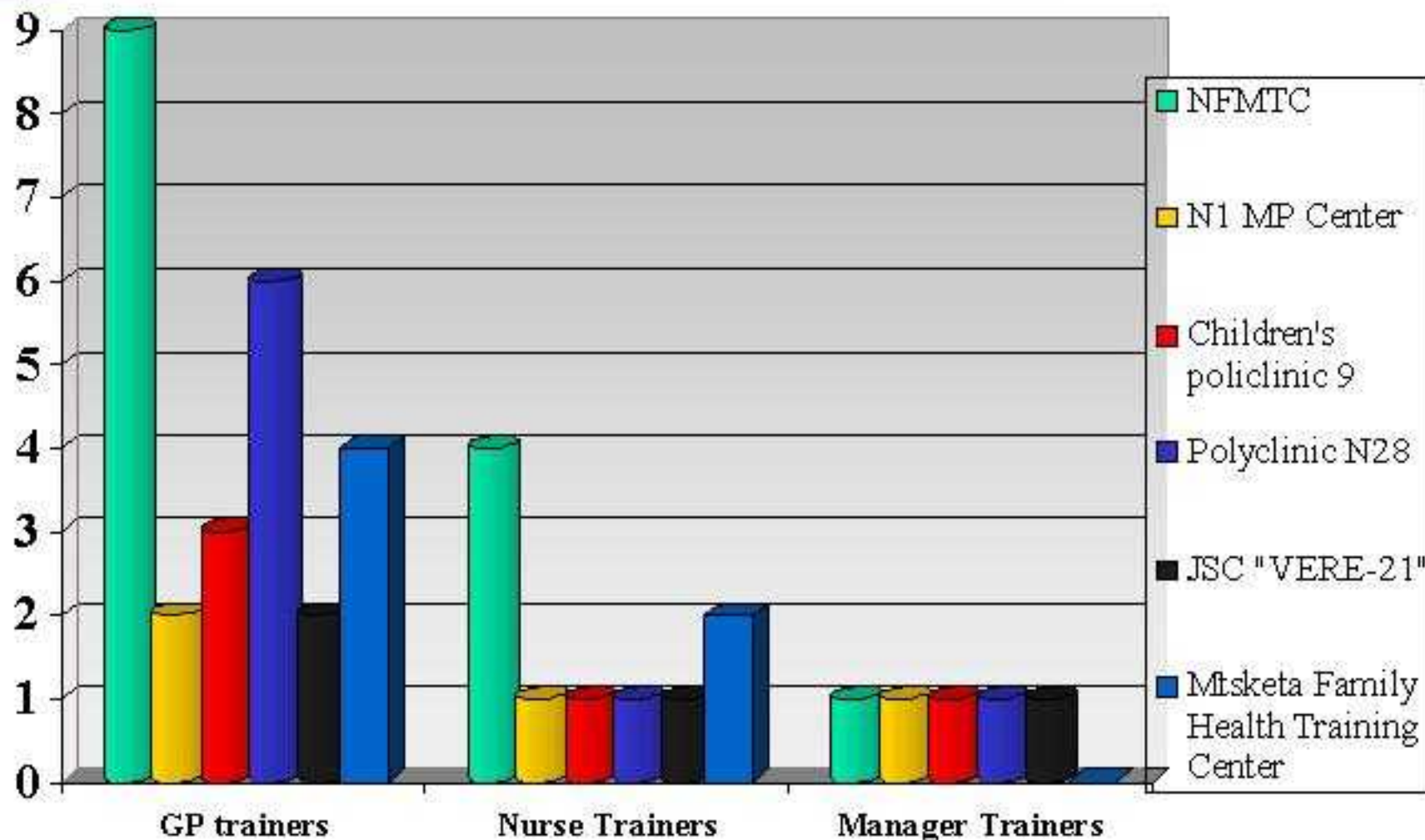
Children's polyclinic N9

JSC "Vere-21"

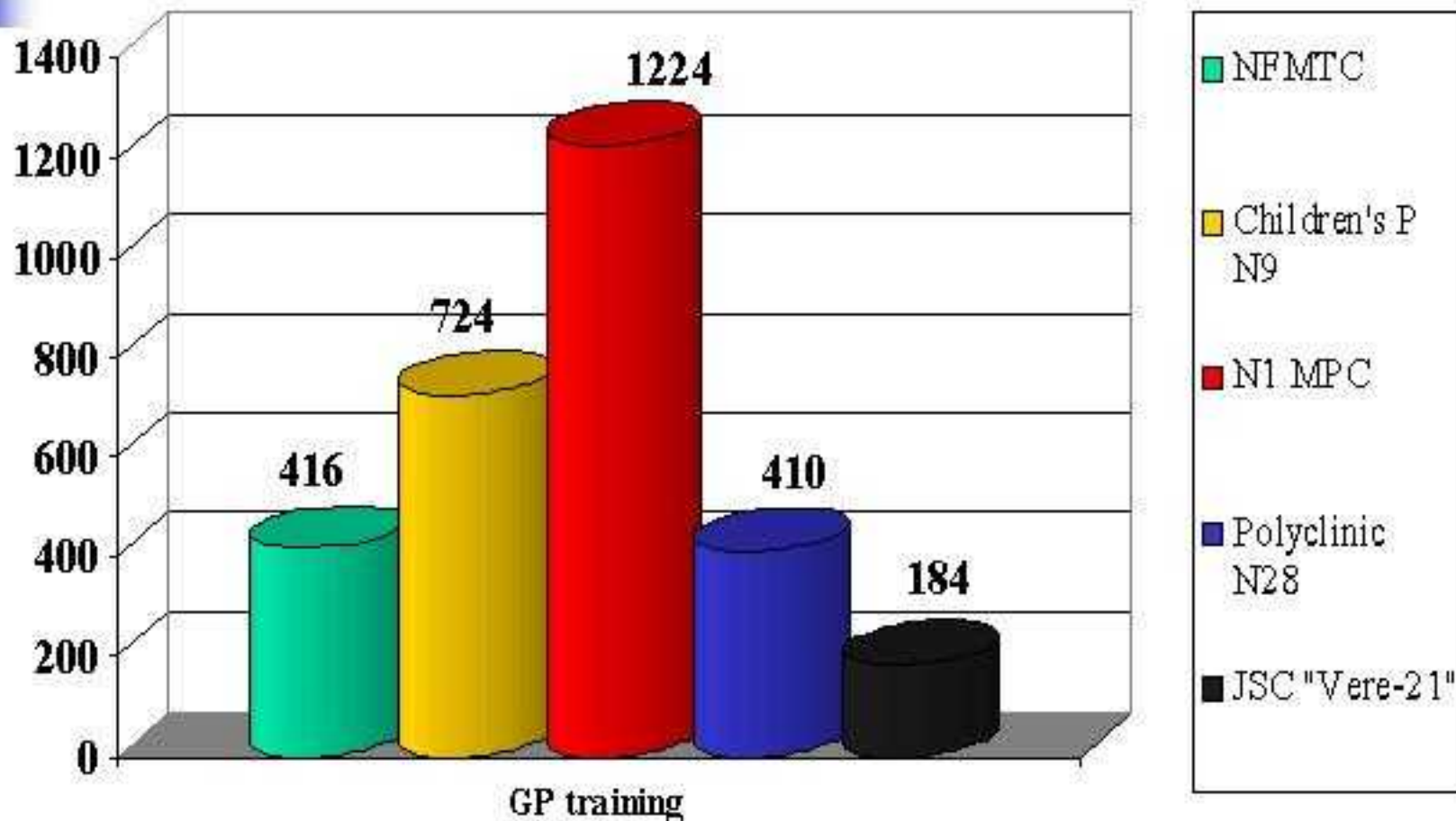
Adult's polyclinic N28

**Regional PHC facilities in Ajara, Imereti
Mskheta Mtianeti and Shida Kartli**

Human resources capacity of FMTCs for in-service training



Training workload (No of hrs/trainer) at FMTCs 2000-2002



Project cascade and linkages



- Master Trainers
 - Trained PHC doctors in Mtskheta (M-MPS).
 - Trained PHC doctors in Kakheti region (USAID/Caucasus “Safe Motherhood Initiative”)
 - Developed Clinical Practice Guidelines
 - children’s polyclinic N9-AIHA project
- Links with WHO
 - Discussing translation and implementation of ICPC2
 - CINDI Project
 - Rational Prescribing
- OSI funding for Geriatric Care
- Trainers and managers trained in Sweden
- Georgian bioethics society



The Users

Social marketing

- Provision of printed materials
 - 30,000 leaflets, 300 posters
- Developed ‘message’ delivered in home visits
- 21,000 families (67,000 residents) visited at home
- Hotline phones for inquiries
- Patient’s ombudsman offices for all five polyclinics



The Users

Increased registration

Increased attendance and utilisation by 250%
since implementation of ACP



Lessons learnt

- Home visits made by FMCs staff very effective way to pursue people to attend
- Signs of tension arising from the definition and overlap of catchment areas for FM centers is apparent
- Risk of double registration is high-How to avoid?

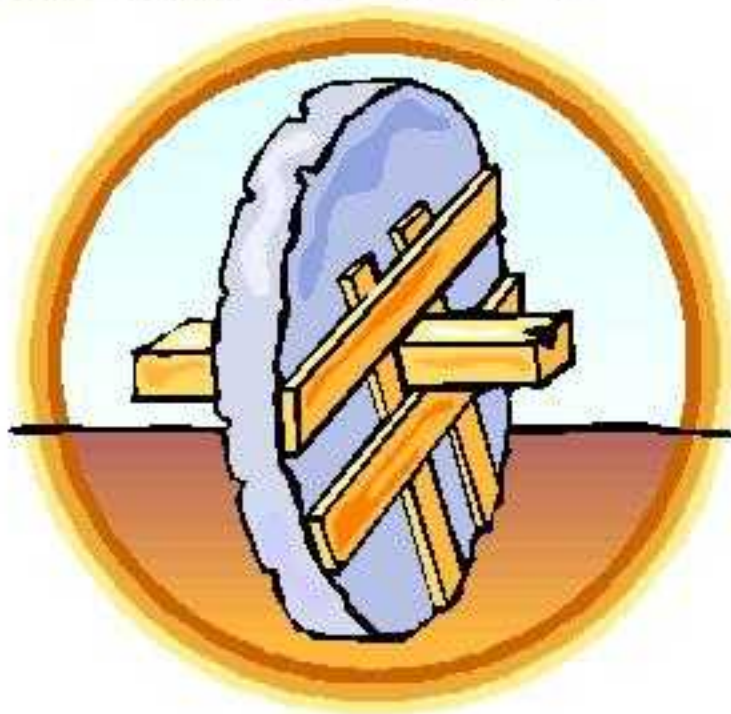


Lessons learnt

- Avoid fragmentation
- Unified budgets
- Focus and don't compromise on quality-quality costs
- User centred services-engage users
- Inclusiveness key to developing PHC: Must involve practitioners in strategic decisions-avoid the top-down approach which guarantees failure

Final thoughts

Do not reinvent the wheel





Final thoughts

- Cooperation



Final thoughts

- Incentives



Final thoughts

- PHC development takes time-senior champions must motivate



Final thoughts

- Remember PHC is for the future!

