

# **DFID “Georgia PHC Development” Project**



## **Project Progress and current status**

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**Rifat Atun,  
The Project Director**

**Irina Karosanidze  
Local Project Coordinator**

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# Outputs

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- **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**

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- FM centers opened at the end of April
- Organizational structures established within FMCs
- Legislative framework developed and approved by the Ministerial decree (15.04.2002)
- Open enrolment commenced based on SM activities
- Clinical guidelines developed for 4 conditions and piloted in NFMTC, 5 more are being developed;
- MIS working group is developing new systems. Project will provide TA to assist FMC to establish new MIS



## **Social marketing began to increase enrolment**

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### DFID PHC Development Project:

- Developing SM strategy through Curatio International Foundation
- Financing SM activities implemented by FMCs

### OXFAM-Georgian Bioethics Society:

Provision of printed materials (30,000 leaflets, 300 posters)

- Developing specific message to be delivered during home visits
- Hotline phones for inquiries
- Patient's ombudsman offices for all five polyclinics

# Implementation of SM strategy by FMCs-outcomes

## Visits & patient registrations since May

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### NFMTC

- 5206 Families visited
- 16740 residents agreed to be registered at NFMTC including 1029 children and 2 pregnant women;

### N 1 Medical-preventive Center

Families: ???          Residents:

### JSC "Vere 21"

Families: ???          Residents

### Children's polyclinic N 9

Families: ???          Residents:

### Adult's polyclinic N 28

Families: ???          Residents:




## **Implementation of SM strategy by FMCs- Lessons learnt**

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- Home visits made by FMCs staff is 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 this?

## Output 2: New financing model for PHC implemented

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- Alternative options for financing PHC identified
    - An options paper produced and submitted to MoLHSA;
  - Primary care financing proposal developed (based on a weighted capitation model).
    - Paper agreed by FMC chiefs and TMHD representation.
    - The new ambulatory care programme was ratified by city parliament at the beginning of May.
    - Implementation starts in September 2002.
  - The new model will be implemented in the 5 demonstration sites

## **Output 3: Human Resource Capacity for new PHC model established**

- NFMTC and 4 FM training centers fully operational
- 5 PHC Manager trainers, 8 PHC Nurse trainers trained
- Training programme for Family physicians, nurses and managers approved by the MoLHSA in April
- 43 FP completed training course.
  - Having summative assessment
- Second cohort of PHC nurses (24 PHC nurses and 6 Nurse trainers) selected. Training started in May at 5 FMTCs
- Multidisciplinary training introduced
- 1<sup>st</sup> cohort of 8 regional FP trainers (Batumi [3], Kutaisi [3], Gori [2]) selected
  - Training started at 1 July at NFMTC





## **Current infrastructure for training of FM human resources**

**National Health Management Center**



**NFMTC**

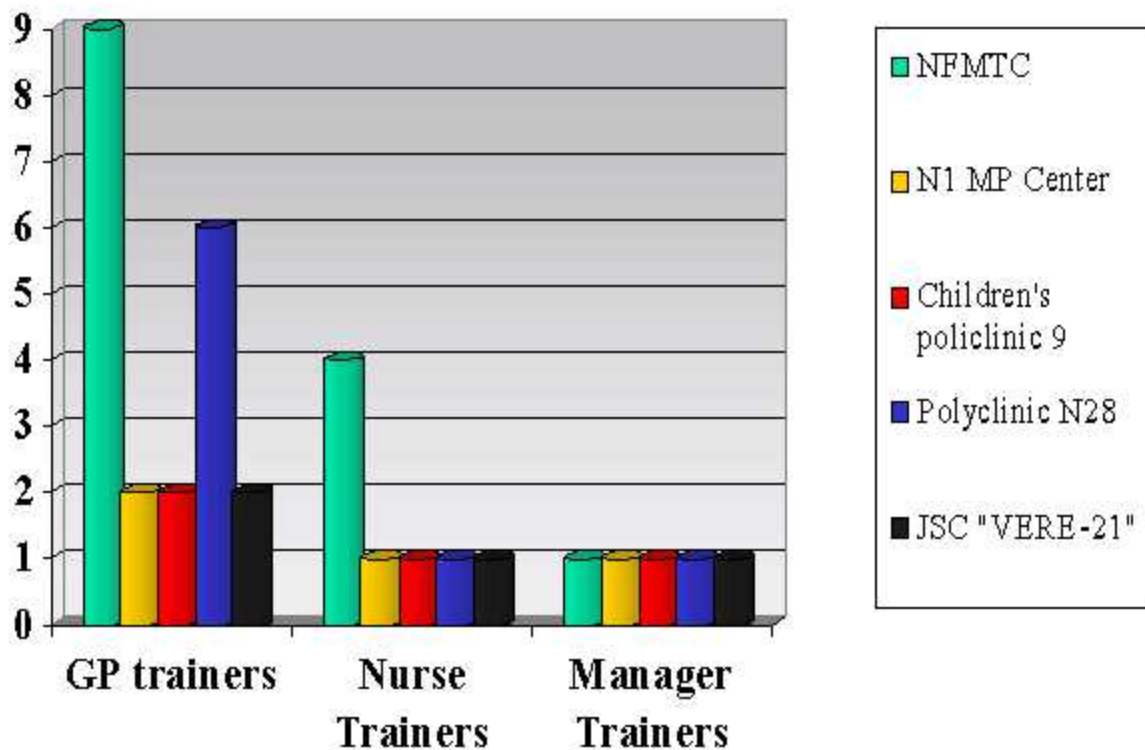
**N1 Medical Preventive Center**

**Children's polyclinic N9**

**JSC "Vere-21"**

**Adult's polyclinic N28**

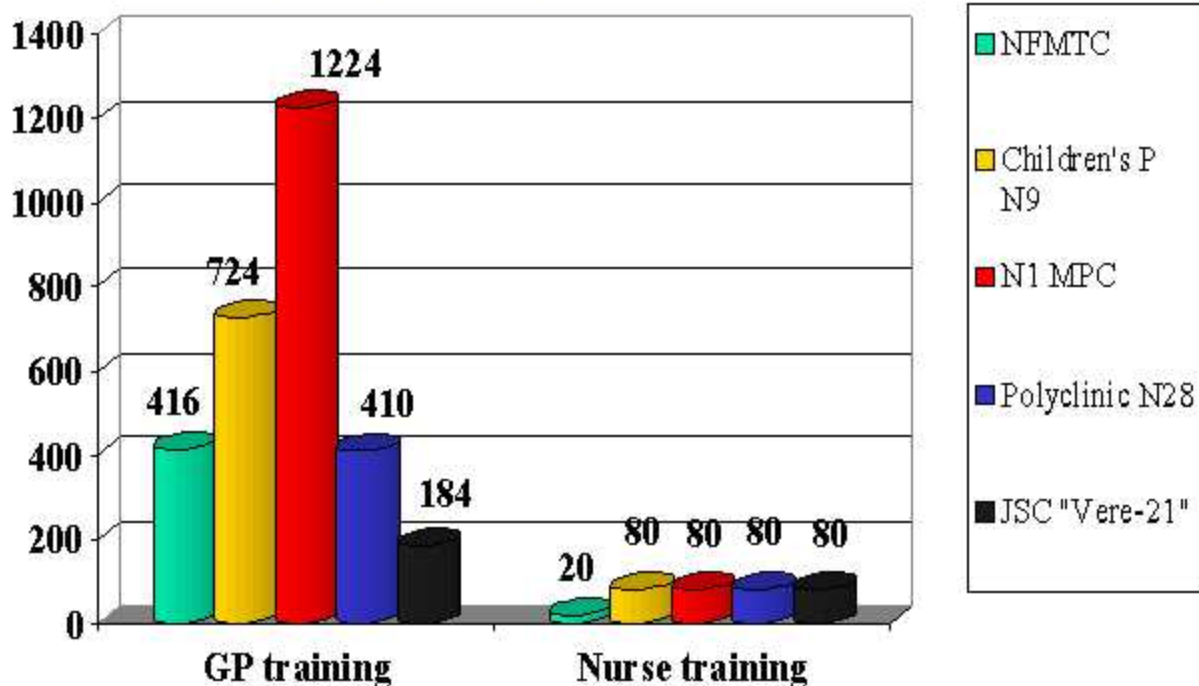
# Human resources for in-service training capacity of FMTCs



# Training workload in number of hour per trainer at FMTCs during 2000-2002

■ GP training load per clinic per trainer 2000-2002

■ Nurse training load per clinic per months



# Project cascade

## ▶ Training activities conducted by the FM trainers trained within DFID project :


- ▶ NFMTC and FM trainers are conducting a training course for PHC doctors in Mtskheta.
- ▶ FP trainers through CIF were involved in curriculum development and conducted the training programme for PHC Internists in Kakheti region within the USAID/Caucasus project “Safe Motherhood Initiative” in January-March 2002.

## ▶ Activities for strengthening FM/GP/GPN capacity supported by WHO

- ▶ WHO intends to support NFMTC team in translation and copyright of ICPC2.

## ▶ Development of Clinical Practice Guidelines

- ▶ FP trainers from children’s policlinic N9 are involved in guidelines development supported by AIHA.



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

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- The programme to be called “drug reimbursement scheme”
- Draft concept paper for discussion being developed
- Essential drug list developed, analysed and approved by the PHC team
- PHC drug formulary development: activities planned, involvement of FMC’s agreed
- Involvement of pharmacies discussed by the FMC directors

# **Work plan for the period June–September 2002**

## **Output 1**

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- 1. FMCs opened and operational within current municipal programme**
- 2. New ACP introduced and implementation started**
- 3. Agree contracts with Department of Public Health for health promotion and health prevention, with SMIC and TMHD**
- 4. Developing new protocols for 5 conditions**
- 5. Ongoing training of FM staff on using new protocols, MIS and etc.**
- 6. New services established at FMCs**
- 7. Finalise strategy for Social Marketing**
- 8. Implementation of social marketing activities continuing**

# Work plan for the period June–September 2002

## Output 2

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- Start work on the referral-counter referral system development for the FMTCs.
  
- Complete monitoring and evaluation framework for the project.
  
- Continue working on the financing component
  - drafting template contracts,
  - designing the reporting forms for the new municipal ACP



## **Work plan for the period June – September 2002**

### **Output 3**

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- **Manager trainers continue training with JW**
- **8 Family nurse trainers start training FMC nurses under UK consultant supervision**
- **Training of 8 regional GP trainers at NFMT C**
- **43 GP trainers complete their training and take summative assessment**
- **Multidisciplinary training for GPs, nurses, managers continue: (two one week visits) in FMC setting**
- **International TA to develop an information system to monitor and evaluate the primary care system**
- **Project monitoring visits**
- **Training visits**





## **Work plan for the period June – September 2002**

### **Output 4**

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- Training in rational prescribing
- Refinement of information system for the scheme
- Costing of the drug reimbursement programme
- Development of the concept paper
- Negotiations with pharmacies complete