



**USAID**  
აშშ-ის საერთაშორისო  
დახმარების აგენტობა



JSI Research & Training Institute, Inc.

# Healthy Women in Georgia 2007 Work Plan Presentation

*December 14, 2006*



# Program Summary

## ◆ Modernized Maternity Care

Reduced Maternal & Infant Mortality & Morbidity  
Evidence-based Care Practice, Norms & Standards

## ◆ Family Planning Expansion

Increased Contraceptive use

Reduced Abortion

Improved Counseling

FP Part of Primary Health Care

Logistics Management Information System Developed within the MoLHSA

## Informed Health Consumers

Improved Public Knowledge

Improved Health-Seeking Behavior

Client Satisfaction

Family-Friendly Care

# Modernized Maternity Care: *Why it is important*

- ◆ Maternal Mortality = 23/100,000
  - ✓ Postpartum hemorrhage (Preventable!)
  - ✓ C-section rates too high (RISK!)
- ◆ Neonatal Mortality=18/1000
  - ✓ Hypothermia deaths (Preventable!)
  - ✓ Poor newborn care (No “warm chain”)



# Modernized Maternity Care: *Why it is important*

- ◆ Georgian maternity care is 30 years behind the times
  - ✓ Practices not evidence-based
  - ✓ Inhumane care
  - ✓ No companion deliveries
  - ✓ Couples unprepared
  - ✓ Too much medication
  - ✓ Failure to actively manage labor (third stage)
  - ✓ Poor care of newborns/separation of moms and babies



# Modernized Maternity Care: *FY'07*

- ✓ Evidence-Based Safe Delivery training (OB/GYNs/Neonatologists/Midwives)
- ✓ Georgian training team (TOT)
- ✓ Medical school curricula
- ✓ Supportive supervision
- ✓ Ante-natal Care Training
- ✓ Expand to 12 New Hospitals: Gudushauri, Mathernity Houses # 1, 2, 4, Institute of Gynecology, Patriarchy Maternity Hospital (former #3), Sagarejo, Ozurgeti, Zugdidi, Gori, Kareli
- ✓ Improve facilities, launch Parents' Schools
- ✓ Train in Ukraine for S. Ossetia and Abkhazia



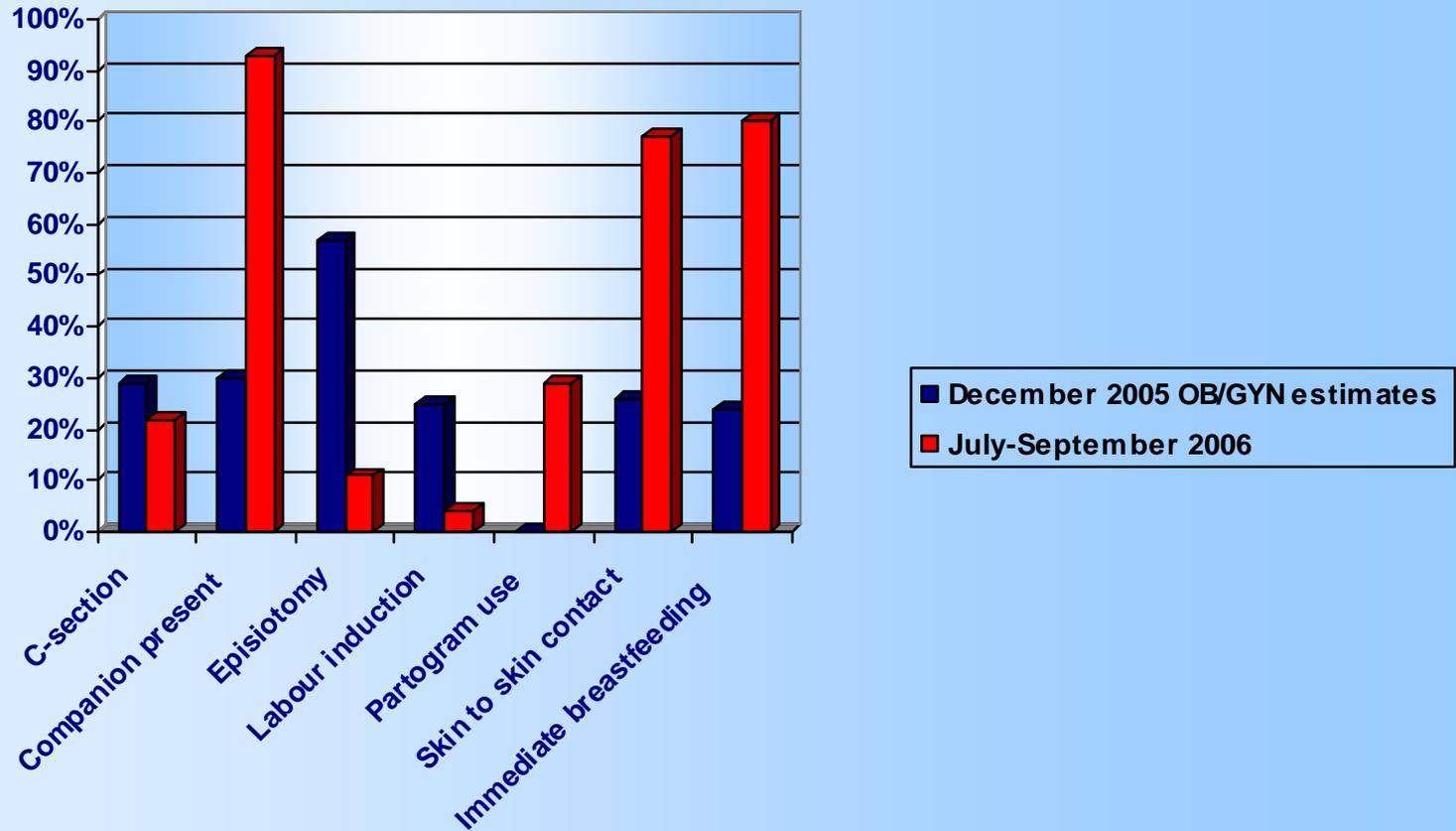
# Modernized Maternity Care: *Results*

- ✓ Active Management of Third Stage Labor (4,000)
- ✓ Newborns receiving essential newborn care (3,500)
- ✓ Evidence-based practices
- ✓ Humane care
- ✓ Companion deliveries
- ✓ Couples prepared
- ✓ Minimum medication
- ✓ Active management of third stage
- ✓ Rooming in and warm chain

Finally, daddies in the delivery room!



# Modernized Maternity Care: *Results*



# Modernized Maternity Care: *People level impact!*

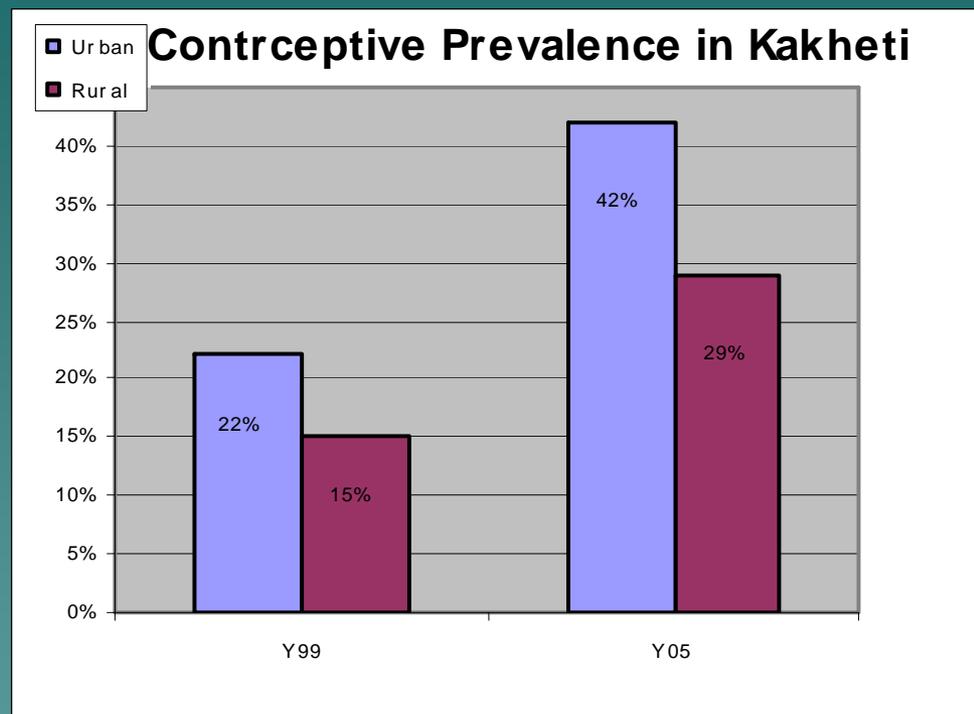
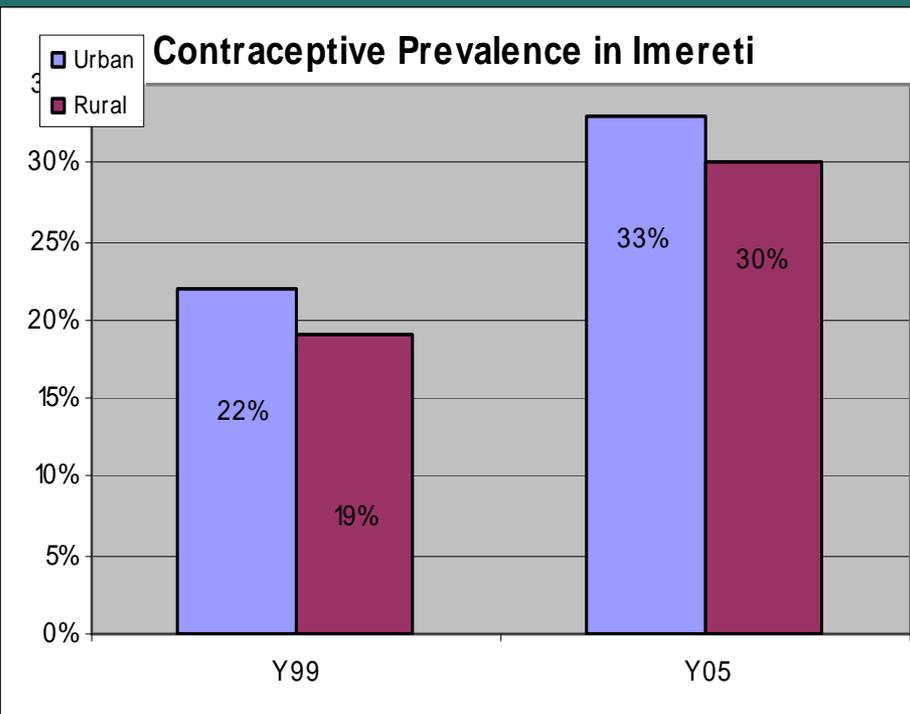


# Family Planning Expansion: *Why it is important*

1. Low use of family planning
2. High number of abortions
3. Women cannot pay for contraceptives



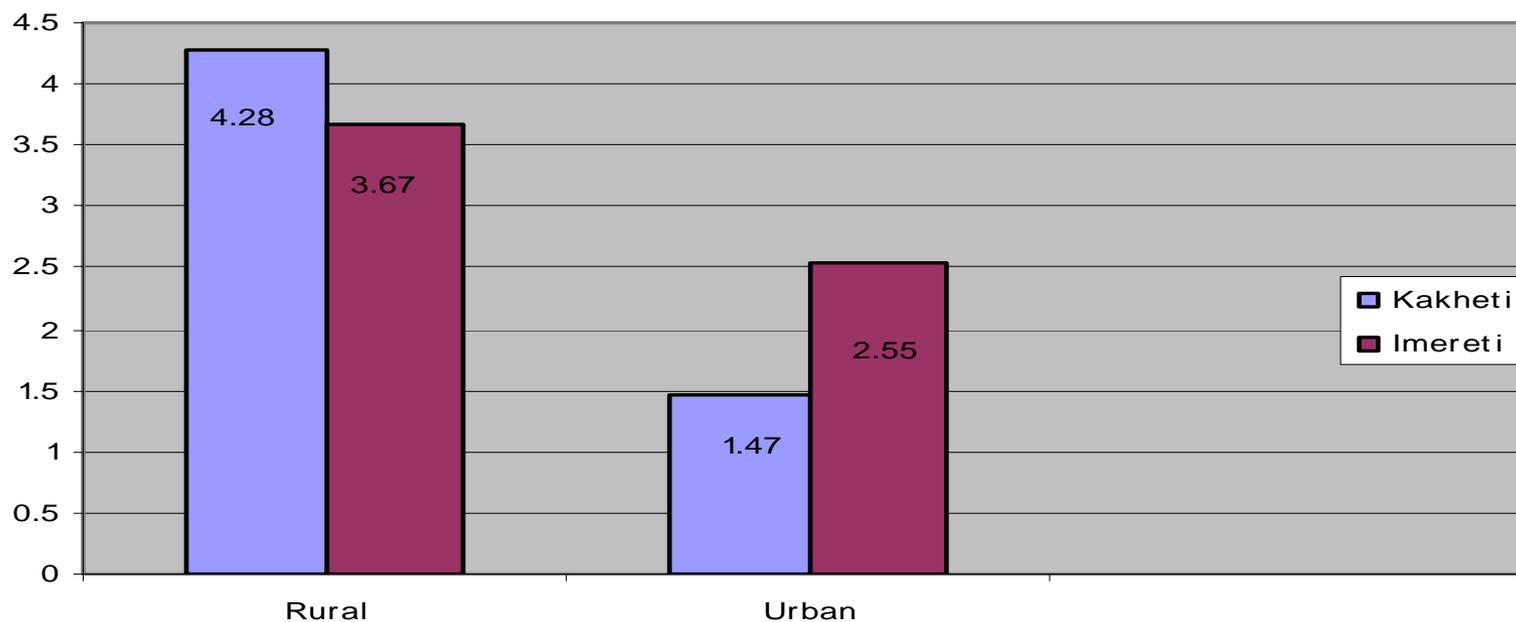
# Family Planning Expansion: *Why it is important (1)*



*Low contraceptive use, especially in rural areas.*

# Family Planning : *Why it is important (2)*

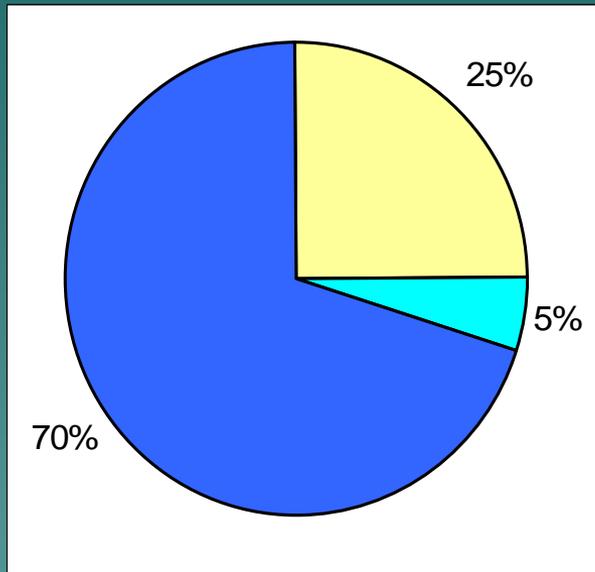
**Induced Abortion Rate in Kakheti and Imereti**



*High numbers of abortions.*

# Family Planning Expansion: *Why it is important*

## Ability to Pay for Contraceptives

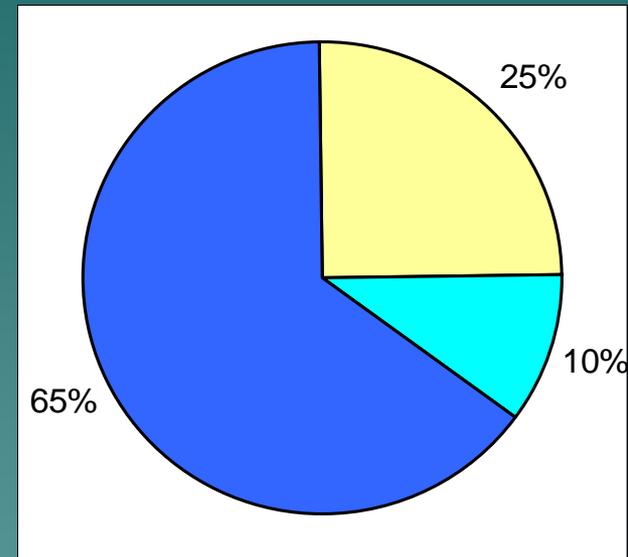


2006

ABLE

MARGINABLY ABLE

UNABLE



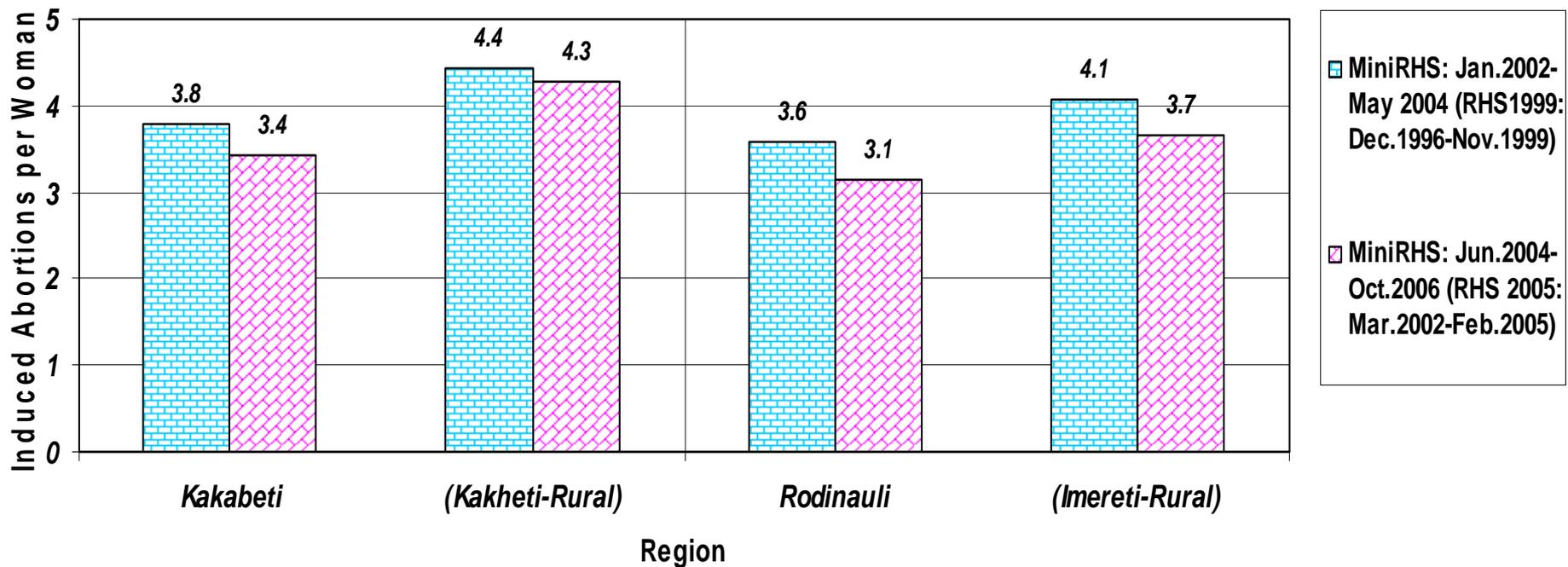
2004

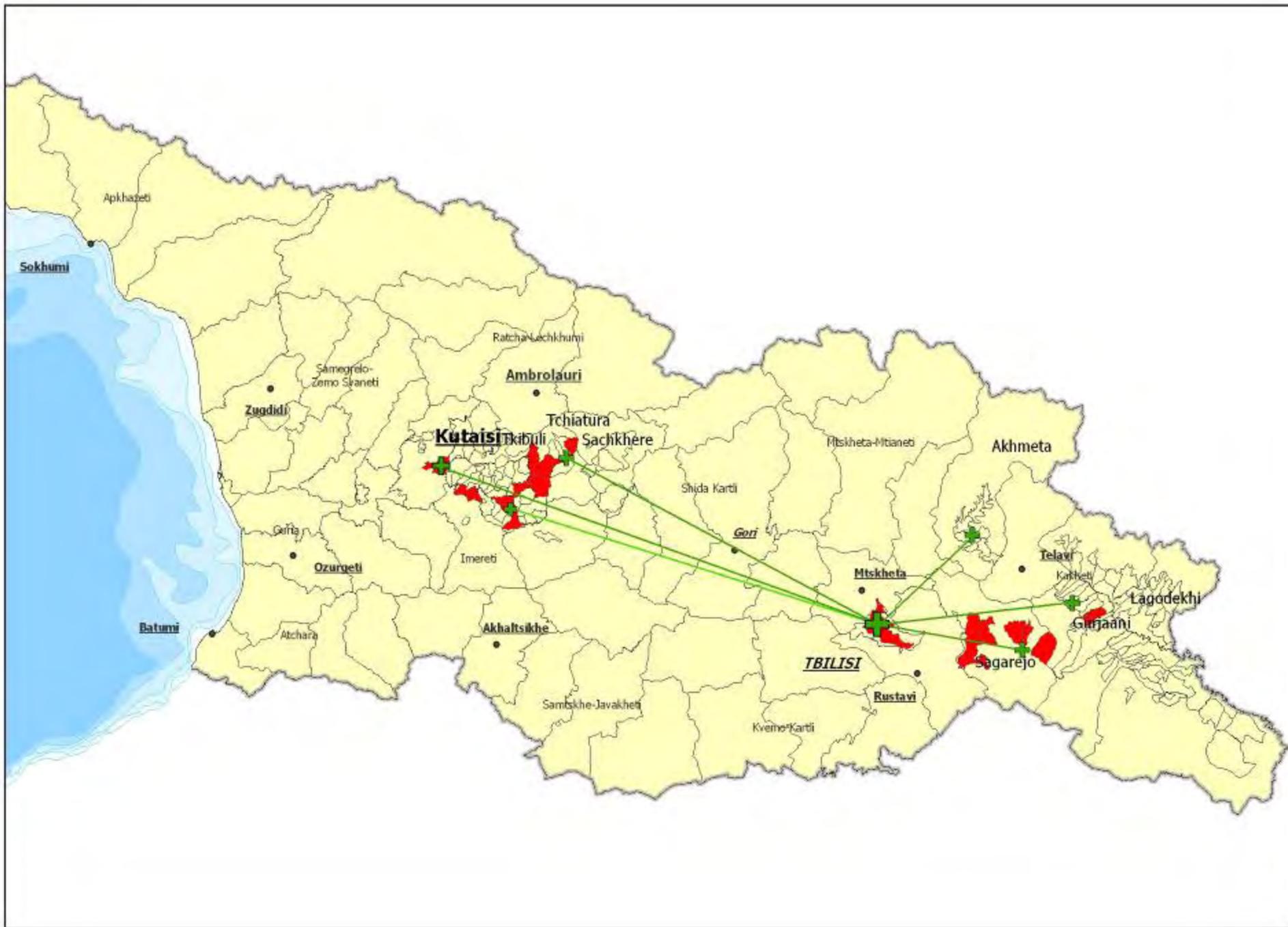
*Women cannot afford to pay for contraceptives.*

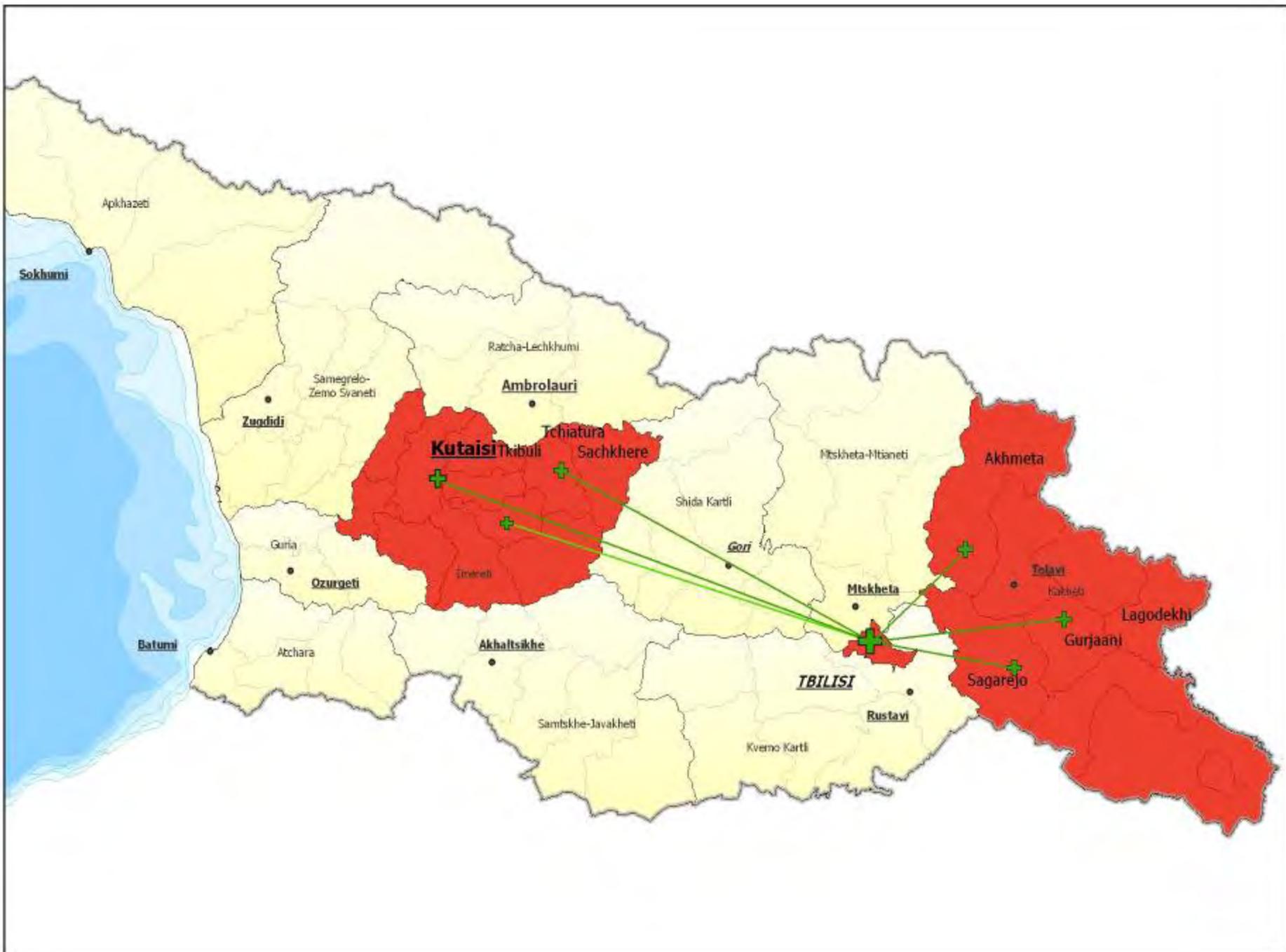
# Family Planning Expansion: *FY'07*

- ✓ Train 350 providers in services and counseling
- ✓ Expansion to 276 (126 new) of FP sites
- ✓ Implementation of logistics system with MoLHSA
- ✓ 15 Youth-friendly pharmacies
- ✓ Public-private partnerships
- ✓ Social Marketing
- ✓ Collaboration with CoReform on policy
- ✓ Special initiatives—post-partum FP; IUD

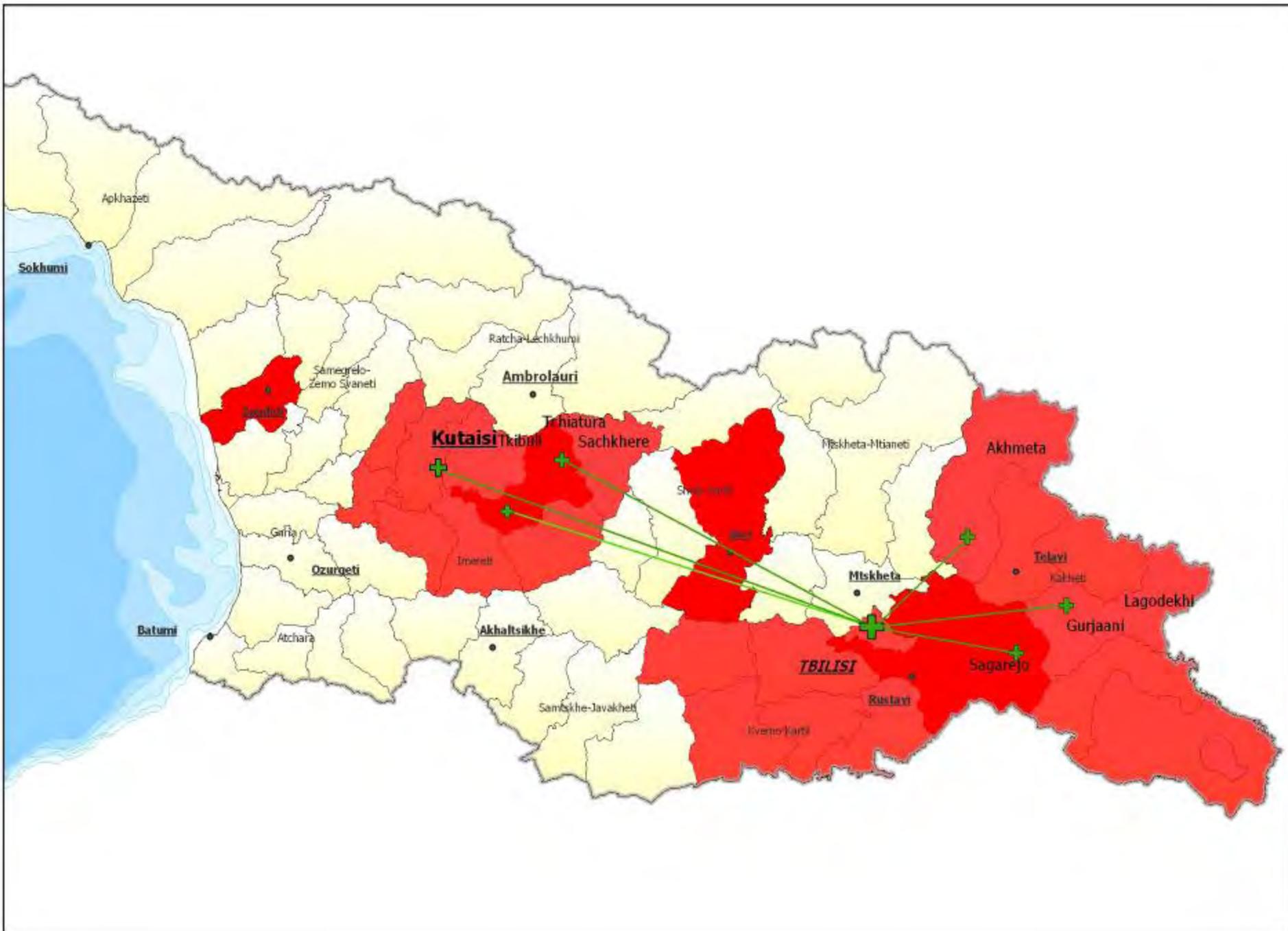
# Total Induced Abortion Rates Among All Women, 15-44 Years of Age,





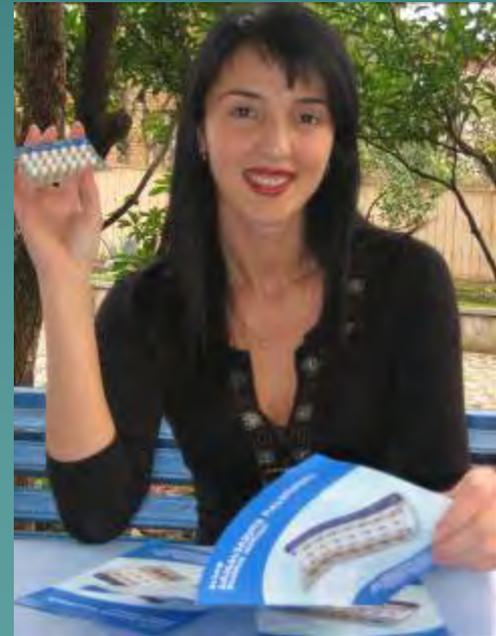






# Family Planning Expansion : *Results*

- ✓ Couple Years of Protection (11,000)
- ✓ Number of Service Delivery Points (276)
- ✓ Movement toward national logistics system
- ✓ FP part of primary healthcare
- ✓ Document reduced abortion
- ✓ Client satisfaction



# Informed Health Consumers: *Why it is important*

- ✓ Principle #1 Modern advertising influences health behavior
- ✓ Principle #2 People learn from many sources –friends, neighbors, mass media, doctors, written materials
- ✓ Principle #3 Supply-side only programs never work
- ✓ Principle #4 An educated health consumer improves outcomes and influences policy

# Informed Health Consumers: *Why it is important*

- ✓ **Ignorance increases health “risk”;**  
**decreases utilization**
- ✓ 58% of breast cancer in Georgia is diagnosed too late
- ✓ 38% of women do not know where to obtain oral contraceptives
  
- ✓ **Outcomes improve when client and provider work in partnership**
- ✓ Prepared women have shorter births
- ✓ Knowledge improves contraceptive use, decreases failure rates

# Informed Health Consumers: *FY'07*

- ✓ Social Marketing
- ✓ Parents' Schools
- ✓ Youth healthy lifestyles
- ✓ Adolescent peer educators
- ✓ Youth-friendly pharmacies
- ✓ Consumer education
- ✓ Breast cancer awareness counseling



# Informed Health Consumers: *FY'07*

- ✓ Community events (World AIDs Day, Breast Cancer Awareness Walk; calendar contest; summer camps; theater performances; sports events)
- ✓ Television talk shows
- ✓ Client advocacy meetings, stakeholder forums
- ✓ Educational materials distribution
- ✓ Study tours and program exchanges
- ✓ [JSI.ge](http://JSI.ge) web site

# Informed Health Consumers: *Results*

- ✓ Utilization of family planning improved services, maternity care, Parents' Schools, healthy lifestyle course
- ✓ Documentation of client satisfaction
- ✓ Social Marketing data (McCann Erikson)
- ✓ Youth KAP survey results
- ✓ Breast cancer early detection information
- ✓ HEAL reconciliation study

# Informed Health Consumers: *People level impact!*



# Informed Health Consumers: *People level impact!*



საინფორმაციო

შინა-შინა ახლა...

**კონტრასტეფსია-**  
**თანამედროვე**  
**არჩევანო**




შენი სანი

შპს სასაქონლო პროდუქციის მართვა და განვითარება 07 0 77 11

USAID  
 ამერიკის სახმარაგო

JSI  
 www.jsi.ge

საინფორმაციო

**კონტრასტეფსია-**  
**თანამედროვე**  
**არჩევანო**




შენი სანი

შპს სასაქონლო პროდუქციის მართვა და განვითარება 07 0 77 11

USAID  
 ამერიკის სახმარაგო

JSI  
 www.jsi.ge

საინფორმაციო

**კონტრასტეფსია-**  
**თანამედროვე**  
**არჩევანო**




შენი სანი

შპს სასაქონლო პროდუქციის მართვა და განვითარება 07 0 77 11

USAID  
 ამერიკის სახმარაგო

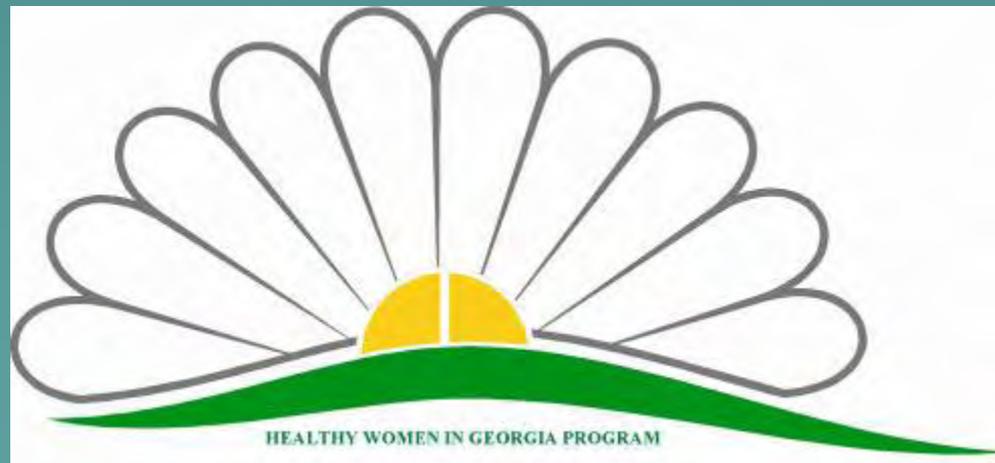
JSI  
 www.jsi.ge

# *Working in Partnership*

- ❑ **Public Sector**
- ❑ USAID/CoReform
- ✓ Ministry of Labor Health and Social affairs
- ✓ Ministry of Education
- ✓ WHO/Europe
- ✓ UNFPA
- ✓ UNICEF
- ✓ European Union, World Bank, DFID (UK)
- ✓ CDC (USA)
  
- ❑ **Private Commercial Sector**
- ❑ McCann-Erikson (Social Marketing Sub-contractor)
- ✓ Pharmaceutical Company “Schering” (Germany)
- ✓ Pharmaceutical Company “Gedeon Richter” (Hungary)
- ✓ Georgian pharmacy chains: AVERSI, PSP, GPC
- ✓ Kazbegi (Georgian private firm)
  
- ❑ **NGO Partners**
- ✓ CLARITAS XXI
- ✓ Curatio International Foundation
- ✓ Orthos
- ✓ Hera
- ✓ Save the Children
- ✓ Others: AIHA, CARE, World Vision, Merlin, CRRC

# Thank You USAID!

*We believe we can have a positive impact on health in Georgia, and we appreciate the opportunity to make difference.*



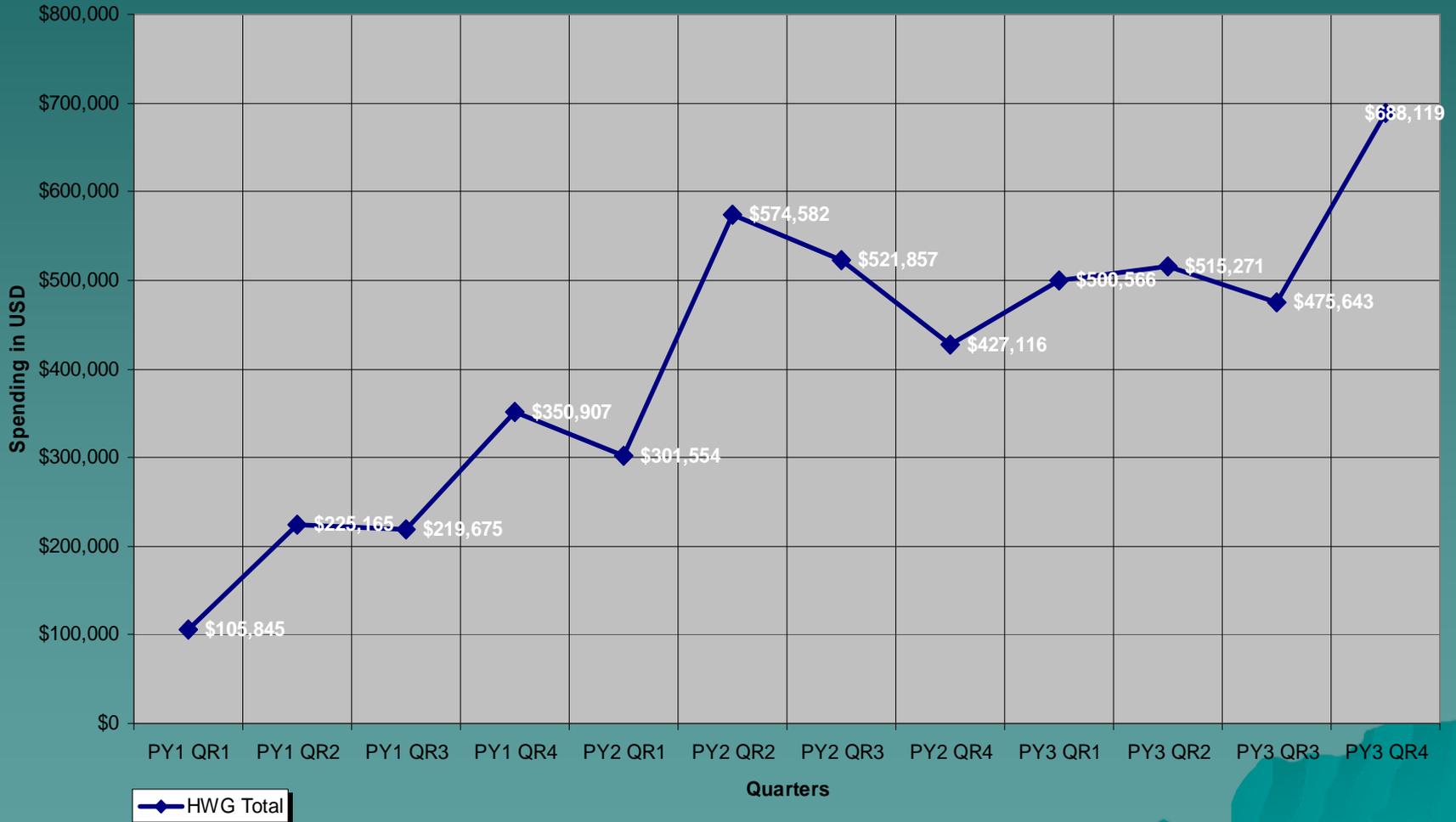
# Discussion Slide #1: Finances

## HWG Program components, budgets and spending

Component	Budget Obligation	Spending Through PY03	Balance	Burn rate	Component Start Date	Component Original End date
Comp 1--HWG	\$2,999,621	\$ 2,889,680	\$ 109,941	\$ 80,269	9/24/2003	9/24/2006
Comp 2--ECIS	\$2,000,000	\$ 1,584,837	\$ 415,163	\$ 66,035	9/24/2004	9/24/2006
Comp 3--CALI	\$ 840,250	\$ 430,921	\$ 409,329	\$ 35,910	9/24/2005	9/24/2007
Comp 4--SURE 1	\$1,500,000	\$ 719	\$ 1,499,281	\$ -	9/24/2006	9/24/2008
Comp 5--SURE 2	\$ 250,000	\$ 141	\$ 249,859	\$ -	9/24/2006	9/24/2008
Comp 6--HEAL	\$ 290,060	\$ -	\$ 290,060	\$ -	9/24/2006	9/24/2008
<b>Grand Total</b>	<b>\$7,879,931</b>	<b>\$ 4,906,299</b>	<b>\$ 2,973,632</b>	<b>\$ 182,214</b>		

# Discussion Slide #2: Finances

Chart 2: Healthy Women in Georgia Program Quarterly Spending



◆ HWG Total



# Discussion Slide #3: HEAL Activities and Decision Points

- ✓ Gori, Zugdidi expansion
- ✓ Ukraine safe delivery and family planning training
- ✓ Memorandum of Understanding with World Vision or Save the Children ?
- ✓ Equipment for hospitals in Abkhazia and South Osetia?
- ✓ Travel to conflict zone?

# Discussion Slide #4: Critical Assumptions

1. FP in Basic Benefit Package
2. “Legalization” of provision of FP and contraceptive distribution in primary health care centers
3. New MCH and FP guidelines and protocols meet WHO standards
4. Maternity hospital accreditation standards harmonized with HWG - assisted practice reforms
5. MoLHSA support remains consistent

# Discussion Slide #5: Expansion to Qvemo Kartli

- ✓ \$ 2.3 million
- ✓ Expand to #new family planning sites
- ✓ # maternities
- ✓ Providers trained
- ✓ Youth Healthy Life Styles
- ✓ Pharmacist Training
- ✓ Social Marketing/ IEC/BCC
- ✓ Medical School Curricula
- ✓ Ethnic minority population

Republic of Georgia: Comparison of Ability to Pay 2006 and 2004											
		Income Quintiles									
		Q5		Q4		Q3		Q2		Q1	
		2006	2004	2006	2004	2006	2004	2006	2004	2006	2004
	USD (\$)	\$6202	\$3832	\$2982	\$1899	\$2048	\$1323	\$1399	\$916	\$742	\$509
	GEL	10,791	6,936	5,188	3,437	3,564	2,394	2,435	1,657	1,292	921
Method	Brand	Percentage Annual Income for One CYP									
IUD	Nova T 200	0.03%	0.05%	0.06%	0.10%	0.09%	0.14%	0.13%	0.20%	0.25%	0.36%
Injectable	Depo-Provera	0.62%	0.39%	1.28%	0.78%	1.87%	1.13%	2.73%	1.63%	5.15%	2.93%
Condom	Favorite	0.42%	0.40%	0.87%	0.81%	1.27%	1.17%	1.86%	1.69%	3.50%	3.04%
Pill	Rigevidon	0.34%	0.43%	0.71%	0.87%	1.04%	1.25%	1.52%	1.81%	2.86%	3.26%
Pill	Triregol	0.34%	0.43%	0.70%	0.87%	1.02%	1.25%	1.49%	1.81%	2.81%	3.26%
Pill	Ovidon	1.18%	0.69%	2.45%	1.40%	3.57%	2.01%	5.22%	2.90%	9.84%	5.21%
Condom	Masculine	0.63%	0.98%	1.31%	1.98%	1.91%	2.84%	2.79%	4.10%	5.26%	7.39%
Condom	Sico	0.73%	1.24%	1.51%	2.50%	2.20%	3.59%	3.22%	5.19%	6.07%	9.34%
Pill	Nonovion	0.81%	1.25%	1.68%	2.53%	2.45%	3.63%	3.59%	5.25%	6.76%	9.45%
Condom	Durex	1.42%	2.10%	2.95%	4.25%	4.29%	6.10%	6.28%	8.81%	11.83%	15.86%
Pill	Marvelon	2.14%	2.37%	4.45%	4.78%	6.48%	6.86%	9.49%	9.91%	17.88%	17.84%
Pill	Diane - 35	1.76%	2.72%	3.67%	5.50%	5.34%	7.89%	7.82%	11.40%	14.74%	20.53%
Total Average CYP Cost		0.87%	1.09%	1.80%	2.20%	2.63%	3.16%	3.84%	4.56%	7.25%	8.20%

# Discussion Slide #7: RAMOS

- ✓ Reproductive Age Mortality Study
- ✓ MMR hard to determine
- ✓ No data on consequences of abortion
- ✓ Geographic and causal distribution of mortality unclear
- ✓ Government priority to reduce MMR
- ✓ Joint study with CDC, JSI and MoLHSA
- ✓ Principal investigator Mariella Tefft, **Upon discussion**

# Discussion Slide #8: FP reduces abortion!

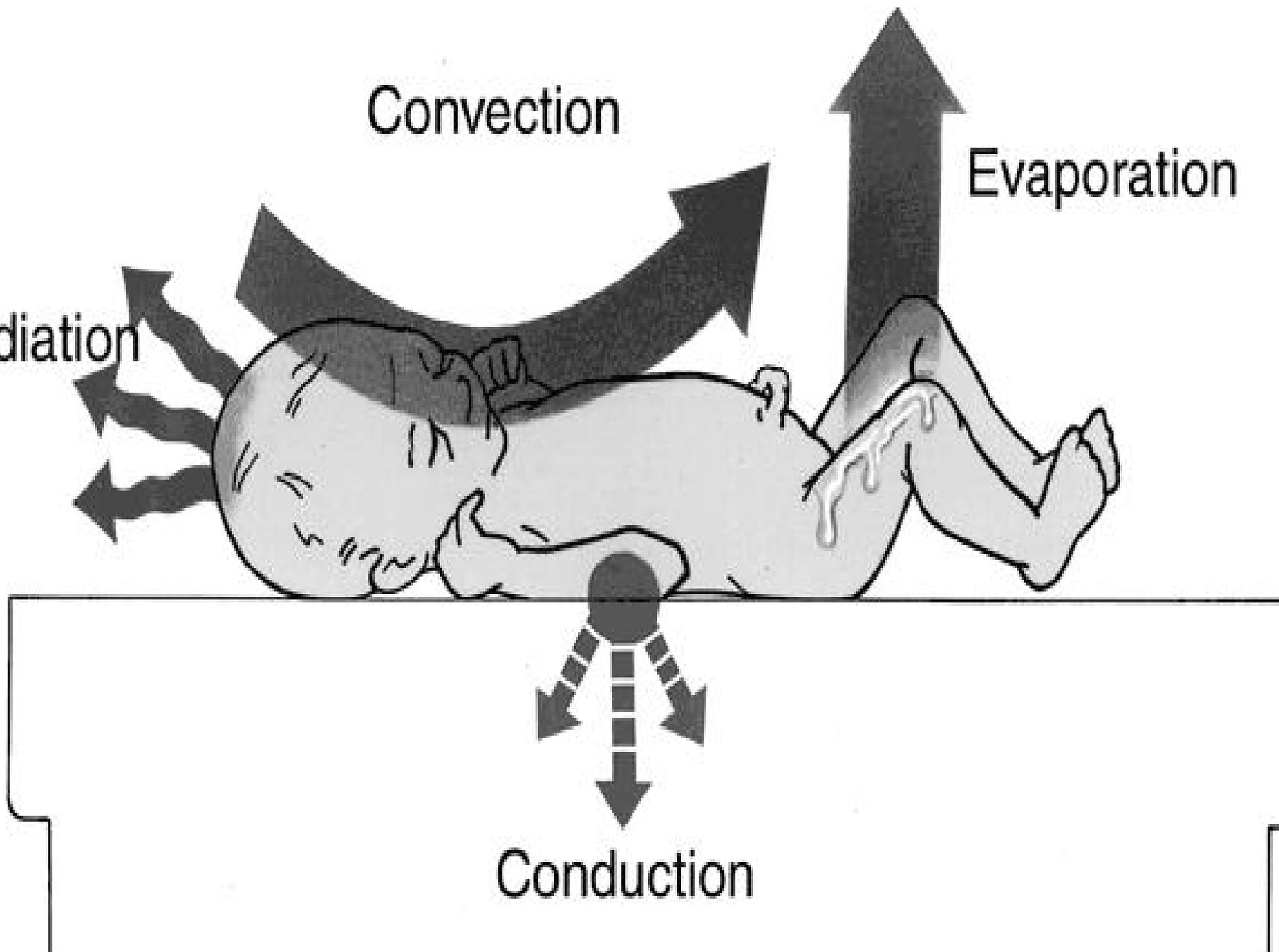
- ✓ Abortion data from Rodinauli and Kakabeti

Radiation

Convection

Evaporation

Conduction



# Discussion Slide #9: EE/EA Regional Project

- ✓ Dr. Paata Chikvaidze