

PRIMARY HEALTH CARE DEVELOPMENT PROJECT

- **COMPONENT 1 - PRIMARY HEALTH CARE (PHC) SERVICE DELIVERY**
- **COMPONENT 2 - INSTITUTIONAL DEVELOPMENT**
- **COMPONENT 3 - PROJECT MANAGEMENT**

Project Component 1 - US\$15.23 million

COMPONENT 1 - PRIMARY HEALTH CARE (PHC) SERVICE DELIVERY

The objective of this component is to support the phased development of PHC clinics in urban and rural areas of Georgia. During Phase I of the Project, up to 74 clinics in rural and high mountain areas will be operationalized and one pilots in urban area testing referral systems will be undertaken. Depending on the successful implementation of Phase I and the achievement of specific dated covenants under the project by mid-term (December 2005), a decision will be taken jointly by the Borrower and the Bank of the feasibility of expanding PHC in urban areas. Specifically, this is contingent upon the GoG successfully demonstrating to the Bank that the health care financing system can sustain further expansion into urban areas and the GoG has an implementable strategy for downsizing excess facilities and health personnel. If there is no progress on these fronts, during Phase II, expansion of PHC will be restricted to rural and high

mountain facilities that already have a contract with the GoG under the State PHC Program for Rural and High Mountain Areas.

Sub-Component 1.1 Expansion of Primary Health Care Service Services in Urban and Rural Areas

Seventy-four facilities will be rehabilitated and equipped during Phase I. The 74 facilities have been selected using the following criteria: (i) contract with the PHD under the State Program for Rural and High Mountain Areas; (ii) regional poverty levels ;(iii) geographic accessibility; (iv) facilities where no downsizing or restructuring needed; (v) facilities which have not been rehabilitated under the Georgian Social Investment Fund or by international NGOs such as CARE and UMCOR. Thirty-two clinics will be rehabilitated and equipped in the first year of the project and another forty-two in the next year. By mid-term review (mid-2005), it is expected that at least sixty PHC clinics in rural and high mountain areas will be delivering health services. The project will support civil works for the rehabilitation of the family medicine clinics and the provision of basic equipment, vehicles and packet radio communication as needed. The rehabilitation of clinics will be carried out as follows: (i) rapid master planning exercise (funded through the PPF); (ii) development of functional plan and design for family medicine clinics; and (iii) rehabilitation and equipping of clinics.

Performance Indicators (Outputs) for the sub-component:

- At least sixty rural and high mountain PHC clinics are fully operational at Mid-term review of the project and another 120 facilities before the end of the project;
- Five Regional Referral Laboratories are rehabilitated, equipped, licensed and have contractual arrangements with district health facilities.

Sub-Component 1.2: Kutaisi Referral Pilot

The implementation of this sub-component will not begin until the results from the evaluation of the referral system in Eastern Georgia is complete. The Kutaisi Perinatal Center will be located in the *Kutaisi Regional Clinical Hospital*. The Kutaisi Perinatal Center will: (i) provide integrated modern prenatal, delivery and postpartum care to both low and high-risk pregnant women as well as high quality neonatal care; (ii) serve as the highest referral level in Western Georgia in a new, integrated model of providing primary and secondary maternal and child health services; and (iii) serve as a second location for residency programs in Obstetrics and Pediatrics. Rehabilitation will give priority to: (i) improving prenatal care facilities (women's consultation center or other existing prenatal outpatient services), delivery, and postpartum services; (ii) improving sterilization in the surgical theatre and labor and delivery rooms; (iii) installing neonatal resuscitation equipment. The development of a referral system for Kutaisi is being undertaken under the current Bank-financed Project (Health I). This consists of developing radio communication and ambulance system. Once the Perinatal Center is developed, some of the communication equipment will be placed in the Center, and the rest will remain with the district hospitals. The proposed Project will support: (i) civil works for the partial rehabilitation of Kutaisi Perinatal Center; (ii) office, diagnostic, therapeutic and other equipment for the Center; (iii) training seminars in the latest

international protocols in the Integrated Management of Pregnancy and Childbirth for the PHC teams and staff of the Perinatal Centers.

Performance Indicators of the sub-component:

- The Perinatal Center is refurbished and equipped and staffed with trained health personnel;
- The referral system is fully functional from PHC clinics to Regional referral center;
- New protocols of MCH care fully applied.

Sub-Component 1.3: Community Information, Education and Communication (IEC)

This sub-component will support the development and implementation of an information, education and communication campaign (IEC) for PHC. The main objective of the IEC campaign is to provide information to consumers to support an open enrollment process with PHC clinics. The project will support the following activities; (i) design of a communications campaign for PHC (ii) development and airing of TV and radio spots and distribution of booklets, brochures and campaign materials; (iii) organization of community-level workshops.

Performance Indicators for the sub-component:

- Comprehensive communication strategy is developed and implemented during the project life;
- Regular public/community opinion surveys are carried out, results analyzed and the new revised messages and or information delivery strategies developed;
- Community IEC workshops and seminars are conducted in all targeted communities;
- IEC materials are regularly placed in central/local newspapers and aired on a TV and radio.

Project Component 2 - US\$7.29 million

COMPONENT 2 - INSTITUTIONAL DEVELOPMENT

The goal of this component is to support institutional development and capacity building for the sustainable delivery of PHC services in Georgia. This component consists of the following sub-components: (i) developing of training capacity in PHC; (ii) development of norms and standards for PHC and using these to develop an appropriate legal and regulatory framework for PHC; (iii) analysis of health care financing options to support a sustainable health care financing framework for PHC.

Sub-Component 2.1 Capacity-building for PHC Training

This sub-component will support the development of up to five Regional Family Medicine Training Centers (RFMTC) for Georgia and help to develop a post-graduate residency program in general practice/family medicine, as well as in Health Management. This sub-component of the Project will be implemented in two Phases. During Phase I, the Project will support the development of two RFMTC for Western Georgia (Kutaisi and Batumi), and begin the process of developing post-graduate residency programs in family medicine and health management by rehabilitating office space, selecting and training of faculty members and developing a curriculum. During Phase II, additional RFMTC will be developed depending on the training needs assessment that will be conducted under Sub-Component 2 (building long-term planning capacity). Alongside with listed interventions the Project will assist the government to development of the Basic Medical and Nursing education system reform strategies.

The Project will support: (i) civil works for rehabilitation of Regional Family Medicine Training Centers (RFMTC) and selected office space for the Family Medicine Faculty including Health Management Department; (ii) basic office, diagnostics, therapeutic and laboratory equipment for the RFMTC and office and training equipment for the Postgraduate Faculty; (iii) stipends and DSA for doctors and nurses undergoing the training of trainers (TOT) program as well as for PHC teams to be trained under the project, and (iv) International and local TA for the FMF business plan, residency program (FM & HM) curriculum development, training of faculty members, as well as study tours and workshops.

Performance Indicators for sub-component

- Family Medicine Faculty is established, staffed with trained personnel and is fully operational (including faculty business plan and curriculum);
- First residency programs in Family Medicine and Health Management are introduced at the beginning of the II phase and is functioning;
- At least 5 RFMTCs are opened, staffed, fully operational and are implementing training at least for 30 PHC teams per calendar year;
- Reforming basic medical and nursing education strategy is developed and approved by the government at the end of the project.

Sub-Component 2.2 Capacity-Building in the Management of PHC Services

The objective of this sub-component is to build the capacity of the Public Health Department within the MoLHSA to set policy, plan for and regulate PHC services in Georgia. This sub-component will focus on development and implementation of the needed legal framework for PHC/GP/FM and will support the following activities: (i) the development and passing of enabling legislation, bylaws, and regulations on PHC/GP/FM; (ii) revision of current certification/licensing laws and regulations for PHC doctors and nurses; (iii) revision of current accreditation and licensing laws and regulations for PHC including those related to accreditation of PHC/GP/FM training. The Government of Georgia has clearly articulated a strategy for primary health care development in Georgia. However, substantive changes are needed in the system in order to create a health system that is built on the foundation of PHC, for which better technical assessment and information is needed. For example, the current general medical care system in Georgia consists of triplicate, parallel, and specialized health service delivery institutions (i.e. Adult Polyclinics, Women's Consultations, and Pediatric Polyclinics). The institutions are separate legal entities with unclear or nonexistent governance/management, with no coordination of services, and with little or no communication between the facilities.

The GoG's PHC Strategy envisions a system of primary health care services integrated at each facility and staffed by PHC teams trained or re-trained as General Practitioners (GP) Physicians and GP Nurses. There is large over-capacity of physicians, hospitals, and polyclinics. However, medical training institutions continue to train and graduate nearly 2,500 physicians per year (a large proportion of whom are specialists) while estimated national needs are approximately 250 per year. There have been insufficient processes to identify and project the health manpower needs of the country such as (but not limited to) the numbers of PHC physicians, the number and types of specialists needed to support GP/FMs, the geographic distribution of physicians in relation to recent census information, and the age profile of existing physician populations. The SRS Project is supporting development of a national master plan for hospitals. However, no analogous or complementary master plan exists for PHC, for the outpatient specialty care needed to support PHC or for the ancillary health services needed to support PHC (e.g. clinical laboratory, diagnostic services, home health care, hospice). Workforce and facility rationalization is intrinsically linked to the creation of the new family medicine specialty in the country. In addition, in the context of workforce rationalization, the master plan will discuss the usefulness of human resource supplies in meeting the health care needs Georgia, plans for resolving gaps in under-service among Georgia's population, plans for resolving the critical problem of low productivity, and for balancing retraining, training, and recruitment with population needs for health care. Since family medicine (primary care) is essentially an approach to delivering health care (gatekeeper, focus on preventive and primary care model), a health force and facility rationalization plan that focuses on the entire system is needed, rather than one which only focuses on predicting the number of doctors and nurses needed for family medicine. The objective of this sub-component is to develop a master plan for PHC in Georgia and in the process also build the capacity of the Primary Health Care Department in planning for PHC.

The plan will be developed in phases and should lead to the development of an Implementation and Operational Manual for PHC. The specific activities and stages in which the master-planning exercise will be conducted include: Once the model of PHC for Georgia is adopted, norms and standards based on the latest census will be carried out. Based on these norms and standards a health workforce rationalization plan and a health facilities rationalization plan will be developed. The health workforce rationalization plan will be used to complete a training needs assessment. Both plans will be clearly used to identify restructuring/downsizing and redeployment needs in PHC. A management and organizational framework for PHC which will clearly delineate the relationship between the various stakeholders in the health system (MoLHSA, particularly the PHC Department, public and private purchasers and GP/FM providers) will be delineated. This plan will be completed before the laws and regulations are developed/ revised/ adapted. Based on all the available information, a PHC Implementation Manual for Georgia will be developed. The plan will be developed on the basis of data from the health household survey and provider survey to be implemented by the Health Policy Unit, the Hospital Master Plan developed by Kaiser

Permanente under the World Bank Structural Reform Support, other national statistics available from the Department of Statistics, Georgia (SDS), other available data on workforce supply and surveys carried out specifically for the purposes of this planning exercise. The plan shall also build upon the work in health workforce rationalization that has been undertaken by DFID under Phase I of the Primary Health Care Development Project which has focused on training family medicine practitioners. The master plan will consist of two sections – one focusing on facility restructuring and downsizing and the other on health workforce rationalization. The plan will evaluate the current situation in all Regions of Georgia and project the number of health facilities and health personnel needed. The facility master plan will be completed first. This sub- component will support activities to develop a national master plan for outpatient workforce and infrastructure including a PHC master plan. With the help of International TA and local consultants in conjunction with the MoLHSA, the master plan will be developed following an iterative process of collection and analysis of information on topics of concerns, extensive discussions with stakeholders followed by refinement.

Performance Indicators

- PHC facility Master plan is developed and guides the PHD to manage the PHC system;
- The management capacity of central and local PHDs are improved and able to
 - balance between the number of staff in training and sector needs;
 - Labor force for the PHC is redistributed by function and geographical location;
 - expenditures on the staff will be have been redistributed from over-provided locations to the under-resources geographical areas;

- develop service strategy and be able to plan. At present there is no mechanism for the sustainable development of service policy, strategic development and implementation;

Sub-Component 2.3 Strengthening of Health Management Information System for PHC

The development of appropriate health management information systems (HMIS) that links the facilities to the purchasers and relevant departments within MoLHSA responsible for policy-making and planning is critical for the sustainable implementation of PHC. This sub-component will build upon the investments in HMIS supported through Health I. The project will support: a) international and local TA for the design of the HMIS system starting from facility level up to the district, regional and national level; b) training public purchasers, providers and relevant staff in the MoLHSA in the collection, use and dissemination of information; c) implementation of HMIS on pilot basis in selected districts/regions.

Performance Indicators for the sub-component

- HMIS system including implementation guidelines developed.
- HMIS implemented in pilot district and evaluated.
- Relevant groups (providers, public purchasers, regional and national PHD staff trained).

Sub-Component 2.4 Support for the Implementation of Health Care Reforms:

The long-term objective of this component is to build capacity within Georgia to support evidence-based policy-making and planning. In the medium to short term, the main objective is to develop and operationalize a Health Policy Unit (HPU) within the National Health Management Center that will be responsible for providing information and analytical support to the Ministry of Labor, Health and Social Affairs (MoLHSA) in implementing its Health Reform Strategy. Given the importance of health care financing, especially in the context of PHC, the HPU will initially focus on issues such as improvements in the mobilization, management and allocation of public/private finances for health care, improving provider payment systems, and the in-depth and evaluation of health care reforms. This Unit will also be initially responsible for the development of National Health Accounts (NHA). It is possible that in the future, the NHA unit within the HPU will be incorporated directly into the MoLHSA. Given the nature of its function, the HPU will have to work in partnership with a wide-range of governmental institutions involved in the technical oversight of the proposed project (Public Health Department, the HSPIC which will be responsible for routine monitoring, CMSI). The project will support: (i) civil works for the rehabilitation of office space for the HPU; (ii) necessary office equipment for the HPU including a computer server, workstations, printers, copiers and communication equipment; (iii) training for HPU staff in health economics, provider payment systems, national health accounts (iv) participation in international technical conferences, workshops and study tours; (iv) local and international technical assistance.

Performance Indicators/Outputs for the Sub-Component

- Development of NHA classifications for Georgia and an NHA manual;
- Revision of existing HH survey instruments;
- Completion of provider market analysis based on a provider survey that will be developed and implemented by the HPU.
- Evaluation of existing contracting and provider payment mechanisms being used in Georgia, with an initial focus on primary health care financing.
- A study on municipal financing and delivery of health care services in Georgia
- Elaboration of methodologies for the financing of PHC, including reimbursement mechanisms and contracting procedures for PHC institutions.
- Completion of baseline national health accounts, and at least one health care financing study using the results of the baseline health accounts (for e.g. focusing on equity issues)

Project Component 3 - US\$ 1.24 million

Component 3: Project Management

The objective of this component is to provide the necessary support, through the provision of project management services and through the monitoring of implementation progress as well as evaluation of the project impact.

Sub-component 3.1 Project Management

The objective of this sub-component is to support project implementation by ensuring: a) project activities are well coordinated; b) issues affecting or potentially affecting project implementation are identified and addressed in a timely manner; c) technical advice is provided to project components in how to develop work plans, write terms of reference, effectively manage consultant services; d) necessary project inputs are provided in a timely and cost-efficient manner; e) project resources are appropriately managed in accordance with Bank requirements for procurement and financial management; f) effective project monitoring and progress reporting is carried out; g) there is systematic out-reach to various stakeholders to promote project objectives. The component will finance: (i) technical assistance and training in project management, procurement, financial management and disbursement, and key software programs such as Microsoft Project and the financial accounting package; (ii) salaries of the professional-level

consultant staff that will comprise the Project Coordination Unit; (iii) necessary office equipment and furniture; (iv) vehicles for site visits; (v) other outreach activities such as conferences, community meetings and supporting material; and (vi) incremental operating expenses of the PCU including the salaries of office support staff, communication costs, banking fees, transportation costs, meeting expenses, office supplies and minor equipment, equipment maintenance, advertisement fees, office security arrangements, and audit fees.