Stories of

TRANSFORMATION

from Georgia

USAID FROM THE AMERICAN PEOPLE SUSTAIN

JSI

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SUSTAIN Final Report. Boston, MA: Sustaining Family Planning and Maternal and Child Health Services in Georgia, John Snow, Inc.

Table of Contents

Introduction

The Sustaining Family Planning and Maternal and Child Health Services in Georgia (SUSTAIN) project was a huge and undisputed success. SUSTAIN contributed to a veritable revolution in the way that women experience childbirth in Georgia and the way that health providers deliver perinatal services to women and newborns. Maternal mortality declined by 40% as the number of hospitals providing evidence-based perinatal care grew significantly. Family planning services also were expanded at scale, with women even in the most remote villages and hamlets of Georgia gaining access to contraception.

The stories in this booklet illustrate what these successes mean in the everyday lives of people. Women who have given birth in hospitals that provide the "new" evidence-based, family-centered care; doctors who have been trained to deliver that care; and new parents who have taken advantage of the new online parent school are all profiled on the following pages.

The stories go a bit further, too, exploring why Georgia's new regionalization policy is a game-changer for the safety of mothers and newborns and how doctors from Georgia's largest hospital network are using internationally-recognized quality improvement measures to provide increasingly better perinatal care.

We invite you to step into the lives of the people on the following pages: mothers, fathers, doctors, hospital managers, NGO leaders, and youth advocates. Their lives have all been touched by SUSTAIN and their experiences bring the project's impressive results to life.

The Childbirth Revolution

IN GEORGIA, USAID REVOLUTIONIZED THE WAY THAT MOTHERS AND NEWBORNS ARE CARED FOR IN HOSPITALS ACROSS THE COUNTRY.

A Georgian father provides critical skin-to-skin contact just minutes after his newborn was delivered by C-section in a Tbilisi hospital.

USAID's SUSTAIN project was focused on improving and sustaining the gains made in maternal, newborn, child, and reproductive health services. The project worked in public and private partnership with health care providers, insurers, and policy makers to improve the quality of care in each of these areas. USAID investments contributed to a 42 percent decline in maternal mortality.

The project has trained more than **500 health care** providers in effective perinatal care, and helped to **standardize maternity care** by developing ten obstetric and neonatal clinical protocols.

"It was a very bad picture before. We were separating mothers and babies; we were prioritizing infant formula over breastfeeding. We over-prescribed hormones, diuretics, antibiotics, vitamins, and anti-vomiting medicine to treat sick newborns and mothers. And neonatology was completely separated from the obstetrical unit," said neonatologist Dr. Marika Petriashvili.

Over the last decade, USAID has also helped to transform maternity care. One of the most important changes was making child birth a more family-centered experience. Fathers are encouraged to participate and support their wives not only through childbirth, but also during the important post-partum period.

USAID investments contributed to a 42 percent decline in maternal mortality.

Before USAID introduced warm chain practices in 2005, complications from newborn hypothermia were not uncommon. Now, skin-to-skin contact is provided after 79 percent of C-section births.

The project's focus on quality is important. Georgia implemented universal health coverage for all citizens in 2013, and now there is a renewed focus on ensuring that health services are high quality. Toward this end, the project worked with the Ministry of Health to develop health facility accreditation and certification programs for perinatal care and reproductive health care.

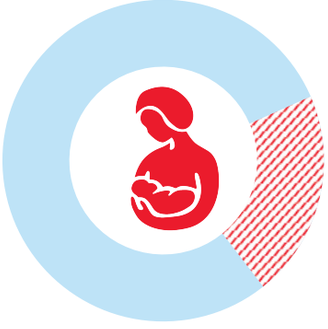
As critical first steps, the project introduced facility-based quality improvement initiatives, including spearheading a clinically-proven and cost-saving perinatal care program that was implemented in more than half of all maternity clinics.

The project trained more than 500 health care providers in effective perinatal care, and helped standardize maternity care by developing ten obstetric and neonatal clinical protocols, which were approved and put into practice by the Ministry of Health.

The project used health behavior change principles to conduct communication campaigns to encourage families to seek high-quality maternal, newborn, child, and reproductive health services. Campaigns targeted the public through a combination of television, radio, print and web-based media, including social media. The project also places information, education, and communication materials at different points of service, such as prenatal clinics and primary health care centers to reach specially targeted audiences with more in-depth information.

A key element in the communications campaign was the project's Facebook page. It garnered more than 6,500 likes, which is significant in a country that has increasingly used Facebook as part of a national political and social dialogue.

Skin-to-skin contact, which helps prevent newborn hypothermia, is now provided after **79% of C-section births** across the country.



INTERVIEW

AN INTERVIEW WITH **NATIA CHKOIDZE**, A MOTHER WHO GAVE BIRTH IN WESTERN GEORGIA'S ZESTAPONI MEDICAL CENTER IN JUNE 2011

Natia Chkoidze enjoys "rooming in" with her newborn son, Luka, at Zestaponi Medical Center in Western Georgia. Natia's ob/gyn team used effective perinatal care principles while she was delivering and she was extremely satisfied with the whole process of giving birth.

How would you describe your recent experience of giving birth?

I am very happy. Everyone here has been so helpful.

Would you please contrast your most recent experience giving birth with the one before that? What was different about the experiences?

There was a huge difference! With my first child, I delivered in 2007 in an old delivery chair that was really uncomfortable. I couldn't have a family member with me during or after the delivery. I heard women screaming and babies crying the whole time I was there. After birth, my baby was immediately separated from me.

Now [my new baby and I] are together all 24 hours of the day. My baby is calm and quiet. I heard about this hospital from my sisters, who all had their babies here recently and had great experiences. I drove more than four hours from my village to come and deliver here.

At your most recent birth, did you feel as though you and your needs were the primary focus of your care?

Yes, definitely. The doctors and nurses explained everything to me. They explained everything that was happening and they guided me through the whole process. Also, they let me choose what position to give birth in. They encouraged me to move around! Last time, I had to lie still in the chair and the pain was really bad. This time, I was encouraged to use the birthing ball and the Swedish wall, which was so helpful with pain management. At the last hospital, my pain was a "10," but here, it was only a "3."

When my baby was placed on my chest after he was born, it was the best feeling in the world and I immediately forgot all the pain!

Did you choose to have a companion with you during the birthing process? If yes, who accompanied you? Was it helpful having someone with you? Why or why not?

Yes, my husband accompanied me. Yes, it was extremely helpful. I felt much calmer having him with me.

"I was encouraged to use the birthing ball and the Swedish wall, which was so helpful with pain management. At the last hospital, my pain was a "10," but here, it was only a "3."

When my baby was placed on my chest after he was born, it was the best feeling in the world and I immediately forgot all the pain!"

— NATIA CHKOIDZE

Safer Newborn Care

GEORGIAN NEONATOLOGIST DR. MARIKA PETRIASHVILI ATTENDED THE COUNTRY'S FIRST ADVANCED NEONATAL TRAINING COURSE AND SINCE HAS CHANGED THE WAY SHE TREATS COMPLICATED CASES, SUCH AS NEWBORN SEPSIS.

Dr. Petriashvili attended the country's first advanced neonatal training course and has already identified how she'll change the way she treats complicated cases such as newborn sepsis.

Georgian neonatologist Dr. Marika Petriashvili has the kind of demeanor you'd want in a doctor caring for your newborn: she is kind, calm, and speaks the truth openly.

Dr. Petriashvili works in a top Tbilisi hospital and is known as one of the country's best neonatologists.

Since 2003, the way newborns are cared for and treated in Georgian hospitals has been revolutionized. "It was a very bad picture before 2003: We were separating mothers and babies, we were prioritizing infant formula over breastfeeding. We over-prescribed hormones, diuretics,

antibiotics, vitamins, and anti-vomiting medicine to treat sick newborns and mothers. And neonatology was completely separated from the obstetrical unit."

In 2003, USAID, through John Snow, Inc. (JSI), introduced effective perinatal care practices in Georgia by designing and conducting a series of intensive trainings for the country's health providers. Then in 2012, JSI helped draft and roll out the government's national protocols on key obstetric and neonatal issues (which had not existed before). The protocols are now available on the Ministry of Health's website.

In February 2014, Dr. Petriashvili experienced the next phase in USAID's support for improving neonatal care in Georgia. She attended the country's first training on advanced neonatal care. Developed by a team of neonatal experts from Georgia and Ukraine, the three-day training covers emerging issues in neonatology as well as how to identify and treat common causes of newborn death in Georgia such as sepsis.

JSI supported two trainings—one in West Georgia for 34 neonatologists and one in Tbilisi for 40 neonatologists. After hearing about the success of the first two trainings, another hospital owner in West Georgia requested JSI to provide an additional training for his staff of neonatologists.

Developed by a team of neonatal experts from Georgia and Ukraine, the three-day training covers emerging issues in neonatology as well as how to identify and treat common causes of newborn death in Georgia, such as sepsis.

"The advanced neonatal training is absolutely necessary," said Dr. Petriashvili. "Yes, the new national protocols existed on the ministry's website, but it was as if they were locked in envelopes because not many people were using them. Now, with the training, we've opened those envelopes and we've been given a comprehensive explanation of what is written there and why. We've activated the protocols."

75 neonatologists across Georgia have received advanced neonatal training

"What was most effective for me was the interactive nature of the training," said Dr. Petriashvili. "Each doctor brought a specific, real-life case to the training and together we analyzed each step that was taken. For example, for sepsis cases, we talked about what had been done correctly and what had been done incorrectly.

"For me, and I can say this honestly, sometimes even though I would order a necessary test for suspected sepsis, such as a blood culture, I would not wait until the test results came back to give my patient medicine. I too often would use my intuition and just start giving drugs. It's really hard sometimes in the heat of the moment to make yourself wait for the results—you might have the new parents pressuring you to start treatment, or another doctor pressuring you.

"I would say what this training gave me that was most useful is the confidence to apply the protocols correctly. Now, I will always insist on waiting for test results and, in addition, I will pay even more attention to infection control."

Developed by a team of neonatal experts from Georgia and Ukraine, the three-day training covers emerging issues in neonatology as well as how to identify and treat common causes of newborn death in Georgia, such as sepsis.

INTERVIEW

AN INTERVIEW WITH **DR. KOTE BOCHORISHVILI**, OB/GYN DEPARTMENT HEAD AT ZESTAPONI MEDICAL CENTER

The backbone of reforming maternal and newborn health in Georgia was introducing effective perinatal care principles to health providers, clinical directors, and hospital managers.

Effective perinatal care emphasizes evidence-based medicine and encourages health providers to question and sometimes discard routine practices that had previously been considered to be appropriate or essential (e.g., some Soviet-era practices).

Dr. Kote Bochorishvili was one of the earliest champions of effective perinatal care (EPC) in Georgia and played a defining role in influencing other Georgian ob/gyns to adopt EPC practices at their facilities. In this interview, Dr. Bochorishvili discusses how EPC practices have improved the health of mothers and newborns, improved clinical outcomes, and reduced costs at his maternity hospital in Zestaponi, Western Georgia.

Dr. Kote Bochorishvili is such a champion of Georgian fathers attending the births of their children that he keeps photos of the fathers and their newborns in his phone!

How long have you been practicing effective perinatal care (EPC) principles at Zestaponi Medical Center?

We started in 2005.

What been the outcomes of EPC at Zestaponi Medical Center?

We've had a dramatic reduction in the number of complications during pregnancy, which has made us very happy as clinicians. For example, in our maternity hospital, we have between 800 and 850 deliveries per year. Before implementing EPC, we had about 20 to 25 cases of postpartum hemorrhage per year. Now, because of better practices, we only have three to four cases annually.

I could go on and on here, but just to give you a few more examples: before, the rate of labor stimulation was very high, and now it is very low. We only do it when absolutely necessary and we follow a set of protocols that clearly indicate when stimulation is needed. Our episiotomy rate was 78 percent before EPC, and now it is only between one and two percent. We've also greatly improved how we manage pre-eclampsia.

Also, when we had cases of severe postpartum hemorrhage, we would have performed a full hysterectomy to save the mother's life. Now, we know how to control postpartum hemorrhage with a set protocol that prevents the need for hysterectomy. This is better, obviously, for the woman, plus it lowers [the hospital's] costs.

Which brings us to the next question! What have been the outcomes of EPC from a financial point of view?

Well, the huge demedicalization of birth, which has occurred as a result of implementing EPC principles, has greatly reduced costs. Before EPC, the average cost of a birth was more than 50 percent higher than it is today. We've essentially reduced costs by more than half at our hospital. We're no longer performing unnecessary exams, we're experiencing fewer complications, and we've reduced the number of days mothers and babies remain in the hospital after birth. This has all contributed to cost saving.

Are there other benefits you see as a result of EPC promotion?

Well, at our hospital, 100 percent of deliveries are "partner deliveries," which means that a woman is accompanied by a partner while she is giving birth. It's usually either the woman's mother or her husband. I am a huge advocate of fathers being present at birth; I have seen the huge difference it makes. It's a big change in our culture but men need to share the happiness of the birth, too, they should not miss that moment. When fathers witness the delivery, I think they become so much more compassionate in understanding what a woman goes through and appreciating her strength.

They're also less aggressive. We had one case, for example, when we had a newborn death. The father was present at the birth, and he witnessed the level of effort we made to save that baby's life. Instead of being angry with the medical team, he thanked us for doing all we could possibly do.

I should also say that newborn outcomes have also greatly improved. As with delivering mothers, there are fewer complications. Before EPC, we would make about 40 referrals per year, and now we make fewer than 20 on average and most of these are preterm babies. We're better equipped to prevent and manage newborn complications.

"Before EPC, the average cost of a birth was more than 50 percent higher than it is today. We've essentially ***reduced costs by more than half*** *at our hospital."*

— DR. KOTE BOCHORISHVILI

Parent School

JSI CREATED AN INNOVATIVE PARENT SCHOOL ACCESSIBLE FOR FREE ONLINE THAT PREPARES PARENTS FOR PREGNANCY, BIRTH, AND LIFE WITH A NEWBORN.

When Natia Jibladze gave birth to her first child in 2010, she looked for a maternity hospital that was providing the "new" kind of family-centered care she had heard about from friends and family: individual birthing rooms, partner deliveries, and "rooming in" with newborns.

She chose Zestaponi Medical Center, which was the closest option to her village. When Natia arrived for her first prenatal visit, her ob/gyn told her about the medical center's new "parent school" classes, which were offered weekly for parents-to-be. The classes focused on how to take care of yourself and your growing baby during the prenatal period, what to expect during childbirth and the postpartum period (including in high-risk pregnancies), and how to take care of a newborn after birth.

Natia really wanted to attend the classes with her husband, but time, transportation, and money prevented the couple from being able to do so. It was difficult enough to endure the long mini-bus ride to the medical center for her prenatal appointments; coming every week for parent school would have been much harder and more expensive. Plus, it was impossible for Natia's husband to take time off from work every week to make the trip.

Although the hospital- and clinic-based parent schools set up by JSI with USAID funding under the Healthy Women in Georgia program were welcomed enthusiastically by parents who could attend them, research conducted by JSI under the SUSTAIN project in 2011 found that a majority of future parents faced the same barriers as Natia and her husband—they were unable to attend the classes even though they wanted to.

At about this time, the quality of and access to Internet services was rapidly increasing in Georgia. In 2008, only 13 percent of Georgian households had a computer. By 2013, that number had tripled, to 42 percent of households, of which four out of five were connected to the Internet. Thirty-nine percent of Georgians reported using the Internet at least once per week.[1]

The JSI team had the unique idea to make parent school accessible for free online. Over a period of about a year, JSI built a parent school online course (*www.mshobeltaskola.ge*) and populated it with a series of video modules and print information (including quizzes

[1]Turmanidze, Koba and Mariam Gabadeva, "Georgians in the Internet Age," Caucasus Analytical Digest, No. 61/62, April 17, 2014, Caucasus Research Resource Centers, 2.

JSI Technical Expert Dr. Lia Gvinjilia and Dr. Maia Chikovani, Ob/gyn, played key roles in developing the parent school online course.

to test knowledge). Topics cover a wide range of issues including prenatal nutrition, the stages of labor, breastfeeding, and infant nutrition.

The parent school online course was launched in October 2013. Since then, the website has been promoted in many ways, including via a parent school television public service announcement, several popular television talk shows, Facebook (the most popular social media platform in Georgia), Internet advertising, the parent school book (website link is provided on the back cover), and other print materials put out by the SUSTAIN project. Almost 300,000 Georgians have visited the online parent school since its launch.

The website's bounce rate and click through rate is favorable, indicating that the parent school information is interesting and relevant for parents and parents-to-be.

Additionally, each page of the website has a "share" button, that allows users to share the website page via email or social media with friends and family. 59 percent of the website's visitors arrive at the website via these shares.

When Natia became pregnant with her second child in 2014, her ob/gyn again recommended parent school to her and her husband. But this time, she had a choice: attend the classes in person or attend them online, in the privacy of her own home. Natia and her husband watched most of the modules together. "We really learned so much and it was also a nice time for the two of us to spend together, preparing and planning for the birth of our daughter," said Natia. "Also, the video about the process of childbirth was really helpful for my husband. He learned the best ways to support me during delivery, which allowed me to feel even calmer the second time around. I tell all my pregnant friends to visit this website!"

"We really learned so much and it was also a nice time for the two of us to spend together, preparing and planning for the birth of our daughter. Also, the video about the process of childbirth was really helpful for my husband. He learned the best ways to support me during delivery, which allowed me to feel even calmer the second time around. I tell all my pregnant friends to visit this website!"

— NATIA JIBLADZE

Modern Medical Schools

JSI IMPROVED MEDICAL EDUCATION AT FIVE LEADING MEDICAL SCHOOLS ACROSS GEORGIA. OB/GYN MEDICAL STUDENTS NOW GRADUATE WITH BETTER CLINICAL AND PATIENT SKILLS.

A student performs a task at one of the clinical skills testing stations. While a professor looks on to evaluate his performance, the student inserts an IUD into one of the USAID-donated ob/gyn simulators.

Twenty-two year-old Ana Kavsadze is a fourth year ob/gyn medical student at Tbilisi State Medical University (TSMU) in Georgia. She comes from a family with a long history of producing Georgian physicians. "My father did a medical fellowship in the United States and I've heard from him how great medical education is in the U.S.," she said. "I am aware that there have been important components missing from my medical education here."

For decades medical education in Georgia was focused heavily on knowledge, while clinical and communication skills were mostly ignored. Medical exams consisted solely of multiple choice questions. The lack of clinical and patient communication practice for students presented challenges when students transitioned to become medical practitioners.

"I have friends who graduated from TSMU several years before me who never had the chance to practice their clinical skills before going to work in a hospital," said Ana. "Can you imagine

having a medical exam done by a doctor who had never had the chance to practice how to perform that exam or how to talk with a patient?"

Since 2009, USAID's SUSTAIN project has been providing technical assistance to medical education institutions countrywide to introduce new competency-based and practice-oriented teaching strategies. SUSTAIN helped revise the ob/gyn training curriculum, trained ob/gyn faculty on curriculum development, and introduced modern methods of teaching and student evaluation techniques.

To complement these efforts, SUSTAIN also began supporting Tbilisi State Medical University to set up and operate a clinical skills teaching center and to introduce the world-renowned OSCE testing methodology.

After the exam, several students were randomly selected to participate in a feedback session to give their impressions of the OSCE.

On the whole, students spoke very positively about their experience. Said one student, "[The OSCE] was cool. I have attended three [medical] universities and I have never had such an experience. I prefer these kinds of teaching methods. In other subjects we are forced to mechanically learn the topics by heart. I wish we had OSCE in all other subjects as well."

Said another student, "This course was much more advanced as compared to other courses. It was oriented to teach us rather than to punish us for the lack of knowledge. The professors were very friendly and supportive."

Georgian medical students are now tested on their clinical and communication skills in addition to their knowledge.

An OSCE, which stands for objective structured clinical examination, is an evidence-based exam often used in the health sciences (e.g., medicine, nursing, pharmacy, dentistry) to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures, etc. The test comprises a series of short, timed stations.

In February 2014, TSMU held Georgia's first OSCE exam in obstetrics and gynecology. The exam, which was given to fourth year medical students, was carried out through a partnership between TMSU, Oslo University, and SUSTAIN.

At TSMU, students' medical knowledge, clinical skills, and communication skills were tested at six exam stations. As 276 students rotated through each station, they were tested on their gynecological examination skills, obstetrical examination skills, IUD insertion skills, and family planning counseling skills. USAID through SUSTAIN provided the equipment for the exam including simulators and medical supplies (see photo).

Today, all Georgian ob/gyn students are now tested on their clinical and communication skills in addition to their knowledge.

Eighty seven percent of the students who took the OSCE exam agreed that it is an appropriate method to objectively evaluate their knowledge and skills.

Speaking to the fourth year medical students after the exam, one of the TSMU professors said, "You should feel proud of your performance today. You are the very first cohort of Georgian medical students to take the OSCE exam and the hours you have spent practicing your clinical skills in the clinical skills testing center will serve you well when you become doctors."

Dr. Babil Stray Pedersen of the University of Oslo also took a moment to congratulate the students and to remind them that OSCE is the wave of the future. "Soon medical universities all over the world will be using this kind of exam to test students' knowledge, clinical skills, and communication skills. Each area is a critically important component of becoming an effective medical doctor," she said.

Over the next five years, TSMU is planning to fully integrate the OSCE into the medical curriculum, meaning that students will be evaluated by this performance-based assessment method across all medical disciplines, not just obstetrics and gynecology.

Quality Matters

JSI WORKED WITH GEORGIA'S LARGEST HOSPITAL NETWORK TO IMPROVE HOW WELL THE NETWORK'S HOSPITALS ADHERE TO INTERNATIONAL STANDARDS OF CARE.

Doctors from Georgia's largest hospital network and JSI experts discuss quality standards at a regional quality improvement collaborative meeting.

Georgian ob/gyns are not shy; in fact they are a famously gregarious and opinionated group. On a rainy June morning in Georgia's seaside city of Batumi, a group of ob/gyns from Georgia's largest hospital network, EVEX, gathered to discuss how well their hospitals were performing in relation to internationally recognized maternal and newborn standards of care.

On this particular morning, the doctors were vigorously debating the case of a laboring mother who had been prescribed and given antibiotics at an EVEX hospital in Georgia's capital, Tbilisi. The doctors were determining whether the prescription was in compliance with international

standards or not. The correct use of antibiotics for mothers and newborns during and immediately after childbirth is a critical safety measure.

EVEX hospital network is aiming to become internationally accredited and worked with JSI, through the USAID-funded SUSTAIN project, to improve how well their hospitals adhere to international standards of care. JSI introduced a proven quality improvement methodology and helped EVEX begin implementing it.

The approach involved setting up regional quality improvement collaboratives and four EVEX hospitals participated. Quality improvement collaboration is a coordinated improvement approach that helps teams work towards a common goal.

In Georgia, the collaborative approach was an effective strategy to engage quality improvement teams from the four EVEX hospitals in a way that allowed them to share their practices and data and compare their hospital's performance against a series of indicators. It also provided them a strong sense of professional accomplishment.

When JSI quality improvement experts first began working with EVEX , they sat down together to analyze the hospital network's performance in several key maternal and newborn health indicators of quality. Use of prophylactic antibiotics for women undergoing C-sections was identified as an important area needing improvement—and also an area where progress could be easily measured.

Georgia's largest hospital network will continue to use the quality improvement collaborative approach for additional maternal and newborn health standards that need to be improved.

The EVEX quality improvement teams met four times over the course of a year and each meeting was facilitated by JSI Technical Expert Dr. Lia Gvinjilia. "The regional collaboratives are sort of like a competition for the [hospitals]," said Dr. Gvinjilia. "Even though they belong to the same network, they are competing against each other to see who is performing the best. The competition has helped them all improve."

"We bring our data to the meetings and sit together to analyze why mistakes are made and how to fix them moving forward," said Dr. Tamara Antelava, head of ob/gyn services for the EVEX network.

"Showing data is really effective and one of the main tools the health care providers have learned to use for knowing where they are going and how they are getting there—whether there is improvement or no improvement. Even one case can change their percentage of compliance and they wonder why that is happening and it forces them to investigate that exact case in order to become fully compliant," said Dr. Gvinjilia.

The collaboratives have sparked a culture of internal quality improvement within EVEX. "When hospitals are internally motivated, they are not making improvements because there are outside regulations and someone will come and document where they are not compliant. The hospitals themselves are choosing to make the changes and create an environment where quality is respected and enforced," said Dr. Gvinjilia.

On the road to accreditation, EVEX will continue to use the quality improvement collaborative approach for other maternal and newborn health standards, in addition to antibiotic use, that need to be improved. "We know the process now and have internalized it. We really see the value of holding ourselves accountable for compliance and we will apply the approach again and again to other areas," said Dr. Antelava.

As USAID funding for health comes to an end in this part of the world, introducing the quality improvement collaborative approach in Georgia's largest hospital network has been an extremely effective approach for sustaining the gains the country has made in improving maternal and newborn care over the last decade.

Champion for Women

DR. LEVAN CHKHETIANI PROVIDES FAMILY PLANNING OPTIONS TO WOMEN IN ONE OF GEORGIA'S POOREST REGIONS.

Dr. Levan Chkhetiani poses with his wife, Lika, who proudly shows where Implanon has been inserted into her arm. Lika chose Implanon to help space the births of their children.

Deep in the heart of one of Georgia's most traditional and conservative regions, works a male ob/gyn whose progressive views on family planning are giving rural women the ability to grow their families safely.

"In this area, people are very religious and they tend to marry very young, which means they sometimes do not finish school," said Dr. Levan Chkhetiani, head of the obstetrics department at Bolnisi Maternity Hospital in southeastern Georgia near the border with Azerbaijan.

"It is not uncommon to see women who deliver their first babies at 15 or 16 years old."

As a JSI-trained ob/gyn, Dr. Levan counsels women to space their children at least two years apart, which is an internationally-recognized WHO guideline meant to protect the health of mothers and their future babies. "Offering women a choice of safe and modern contraceptive methods allows them to space the births of their children with peace of mind.

"If a woman wants to have five children, that is great. It is just in her best interest, from a health standpoint, not to have one every year. Even farmers rotate their crops in order to give the land time to rest and regenerate the necessary nutrients."

Dr. Levan practices what he preaches. His wife, Lika, is Georgia's first Implanon user, which she is using to space the births of their children. Implanon is the brand name of a long-acting, reversible contraceptive implant that is placed in a woman's arm via a simple outpatient procedure. It is good for three years.

"I chose a long-acting method because we don't want to try for another child for another two years. Our first child was born last year," said Lika with a smile.

The United States Agency for International Development (USAID) provided Implanon free of charge to Georgians through a family planning and reproductive health project implemented by John Snow, Inc. (JSI). The intent was to introduce a new long-acting, reversible contraceptive method to Georgian women.

In just one year, over 700 women throughout Georgia chose to use Implanon for their family planning needs, including Dr. Levan's wife. To achieve this, JSI trained 573 ob/gyns how to counsel women about Implanon as a contraceptive choice and how to insert and remove it. Eighty-seven percent of health facilities across Georgia now offer Implanon to their clients.

"When I am counseling women, I tell them [Implanon is] very effective, the insertion is painless, and it can be removed at any time very easily."

—DR. LEVAN CHKHETIANI

"What's good about Implanon is that it is highly effective and free," said Dr. Levan. "When I am counseling women, I tell them it's very effective, the insertion is painless, and it can be removed at any time very easily. So far, I've had about 50 clients choose to use Implanon. Only two have asked to have it removed."

"When USAID stops providing Implanon free of charge, the challenge for us as family planning providers will be how to keep it as a viable option for women—particularly very poor women in rural areas like this one," said Dr. Levan. "Of course, the future of Implanon in Georgia depends on what the market price will be."

USAID introduced Implanon to Georgia as part of a wider effort to lower Georgia's historically high abortion rate and protect women's reproductive health by making modern methods of contraception more accessible. Since 2003, JSI has expanded the number of clinics and pharmacies where women can access contraceptives to over 8,000, including in extremely hard-to-reach areas of Georgia. This has contributed to the abortion rate declining by half between 2005 and 2010.

In just one year, more than **700** Georgian women have chosen to use **IMPLANON** for their family planning needs.

INTERVIEW

AN INTERVIEW WITH **MARIKA DAVITULIANI**, EXECUTIVE DIRECTOR OF WOMEN WELLNESS CARE ALLIANCE HERA

Marika Davituliani is the executive director of Women Wellness Care Alliance HERA, a non-profit women's health organization headquartered in Kutaisi, Georgia, the country's second largest city. Among other initiatives, HERA works on breast cancer prevention and early detection issues. The organization is one of many across Georgia that provide free mammograms to women over 40 as part of a Georgian government-funded program to detect and treat women's cancers at earlier stages.

JSI began partnering with HERA in 2004 under the Healthy Women in Georgia program. In 2005, JSI provided technical assistance and funding to HERA to hold Georgia's first breast cancer awareness walk, which was held in Kutaisi. In 2008, the breast cancer awareness walk was made an official Komen Race for the Cure®, one of only eight international Races for the Cure® in the world.

Participants run in the 2014 Race for the Cure® at Turtle Lake in Tbilisi, Georgia's capital.

During that same year, a reproductive age mortality study identified breast cancer as the leading cause of death among women of reproductive age in Georgia, underscoring the need to continue raising the public's awareness about the issue.

2015 was the first year that HERA hosted the Race for the Cure® without substantial funding from the U.S. government. Instead of scaling back in the face of this challenge, HERA expanded Race for the Cure® to three Georgian cities: Tbilisi, Kutaisi, and Batumi.

1. How did you become involved in the first breast cancer walk in 2005? What do you remember from that first walk? What were the main challenges and achievements?

Our organization, Women Wellness Care Alliance HERA, was introduced to the Susan G. Komen Breast Cancer Foundation in 2000. At that time, HERA had an established partnership with Emory University and Grady Memorial Health System in Atlanta. Our contact at Grady Memorial Health System, who is a breast cancer survivor, was involved with Susan G. Komen's work and introduced us to its mission.

This was a very difficult time in Georgia due to widespread unfamiliarity and heightened stigma surrounding breast cancer. People did not discuss breast health and because women were not getting screened, their diagnoses often came too late, which resulted in death. This late stage diagnosis exacerbated flawed rumors and cultural stigma because it reinforced Georgian women's beliefs that mammography resulted in death. As a result, women avoided talking about breast health and getting treated early.

2. How did the partnership with Komen come about? In what year did the race become an official Komen Race for the Cure®?

HERA became a local partner of the Healthy Women in Georgia program implemented by JSI and funded by USAID, in 2004. We always wanted and believed that the most effective way to improve women's knowledge about breast health would be to host a fun, interactive event emphasizing education and the importance of early detection.

With support from JSI, HERA hosted the first breast cancer awareness walk in 2005 in Kutaisi, where it remained for three years until the war [with Russia] in 2008. These three years were very important for HERA in terms of organizational capacity building, empowerment, and technical assistance in advocacy, social mobilization, and fundraising techniques provided by JSI to HERA. During these years, HERA was transformed from a small town-based organization to a nationally recognized leader in breast cancer advocacy, awareness-raising, and social mobilization.

In 2008, the Susan G. Komen Foundation invited HERA to become one of its international partners in the fight against breast cancer due to our successful work history and profound measurable impact during the previous three years (2005-2007).

3. Did becoming an official Race for the Cure® help increase the number of race participants?

Yes, securing our role as a Race for the Cure® international partner gave us access to Komen's U.S. and European Race best practices and added credibility to our organization and its mission. This inevitably resulted in increased support and participation. We were also able to share ideas and establish achievable benchmarks set by other successful countries outside of the U.S. that had hosted Races for the Cure®. Our involvement allowed us

"Securing our role as a Race for the Cure® international partner gave access to Komen's U.S. and European Race® best practices and added more credibility to our organization and its mission. This inevitably resulted in increased support and participation."

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"...organizations must remember that survivors are at the heart of the Race for the Cure®. Organizers must ensure that survivors are recognized regularly, proudly, and properly and are provided with a suitable, safe platform to share and discuss their experiences."

—MARIKA DAVITULIANI

to witness the execution of a successful Race for the Cure® through a "show and tell" approach, rather than from theoretical reading tools and templates from a manual. Susan G. Komen staff and partners in the U.S. and Europe have remained incredibly helpful and we are privileged to be among them.

4. What are the top three best practices that you would share with an organization new to planning events like this?

First, I believe this type of event is fundamentally about building awareness. It is a fantastic medium to plant the seed for grassroots advocacy and community mobilization. Second, to glean sufficient benefits, it is crucial that a host organization work tenaciously at communicating the big picture and true mission of the event to community leaders and not just share the event's logistics and revenue generating components. In order for the event to succeed, an organization must create buy-in from powerful entities by underscoring the issue's prevalence and how the event is instrumental in addressing the issue together. Third, organizations must remember that survivors are at the heart of the Race for the Cure®. Organizers must ensure that survivors are recognized regularly, proudly, and properly and are provided with a suitable, safe platform to share and discuss their experiences.

5. What do you think are the main benefits of the Race®? Do you think the Race for the Cure® has helped change women's behaviors or perceptions in Georgia? If yes, what are some examples?

In addition to what I mentioned above, there were many benefits to aligning HERA with the Susan G. Komen mission, vision, and brand. The Komen brand allowed us to garner more attention from governmental organizations, which allowed us to cultivate more powerful and impactful international relationships. Working with local embassies and other groups, we were able to emphasize that breast cancer is not endemic to Georgia exclusively; it is a staggering global problem. The establishment of larger and more meaningful partnerships allowed us to begin collaboration and work more as a consortium than as an isolated NGO. In addition, celebrity and VIP involvement (including former First Lady of Georgia Sandra Roelofs) fortified our message to women to take responsibility for their breast health.

6. What is the best compliment a participant or survivor has given you about the Race®?

We receive many heartfelt compliments from survivors. For many, it is the first time they have been comfortable sharing their experiences publicly. It is also often the first time they have had the opportunity to be among people who have experienced their pain and triumph (e.g., Winner Women's Club) and are committed to helping them through the entire process from screening to convalescence with unmatched sincerity and expertise. To know we established a winning community-based support network for those who never thought it could exist is an amazing feeling.

7. What are your plans for continuing to hold the Race® in years to come?

Due to our continued success over the past ten years (2015 marks our tenth anniversary event!), we have chosen to expand from one city to three: Batumi, Kutaisi, and Tbilisi. This geographical rise will allow us to better deliver knowledge and support to outlying cities and rural areas. We hope that our current national and international partnerships will be recognized by local governments so that they will further assist us in infusing their constituency with needed information, compassion, and support.

Marika Davituliani receives an award from U.S. Ambassador Richard Norland for her contributions to raising women's awareness about breast health.

Youth Want to Know

JSI LED A COMMUNICATION CAMPAIGN TO GIVE YOUNG GEORGIANS ACCESS TO IMPORTANT INFORMATION ABOUT CONTRACEPTION AND SEXUAL HEALTH.

Marika Kochlamazashvili works with the Health Research Union, a local partner of USAID/SUSTAIN. She specializes in educating youth about how to lead healthy and safe lives.

In Georgia, reproductive health and family planning are issues that are not spoken about freely, even within families. Young people growing up in Georgia often do not have access to reliable information that can help keep them healthy.

For example, youth do not necessarily know the full range of modern contraceptives that are available in Georgia, they are often unaware of how to prevent sexually transmitted infections (STIs), and they do not always know the signs and symptoms of STIs.

JSI conducted peer education sessions for more than **200** youth.

Amidst the absence of reliable places to seek such information, USAID's SUSTAIN project supported a youth reproductive health week in May 2014, with activities across the country aimed at improving youth knowledge of reproductive health and family planning issues. Peer education sessions played a central role in the week's activities. According to UNFPA, when peer education programs are well-implemented, they can successfully improve youth's knowledge and attitudes about reproductive health.

According to Marika Kochlamazashvili, a professional peer educator with Health Research Union, a local partner of SUSTAIN, the reproductive health week peer education sessions were in high demand across Georgia. "All of the sessions that I led were completely full. In fact, in one city in western Georgia, we had more than double the number of youth we were planning on. This was because several boys kept leaving the room and returning with more friends," said Marika. "Not only that, but even with so many youth in the room when we were presenting, you could have heard a pin drop. The young people were listening so closely to all of the information we were giving them.

"Once they realized I was there as a peer and not as an authority figure who was going to judge them, they began to feel comfortable asking questions. And they asked a lot of questions! Sessions that were supposed to last for 90 minutes went for 2.5 hours because they were asking so many questions."

Marika believes the most important information for the youth, to which they did not have access before, was how to prevent pregnancy effectively, the range of modern contraceptive methods available in Georgia, and the signs and symptoms of different kinds of STIs. "After listening and participating for over two hours, you could tell they were really happy afterwards," said Marika. "They came up to us and thanked us for discussing these topics with them, which they said they couldn't discuss in their families."

SUSTAIN handed out t-shirts and booklets containing reproductive health information to all participants. In every city, the youth asked if they could take extra t-shirts and booklets to give to their friends.

During reproductive health week, SUSTAIN conducted four peer education sessions for more than 200 youth across Georgia. Peer education theory states that leading a peer education session for 30 youth will result in approximately 100 youth eventually receiving the information (as peers share it with their friends).

"Reproductive health is not an easy topic for youth to discuss openly in Georgia. But it was clear that the youth who attended our peer education sessions really wanted the information. Sessions which were supposed to last for 90 minutes went for 2.5 hours because the young people were asking so many questions."

—MARIKA KOCHLAMAZASHVILI

INTERVIEW

AN INTERVIEW WITH SUSTAIN CHIEF OF PARTY **DR. NINO BERDZULI**

SUSTAIN Chief of Party Dr. Nino Berdzuli with U.S. Ambassador Richard Norland at an event honoring the contributions of SUSTAIN's Georgian partner organizations.

Whether a mother lives or dies in childbirth can be determined by where she gives birth. If a mother is experiencing pregnancy complications, is she able to give birth at a health facility with the right equipment and doctors with the right training? If she lives in a rural area, can the health providers at her local health center recognize the warning signs of pregnancy complications and do they know where to refer her for more specialized care? Is there a transport system in place to ensure this mother can get to the health facility offering more specialized care?

The answers to these questions have profound implications for the health and safety of mothers and their newborns. In fact, a 2014 reproductive age mortality study showed that better organization of care (regionalization, more timely referrals, ability to recognize obstetric emergencies and danger signs) could have helped prevent 57 percent of maternal deaths. Georgia's Ministry of Labor, Health, and Social Affairs (MOLHSA) came one step closer to addressing this issue when, in 2015, it launched a perinatal care regionalization pilot program in two regions of western Georgia.

In this interview, Dr. Nino Berdzuli talks about why regionalization is such a critically important accomplishment and a major breakthrough in maternal and newborn health for Georgia.

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1. For the non-public health experts among us, can you explain what regionalization means and why it is such an important and timely concept for Georgia right now?

Regionalization is about providing the highest quality health care to the largest number of patients. It works by reorganizing health services into regional networks, where people living in every region have access to facilities providing different levels of care. A level I facility is located closest to most people's homes and provides basic care. Level II facilities tend to be a bit further away and provide care for more complex cases. Finally, there are level III facilities, which provide specialized care for the most complicated cases.

This kind of system guarantees the correct level of timely care for everyone living in a particular region. Integrated networks of providers, who communicate well with one another, coupled with effective transportation systems provide the foundation for a successful regional system.

Regionalization had not yet taken place in Georgia, despite repeated recommendations from international donors and technical agencies. Health facilities were inconsistently categorized, if at all, and often their categorization did not correctly reflect their capabilities. The referral system also was inadequate.

With JSI's assistance over the last 11 years, Georgia successfully introduced evidence-based and family-centered maternal and newborn care. Regionalization, however, is necessary for continuing to improve the quality of perinatal care on a systems level.

2. What does the new regionalization policy say and why is it such an important step forward for Georgia?

Let me start with the second part of the question. The new regionalization policy is a game changer for Georgia because it will guarantee continuous improvement in the quality of maternal and newborn care on a systems level. Although Georgia's maternal mortality has declined by a staggering 40 percent, many of the maternal deaths that still occur are due to women delivering at facilities that aren't equipped to handle high-risk pregnancies. Regionalization will go a long way towards making childbirth even safer for mothers and newborns.

The policy guides regional networks of care that operate within Georgia's perinatal care system. The policy says

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The new regionalization policy is a game changer for Georgia because it will guarantee continuous improvement in the quality of maternal and newborn care on a systems level.

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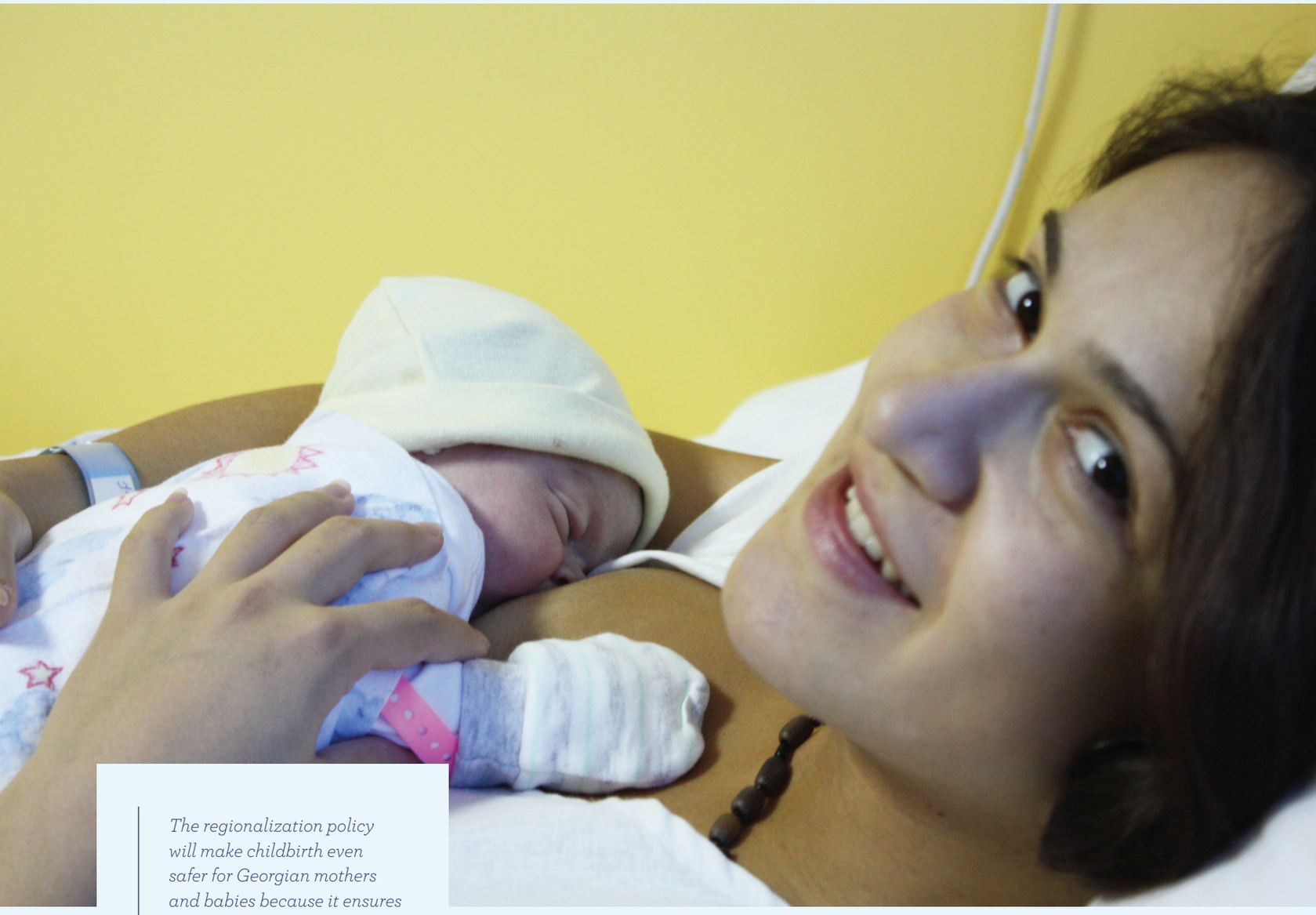
that definitions for different levels of hospital care will be developed and have unified standards, clear referral criteria, and standards for a reliable transport system.

3. How was JSI involved in supporting the development of the policy?

JSI and the SUSTAIN team had been advocating for regionalization for several years. Once the Ministry of Labor, Health, and Social Affairs (MoLSHA) was ready to pursue the approach, JSI provided strategic advice, developed the regionalization policy document and guidelines, and piloted the regionalization policy in two regions of Georgia.

4. What is the way forward to ensure the policy is implemented well?

Nationwide implementation of the perinatal regionalization policy will have profound implications for the health and safety of mothers and their newborns. The next step is for Georgia's to the MoLSHA to scale-up regionalization nationwide (beyond the two pilot regions) and to closely monitor its implementation.



The regionalization policy will make childbirth even safer for Georgian mothers and babies because it ensures that pregnant women and newborns have access to and receive risk-appropriate care.

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