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Acronyms

ATP	Ability to Pay
CCP	Central Contraceptive Procurement System
CIF	Curatio International Foundation
CMIS	Center for Medical Information and Statistics
COC	combined oral contraceptive
CPR	contraceptive prevalence rate
CPT	Contraceptive Procurement Table
CSL	Commodity Security and Logistics Management Division (USAID)
CSMA	Caucasus Social Marketing Foundation
CYP	couple-years of protection
EPI	Expanded Program on Immunization
FDA	Federal Drug Administration
GNI	gross national income
GOG	Government of Georgia
HMIS	health management information system
HWG	Healthy Women in Georgia Project
IEC	information, education, and communication
LMIS	logistics management information system
MOH	Ministry of Health
MoLHSA	Ministry of Labor, Health and Social Affairs
MT	mobile teams
NGO	nongovernmental organizations
OC	oral contraceptive
POP	progestin-only pill
PSI	Population Services International
RH	reproductive health
RHS	Reproductive Health Survey
TAR	total abortion rate
TFR	total fertility rate
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
WRA	women of reproductive age
WTP	willingness to pay

Executive Summary

A contraceptive availability assessment was carried out in the Republic of Georgia in October – November, 2004 for JSI's Healthy Women of Georgia (HWG) Project. The assessment was guided by three objectives:

1) **Identify *contraceptive availability issues***, such as public sector supplies, availability and affordability in the private sector, existing policies, supply chain constraints, etc.
2) Provide USAID and the HWG Project **with *short and medium-term*** *recommendations* regarding contraceptive availability.
3) Conduct ***specific analyses***:
   - Medium-term contraceptive needs forecast and estimation of costs
   - Affordability of contraceptives
   - CPTs and shipment ordering schedule for USAID donated supplies

Over the past several years UNFPA has been the only provider of donated contraceptives to the public health system. Recently, those donations have been reduced, resulting in concern about the short and medium-term availability of contraceptives. USAID/Caucasus has agreed to donate contraceptives to the government system to address the short and medium-term supply shortfall. In a parallel process USAID, HWG, UNFPA and other stakeholders are also interested in determining what are the long-term barriers to contraceptive availability and developing strategies to address them.

The family planning situation in Georgia is similar to that in many of the republics of the former Soviet Union. In comparison to its level of development and education, use of modern contraception is relatively low, and families depend upon abortion to limit fertility – a high total abortion rate of 3.7 contributes to the low total fertility rate of 1.4. Facility and human resource infrastructure exists, but they are poorly equipped, and staff salaries are low and are not distributed regularly. Also, certain prejudices against safe, hormonal contraceptives remains from the past.

There are also certain limitations on who can provide family planning services and supplies. Reproductologists (a sub-specialty unique to Georgia) and OB/GYNs are the only providers who are normally allowed to provide family planning services. As a result, contraceptives are not available below the Rayon (district) level in rural ambulatories, forcing clients to travel to district, city and regional facilities.

Several government facilities visited were either stocked out of contraceptives or had large quantities of expired pills inside the RH cabinets. Service providers in many facilities stated that they did not have the option of distributing free supplies, but were instead forced to send clients to private pharmacies. Providers consistently stated that their clients could not afford contraceptives in the private sector, and were clearly concerned by the absence of supplies.

A convenience sample of private pharmacies was visited to assess availability in the commercial sector. A broad variety of contraceptives were found in cities and towns, at a variety of prices. There is an inexpensive combined oral contraceptives generally available (*Rigevidon*) at a median price of $1.10. The manufacturer plans to continue to supply this product. While this price appears low by Western standards, an *ability to pay* analysis was carried out that found even this low-priced product was out of reach for a significant portion of the population. The analysis indicated that the bottom 40% of income earners could not afford this or other commercial contraceptives, except IUDs, which costs, as expressed by CYP, is significantly lower than other supply methods. The comparison of income and price also suggests that the wealthiest 60% of the population can afford at least one brand in each of the method categories.

The consultants found significant interest among policy makers and providers at all level in providing family planning services and contraception as a desirable option to continued reliance on abortion. This support, coupled with existing infrastructure and apparent rising demand, led to the following summary recommendations:

- **USAID/Tbilisi should immediately procure a supply of combined oral contraceptives, Progestin-only Pills, condoms and IUDs for use in public sector clinics. It is estimated (with limited data) that the financing that has been set aside can provide the public sector with full-supplies through 2008.**

- **A contraceptive logistics system should established and managed within the Department of Public Health to maintain a full supply of contraceptives at the facilities which currently provide family planning services.**

- **The MoLHSA should consider targeting of free contraceptives to those families who cannot afford to purchase them in the commercial sector.**

- **Efforts should be made to expand availability of family planning services and supplies in rural areas.**

- **The reported 34% importation tariff on condoms should be reduced to match the importation tariff for other commercial sector pharmaceuticals – currently 5%.**

- **A contraceptive availability task force should be convened by the MoLHSA.**

- **Social marketing of the "Favorite" brand of condoms should continue.**

Based on the findings and analyses, the recommendations have been distilled into the following short-term suggested actions. These actions cover immediate, minimum effort to address contraceptive availability in Georgia. Broader, medium and long-term issues are addressed within the context of the recommendations detailed in section 5.0

- **USAID/Caucasus should immediately place orders for combined orals, progestin-only orals, condoms, and IUDs.** Current facility stock levels are low and all combined oral contraceptives in the country have expired. USAID has been notified and the orders have been entered into NEWVERN procurement system.

- **The USAID contraceptives must be registered in Georgia.** The consultants have asked that CSL contact the manufacturers. This has occurred, and the process has been started. The Deputy Minister of Health assured the consultants that this would be managed expeditiously by the MOH.

- **The HWG Project should hire a Contraceptive Security and Logistics Advisor.** The Scope of Work for this employee is attached as Appendix 8. The advisor should be physically located within the offices of the MoLHSA and work closely with the RH policy advisor also supported by USAID. The advisor will work in collaboration with the MoLHSA's Department of Public Health and other departments to address both logistics and related availability issues.

- **A follow up logistics assessment and system design workshop should be programmed to precede the arrival of the USAID supplies.** The Scope of Work for this visit should include a) review of the CPTs, b) development of an initial distribution plan for nearly 100 facilities, c) design of the logistics system and the LMIS. An option to consider would be to have the JSI Logistics advisor in the Romanian Bilateral Project participate in this visit, in order to enable him to provide follow-up assistance and enhance regional cooperation.

Background

This report does not go into an extensive background on the family planning situation in Georgia. For such a background assessment, the consultants refer you to a report written by Suzanne Olds and Charles Westoff: *Abortion and Contraceptives in Georgia and Kazakhstan., June 30, 2004.*

However, the basic context[1] in Georgia is—

- a decreasing TFR—1.4 estimated in 2003 (World Bank 2004)
- low contraceptive prevalence, reported at 19.8 percent for modern methods in 1999
- a high dependence on abortion for fertility control, resulting in a TAR of 3.7
- unmet need for family planning services, estimated at 25.8 percent in 1999
- uneven and evolving health sector privatization
- low monetary income and a government with very limited financial resources.

This assessment was requested by the USAID Mission/Caucasus, and was precipitated by the decision of UNFPA to end their donations to the public system in Georgia[2], largely because of financial constraints. The objectives of the assessment are to—

1. Identify *contraceptive availability issues*, such as public sector supplies, availability, and affordability in the private sector, existing policies, supply chain constraints, and others.
2. Provide USAID and the Healthy Women in Georgia (HWG) Project with *short- and medium-term recommendations* regarding contraceptive availability.
3. Conduct *specific analyses*:
   - medium-term contraceptive needs for forecast and estimation of costs
   - affordability of contraceptives
   - Contraceptive Prevalence Tables (CPTs) and shipment ordering schedule for USAID-donated supplies.

[1] Also see the 1999–2000 Georgia Reproductive Health Survey (Serbanescu et al. 2001).
[2] At the time of this writing it was unclear when the 2005 UNFPA contraceptives would arrive in Georgia.

no methodology for collecting data on actual consumption or stocks on hand. As a result, both overstocks and stockouts occur. One Women's Consultation Center visited, in the Regional capital of Telavi, had no contraceptives in stock, and staff there stated that they had not had supplies for two years, while another clinic had 17 months of supply of OCs that had expired.

12. *All the donated combined OCs expired by the end of October 2004.* Both *Marvelon* and *Rigevidon* were provided by UNFPA, using a windfall contraceptive procurement donation from DFID and the Dutch foreign aid agency. Complicating this procurement is that it was a one-time order, and the manufacturers labeled the packages with a three-year shelf life. Unfortunately, this resulted in the expiration of a significant numbers of pills in the central warehouse and in health facilities. The only unexpired pills remaining in the public system are *Exluton* POPs, which are used in Georgia only for lactating mothers.

13. *General availability was uneven, and generally unsatisfactory.* The consultants visited seven public sector city, region, or rayon-level facilities in Kutaisi, Zestaphoni, Chiatura, Sagarejo, Telavi, and Tbilisi. Following is a summary of availability:

- Two facilities had no contraceptives.
- No facilities had COCs beyond October 2004.
- Two additional facilities were stocked out of IUDs.
- Only one facility had *Depo-Provera*®.

14. *Collection of logistics data is not yet routine.* Some facilities recorded dispensed-to-user data in notebooks, but such data collection was not routine. During 2004, dispensed data was added to *Form 2*, the national health management information system (HMIS) form, which is submitted by each facility to the CMIS. However, there is no reporting of stock on hand. The CMIS collates the information and produces quarterly reports, culminating in an annual report in March of the following year. While the annual report represents 100 percent reporting by facilities, the quarterly reports do not accurately reflect dispensed contraceptives or the provision of services. The CMIS staff tries to ensure completeness of reporting after the end of the year. However, even with 100 percent reporting, the CMIS report is not completely accurate because, currently, there is no mechanism for auditing the quality of the data reporting from the field.

additional considerations was submitted to USAID/Caucasus as part of the CPT documentation.

Appendices