**Translation from Georgian**

**Georgia CCM**

**Oversight Committee**

**Site visit to TB Mobile Ambulatory**

**June 15, 2017**

**Sites of the visit:**

TB Mobile Ambulatory, Saburtalo District, Tbilisi

**Goal of the visit:**

To assess the current status of the Global Fund TB Program, to identify the implementation challenges.

**Objectives of the visit:**

1. To study closely the GFATM supported TB MA pilot project:
2. To monitor TB treatment service delivery;
3. To identify possible challenges of program implementation and set up the ways of their addressing.

**Methodology:**

* To interview pilot project implementation staff;
* To interview program beneficiaries.

**Participants:**

Tamar Bortsvadze - CCM, Chair of the Oversight Committtee

Nikoloz Mirzashvili – member of the Oversight Committee, Georgia Patients’ Union

Tsitsi Surameli – member of the Oversight Committee, Ministry of Corrections of Georgia Medical Department, Regulatory Division, Chief Specialist

Rusudan Klimiashvili – WHO, Public Health Programs Coordinator

Giorgi Kutchukhidze – Global Fund TB program Manager

Irina Grdzelidze – CCM, Executive Secretary

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Malkhaz Davitashvili - Coordinator

Lali Janashia - Supervisor

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**General Comment:** Starting from March 2017 on the basis of the National Center for Tuberculosis and Lung Diseases two mobile TB ambulance for providing TB treatment became operational. This is a pilot project implemented with the support of the Global Fund to fight AIDS, Tuberculosis and Malaria.

The mobile TB ambulances (MTBA) provide services in the Saburtalo district of Tbilisi and operate on the grounds of the Republican Hospital.

The ambulances have been of increased significance given the closure of the Saburtalo TB dispensary.

**Advantages of the MTBA**:

* The project provides the possibility for patients to receive anti-TB drugs near their living area and thus saving their time, energy and finances;
* The working hours of the MTBA are defined and regulated according to the patients’ individual needs. At this stage, both ambulances serve 36 patients, out of whom 24 have sensitive TB and 12 MDR.
* The patients are served in a comfortable environment. The vehicles each have two units – one designated for sensitive TB patients and the other for DR TB patients. Patients do not, therefore, come into contact with each other.
* The location of the MTBA (at N. Kipshidze Central Republican Hospital, on 29 Vazha Pshavela Ave, Tbilisi) was optimally selected – being a central location with access to such facilities as water and lavatories.
* Having two MTBAs working on the grounds of the hospital provides the opportunity to serve patients without keeping them waiting.

**Observations:**

* To date, the MTBAs function as facilities providing anti-TB drugs to the patients – taking over the duties of the former Saburtalo TB Dispensary. The majority of the patients who were previously receiving services in the TB dispensary were referred to the MTBA. Alternatively, in-patients services can be received in TB dispensaries situated in other districts of Tbilisi. Nevertheless, due to considerations of distance, time and expenses, the MTBAs appeared to be the most appropriate option for receiving services. In addition, some of the nurses who were directly supervising TB treatment were transferred to the ambulances. The latter has also facilitated the choice of patients in favor of MTBA;
* It is important to have access to water and lavatories nearby the MTBAs. In this case, patients are able to use the facilities of the Republican Hospital, but this is still a fair distance away from the MTBA, which could create some inconvenience for the patients;
* The medical staff of the MTBAs prefer dispensary treatment and have expressed some concern with regard the closure of the TB dispensary. Though they noted that the patients’ interests and care remain the top priorities for them;
* Provision of services can be challenging during winter because of the need to strictly observe hygienic norms connected to the proper ventilation of the space. According to the nurses, the heating at the rear parts of the vehicles is problematic as well. Appropriate measures should thus be taken before winter.
* Car parking in the territory of the Hospital is not free and the patients need to pay for this service. This is an additional expense and is not included in the transportation incentives within the program. It is recommended to exempt the patients receiving treatment at the MTBA from the car parking charge.

**Patients view:**

* Two patients were interviewed. Both of them underlined the friendly environment created by the medical staff. The support and the role of the nurses in the successful treatment were specially highlighted;
* One of the patients noted that a two-month delay in the receipt of their financial incentives in recent months. It was explained to the patients that the delay was related to launching a new grant under the NFM and this delay happened only once. It was also explained that the first incentive is received two months after enrollment in the program and afterwards on a monthly basis thereafter;
* While speaking of the provision of anti-TB drugs, the issue of the availability of a center nearby patients’ place of residence was highlighted – especially taking into account that TB treatment is provided on DOT basis. The patient (who started treatment in the TB dispensary and then continued treatment at the MTBA pilot project) expressed a preference for a TB center, due to the more comfortable environment. The patient noted that MTBA cannot substitute treatment provided by a TB center, especially in terms of side-effects management.