



**Operational Research of Barriers and Facilitators to
TeleClinic Services for Key Populations**
Study Report

**Georgian Harm Reduction
Network**

2022

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Abbreviations

| | |
|-------|------------------------------------|
| AIDS | Acquired Immunodeficiency Syndrome |
| FSW | Female Sex Worker |
| GF | The Global Fund |
| GHRN | Georgia Harm Reduction Network |
| HIV | Human Immunodeficiency Virus |
| IRB | Institutional Review Board |
| KP | Key Population |
| MSM | Men who have sex with Men |
| NGO | Non-Governmental Organization |
| OST | Opioid Substitution Therapy |
| PLHIV | People living with HIV |
| PWID | People Who Inject Drugs |
| TB | Tuberculosis |
| VCT | Voluntary Counselling and Testing |

Background

As of December 31, 2019, the disease (COVID-19) caused by the new coronavirus (SARS-CoV-2) has spread rapidly around the world. The first case of COVID-19 in Georgia was recorded on February 27, 2020. Shortly, on March 11, 2020, given the scale of the disease, it was officially declared a pandemic by the World Health Organization¹.

One of the most important factors in reducing the transmission of the virus was keeping the social distance, which significantly reduced face-to-face contacts. During the active periods of the virus spread, significant restrictions were placed on transportation; quarantine and isolation were required, etc.

Natural disasters and epidemics pose numerous challenges to the delivery of health services². Rapid response and development of effective, innovative approaches to ensure that gaps in service delivery are addressed are essential at such times. One such innovative approach is the development of telemedicine services, where a healthcare professional provides services to patients remotely.

Representatives of HIV key populations (PWID, FSW, MSM and transgender people), PLHIV and TB patients are particularly vulnerable groups in Georgia, for whom even without the COVID-19 epidemic there is limited access to social, health and psychological assistance. During the pandemic, coverage of KPs with preventive services was also reduced. It was crucial to introduce new service delivery models that would facilitate access to COVID-19 outpatient services, universal health care and other state programs, as well as improve access to HIV prevention, HIV/AIDS and TB services through active engagement of Primary Health Care. To this end, LEPL L. Sakvarelidze National Center for Disease Control and Public Health under the GF funded program “Ensuring sustainability of universal access to quality diagnosis and treatment of all forms of TB” in collaboration with the Family Medicine National Training Center developed and implemented a TeleClinic project, which envisaged providing access to primary health care and psychological assistance services for KPs; remote counseling in accordance with the COVID-19 Home Management Protocol, including self-isolation and prevention of infection, remote counseling for other comorbidities, providing information on existing state programs/services, and improving access to these services. The TeleClinic service, considering the principle of remote service delivery, was available to KPs across the country.

Since COVID pandemic might continue posing additional risks for KPs in terms of their health conditions, as well as accessibility to general health and psychological services, it is vital to further improve and continue the delivery of such remote services. Thus, Georgian Harm Reduction Network under the GF regional project conducted an operational research to identify possible barriers and facilitators to the TeleClinic service for KPs and develop recommendations for its further enhancement.

Study aim and objectives

The aims of this operational research was to evaluate barriers and facilitators to uptake of TeleClinic services for Key Populations and develop recommendations for its enhancement. The Specific Objectives of the research included:

¹ <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

² Chauhan V, Galwankar S, Arquilla B, Garg M, Di Somma S, El-Menyar A, et al. Novel coronavirus (COVID-19): Leveraging telemedicine to optimize care while minimizing exposures and viral transmission. *J Emergencies Trauma Shock*. 2020; 13(1):20. https://doi.org/https://doi.org/10.4103/JETS.JETS_32_20.

Objective 1: To evaluate barriers and facilitators to uptake of TeleClinic services from the perspective of service providers

Objective 2: To evaluate barriers and facilitators to uptake of TeleClinic services from the perspective of service recipients (beneficiaries)

Objective 3: To develop recommendations for improving the quality and increasing uptake of Tele Clinic services

Methodology

Study design

The present study used a qualitative research design, which envisaged conducting in-depth interviews with the representatives of two target groups (providers and beneficiaries).

Participants' selection and procedures

The process of selecting participants for the study was carried out by a recruiter from the Family Medicine National Training Center.

Consecutive sampling method was used for selection of providers. The recruiter was contacting potential participants, explaining the aim and purpose of the study and in case of oral consent including them into the study until achieving the desired sample size (max.30 considering the saturation of information obtained). Once obtaining consent, the recruiter agreed on the date and time of the interview and provided the participants with an online connection (in Zoom format) with the interviewer.

In the case of beneficiaries, participants were selected randomly from the list of those who used the TeleClinic services. The recruiter contacted the potential participant by phone, explained the purpose and objectives of the research and, after obtaining oral consent, agreed the date, time and method of the interview (via Zoom, Viber, WhatsApp or in person at the Family Medicine National Training Center based on his/her preference) and ensured connection with the interviewer.

Overall, it was planned to recruit up to 60 participants (which is consistent with the recommended sample size for qualitative studies³) for the study considering the saturation of the data collected during the interviews.

Data Collection

The qualitative data were collected through in-depth interviews among service providers and service recipients (beneficiaries). In-depth interview guides were developed separately for each group. The guides consisted of open-ended questions with the focus on following key areas:

- Experience in using / delivering TeleClinic services
- Collaboration, communication and feedback
- Prospects for service improvement
- Awareness raising opportunities

Two investigators conducted the interviews. The average duration of the interview was 1 hour.

³ <https://rka-learnwithus.com/sample-size-what-is-an-appropriate-sample-for-qualitative-studies/#:~:text=Generally%20speaking%2C%20if%20a%20population,25%20to%2030%20per%20segment.>

Investigators explained the aim and purpose of the study to the participants before the beginning of each interview. The discussions were audio-recorded without identification of the participants. Digital audio recordings of the discussions were uploaded to a password-protected computer after which the recordings were erased from the audio recorder. The recorded information was used to prepare transcripts.

Ethical Considerations

Appropriate ethical considerations were adopted in conducting the research. Prior to implementing the study, IRB approval was sought from the Georgian nongovernmental organization (NGO) “Health Research Union” IRB (IRB#: 2021-8).

The study investigators were informing each participant about the study objectives and procedures and obtaining the oral informed consent before the interview. In addition, the participants were informed that at any time during the interview they had freedom to refuse to answer a question or to quit the participation in the study. All respondents were also informed that their participation was voluntary and that their responses would remain anonymous.

Data Analyses

The interview recordings were transcribed using a predefined coding scheme that was in line with the survey instruments used for collecting data.

By using predefined codes, information was organized and followed by contextual analysis, presented below in the results section.

Results

From December 2021 to February 2022, a total of 50 in-depth interviews were conducted among representatives of KPs who used TeleClinic services, as well as service providers.

Overall, 28 beneficiaries were interviewed, including 17 males and 11 females. The age range was 24-64 years with an average of 45 years. The majority of respondents (16 out of 28) had secondary education and were employed (15 out of 28). The vast majority of respondents were PWID (16 out of 28). In addition, 1 PLHIV, 3 MSM, 3 partners of PWID took part in the survey. Three beneficiaries did not disclose information on their risk group. One of them simply noted that he got information on the TeleClinic from the social network (Facebook), contacted them and received the service.

In-depth interviews were conducted with a total of 22 providers, including 6 family physicians, 2 operators, 2 psychologists, 4 managers, and 8 representatives of HIV and TB clinics and non-governmental / community-based organizations providing HIV prevention service providers. The gender distribution was as follows: 14 females and 8 males. Age range 24-69 years, with an average of 47 years. The majority of respondents (18 out of 22) had higher education in this group.

The results in this section are presented in two main subsections, for beneficiaries and providers separately.

Beneficiaries

TeleClinic services - experience of service receipt

Before providing information on the consumption of teleclinic services, beneficiaries were asked to talk in general about the impact of the COVID-19 Pandemic on their access to prevention / medical services and their health needs during this period.

Most of the beneficiaries participating in the study mentioned that their access to preventive and medical services was limited due to the pandemic. In addition to the fact that physical movement/transportation was halted during the lockdowns, the patients themselves were reluctant to seek medical services because of the fear to become infected by COVID-19. Later, an additional barrier was the absence of a COVID-19 vaccination certificate, which created barrier to accessing certain services.

Several beneficiaries noted that in the early stages of the pandemic, there was a problem with access to OST services, which was later resolved when the practice of 5-day take-away dose of the medicine was introduced.

"I often used the services of a neurologist before and after the pandemic, because of my headaches. I also had COVID, in a mild form, but my headaches became more frequent and now I still need a neurologist. I also needed a dentist and received the service as usual. I did not problems in accessing these medical service during the pandemic".

Beneficiary, 51 years old, male

"At first I was confused and because of lockdowns there were fewer services available, but alternative ways of service delivery appeared soon - an online testing platform was introduced, a mobile ambulatory was set up for PreP and we could get services at home, HIV counseling could be done directly at home. The services of the teleclinic were added a bit later, it was something different and innovative and it was timely to introduce this service. I had a lot of problems in access and this service somehow balanced the access... I had problems in terms of physical safety, I realized that I could not go to clinics to see doctors because they represented high risk group, and I tried to avoid going there..."

Beneficiary, 37 years old, female

"A lot has changed during this period, and mostly worsened. I had COVID and if I had not consulted with the doctor of the teleclinic, I would not get any counseling from the healthcare system. I was not able to receive some services due to the pandemic. For example, when I had COVID, I did not have access to a doctor, the doctor could only give me an advice over the phone and this did not satisfy me. Because of COVID regulations, I had limited access to doctors even after..."

Beneficiary, 45 years old, male

When asked about the health services needed during the pandemic, most of the beneficiaries mentioned consultations with a family doctor (mostly for post-COVID-19 issues) and a neurologist. It was also noted that patients who recovered from COVID-19 were in need of appropriate diagnostic tests or post-COVID-19 diagnostic tests. Several beneficiaries noted that they needed consultations with psychologist for managing the stress and emotions caused by COVID-19, as well as for reinstating their

inner resources. In addition, the respondents mentioned the need for medical consultations of different profiles, such as: cardiologist, traumatologist, rheumatologist, neuropathologist, pulmonologist, etc.

"I needed to consult a doctor, my son and I had COVID. I needed some tests, CAT scan, I was able to get all these services... "

Beneficiary, 42 years old, female

"I personally needed post-COVID counseling.... I had questions to the family doctor. At the time when I had COVID the healthcare system was much overloaded, it was literally unable to contact with anyone. And then the teleclinic was the best way for me to talk to the family doctor..."

Beneficiary, 52 years old, female

"I had COVID a year ago and that is when I needed the to contact the TeleClinic. I was told that if called there, they would assist me in everything. I actually wanted to consult a dermatologist, but actually they were not able to help me with it. I needed other services too but I could not get them due to finances..."

Beneficiary, 34 years old, female

"I was in a sever need of psychologist to manage my COVID related stress, my emotions... and to recover my lost resources. This need was actually more psycho-social... I did not have medical needs as such, except of my leg surgery..."

Beneficiary, 25 years old, male

Beneficiaries were asked to provide information on how they've learned about the TeleClinic services and majority of them noted that HIV prevention service centers, mainly harm reduction sites, were the source of information. Some of them got information on the TeleClinic while receiving HIV prevention services (during the visits at centers for testing or other supplies), and others were directly contacted by the service center staff / outreach workers and provided with the information on available services.

A certain number of beneficiaries were informed about the TeleClinic by friends or neighbors who had communication with NGOs. The role of social / outreach workers also appeared to be essential not only in disseminating the necessary information, but also in providing direct assistance to the beneficiaries in receiving the TeleClinic services. Two beneficiaries noted that they found out about the TeleClinic services through the Internet/social network.

"I contacted the TeleClinic on behalf of some beneficiaries, they had some questions to doctors, I talked with doctors and transferred information to beneficiaries while they were sitting next to me. I was telling to the doctors that I was calling on behalf of beneficiaries... "

Beneficiary, 52 years old, female

"A friend provided me with the information on the TeleClinic, who probably had communication with NGOs I suppose, I think it was NGO "New Vector"..."

Beneficiary, 36 years old, female

"I visited one organizations for testing and they gave me a number [of the TeleClinic] there. I have kidney problem, I needed medicine - diclobern, I wanted to make injection by myself and

that's why I called here to receive recommendation. The organization is Tbilisi, I think it is called "Akeso"..."

Beneficiary, 42 years old, male

Most of the beneficiaries interviewed mentioned that they had used the TeleClinic service only once, although others had received services 2 times (6), three times and even more (5). Only one beneficiary could not recall about the number of calls he made to the TeleClinic.

Most of the beneficiaries (18) contacted the TeleClinic for medical advice regarding COVID-19, they or their family member had COVID-19 clinical symptoms (severe headache, fever, joint pain, nausea) and needed to be diagnosed. Also, there were several cases (3) when beneficiaries called the TeleClinic to get information on COVID-19 vaccination. Beneficiaries also consulted with physicians on post-COVID-19 complications. Five beneficiaries contacted TeleClinic about liver and gallbladder problems or to get information on harmful effects of COVID-19 on people infected with or treated for Hepatitis C. Only 2 beneficiaries referred to the TeleClinic for some other medical problems, and there was one case when the beneficiary was simply interested in the operation of the TeleClinic.

"I was interested in issues related to COVID. When I called for the first time, I was interested where the nearest vaccination center was and they provided me with a comprehensive information. Next time I called because of COVID symptoms and again they told me everything what I should have done and how..."

Beneficiary, 37 years old, male

" I called to the TeleClinic because I had post COVID symptoms like dizziness, I was not well psychologically too, I easily got nervous about everything, I had these symptoms and I wanted to talk to the doctor about it ..."

Beneficiary, 40 years old, male

"I called there [to the TeleClinic] because of COVID, I had a fever... they prescribed me a medicine for fever. It was about 10-15 minute service ... "

Beneficiary, 52 years old, female

The vast majority of respondents stated that they could contact the TeleClinic operator without any problem. When a family doctor was not available at the moment of the call, the operator noted beneficiary's information and he/she was contacted by the TeleClinic staff later on the same day.

Majority of the respondents positively assessed their communication with operators. All of them unanimously noted that they received comprehensive information through this communication and all their needs were met. It was also mentioned that the TeleClinic operators' attitude towards beneficiaries was very kind and friendly.

"It was very easy to reach the operator... they could not answer me immediately, the line was busy and then they called me back later. She spoke to me very openly, listened to me and ensured comprehensive consultation..."

Beneficiary, 51 years old, female

"It was very easy to reach the operator, she spoke to me so well and explained me everything..."

Beneficiary, 58 years old, female

"I don't remember exactly, but the operator responded quickly... There is a long waiting time when you call 112, but not here..."

Beneficiary, 43 years old, male

"I told about my problems to the operator and she recorded everything, she listened to me warmly and kindly, and after a while I was contacted by a doctor. After listening to my problems the operator advised me that I needed a doctor and then the latter contacted me soon..."

Beneficiary, 64 years old, male

Most of the interviewed beneficiaries noted that they did not need assistance in calling to the TeleClinic, however they witnessed other beneficiaries being directly assisted by social/outreach workers using their mobile phones and connecting them to the TeleClinic personnel. Only 3 respondents participating in the study reported that they were able to contact the TeleClinic with the help of HIV prevention program staff.

In terms of referrals from operators to other services of the TeleClinic, beneficiaries noted that they mostly needed consultations with family doctors and were referred accordingly. In addition, three beneficiaries mentioned that they were referred to psychologist upon request. It should be also noted that the vast majority of beneficiaries were satisfied with the medical and psychological counseling received through the TeleClinic. Only one beneficiary told that after receiving family doctor's counseling she also wanted to consult with a psychologist, however she refrained because of self-stigma, she didn't want to talk about her problems with a stranger.

Beneficiaries mostly stated that there was no language barrier for them while receiving the TeleClinic services.

The vast majority of the interviewed beneficiaries positively evaluated the competence of TeleClinic doctors and psychologists. They noted that they received comprehensive information from the doctors on all their questions, especially on COVID-19 issues (symptoms, management, diagnosis). They were also properly referred to other clinics/services based on their symptoms. It was further noted that the relationship of doctors and psychologists with the patients was respectful and friendly.

"The family doctor called me after about an hour and we talked for 5-10 minutes while I told her about all my problems..."

Beneficiary, 37 years old, male

"Initially I called and asked for a psychologist and soon, I remember, the same day I was contacted by a psychologist... I am totally satisfied with the services of a psychologist ..."

Beneficiary, 25 years old, male

"I was referred to the family doctor ... I told her everything that bothered me, she gave me advice and prescribed me some medicines... She called me back very soon, maybe within an

hour. Later she made a follow-up call to ask how I was doing... I was very satisfied with the service..."

Beneficiary, 51 years old, female

"I am very much satisfied with the competence of the doctor. Whatever questions I had, I got the answer to everything ... "

Beneficiary, 37 years old, female

"The doctor was so kind, professional, she gave me such a great consultation. I was very, very satisfied. The doctor was competent in her field and probably had a good experience in relations and human psychology. I very rarely say good things about people or organizations and now I really have to say that it was great and I appreciate their work much... The doctor was interested in solving the problem as well, she asked me everything in details about my disease history... "

Beneficiary, 34 years old, male

"It was obvious that the doctors were highly qualified. Many beneficiaries called for psychological assistance and all of them were very satisfied. They received very good consultations..."

Beneficiary, 62 years old, male

The vast majority of beneficiaries noted they had received sufficient information on the TeleClinic from prevention service providers. After receiving the TeleClinic services most of the beneficiaries were contacted by prevention program staff to get feedback and enquire about their satisfaction with services.

"I got detailed informed on the TeleClinic at our center[HIV prevention center], what services I could receive, when and how..."

Beneficiary, 51 years old, female

"The manager of the NGO called me later and asked if I had called to the TeleClinic and how satisfied I was..."

Beneficiary, 37 years old, male

Significance of the TeleClinic and suggestions for its future enhancement - the perspective of beneficiaries

Beneficiaries unanimously stated that the TeleClinic services should be at a minimum sustained in the future, and at a maximum enhanced and diversified by addition of consultation with doctors of different profiles. Respondents highlighted that professional specialists were involved in the provision of medical and psychological services, they were attracted with the fact that the service was remote, fast and free. When asked what they would like to add to the TeleClinic services in the future, they mentioned: video consultations and getting doctor's prescriptions via SMS messages. The latter was well received by the vast majority of the participant, although there were exceptions, noting that SMS messages should only be received upon the desire and consent of beneficiaries.

Lots of beneficiaries mentioned that the TeleClinic services are especially convenient and required for people living in small towns and rural areas. Not only do such services save their time and money, but they also receive vital services anonymously, which are at the same time of high quality. Respondents expressed a varied attitude in response to the question whether they would be more comfortable if the TeleClinic services are provided by the medical center at their city/region (since in such case staff would be more familiar with the local medical services and it would make the referral process more effective). Some of the respondents were in favor for this modification stating that there might be many familiar doctors who will better refer them to other local services. However, others were opposing this idea, noting that it could pose a risk to anonymous service delivery and that they have more trust in doctors from Tbilisi and consider them more competent.

"This service should be maintained, I would definitely use it in the future if need be... If they could add a video call, it will be good ..."

Beneficiary, 42 years old, female

„This is a service that everyone might not use very often, but it is a way to get so many additional benefits – for example get prescription, advice, etc... I would use this service in the future with pleasure... It is very important to sustain it... It is a luxury to receive this service for free – such consultationa worth a lot of money ... “

Beneficiary, 52 years old, female

"This service is ideal for those who cannot go to the doctor... If they make it more diverse and add some other services as well, it would be great..."

Beneficiary, 37 years old, male

"Of course it [TeleClinic] must be maintained. I have 4 children and it is difficult for me to leave them... and this service was vey good for me... "

Beneficiary, 34 years old, female

"I would definitely use it [TeleClinic] in the future... every time in need, I would call there without thinking, because I do not know such a clinic elsewhere, an online counseling center where you will be given such a great consultation. It was very difficult to get counseling from a doctor during COVID period, they never called... If the TeleClinic becomes bigger, people will not have to worry if family doctor in charge of COVID does not call them. The TeleClinic responds quickly and is highly qualified. They helped me greatly, I am sure they will do the same with everyone..."

Beneficiary, 27 years old, male

"It would be very good to receive SMS messages for prescriptions... I had cases when I forgot or lost prescriptions..."

Beneficiary, 37 years old, male

"SMS might complicate the situation, it should be sent upon beneficiary's consent. If sent automatically without consent, some may have problems in the family because someone can see it. They must ask for the consent, at least before sending... "

Beneficiary, 25 years old, male

"Of course, local services are better, our region is small and our local doctor can give a better advice..."

Beneficiary, 42 years old, male

"The service is remote, over the phone so it does not matter for me whether the doctor is from Kutaisi or Tbilisi... but there is more trust in doctors from Tbilisi ..."

Beneficiary, 45 years old, female

Beneficiaries provided different opinions when asked about the preference of video consultations. Some of them stated that video consultations would facilitate the better relationship between doctor and patient, while others said that providing such service to high-risk group individuals would create a problem of anonymity, many beneficiaries simply do not want to talk about their problems to a doctor directly via screen, especially with a psychologist. In addition, they might not always be able to manage the video call, thus telephone consultations are more convenient for them.

It was further noted that access to the internet and having the appropriate equipment (smartphone) for online consultation will definitely be a barrier for some beneficiaries. In addition, using such equipment is often hard for 50+ age group representatives, thus they would prefer to get counselling over the phone. However, it would be better for the patient to have access to both modes of counseling and choose the one that better suits him/her. One beneficiary also mentioned that it would be good to work directly with community organizations to set up a kind of a coordination network to support beneficiaries with the internet or tablets.

"No, I would not use the video call, because of confidentiality... I prefer a phone call... It might be a barrier, I don't always have access to the Internet..."

Beneficiary, 57 years old, male

"Even though we are living in the XXI century, one might not always have appropriate devices or access to the internet to do the video call. One might feel uncomfortable during the video call, especially at first, when you don't know the doctor... You feel more brave while on the phone..."

Beneficiary, 27 years old, male

"I will not have a barrier in terms of equipment, but I may not always be in a situation to receive a video call. For me personally the phone is more convenient..."

Beneficiary, 37 years old, male

"The service of a psychologist through a video call does not seem safe to me, there are some issues that can not have a digital alternative, or will not have appropriate outcome ..."

Beneficiary, 24 years old, male

„I think video consultation will be more comfortable, there will be more effective connection established between the doctor and the patient. I don't know what about others, but the equipment won't be a barrier for me..."

Beneficiary, 45 years old, male

In terms of improving the TeleClinic services for the future, majority of beneficiaries noted that on the next round it would be helpful to add face-to-face consultation to the remote counseling, also include diagnostic examinations, such as X-ray (lung) or ultrasound to check for post-COVID conditions and/or complications. They also underlined the importance 24/7 access to the TeleClinic services in order to minimize the waiting time, especially if a person is in a psychological crisis or has any urgent complication caused by COVID-19. Although it should be mentioned that the respondents' views on 24/7 access to the TeleClinic services was not homogenous. Some of them stated that it is enough to call and receive services during the working hours, while others pointed out that similar services are needed on weekends and non-working hours too, since no one can predict the urgent needs and there are times when hours are crucial for timely intervention.

Beneficiaries also desired to add issuance of one-time vouchers in addition to the remote counseling, so they could purchase medicines that will be prescribed by doctors.

Several respondents talked about developing the online version of the TeleClinic or integrating it within the existing www.selftest.ge platform, so that beneficiaries could contact doctors online in case of questions and get written consultations via a message.

Beneficiaries noted that it would be good to add the consultations of the following specialists: neuropathologist, psychiatrist, dermatologist, narcologist, gynecologist, therapist, surgeon, urologist, infectious disease specialist.

"24-hour access will be good, I personally do not know if I will need this service, but it may happen that suddenly a person becomes sick and needs to call a doctor, so in general, it would be good to have such access..."

Beneficiary, 52 years old, female

"Personally, I was OK with receiving this services till 7:00 pm... It would be good to have access on weekends..."

Beneficiary, 51 years old, female

"It would be good to add an anonymous chat. Beneficiaries often do not even share a phone number. It could be better to use only initials ... "

Beneficiary, 25 years old, male

"It would be good if NGOs provide us with tablets and Internet..."

Beneficiary, 27 years old, male

"TeleClinic information and chat could be added to the selftest.ge platform... it will be good if it is added there, we are already used to that one ..."

Beneficiary, 37 years old, male

The beneficiaries were asked about the need of conducting sensitization trainings for the Teleclinic staff. The vast majority of interviewees said there was no need to do so, the staff was well trained, and their tolerant attitude and willingness to actually provide assistance was well noticed.

Only one beneficiary mentioned that it would be beneficial to conduct at least one sensitization training for the staff as several clients expressed dissatisfaction in terms of personnel's attitude.

"I am very satisfied with their [doctors] attitude, I think they do not need additional sensitization traininga..."

Beneficiary, 27 years old, male

"They were very kind, they obviously knew their job, they knew what group they were working with and I did not really notice the lack of sensitization, on the contrary..."

Beneficiary, 24 years old, male

"Probably it would be good to have sensitization trainings for the TeleClinic staff, there were several beneficiaries who were dissatisfied with the way they were addressed and with the explanations provided, but sometimes they [beneficiaries] inflate it ... I've heard them saying: they know that I am a drug user and that is why they talk me so..."

Beneficiary, 52 years old, female

Beneficiaries were asked about their opinion how to raise awareness about the TeleClinic among their community members. According to their responses, in addition to the facilities of low-threshold HIV prevention programs, it would be good to place posters at OST organizations, distribute flyers to beneficiaries, provide information to medical staff at different institutions, etc. They also noted about adding information materials on the TeleClinic in preventive packages/boxes. In addition, it was mentioned that information materials could also be placed at pharmacies. Most of the participants named social networks (Facebook, Instagram) and YouTube as the most practical way for spreading information, as well as dating sites (Tinder, Grinder, Geiromeo, etc.), television and outdoor banners.

"Perhaps a separate online group/network should be set up for the TeleClinic, where people will join and TeleClinic will post important information there... When the group/network is formed, many people will share and disseminate the information..."

Beneficiary, 27 years old, male

"I think outdoor banners would work better then television. We all watch TV, but you may come home tired and even do not notice this advertisement or do not watch the channel where this advertisement is aired... "

Beneficiary, 34 years old, male

"it would be useful to place advirtisements on the TeleClinic at the bus stops, you will be able to read it while waiting for the bus..."

Beneficiary, 37 years old, male

"It would be good to print the information brochure and add it to the prevention box of Tanadgoma..."

Beneficiary, 25 years old, male

Service Providers

Teleclinic Services - Experience of service delivery

Prior to starting the service delivery, information about the TeleClinic was disseminated among KPs through TB/HIV clinics and non-governmental / community-based organizations providing HIV prevention services. During the interviews with the representatives of these organizations, they were asked to talk about the practice of disseminating information, the experience of service delivery to the clients and the feedback received from them.

These organizations used various channels to disseminate information about the TeleClinic to the beneficiaries: all of them had banners posted at their offices or mobile ambulatories where applicable; banners/posters were distributed through various social networks and information was provided during the face-to-face meetings as well (during the office visits, home service delivery or outreach work). However, it was noted that the launch of the project was not accompanied by a proper information campaign.

According to the representatives of HIV prevention organizations, the demand for the TeleClinic services was quite low. TB representatives noted that their patients have daily contact with TB program staff (physicians / DOT nurses, adherence consultants, psychologists) and no additional need in medical services was probably the reason for the low demand for the TeleClinic services. A similar view was noted in regards to PLHIV who often undergo basic consultations with their infectious disease specialists. The majority of KPs who received TeleClinic services were PWID, both in Tbilisi and in the regions. It was also speculated that the delivery of TeleClinic services was somewhat overdue and by the start of the project general population, including KPs, already had more or less sufficient information on COVID-19.

According to the representatives of HIV prevention organizations, majority of the beneficiaries were satisfied with the services received, particularly with psychologist's counseling. Missed calls during non-working hours and the lack of free consultations with other specialists were named among the reasons for dissatisfaction.

"We had small banners posted both in our office and in the mobile ambulatory. We have our organizational Facebook page and we shared information there as well... VCT consultants and lab. specialists also provided beneficiaries with information during face-to-face meetings, as well as social workers during the outreach work... They [beneficiaries] did not like only telephone consultations, the only thing I remember was that they liked psychological counseling very much... They are used to live consultations with various specialist we offer within our case management system and probably they prefer it..."

Representative of HIV prevention organization, 64 years old, female

"You know what, trust in doctors in Ozurgeti is very low and that's why our beneficiaries phoned TeleClinic almost for everything... there was a great demand for a psychologist, despite the fact that we have a psychologist at our organization ... In general, majority were satisfied with the TeleClinic service... Almost everyone noted that the service were very good, provided in a warm, friendly and professional manner..."

Representative of HIV prevention organization, 62 years old, male

"Well, I cannot say that the information campaign was strong, on the contrary, it was one of the weakest information campaigns that I can remember, honestly... We posted posters in our organization, there was no other source of information... We disseminated information through our resources ... As for the feedback from beneficiaries, there was one case when the beneficiary said that they [TeleClinic staff] did not answer the call, but then it turned out that it was a non-working day and we explained everything and dismissed this confusion..."

Representative of HIV prevention organization, 24 years old, male

"In Tbilisi, only few patients actually received TeleClinic services... All TB patients have their own doctor, and if they have any medical needs, they go to these doctors ... Maybe our patients are so well-managed that they don't need additional services, for example, if one did not come, or did not take medicine, our adherence consultant would be right there to figure out the case and help..."

Representative of National TB Center, 61 years old, female

"One should be mentioned - the launch of this service was overdue, because the beneficiaries already had almost all the information about COVID-19... Those who used this service, were mostly satisfied... although there were no additional services available and beneficiaries did not like this, I remember that one of them had cardiac problems and wanted to consult with a cardiologist and this service was not available for free..."

Representative of HIV prevention organization, 26 years old, male

While using the TeleClinic services, the first call was made by the beneficiary to a specific number responded by the operator who recorded the unique code of the client and made a referral upon request. Calls were accepted during the working hours from 9 a.m. to 7 p.m. Calls received during non-working hours were auto-replied to the beneficiaries and recorded in the system, and later were responded on the next business day. The system was built on a Google Sheet separately for family doctor and psychologist and each of them had access to only his/her own file. The system included some basic information about who was calling, what was being requested, and where was the referral made. The project also involved a case manager, to whom beneficiaries were referred for general information on need base.

According to the family doctors, the representatives of KPs within the framework of the TeleClinic project were making calls for many different reasons: acute and chronic health problems, chronic diseases and their association with COVID-19, COVID-19 testing needs, other required tests, association between HIV / Hepatitis C / TB and COVID-19, recommendations for COVID-19 vaccination, various administrative issues, rights and universal health insurance and access to other state programs. In relation to the latter, it was revealed that awareness of the beneficiaries on available state programs was very low. In most cases, physicians had to consult patients on both active coronavirus infection and post-COVID complication. Beneficiaries also requested consultations with psychologist and were referred to receive this service accordingly.

"Patients who had unique codes called us and we usually referred them to either a family doctor or a psychologist ..."

Operator, 44 year old, female

"I personally conducted consultation with a patient with active COVID-19 - I provided him with all the relevant information about self-isolation, symptoms, symptomatic treatment... I also conducted consultations on vaccination, they wanted to get full information about what the vaccines, how it works, etc... It was apparent during the project implementation that they [KPs] are not informed about the services under the state programs... They often do not know where to refer to get family doctor's counseling, what services and investigations are available for them... These patients need more information... They also called to get information on HIV and COVID-19, what is the possible interaction... I personally had the case when PLHIV was interested in what to do if infected with COVID-19..."

Family doctor, 44 years old, female

"Obviously there were lot of questions about universal health insurance, they had no information on it... This TeleClinic was an accessible and easy way for them to get information..."

Family doctor, 49 years old, female

Family physicians and psychologists conducted audio consultations over the phone and in their opinion this is already a well-established practice and its effectiveness equals to face-to-face counseling. In addition, psychologists noted that counseling over the phone was more perceived as confidential and beneficiaries felt themselves more open.

All providers noted that communicating with representatives of KPs was not a difficult task for them. All of them underwent sensitization trainings before the start of the project. Some of them mentioned that additional trainings and advancement of knowledge in this area would be desirable in the future.

When asked if they provided comprehensive information to the beneficiaries and whether there were any questions that they were unable to respond, all operators, family doctors and managers stated that they did not encounter any problem in this regard and did their best to meet all needs of the beneficiaries. Most of the beneficiaries who consumed the TeleClinic services were Georgian, thus providers did not encounter any language barrier during the service delivery. Only two doctors and one psychologist stated that they had to consult patients both in Georgian and Russian, and none of them mentioned having language barrier.

The communication between the operator and the beneficiary took around 2-3 minutes. One consultation with the family doctor lasted about 10-30 minutes depending on each patient's problem. The initial consultation with the psychologists lasted 20-30 minutes and up to 50 minutes were devoted to every subsequent interview.

According to the operators, based on the incoming calls, the beneficiaries requested only services of family doctors or psychologists. Most of the family physicians interviewed stated that the beneficiaries did not request additional services / counseling with other specialists, apart from for the psychologist, which was provided within the project and in case of need were referred accordingly. According to the family doctors, the beneficiaries were more interested to get information on laboratory-diagnostic examinations; they also requested to talk to the same doctor in case of repeated call. As stated by the project management team, considering the wide range of competences of family doctors, there was no additional need for other specialists during the online consultations and the provided services were sufficient at this level.

"I did not have feeling that the telephone consultation was not sufficient ... there was a sense of confidentiality and the patients felt themselves more open..."

Psychologist, 31 years old, female

"We communicated with beneficiaries for about 2-3 minutes ... we asked for the unique code and then made referral... they mostly asked for a psychologist's or a family doctor's consultation... they did not ask for any additional services, in my case ..."

Operator, 57 years old, female

"I was a little worried about how I would communicate with them [KPs], but after several calls I lost that feeling of fear. We were able to communicate with patients in a very pleasant manner, it would be good to take additional trainings [sensitization]..."

Operator, 44 years old, female

"It was not difficult to communicate with them [KPs] ... we were trained on these issues ... any additional training is always exciting, we - specialists acquire more skills and it is always welcome..."

Family doctor, 49 years old, female

"We literally had answers to all their [beneficiaries] questions, otherwise we had instructions on where they could continue consultation... I personally had consultations in Georgian and Russian and I did not have any problem with language..."

Family doctor, 69 years old, female

"I had one Russian-speaking patient, but I did not have a language barrier, I was able to handle it..."

Psychologist, 31 years old, female

"They [beneficiaries] mainly requested psychological assistance... I did not have cases of requesting any other specialists..."

Family doctor, 59 years old, female

"You know what they asked for - to talk to the same doctor in case of repeated call... No one asked for other specialist; they asked for additional services and were interested in information on laboratory-diagnostic examinations..."

Family doctor, 49 years old, female

"To be honest, there was no need for more specialization rather than a family doctor during online service delivery... Psychological problems were managed by a psychologist, and as for health problems - the family doctor, with his/her wide competence, was more than enough to manage these processes..."

Manager, 43 years old, male

All providers were asked about the communication practice between the parties involved in the project. Communication between the operator and the family doctor was electronic. The operator answered the

call and, upon request, referred the beneficiary to family doctor or psychologist, who were able to see the beneficiary's phone number directly in the electronic system and contacted them within the next half an hour interval. In addition to the information provided electronically, the operators, as well as the manager, personally verified the receipt of the request with family doctors/psychologists. In general, the cooperation between the parties involved in the project within the organization (Family Medicine National Training Center) was positively assessed by all participants.

"Operator conveyed beneficiaries' request for consultation electronically ... the system was automated ... but there was also a call from operators or the manager to respond as soon as possible ... the response was provided within a maximum of half an hour, probably ..."

Family doctor, 69 years old, female

"We had a great support from our management and information service, everyone was mobilized not to create any technical problem to the doctor. Communication was quick and comfortable..."

Family doctor, 44 years old, female

"The communication was ideal... to be short, the entire team worked very well..."

Manager, 50 years old, female

According to the providers, the demand for Teleclinic services from KPs was not high, therefore their workload was rather low. Providers think that the low turnout was due to lack of proper awareness on the project among KPs. The given TeleClinic services were mainly tailored to the needs of COVID-19 and since the spread of the disease was relatively declined during the project implementation, the latter was considered as one of the reasons for low turnout, as stated by one of the project managers.

"I think we were not overloaded as much as we could have been... Our system was ready to carry far more load ... In my opinion the low coverage was not our fault, we were ready for everything, all was set well - from the registry to the specialists. Probably beneficiaries were not informed enough, or there might be some other reasons... Maybe those who were responsible to disseminate information did not do well, or maybe even did, but beneficiaries could not realize well what services they might get from our clinic... "

Manager, 50 years old, female

"We were expecting more workload... the turnout was really low..."

Psychologist, 30 years old, female

"The workload was not the one we expected... I think the awareness on these services was very low"

Family doctor, 59 years old, female

"At first there were fewer calls but then it increased... we were on average busy, we could handle this workload, there was no problem... they [KPs] probably were not informed properly on the services available at TeleClinic..."

Operator, 57 years old, female

"The project was aimed at meeting the needs of KPs during COVID pandemic... its launch coincided simply with the period when the statistical curve of the disease was not very high..."

Manager, 43 years old, male

According to the providers involved the TeleClinic service delivery, the principles of confidentiality were fully adhered while working with KPs. Beneficiaries were open and felt themselves free both during communication with operators and consultation with family physicians and psychologists. However, some of the providers mentioned that there were cases when family members or social workers were calling to get information instead of the beneficiary.

A total of 4 operators, 10 family doctors and 2 psychologists were involved in providing TeleClinic services to KPs. All four operators worked daily; 1 family doctor ensured consultations each day; and beneficiaries were referred to psychologists on a consecutive base. Considering the medium workload, the number of TeleClinic staff was quite sufficient, however, the organization had adequate preparedness in case of increased demand.

"There were cases when they call and told us "I'm mother... I'm friend of the beneficiary"... It appears that they had some fear of breaching confidentiality at the beginning and possibly that was the reason..."

Manager, 56 years old, female

"We ensured confidentiality, that's 100% true... Patients were open and they did not really show any special caution... I had a case when social worker called instead of the beneficiary..."

Family doctor, 59 years old, female

"I had a case when I consulted patient together with his mother, of course with the consent of the patient... the workload was mild, therefore one doctor per day was fairly enough... nevertheless, we were prepared for increased demand..."

Family doctor, 44 years old, female

Providers were also asked if a one-time consultation was sufficient for a risk group member being in crisis and asked for recommendations for improvements as need base. According to family doctors, the number of consultations depends on the specifics of each separate case, and follow-up communication is essential for patients with acute conditions. Based on the existing experience, in majority of cases family doctors provided comprehensive information to the beneficiaries and there was no need for follow-up calls. However, there were cases when patients required follow-up consultation or a referral to psychologist. In case of psychological assistance, the importance of follow-up consultations is undoubtedly essential.

Two family physicians and psychologists noted that they had cases when involvement of psychiatrist was also required. Only one doctor mentioned about prescribing mild sedatives, while no one noted about the need to prescribe psychotropic drugs. No cases of violence were reported by either family doctors or psychologists.

"The project duration was quite short, we provided beneficiaries with comprehensive information and probably that's why there was no need for follow-up calls..."

Family doctor, 67 years old, female

"The need for follow-up consultation is based on the condition in which the patient presents, depending on the disease and its severity... This should be defined by the doctor considering individual case..."

Family doctor, 44 years old, female

"If it were upon my personal consideration, I would definitely plan for at least several consultations... There are cases when patient's despair and hopelessness is so strong that more effort is needed than just one consultation..."

Psychologist, 30 years old, female

Significance of the TeleClinic and suggestions for its future enhancement - the perspective of service providers

All providers were asked about the importance of sustaining the TeleClinic services. All the providers involved in TeleClinic service delivery noted that the project was significant, although the opinion of the beneficiaries on its maintenance is paramount. Different views were presented by the representatives of TB/HIV clinics and non-governmental / community-based organizations providing HIV prevention services: minority of respondents stressed that the need for such services was very low in the community and it would be better to reallocate resources to other activities; some of them noted that in case of diversification of services, it would be reasonable to continue the project, while majority of providers evaluated it as an innovative and crucial service and supported its sustainability and improvement if need be.

While talking about ways to future enhancement of the project, the following issues were discussed with the respondents:

- (1) *Ensure 24-hour access.* More than half of the providers noted that ensuring 24-hour access would increase the demand for TeleClinic services. However, it should be noted that according to the service providers, the number of incoming calls during non-business hours was rather low, but in case of need adding this service would not represent a problem for the organization.
- (2) *Adding consultations of other specialists.* According to psychologists involved in service delivery, addition of psychiatrist's consultations would be desirable and even essential. The need for other specialists was mainly discussed by representatives of HIV prevention organizations noting the need for a surgeon, dermatologist, gynecologist, addiction specialist and cardiologist.
- (3) *Regional expansion.* The vast majority of respondents pointed out that it would be very helpful to develop and provide similar services in the regions. This would facilitate the process of information provision and referral to local services available in regions.
- (4) *SMS communication.* The vast majority of providers indicated that it would be helpful for beneficiaries to get key information via SMS messages as well.
- (5) *Video counseling.* According to the service providers, it would be simple to add video consulting as an optional service, if beneficiaries wish and have technical ability to manage it.
- (6) *Possibility of making a free initial call.* The initial call made by the beneficiary (via mobile phone) was not free for him/her. This call lasted a maximum of 2 minutes, although several providers noted that this was a barrier for some beneficiaries. According to the program management

staff, this problem can be solved at the system level, although it may increase the project costs and raise the issue of its cost-effectiveness.

- (7) *Provide incentives to the staff of organizations working with KPs to improve referrals to TeleClinic services.* Almost half of the providers surveyed noted that using such incentives might be a good way to increase motivation and facilitate the referral process.
- (8) *Additional sensitization trainings for Teleclinic service providers.* Although the doctors themselves believe that additional trainings are always useful for getting updates and new information, the respondents think that the staff involved in the project does not need additional trainings in working/communicating with KPs. Everyone noted that service providers' attitude towards KPs was friendly, sensitive and highly professional.
- (9) *Integration with other programs.* One of the providers suggested to integrate psychological assistance service provided by the TeleClinic into the online platform of HIV self-testing, where the beneficiary would be offered a consultation with a psychologist if they test positive for HIV.

"I don't think it's reasonable to cover the costs of the first call made by the beneficiary, it will increase the program costs and won't be cost-effective... It won't be a problem to ensure video consultations from our side, it's important that patients have demand and ability to do so..."

Manager, 43 years old, male

"Adding consultations with psychiatrist would be great, there was an actual need for it..."

Psychologist, 31 years old, female

"This should be implemented upon patients' decision, depending on what they consider a priority... we are already working in a 24-hour mode because of COVID..."

Family doctor, 67 years old, female

"I think it will be great to maintain this TeleClinic project... and it would be great to have regional expansion... if we have 24-hour access that would be excellent... it would be very convenient to get information via SMS message, patients often forget what was prescribed or told by the doctor... consultation with other specialists is essential, especially surgeon and qualified addition specialist..."

Representative of HIV prevention organization, 62 years old, male

"The project is innovative and very important in its essence... Doctors know their job, they are professionals and well-trained, have a high level of communication skills with beneficiaries... It is good to work on a voluntary base, but if there are incentives for the referral, motivation will increase and we will work more effectively... The first call should be free... it would be good to add a referral to a psychologist to the online self-testing platform..."

Representative of HIV prevention organization, 24 years old, male

Since lack of awareness about TeleClinic services has been named as one of the important barriers to low turnout, the providers were asked about the possible ways of awareness raising among KPs.

Organizations working with KPs were once again named as the most important source for disseminating information. Providers noted that the use of existing channels (dissemination of information by social

workers, advertising banners at organizations, etc.) should continue and it is desirable that such information campaigns be accompanied with some sort of funding in order to increase motivation. Any banner or booklet should be visually attractive and tailored to the interests of specific KP. Providers underlined the effectiveness of “word of mouse” and importance of disseminating information and positive experiences by service recipients among their peers. Internet was named as another essential source for disseminating information through banners, posts and thematic blogs on targeted social networks. It was also suggested to develop TeleClinic website / Facebook page. Dissemination of information through media did not have many supporters. Integration of information into existing services was also proposed, for instance addition of information leaflets in vending machines and self-test kits.

According to the providers, in order to conduct a powerful information campaign, it is important to use all possible information dissemination channels simultaneously and the process should have adequate financial support.

“Information should be actively spread through social networks, as I’ve already mentioned the FB page should be developed and there should be resources for booting posts, otherwise it won’t work... In general, our services lack marketing and this was true for the TeleClinic as well... TeleClinic may offer different discounts to their beneficiaries, for example, discounts on medicines at pharmacies, discount on COVID testing... Word of mouth works best to disseminate information among peers...”

Representative of HIV prevention organization, 26 years old, male

“The information should be spread by the organizations who serve KPS, this works the best. There should be incentives envisages for social workers and community members, so that they actively participate in information dissemination...”

Representative of TB service providing organization, 37 years old, male

“We may not reach target groups through media... banners should be placed where KPs often make visits, for instance “Basiani” [night club]... online banners should be placed on grinder, hornet, porn sites and dating applications... information booklet may be placed in self-test kit... It would be good if the self-test platform could also generate the TeleClinic code for the beneficiary...”

Representative of HIV prevention organization, 24 years old, male

“Almost 60% of the information is disseminated by those who has already used the service... beneficiaries might be asked to spread information to their peers during the consultation...”

Manager, 50 years old, female

Conclusions

- Access to preventive and medical services was limited for the majority of the beneficiaries due to the pandemic (restrictions on movement, fear to become infected, not having COVID-19 vaccination certificate, etc.).

- The most requested services at the TeleClinic were family physicians' consultations related to the management of COVID-19 clinical symptoms (severe headache, fever, joint pain, wheezing) and referral for COVID-19 diagnosis.
- It was essential for the beneficiaries to get various diagnostic tests, including examinations for post-COVID-19 conditions.
- Beneficiaries pointed out the need for various types of medical consultations, such as: cardiologist, traumatologist, rheumatologist, neuropathologist, and TB and lung disease specialist.
- The second important need mentioned by both the beneficiaries and the service providers, was the consultation with a psychologist, in order to manage the stress and emotions caused by COVID-19, as well for restoring inner resources.
- For most beneficiaries, HIV prevention and mainly harm reduction program staff was the main source of information about the TeleClinic, although demand for the services was quite low at the initial stage of the intervention.
- The reason of the TeleClinic low turnout might be the relatively low prevalence of COVID-19 during the project implementation period.
- The low demand for the TeleClinic services by TB patients was largely due to their day-to-day interaction with TB program representatives (doctors / DOT nurses, adherence consultants, psychologists). This is also true for HIV patients, as they undergo the basic consultations with their personal infectious disease specialists.
- The service providers regard the delivery of TeleClinic services as overdue since the population, including vulnerable groups already had sufficient information on COVID-19 by the start of the project.
- Awareness of various public services/state programs among KPs was very low as indicated by the TeleClinic providers.
- Majority of the interviewed beneficiaries positively assess the competence of TeleClinic family doctors and psychologists, indicating that they've received comprehensive information on all their questions, especially on COVID-19 issues (symptoms, management, and diagnosis). It was also noted that operators expressed upright and friendly attitude while communicating with KPs.
- The vast majority of beneficiaries were satisfied with the medical and psychological counseling received through the TeleClinic. The relationship between doctors/psychologists and patients was respectful and friendly.
- There was no language barrier encountered nor for beneficiaries and neither for service providers during the service provision.
- The TeleClinic services appeared to be especially convenient and essential for people living in small towns and rural areas. Not only do such services save their time and money, but they also receive vital services anonymously, which are at the same time of high quality.
- Communication between physicians and patient via SMS messages (receiving written prescriptions via SMS message) and video consultations were considered as proposed models for future enhancement of the TeleClinic services.
- Online internet consultation might be a barrier for some relatively elderly beneficiaries due to the lack of internet access and/or appropriate equipment (smartphone).

- The need for 24/7 access to the TeleClinic services was also noted for the effective management of beneficiaries in crisis.
- Providing incentives to the staff members working with KPs to improve referrals to the TeleClinic services, as well as integrating the TeleClinic with other platforms, including HIV self-testing online platform, has been cited as a way to increase utilization of services.
- Beneficiaries mentioned the need for one-time vouchers to purchase medicines that can be added to existing TeleClinic services.
- The beneficiaries considered no additional need to sensitize the TeleClinic staff as their tolerant attitude and desire to actually provide assistance was well expressed. However, some physicians noted that they would benefit from additional trainings and knowledge enhancement in working with KPs.
- Overall, the TeleClinic was evaluated as an innovative and necessary service by both beneficiaries and service providers and its maintenance and further enhancement was highly supported.

Recommendations

- It is important to at least sustain or further enhance the TeleClinic services in the future through adding consultations with different specialists (neuropathologist, psychiatrist, dermatologist, addiction specialist, gynecologist, therapist, surgeon, urologist, infectious disease specialist), or including various diagnostic tests, especially those need for post-COVID-19 conditions.
- Adding video consultations and receiving prescriptions via SMS messages might be considered as alternative ways of TeleClinic service delivery. However, in order to maintain clients' anonymity and confidentiality their consent should be taken into consideration and patients should have choice on the mode of service receipt.
- Awareness on the TeleClinic among KPs can be increased through its integration with other services: a) Placing posters at OST sites, distributing flyers to beneficiaries, and providing information to medical staff at various clinics; b) Adding information materials on the TeleClinic in the prevention packages/boxes for clients of HIV prevention programs; c) adding information messages to vending machines; d) posting information on the TeleClinic services to the selftest.ge platform.
- In order to increase awareness about the TeleClinic, the proper information campaign should be planned and implemented with active participation of community members and by elaborating messages acceptable to KPs considering the specifics of different groups. Information messages should be posted on social networks (Facebook, Instagram and YouTube), as well as on dating sites (Tinder, Grinder, Geiromeo, etc.) and on television. TeleClinic information materials can also be placed in pharmacies and on outdoor banners on the streets. And most importantly, the entire information campaigns should be launched in a timely manner, shortly after the start of the next wave of the pandemic.
- In order to conduct a robust information campaign, it is essential to provide adequate financial support, as well as to consider incentives for HIV prevention staff to increase motivation.
- It would be useful to work directly with community organizations to create a coordination network for beneficiaries in order to support them with Internet and/or access to smartphones/tablets for online consultations.

- The awareness of KPs on various public services/state programs available in the country should be raised at the level of HIV prevention programs.
- Regional expansion of the TeleClinic services would be recommended in the future though creating similar services, including diagnostic services and referrals to other local services.
- In order to act more effectively for beneficiaries in crisis and to increase general access to TeleClinic services, it would be useful to introduce a 24/7 service delivery model.
- In order to support socially vulnerable beneficiaries, it would be beneficial to provide them with one-time pharmacy vouchers to purchase medicines prescribed by the TeleClinic doctor.
- It is recommended to conduct sensitization trainings/re-trainings on specifics of KPs for the staff involved in TeleClinic service delivery (doctors, psychologists).