

FACT SHEET

AUGUST 2006

NEW WHO GUIDELINES ON DEVELOPING THE DISTRICT NETWORK- CLINICAL MENTORING AND SUPPORTIVE SUPERVISION

- SUPPORTIVE SUPERVISION AND CLINICAL MENTORING TO SUPPORT SCALE-UP OF HIV PREVENTION, CARE AND TREATMENT -

All WHO fact sheets, press releases, features and other information on HIV/AIDS can be found on <http://www.who.int/hiv/toronto2006>

To access IMAI/IMCI go to www.who.int/hiv/capacity/en/. The full district management materials including guidelines, tools and training materials can be accessed by clicking on Sharepoint Registration at the bottom of the page.

In the scale-up towards universal access, many countries are recognizing the need to decentralize HIV services. Decentralization of HIV services requires a shift from a specialist approach to a public health approach.

IMAI/IMCI¹ supports a public health approach to scaling up integrated HIV/AIDS services. This service delivery approach integrates interventions into the existing “district network”- the district hospital, health centre and community-based care.

Supportive supervision and clinical mentors are two activities that are crucial to providing and sustaining high-quality HIV services.

SUPPORTIVE SUPERVISION

At the beginning of HIV scale-up, the national programme management team may be able to oversee the entire programme because it consists mainly of HIV services in a few specialist hospitals. As the programme expands and decentralizes to hundreds of district hospitals and primary

health care centres, management capacity needs to be built at the district level as well. The district team needs to be prepared (amongst other tasks) to provide HIV supportive supervision.

Effective supportive supervision after training ensures that health workers can implement lessons learnt during initial training sessions. Supportive supervision focuses on the conditions necessary for proper functioning of the clinic and clinical team.

Are key requirements for HIV care, ART and prevention in place? Is an adequate process of case management in place? Supportive supervision aims at improving quality of HIV care and treatment service delivery through joint observation, discussion, and direct problem solving, mentoring, and learning from each of the topics observed and discussed, and planning the way forward.

WHO resource for supportive supervision: *Scaling up HIV prevention, care and treatment: the IMAI training course for district coordinators*. This training course covers

¹ Integrated Management of Adolescent and Adult Illness/Integrated Management of Childhood Illness

the full range of activities performed by a typical HIV district coordinator: training, supportive supervision, patient monitoring, drug supply management, etc. These are generic materials that are compatible with IMAI clinical training materials, but should be adapted to the specific country situation before use. Technical assistance in country adaptation is available.

CLINICAL MENTORING

A clinical mentor is a clinician with substantial ART and OI expertise who provides ongoing education and support to less-experienced HIV clinical providers by responding to questions, reviewing clinical cases, 'bedside' teaching, providing feedback, and assisting in case management. This happens by visits to the clinical team as well as consultation by phone (or Email) between visits. Clinical mentoring needs to be recognized as a form of continuing education that is as important as initial in-service training.

If clinical mentoring needs to be provided at all levels and to all cadres involved with the clinical care of HIV patients, it cannot only be provided sporadically by foreign-based NGOs, but needs to be budgeted, planned, and integrated into the national HIV programme.

At the district level, the district team is involved in coordinating the clinical mentoring activities, but is generally unable to provide them directly. This mentoring occurs during site visits as well as via ongoing phone and email consultation. While there are clinicians on the district team, they often have full-time administrative duties and do not have the time nor experience to be effective clinical mentors. Clinical mentors need to be experienced, practicing clinicians in their own right.

WHO resource for clinical mentoring: WHO recommendations for clinical mentoring to support scale-up of HIV care, ART and prevention in resource-limited settings. These guidelines were produced by two consultations and cover a wide range of programmatic issues necessary to build a sustainable, national system of clinical mentoring that can support a decentralized model of HIV service delivery.

IMAI/IMCI (Integrated Management of Adolescent and Adult/Childhood Illness) is an evolving toolkit which forms part of a model, integrated essential package for HIV prevention, care and treatment which includes both the PMTCT interventions and paediatric prevention, care and treatment.
