

MENTORSHIP PROGRAM



A Healthy People. A Wealthy Nation

RBC-MOH

OUTLINES

1. Background
2. The goal of clinical mentorship
 - Main activities conducted by clinical mentors
 - Proposed repartition of visits at DH and HCs

Background

- The program of mentorship started in 2007, by a small number of staff from the central level (TRAC +)
- The scale up of mentorship program came in 2012, with transition of some health facilities previously supported through PEPFAR (USG support).
- Mentorship program started with 11 DHs that were transitioned to the Government of Rwanda. These two parties agreed to recruit clinical mentors (MD and nurse), for maintaining the quality of service delivery.
- In addition to those 11 DHs, 5 Provincial Hospitals got also clinical mentors.

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- The program started with 27 mentors (13 MDs and 14 Nurses), based at DHs and PHs.
- From 2014 with the decentralization process & policy from MOH jointly with RBC, mentors are supposed to be among staff at DH level, appointed as Infectious Diseases Clinical Mentors(HIV, TB, Malaria, etc...).
- All 42 DHs across the country have clinical mentors

The goal of clinical mentorship

- To improve the quality of comprehensive HIV/AIDS care, prevention & treatment and Others Infectious Diseases (TB, Malaria,etc...), through continuous capacity building of health care providers.
- “**Mentor**”: need to be experienced, practicing clinicians, so that he could transmit skills to his mentee (health care providers).
- “**Clinical mentoring**” has to be seen as part of the continuum of education required to create competent health care providers intending the quality of service delivery to PLWHIV, and or patients with others infectious diseases.

MAIN ACTIVITIES CONDUCTED BY CLINICAL MENTORS

- Conduct clinical mentorship through direct coaching of health care providers(HCPs) in HIV services;
- Conduct clinical consultation with HCPs of HIV and others Infectious diseases complicated cases so that HCPs may gain more knowledge on cases seen and discussed ;
- Conduct onsite data verification and data quality assessment (Data related to HIV services and others Infectious diseases);
- Solving of system related issues in HIV services, TB, Malaria: (Patient flow, pharmacy, laboratory,...);
- Organize and conduct onsite training for health care providers in HIV services;
- Attending capacity building sessions, trainings and others activities organized by Central level/MOH

Proposed repartition of visits at DH and HCs

- **One or two days per week** in the hospital working with health care providers in HIV service;
- **Three or Four days per week** working with health care providers in health centers.

KEY ACHIEVEMENTS

- Quick implementation of HIV national guidelines: 2013 & 2016
- Key roles in Task Shifting;
- Principal Trainers in HIV Division;
- Treat All Strategy they played a great role:

June 2016: 164.252 on ART and 16.533 in Pre ART

February 2017: 180.000 already on ART

THANK YOU