Track: D8:'Health care workers (including volunteers) and HIV: training, mentoring, retaining, task shifting, and ensuring occupational safety'

Title: **On-site mentoring coupled with Quality Improvement initiatives as a strategy to scale up paediatric ART: a pilot programme in three rural districts in Tanzania**

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Background:
Although combination antiretroviral therapy (cART) reduces mortality in HIV-infected infants and children, ART initiation rates remain unacceptably low, despite training. Data to support clinical mentoring as a means to build capacity are sparse. We piloted a 5-day clinical mentoring intervention by 1 advanced practice nurse to increase paediatric cART enrolment rates at rural clinics.

Methods:
In March 2010, 3 Tanzanian district/regional sites were identified for intervention. Assessments included quality improvement(QI)review, direct observation of care, and discussions with staff. Gaps identified resulted in same-day targeted mentoring interventions. Mentoring topics included conventional clinical knowledge/skills (e.g. early infant diagnosis (EID), staging, growth charts, safe ART prescribing, weight-based dose adjustment) and systems-strengthening activities (e.g., documentation).

Results:
Baseline QI review found that 35% (130) of eligible children had not started cART. Through provider mentoring, 51 (39%) of these children were found and initiated on treatment; 79 (61%) were lost to follow-up. Providers reported increased confidence in EID, staging, initiating cART, and dose adjustment.

Conclusion:
Short term (5 day) targeted clinical mentoring can increase provider competence and confidence in paediatric cART, and increase paediatric cART initiation. Interventions to identify infants and children eligible for treatment and to retain them in care are urgently needed