Engaging providers: Provider training for PrEP service delivery – key considerations

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PrEP Regional Learning Network, Lilongwe, Malawi
11 – 13 Nov, 2019
PrEP new intervention on the block – the story of PrEP projects

- Funding
- Research
- Bridge to scale
- Scale up
- Roll out
- Drug procurement
- Stakeholder buy in
- Implementation
Training: a key activity

- Entry point to implementation
- Underpins and shapes implementation
Key considerations for training and engaging health providers – emerging lessons

- Key considerations for training and engaging health providers
  - Rapid learning curve...
  - Based on implementation science, provider research, grey literature, reports, and practice – extensive implementation
Overview

• Remember the basics for effective training – transfer of learning
• Getting started – how is the training done?
• Consider appropriate level and content of training
• Considerations for online training
• Consider what is required for competence and confidence post-training
• Training considerations – who to include?
Remember the basics for effective training

Maximise opportunity for **transfer of learning**:  

**Transfer of learning** is an interrelated series of tasks performed by supervisors, trainers, learners, co-workers and sometimes others (e.g. health department,) **before, during** and **after** the training in order to maximise **transfer of knowledge and skills**

Needs to be contextual:  
- Management support  
- Lines of accountability  
- Motivation  
- Establishment and maintenance of systems to support the implementation of the newly acquired knowledge/skills: supervision; technical support
Getting started – how is the training done?

Different approaches (no right or wrong)

- Cascade model
- Centralised training
- Project/cluster, site specific training
- On line training
- Combination of the above

Context appropriate

Each has benefits and pitfalls
Getting started – PrEP training: cascade model

Train master trainers (train the trainer)

- Important: Are trainers skilled and experienced? Do they have a mandate/credibility? adequate resources

Success of cascade

- Does it happen to scale?
- Quality – can become diluted
- Needs oversight and quality checks

Implementation

- Providers well equipped
- Providers lack confidence and competence

May need further top up training, or more specific training and support
Getting started – PrEP training: Centralised

**Governmental and/or key partners do all the training**

- Experienced, committed, mandate, resources
- Develop a cadre of experienced trainers

**Benefits**

- Cost effective
- Consistency of messages and content
- Oversight over quality
- Networking; community of learning

**Potential pitfalls**

- Not all staff attend (budget constraints)
- Providers lack confidence and competence
- Lacks intimacy; deal with issues, questions

**May need further training and support**

Site specific training needs to be considered
# Getting started – PrEP training: Facility-based

**Potential pitfalls**

- **Interruptions**: Miss out on networking; bigger picture; community of learning
- Trainees need to repeat at multiple sites

**Benefits**

- **Cost effective – no cost for venue, travel etc**
- **Onsite training – less interruption of services; health systems more visible**
- **Onsite – can involve more staff**

**Governmental and/or key partners do all the training**

- Based at facility
- Different combination of PrEP providers
Considerations for online training

Benefits
- Cost
- Time saved
- Coverage
- Individualised pace

Potential pitfalls
- Adult learning
- Levels of literacy
- Learning network
- Lose interaction; internet dependent
PrEP training: combination of the above

- Context specific
- Funding dependent
- A cadre of skilled trainers
- Need a combination of approaches
- Follow up and support necessary

- Training provides an important foundation for implementation
PrEP training: combination of the above

Key point – training seldom a one-off event
Part of an ongoing adaptive process
Consider appropriate level and content of training

• Training everyone together has benefits
  – Often done as an initial orientation
  – Is this sufficient?
• Often is the only training received
• Detailed, specific training linked to appropriate level and area of responsibility critical
An example - key training areas for health providers (clinicians)

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrEP - evidence</td>
<td>Need sufficient summarised information to understand and to be convinced of the evidence</td>
</tr>
<tr>
<td>PrEP the basics</td>
<td>Detailed as per country guidelines; clinical management and application thereof – case studies useful; especially for variation Understanding that PrEP different to ART!</td>
</tr>
<tr>
<td>PrEP provision</td>
<td></td>
</tr>
<tr>
<td>Combination prevention/SRH integration</td>
<td>Essential – but needs to be integrated into consultation; key messages; opportunities</td>
</tr>
<tr>
<td>Communication and counselling</td>
<td>Essential – needs to include risk assessment/risk discussion; effective use and adherence; problem solving; key counselling and communication skills</td>
</tr>
<tr>
<td>Sensitisation to key populations and potential PrEP users</td>
<td>Perceptions/misgivings about PrEP; values clarification and attitude transformation vital</td>
</tr>
<tr>
<td>Demand creation</td>
<td>What is being done, why and how</td>
</tr>
<tr>
<td>M &amp; E</td>
<td>As per responsibility</td>
</tr>
</tbody>
</table>
Consider what is required for competence and confidence post-training

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical support – accessible, on tap</td>
<td></td>
</tr>
<tr>
<td>Supervision, mentoring: quality, develop confidence, affirmation</td>
<td></td>
</tr>
<tr>
<td>Peer support; learning from others – community of learning</td>
<td></td>
</tr>
<tr>
<td>• Webinars; teleconferences, case studies, what app groups (need a moderator!)</td>
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</tr>
<tr>
<td>Lesson learnt; best practice</td>
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- Supervision, mentoring: quality, develop confidence, affirmation
- Peer support, learning from others – community of learning
  - Webinars; teleconferences, case studies, what app groups (need a moderator!)
- Lesson learnt; best practice

Essential and needs to be budgeted for in terms of personnel, structure and time
Training: Who to include?

Meeting and or training?
Level; detail; focus
Be clear about aim and outcome and shape accordingly
Training: Who to include?

District management and leadership

Sub-district

Facility management

Other staff at clinic (professional and non-professional)

Project staff and PrEP providers

CBOs, NGOs, peer navigators, outreach

Meeting and or training?

Level; detail; focus

Be clear about aim and outcome and shape accordingly
Training: closing remarks
Closing remarks

- Sensitisation:
  - Understand and convinced of efficacy
  - Nuanced communication with different groups especially key populations
  - Personal concerns or misgivings about PrEP.

- Requires a mind switch:
  - PrEP not treatment – its client controlled primary prevention; self-care
• No need to reinvent the wheel; use tried and tested training resources
  – Adapt the material to your audience and context; not your audience to the material!
• Adapt and update!
• Read!


WHO: http://bit.ly/2Cr7e9Q
Viva PrEP viva!
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References

- Yogan Pillay: Oral Presentation: South Africa: Lessons learned to date - Bringing PrEP to scale for a range of populations. Yogan Pillay IAS, Paris 23 July 2017
Decentralizing PrEP Provider training: reflections from Kenya

Day 3: 13 Nov 2019: 09h00-10h00
Session: Engaging providers
Presenter: Patricia Ongwen (Jhpiego Kenya)

PrEP Learning Network
Blantyre, Malawi: November 11–13, 2019
Decentralizing training for PrEP

- Capacity building for providers was conducted through the following:
  - Trainings (Centralized/ off-site, facility based, On-Job training (OJT))
  - Whole site orientation meetings
  - Mentorship

Trainings were conducted at different levels:

- Training of master trainers (40): Conducted by the experts from the technical working group (TWG). Participants were drawn from the content developers
- Training of national trainers (120): Conducted by master trainers to County HIV trainers, staff, implementing partners (IP) technical staff, CASCOs, County managers
- Training of County trainers (1061): County and IP staff (service providers, county mentors, facility supervisors and IP staff)
- Training of service providers (County and sub-county): Doctors, Clinical officers, Nurses, HIV testing services (HTS) providers, HRIOs
- Facility level trainings (Modular, OJT): For different cadres
Reflections

What worked well

► A large number of service providers were trained over a short time
► It was possible to decentralize PrEP services to multiple counties

Challenges

► Most of the participants trained as trainers were managers who had a lot of duties, and would not be available to conduct the training
► Selection of the participants for training was not informed by the participants SDP
► Frequent reshuffling of staff- knowledge gaps
► Limited number of participants per facility
Ways of addressing the challenges

- Careful selection of trainers and participants
- Modular facility based trainings
- Continuous OJT
- Continuous Mentorship
- Facility level CMEs
Addressing challenges in provider training for PrEP: reflections from Zimbabwe

Day 3: 13 Nov 2019: 09h00-10h00
Session: Engaging providers
Presenter: Joseph Murungu (PZAT Zimbabwe)

PrEP Learning Network
Blantyre, Malawi: November 11–13, 2019
Approaches to provider training in Zimbabwe

- Usual approach is to have a national and subnational training of trainers.
  - Assumption is the trainers trained will cascade trainings to districts and facilities
  - Trainers are usually health workers or programme staff selected based on set criteria

- Challenges in resources may affect implementation of this approach
  - Quality of the training (trainers, trainees, venue, teaching methods and materials etc)
  - Availability of trainers
  - Monitoring of the training
Approaches to provider training in Zimbabwe

▶ **Alternative approaches** include on job training
  ▶ Modular approach can be employed
  ▶ Site levels materials, data and real life cases can be used

▶ **Blended learning** provides an opportunity for scale up
  ▶ Integrated: comprehensive HIV integrated training package
    ▶ Early stages of scale up require separate and targeted trainings
  ▶ Post training support, learning reinforcement (e.g. WhatsApp group) and mentorship
  ▶ Use of mobile platforms: Zimbabwe Clinical Resources App
  ▶ Lessons from “distance” IMNCI training
  ▶ Ensure package is comprehensive on clinical and non clinical aspects
Healthworker tools in support of PrEP Client-Provider interaction

Day 3: 13 Nov 2019: 09h00-10h00
Session: Engaging providers
Presenter: Mwansa Njelesani-Kaira (USAID DISCOVER-HEALTH, Zambia)

PrEP Learning Network
Blantyre, Malawi: November 11–13, 2019
HCD Insights: Healthcare Workers

398 Interviews with: AGYW; Men. HCWs etc.

Widely seen as being either a barrier or influencer in the uptake of services.

May be judgmental esp. Towards young sexually active women with multiple partners

May demonstrate a lack of confidentiality

Some lack knowledge about PrEP

Are seen as a credible source of information

Can play an active role by creating an enabling environment to discuss HIV Prevention options
### Selected HCW tools developed

<table>
<thead>
<tr>
<th>Tool</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCW Training Animation</td>
<td>Completed</td>
</tr>
<tr>
<td>PrEP Job Aide</td>
<td>Final Review</td>
</tr>
<tr>
<td>Clinic Poster; Site Seller</td>
<td>Completed</td>
</tr>
<tr>
<td>PrEP Management System</td>
<td>Completed</td>
</tr>
<tr>
<td>HCW App</td>
<td>Final Prototype: 4 December</td>
</tr>
<tr>
<td>HCW Training &amp; mentorship</td>
<td>Incorporates: value clarification exercises</td>
</tr>
</tbody>
</table>

- HCW Training & mentorship incorporates value clarification exercises.
REFLECTIONS

Behavioural Change is a process – no over-night results
Continuous mentorship & support required: especially as it relates to values clarification
Important to take a positive & empathetic approach: and change perception of healthcare workers, by empowering them to more effectively carry-out their work.
Thank You

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#ImInControl