

Providing PrEP to Pregnant and Breastfeeding People: A Training Manual for Health Care Workers

IMPLEMENTATION GUIDE

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Abbreviations

AGYW	adolescent girls and young women
ANC	antenatal care
ARV	antiretroviral drugs
FP	family planning
HRH	human resources for health
IPV	intimate partner violence
MNH	maternal and newborn health
MOH	ministry of health
PMTCT	prevention of mother-to-child transmission
PBFP	pregnant and breastfeeding people
PrEP	pre-exposure prophylaxis
PNC	postnatal care
QI	quality improvement

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Introduction

When using this guide and the corresponding clinical practice guidelines and course materials, it is important to adapt the materials to reflect local policy, clinical guidelines, and implementation context surrounding provision of PrEP to PBFP.

Purpose

This implementation guide is part of the **Providing PrEP to Pregnant and Breastfeeding People (PBFP) Training Package**. The purpose of this guidance is to help ministries of health, program managers, and trainers expand access to high-quality pre-exposure prophylaxis (PrEP) for PBFP using a facility-based or hybrid approach for training, capacity-building, and mentorship.

Audience

The implementation guide is written for a global audience and designed to be used by personnel responsible for and/or involved in providing PrEP to PBFP. This may include:

- Maternal and newborn health (MNH) or family planning (FP) providers who deliver antenatal care (ANC) and postnatal care (PNC), or FP services for PBFP (at facility or community levels)
- PrEP providers caring for people during pregnancy or in the postnatal period (at facility or community levels)

How to Use

This implementation guide introduces and familiarizes facilitators and program managers to the training approach and contents of the various course packages and explains how to conduct trainings effectively. The implementation process outlined in this document can be adapted to meet the needs of countries that are introducing, implementing, or expanding PrEP for PBFP. This training may be conducted as a standalone training for MNH, FP, or PrEP providers, or may be incorporated into an existing prevention of mother-to-child transmission (PMTCT), ANC, or PNC training as appropriate.

This implementation guide is designed to be used in conjunction with the materials included in the training package, including the following:

- Facilitator and learner guides
- Course PowerPoint slides
- Pre- and post-tests
- Case study exercises
- Clinical practice guidelines
- Surveillance tools
- Facility assessment tools

Training Course Content

The PrEP for PBFP training package includes three stand-alone training courses. Countries should select the course that best suits their national context, including national guidelines and PrEP product availability in country. The standalone courses include clinical training content on (1) Providing Oral PrEP to PBFP, (2) Providing PrEP Ring to PBFP, and (3) an integrated course on Providing Oral PrEP or PrEP Ring to PBFP.

The *Providing Oral PrEP to PBFP* training course consists of 9 modules that provide facilitators and learners with consolidated, essential information about the safe provision of oral PrEP to PBFP. The specific modules included in the course and duration are as follows:

Module	Duration	
1	Use of oral PrEP for PBFP	1 hour 15 min.
2	Before prescribing oral PrEP	30 min.
3	Counseling on use of oral PrEP for PBFP	1 hour
4	Laboratory testing, documentation, and scheduling follow-up	1 hour 5 min.
5	Supporting continued use of oral PrEP	1 hour 35 min.
6	Oral PrEP use in special situations	50 min.
7	Additional health services and intimate partner violence (IPV)	1 hour 5 min.
8	Active safety surveillance	30 min.
9	Key messages	55 min.

The *Providing PrEP Ring to PBFP* training course consists of 8 modules that provide facilitators and learners with consolidated, essential information about the safe provision of dapivirine vaginal ring or PrEP ring to PBFP.

Module	Duration
Module 1: Use of the PrEP ring for PBFP	1 hour 25 min.
Module 2: Before prescribing the PrEP ring	1 hour
Module 3: Counseling on use of the PrEP ring for PBFP	1 hour 25 min.

Module 4: Laboratory testing, documentation, and scheduling follow-up	1 hour 5 min.
Module 5: Supporting continued use of the PrEP ring	1 hour 25 min.
Module 6: Additional health services and intimate partner violence	1 hour 10 min.
Module 7: Active safety surveillance	30 min.
Module 8: Key messages	55 min.

The integrated *Providing Oral PrEP or PrEP Ring to PBFP* training course consists of 9 modules, which combines oral PrEP and PrEP ring specific clinical content to provide facilitators and learners with consolidated, essential information about the safe provision of PrEP ring or oral PrEP to PBFP.

Module	Duration
Module 1: Use of oral PrEP and the PrEP ring for PBFP	45 min.
Module 2: Before prescribing oral PrEP or the PrEP ring	45 min.
Module 3: Counseling on use of oral PrEP or the PrEP ring for PBFP	1 hour
Module 4: Laboratory testing, documentation, and scheduling follow-up	45 min.
Module 5: Supporting continued use of oral PrEP and the PrEP ring	1 hour 30 min.
Module 6: Oral PrEP and the PrEP ring use in special situations	1 hour
Module 7: Additional health services and intimate partner violence	45 min.
Module 8: Active safety surveillance	10 min.
Module 9: Key messages	5 min.

This training is designed to be interactive, and special attention is given to learning and practicing skills through case studies and counseling skills sessions that address the specific needs of PBFP. Each module has both facilitator and learner versions. The facilitator version includes a comprehensive overview that walks the facilitator through the module objectives, materials and supplies, and detailed session plans, including a sample schedule.

Learning Approach

The PrEP for PBFP training package was developed by applying the latest evidence in adult learning principles to help translate learning into practice. The evidence suggests that learning within the workplace, in short segments with frequent practice and a focus on doing, rather than knowing, is the most effective at impacting performance. Traditional training approaches that use extended, off-site, group-based workshops have had limited effectiveness in improving and maintaining provider performance after training. This PrEP for PBFP training package:

- Situates performance-based, context-specific, and case-based exercises around providing PrEP to PBFP through MNH or FP platforms within a broader continuous quality improvement (QI) cycle.
- Promotes shorter, repeated, team-oriented, workplace-based learning activities.
- Stresses the importance of ongoing learning reinforcement to build a culture of quality. This may come in the form of prescribed practice, digital health supports such as text messages, and structured mentorship or coaching.
- Modules comprise several sessions depending on the overall length of the topic, with each session lasting no more than two hours.

Facility-based delivery decreases absenteeism, improves teamwork, addresses onsite barriers, and promotes changes to provider performance. It can be used to support both facility-based training (where providers come from their job sites to another site for initial training) and on-the-job training (where providers are trained at the facility where they work).

Hybrid delivery provides flexibility to learners and facilitators alike by combining online and in-person instruction. The course package was developed with hybrid learning in mind and facilitators should select the most suitable approach(es) for their setting and learners.

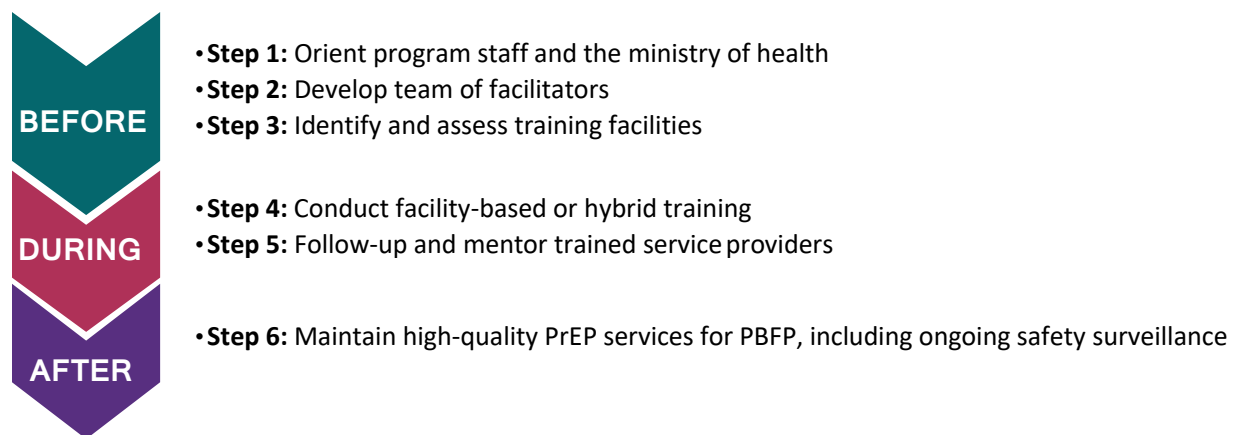
Team-focused training ensures that the entire team of MNH, FP, or oral PrEP providers is oriented to both the oral PrEP for PBFP and PrEP ring for PBFP clinical guidelines, and that all providers have an opportunity to learn together and to discuss how PrEP for PBFP may be incorporated into service delivery platforms at each site.

However, change in clinical performance (e.g., offering PrEP to PBFP if this was not previously part of MNH or FP services) requires more than initial training and ongoing clinical skills practice sessions. The service delivery system also needs to be examined to ensure that the necessary supplies (e.g., PrEP medication and client education materials) are available and that gaps are noted and addressed. Existing QI efforts at the facility, district, subnational, and national level should also be expanded to ensure that provision of PrEP to PBFP is included in QI processes.

Implementation of the PrEP for PBFP Training

Implementation activities for using the PrEP for PBFP training package can be broken into six steps. These steps are organized into three phases, as Figure 1 illustrates.

Figure 1. Six-step implementation process



To be successful, communication and coordination with governmental authorities, the health facilities, and the learners are essential throughout the six-step process.



Step 1: Engage with Program Staff and the Ministry of Health

Meet with ministry of health (MOH) staff to orient them to the learning approach and ensure that the course content is aligned with national PrEP policy and clinical practice guidelines.

In addition to ensuring that the course content aligns with national policy and clinical practice guidelines, discuss with health system stakeholders and the need to plan for a range of important factors, including a supportive health policy environment, a well-trained and well-supported MNH workforce, and a communications strategy informed by insights from community representatives, among other considerations (see Table 2). Gaps in any of the health system considerations below may limit the success of efforts to expand access to PrEP for PBFP.

Figure 2. Key health system considerations

- Demographic trends in HIV incidence
- Sociocultural barriers to antiretroviral use by PBFP who are HIV-negative
- Norms and power dynamics in decision-making during ANC and PNC
- Ongoing or planned social and behavior change communication campaigns related to MNH and/or prevention of perinatal transmission of HIV
- Trends in ANC and PNC census at facilities
- Opportunities for community-based ANC and PNC service delivery
- MNH and FP quality of care initiatives that can be linked to PrEP expansion efforts
- Structural barriers to addressing facility-based services
- Status of national PrEP guidelines and policies, inclusion of PBFP
- Cost of ANC, PNC, oral PrEP, and laboratory tests for patients
- Competent personnel for ANC, PNC, FP, commodities management, monitoring and evaluation, intimate partner violence counseling, and laboratory services

- Emphasize the approach's flexibility (e.g., the training can be incorporated into existing ANC, PMTCT, FP, or other trainings for MNH and FP providers).
- Request that the MOH identify health care providers who are providing MNH or PrEP services and can be trained as facilitators.
- In coordination with the MOH, draft an implementation plan that includes who will conduct the trainings and where, when, and how they will be conducted.
- Ensure the availability of funds, supplies, and human resources.
- Ensure that the plan includes the identification and training of facilitators, site assessments, and follow-up support for service providers.

Step 2: Develop a Team of Facilitators

- In consultation with the MOH, schedule a training to develop the capacity of identified health care providers to serve as training facilitators and mentors (training of trainers (TOT)).
- Arrange for an advanced trainer and local trainers/experts to facilitate the training/TOT.
- Meet in advance to familiarize the trainers with the materials
- Discuss the sample agendas and adjust to fit local context.
- Depending on the level of experience of identified trainers/facilitators, the TOT may require two to three days.

- Ideally, facilitators will be:
 - Experienced nurses, midwives, obstetricians, PrEP providers, and/or regional/district trainers
 - Experienced in working on QI activities and reviewing and analyzing maternal health and/or HIV prevention data
 - Excellent communicators, experience in skills-based learning, and familiar with adult learning principles
 - Willing to provide ongoing coaching and mentorship to support introduction of PrEP for PBFP at selected facilities
- During the training:
 - Update the participants' knowledge and skills regarding provision of PrEP to PBFP. Ensure that they have reviewed the clinical guidelines for provision of oral PrEP or PrEP ring to PBFP, and familiarize them with the course PowerPoint, case studies, and other training content.
 - Orient the participants to the training approach, including required facilitation skills, and discuss different ways to implement it.
 - Familiarize the participants with the training modules.
 - Discuss plans for follow-up coaching and mentorship (Steps 4 and 5).

Step 3: Identify and Assess Facilities for Training

- Identify facilities with a high volume of clients for ANC, PNC, PMTCT, and FP services.
- Meet with the staff in charge of the facilities and orient them to the activity.
- Conduct a facility readiness assessment in selected facilities using the facility readiness assessment tool available with this package, or other ANC, PNC, PMTCT, or PrEP readiness assessment tools available in-country.
- Identify root causes of the gaps observed in current provision of PrEP to PBFP at the facility. Gaps can often be categorized as:
 - Gaps in clinical and counseling competencies among providers (e.g., providers are not familiar with clinical guidance around provision of PrEP to PBFP)
 - Gaps in equipment, materials, supplies, and medication and support systems (e.g., PrEP is not available to providers in the MNH unit, or available stock of PrEP at the facility is inadequate)

- Gaps in available human resources for health (HRH) (e.g., facility leadership or providers may be concerned about additional time needed to counsel PBFP about PrEP)
- Share the needs assessment results with the MOH and staff in charge of the facilities. Information from the facility readiness assessment should also inform any adjustments to the training agenda and plans for follow-up coaching and mentorship under Steps 4 and 5.

DURING

Step 4: Conduct Facility-Based or Hybrid Trainings

- Using information obtained in Step 3 (facility needs assessment) customize the course materials and training schedule to match the needs of each site. Ensure that adequate time is allocated in the training schedule to discuss gaps and issues around provision of PrEP to PBFP identified during the facility needs assessment.
- Coordinate and plan for facility-based or hybrid trainings of MNH, FP, and PMTCT providers with the MOH and program staff. Orient the facility managers and other key personnel to the training approach and agree on a training schedule.
- Use **Appendix A: Training Preparation Checklist** to support advance preparation and same-day planning for the training.
- Request staff support in identifying providers who will be learners for the training.
- Identify a quiet training space with adequate light and ventilation, and audio/visual equipment. The training is designed to be delivered in-person within a small group setting.

Step 5: Follow-up and Mentor-Trained Service Providers

- Facilitators should provide regular on-the-job mentoring and supervisory visits to the facility to ensure confidence and competence of the newly trained providers in their provision of PrEP to PBFP.
- If possible, visits should take place monthly for the first 3 months post-training, then bi-monthly for the next 6 months. However, frequency will depend on learner performance.
 - Mentoring of learners should include side-by-side teaching and providing feedback on performance—what went well and what needs improvement. The mentor may wish to supervise providers offering counseling on PrEP to PBFP (with client consent), or to role-play counseling scenarios based on challenges the providers have encountered in the previous month.

- During supervisory visits, facilitators should also review data for provision of PrEP to PBFP and relevant outcomes
- This review may include tracking of safety surveillance data (using the safety surveillance register page and the case report form). This review may also look at characteristics of clients who were provided with PrEP during the pregnancy or postnatal period, such as age or parity.
- Client profile characteristics and other data may not be aggregated or reported, and therefore getting the information may require looking at registers.

AFTER

Step 6: Maintain High-Quality Services

- Follow-up supportive supervision and mentoring by the facilitators and MOH staff during visits are key to maintaining high-quality services. Remind providers about tools for ongoing safety surveillance and reporting of any adverse outcomes among mothers, newborns, infants, or young children exposed to antiretroviral (ARV) drugs.
- Use supervision visits to learn if facilities regularly review data to assess the use and quality of PrEP services for PBFP. Encourage the use of data to track improvements and identify problems.
- If data suggest problems at the facility, decide on the appropriate action to take: retraining, refresher training, on-the-job training, etc.

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Training Materials and Supplies

Figure 3. Materials to print for the training (for learners and facilitators)

Category	Name	Items to print for	
		Facilitator	Learner
Guides	Facilitator Guide	x	
	Learner Guide		x
	Pre-/post-test questionnaire		x

Knowledge assessments	Pre-/post-test questionnaire answer sheet	x	x
Reference materials	Clinical practice guidelines	x	x
	Surveillance briefer, case report form, and register	x	x

Appendix A: Training Preparation Checklist

To be used by the facilitator

Task	Remarks	Status (completed/not completed)
Advance preparation (logistics)		
Arrange and meet with facility in-charge to confirm training dates and share the schedule for training.		
Request that the facility in-charge identify and invite learners to be trained for the provision of services. (Ideally, invite all staff from maternal and newborn health and prevention of mother-to-child transmission of HIV services and the family planning clinic.)		
Look at the training room/space in advance. It should be fairly comfortable, accommodate tables and chairs, and have electricity. It should not be in a busy place.		
Request that the facility in-charge designate one person from the facility to set up the training room prior to the training start date.		
Ensure that you have the necessary training materials ready to take with you.		
Ensure that all training-related documents are printed (i.e., facilitator and learner versions of each module) and that you have a projector to show slide presentations or videos.		
Day before training/morning of the day of training		
Set up classroom for group facilitation.		

Appendix B: Resource List

Relevant World Health Organization Clinical Guidance on PrEP

- *Guideline on when to start antiretroviral therapy and on oral pre-exposure prophylaxis for HIV.* 2015. https://apps.who.int/iris/bitstream/handle/10665/186275/9789241509565_eng.pdf
- *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach*, 2nd ed. 2016. <https://www.who.int/hiv/pub/arv/arv-2016/en/>
- *Preventing HIV during pregnancy and breastfeeding in the context of oral PrEP.* Technical brief. 2017. <https://www.who.int/hiv/pub/toolkits/prep-preventing-hiv-during-pregnancy/en/>
- Differentiated and simplified pre-exposure prophylaxis for HIV prevention: update to WHO implementation guidance. July 2022. <https://www.who.int/publications/i/item/9789240053694>

Relevant World Health Organization Clinical Guidance on MNH Care

- *WHO recommendations on antenatal care for a positive pregnancy experience.* 2016. https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/
- *Managing complications in pregnancy and childbirth: a guide for midwives and doctors*, 2nd ed. 2017. https://www.who.int/maternal_child_adolescent/documents/managing-complications-pregnancy-childbirth/en/

Oral PrEP Implementation Tool and Mobile App

- *WHO implementation tool for oral pre-exposure prophylaxis of HIV infection.* 2017. <https://www.who.int/hiv/pub/prep/prep-implementation-tool/en/>
- *WHO and Jhpiego mobile app for access to the WHO implementation tool for oral pre-exposure prophylaxis of HIV infection.* <https://www.who.int/hiv/mediacentre/news/oral-prep-app/en/>

Evaluating potential problems in breastfeeding infants

- *WHO updated guideline: Paediatric emergency triage, assessment and treatment.* 2016. https://apps.who.int/iris/bitstream/handle/10665/204463/9789241510219_eng.pdf

Screening for intimate partner violence

- *Health care for women subjected to intimate partner violence or sexual violence A clinical handbook.* 2017. WHO. <https://www.paho.org/en/documents/clinical-handbook-health-care-women-subjected-intimate-partner-violence-or-sexual>
- *Caring for women subjected to violence: A WHO curriculum for training health-care providers.* 2019. WHO. <https://www.who.int/reproductivehealth/publications/caring-for-women-subject-to-violence/en/>
- *Standard operating procedure and job aid for addressing partner relationships and intimate partner violence in oral pre-exposure prophylaxis (oral PrEP) services.* 2020. <https://www.prepwatch.org/resource/sop-job-aid-ipv-prep-services/>

General Resources for PrEP

- *Prepwatch.org: The PrEPWatch resource database offers a wide range of material on the status of oral PrEP as an option for biomedical HIV prevention around the world.* <https://www.prepwatch.org/resources/>
- *The HIV prevention ambassador training package and toolkit for adolescent girls and young women (AGYW) is designed to support AGYW to play a meaningful role in the rollout of oral PrEP in their communities. Through interactive activities, discussion, and action planning, the training prepares ambassadors to share information with their peers about oral PrEP as part of combination HIV prevention.* <https://www.prepwatch.org/resource/ambassador-training-package/>