



USAID DISCOVER-Health

Step-by-step guide to implementing
Pre-Exposure Prophylaxis (PrEP)
programmes using the Prevention and
Behavioural Interventions (PBI) model



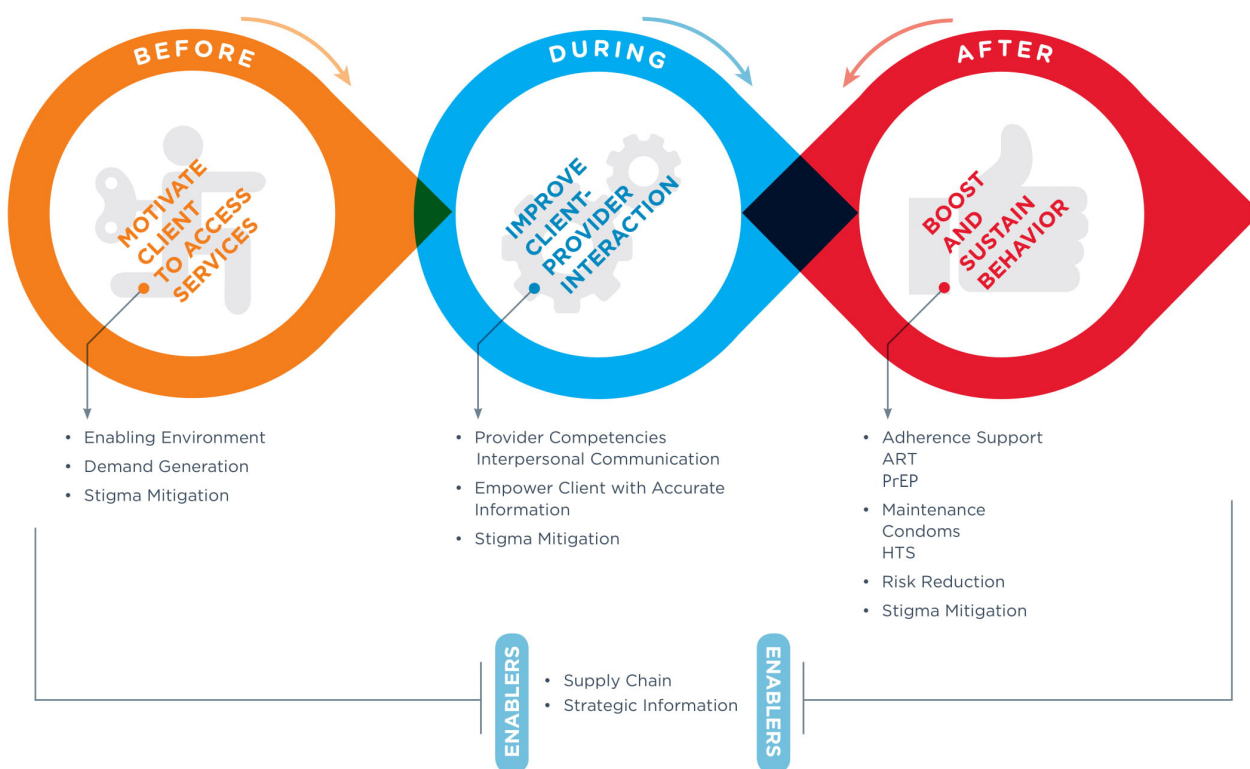
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Background

USAID DISCOVER-Health developed the Prevention and Behavioural Intervention (PBI) model that has proved key to the successful implementation of its prevention activities. It has been very useful as the Project continues to implement PrEP activities targeting various populations, including Adolescent Girls & Young Women (AGYWs), Key Populations, Pregnant and Lactating Mothers (PLM) and Sero Discordant Couples. The model can be used in the implementation of other activities, such as research, not just for PrEP. USAID DISCOVER-Health faced many challenges in its first attempt of implementing PrEP in 2018 but has found solutions to those challenges to better implement activities. A number of key lessons have been learned and these are reflected in the PBI model, as seen below.

BEHAVIORAL INTERVENTIONS ACROSS THE SERVICE DELIVERY CONTINUUM



Before Implementation: In The Community

Starting a PrEP program requires planning and consideration of the upcoming activities. There are certain factors that need to be addressed before implementation.

Step 1.

Identify your target population. These could be adolescent girls and young women (AGYW), prisoners, men, men who have sex with men (MSM), female sex workers (FSW), pregnant and lactating mothers (PLM) or discordant couples.

Step 2.

Study the environment to identify and engage key stakeholders. These would include the partners you are going to work with; for example the Provincial Health Office, District Health Office, District AIDS Taskforce (DATF), parents, community members, church leaders, civic leaders, and the local media.

Step 3.

Develop a selection criteria. This applies to key people in the implementation process, for example PrEP mentors.

- Engage Neighbourhood Health Committees (NHC) and other relevant stakeholders
- Be responsive to the targeted population, by age or gender, or leaders and influencers within their respective groups
- Trained in other health interventions, in particular psychosocial counselling and other relevant services
- Attained minimum of Grade 12
- Able to read and write
- Fluent in local language

Step 4.

Train the PrEP mentors. Start with basic HIV facts, PrEP and interpersonal communication (IPC). The Community Mobilization Officers and other UDH staff are responsible for training the mentors. Normally 20 mentors are trained in one session.

Summary Training Schedule for Mentors (Refer to detailed training schedule):

Schedule	Content	Detail
Day 1	Training focused on HIV and PrEP	Mentors are oriented on HIV and PrEP basics and simulate engaging with the target audience
Day 2	In the field for practical work	Mentors map their zones i.e. places where target population socialises and familiarise themselves with the area
Day 3	Debrief	Mentors discuss the challenges they faced and share experiences

Step 5.

Carry out community mobilization. Normally, the trained PrEP mentors go out in the field for between 10 – 14 days to create demand for PrEP. (Refer to PrEP Surge SOP for details)

Resources required for community mobilization:

- Lunch allowance for Mentors for 17 days (3 days training and 14 days in the field)
- IDs for Mentors
- A4 paper, coloured stickers and pens for zoning and mapping clients
- Training venue
- Trainers, such as Community Mobilization Officers (CMOs) or HQ staff
- IEC materials
- CMOs with access to vehicles to supervise

During Implementation: At Service Delivery Point

Step 6.

- Ensure site is ready for PrEP clients
- A physical space to provide privacy and foster confidentiality
- All relevant staff (Providers, Counsellors, Mentors, Community Health Workers) are trained in PrEP, Interpersonal Communication (IPC) and stigma mitigation
- Site is in a location which can be easily accessed by clients

Step 7.

- Ensure minimum service delivery standards are in place
- Refer to SOP on minimum service delivery standards

Step 8.

- Deliver the service
- Refer to SOP, PrEP in 5 Easy Steps and Job Aide

Resources Required

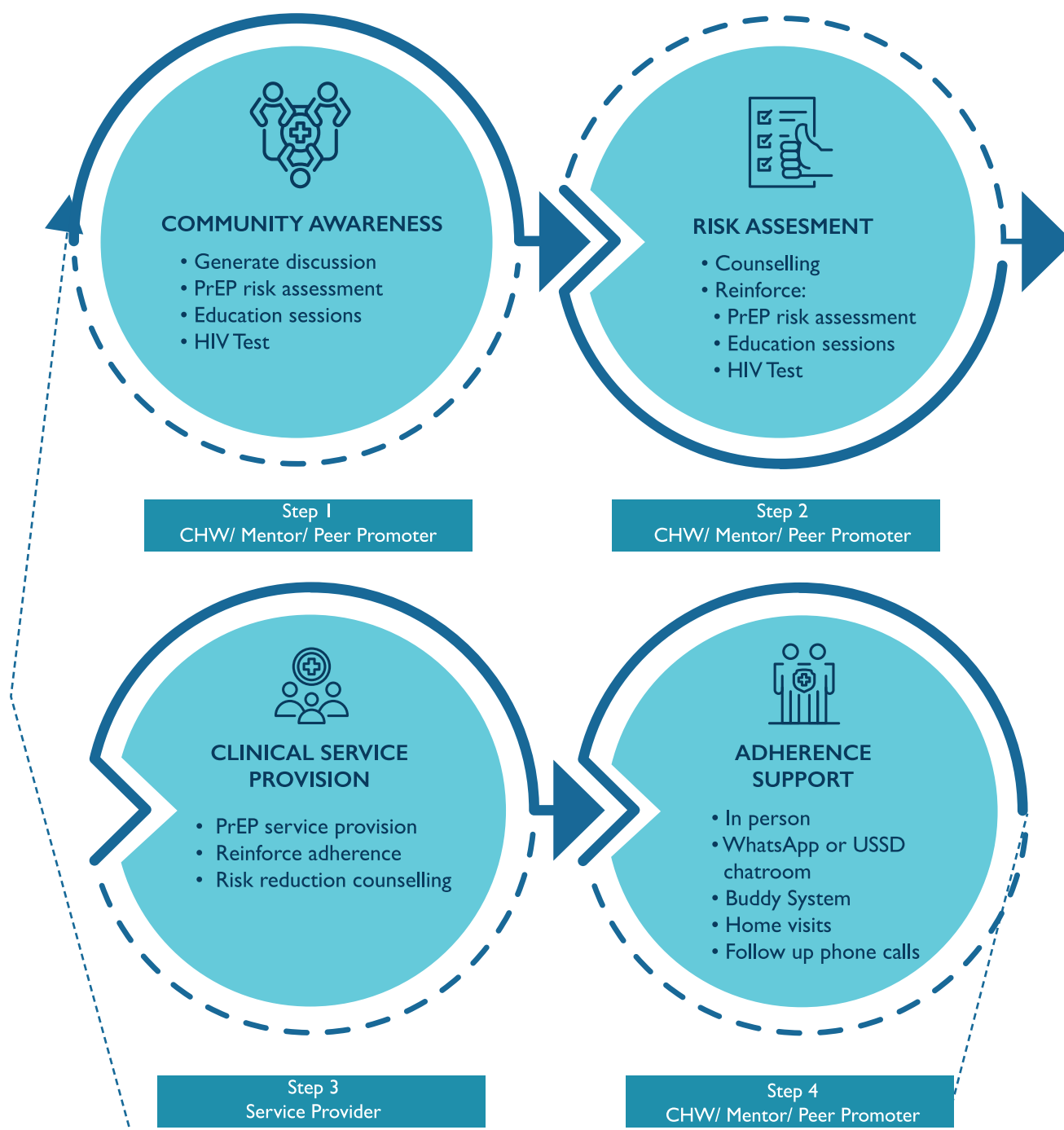
No.	Type Of PrEP Forms	Objective	Modality	Responsible Person
1.	HIV Risk Assessment Tool	• To assess clients who are at risk of contracting HIV.	Indexing Community Mobilization	CHW, DREAMS Mentor, Open Doors Peer Promoter
2.	PrEP Counselling Kit	• To educate and counsel on PrEP *All clients mobilized should be entered in the Mobilization Register.	Community Outreach	CHW, DREAMS Mentor, Open Doors Lay counsellor/ Mentor
3.	PrEP Screening Tool	• To assess clients for risk and behavioural eligibility for PrEP.	Community or facility	CHW, DREAMS Mentor, Open Doors Lay counsellor/ Mentor
4.	HIV Test Result Slip	• To ascertain HIV status of clients.	Facility based HTS	Psychosocial Counsellor
5.	Client Locator/ Client Profile	• To enter client details including active phone numbers, landmark and map of the clients locations. *Open PrEP client file and indicate PrEP ID number	Facility based and community at times	CHW, DREAMS Mentor, Open Doors Mentor
6.	PrEP Initial	• To screen the client for clinical baseline and laboratory test to assess for clinical eligibility.	Facility based screening	ART/TB Specialist RMNCH Specialist
7.	PrEP Initial - Plan	• To prescribe client * Enter client in the PrEP Register * Enter PrEP client ID	Facility based screening	ART/TB Specialist RMNCH Specialist

No.	Type Of PrEP Forms	Objective	Modality	Responsible Person
8.	PrEP Consent Form	• To gain the client's permission for the provider to issue PrEP.	Facility based	ART/TB Specialist RMNCH Specialist
9.	PrEP Pharmacy Form	• To enter the type of PrEP drugs and amount of tablets.	Facility based	ART/TB Specialist RMNCH Specialist
10.	Appointment Card	• Indicate the next client appointment, Pharmacy or clinical follow up, so as to remind the client of their next visit. Indicate all drugs given and client ID.	Facility based	ART/TB Specialist RMNCH Specialist
11.	PrEP Adherence Form	• To be administered to clients newly initiated on PrEP and also to clients that are non-adherent.	Counselling in HTS room	CHW, DREAMS Mentor, Open Doors Lay counsellor/ Mentor
12.	PrEP Follow up	• To be completed for clients who have returned for the next follow up visit.	Facility based	ART/TB Specialist RMNCH Specialist
13.	Mobilization Register	<ul style="list-style-type: none"> • To ensure availability, utilization and completeness of forms and registers. • To compile and verify reports. • To provide technical support on issues arising from these. 	Monitoring visits	Data Specialist
			TA visits	Community Mobilization Officer
				Health Promotions Specialist
				ART/TB Specialist
14.	Adherence Support Register			RMNCH Specialist
15.	Appointment Diary			
16.	PrEP Register			

Step 9.

Successful adherence is dependent on the quality of service provided throughout the continuum of care. It starts with the messages provided during the community mobilization, through to the adherence strategies offered to the client. As much as possible, all messages and strategies should be based on the specific needs of the client. Each client is assigned to a Case Manager who follows up with the client. This is normally a CHW trained in adherence counselling.

Table 1: Adherence Strategies Across The Service Delivery Continuum



Outline Of The Overall PrEP Management Process

Step	Focus of Adherence Intervention	Tools	Responsible
Community Mobilization	• Integrate adherence in health promotion and mobilization messages	• CHW job aide • PrEP animations; PSAs	Mentor Mobilizer
	• Collect all details of the client from the start, such as name, phone number and home address	• Client locator form	Mentor Mobilizer
Risk Assessment Session	• Give client the option to sign up to various support groups	• Self-assessment tool • Sign-up sheet/ tablet with various adherence options	Mentor Mobilizer
Clinical Service Provision	• Risk reduction and adherence counselling integrated into service provision	• Counselling checklist	Service Provider
	• Reinforce the importance of clinical visits and pill uptake		
	• Clients to fill out consent form to use PrEP	• PrEP Consent form	Service Provider
	• Appointment reminders will begin at PrEP acceptance and stop when client stops PrEP	• Enter appointment reminders on tablet and paper	
	• Verify contact details at each visit	• Client locator	
	• Ensure adequate stocks of medication, so as not to interrupt supply	• Supply Chain Tools	Supply Chain Coordinator
Adherence Support	• Zone clients and allocate them to mobilizers for monthly 3-day adherence surges • Follow up with urgent clients, without waiting for monthly adherence surges	• Client lists/ schedule by zone • Adherence support checklist	Mentor Mobilizer
	• In-person monthly adherence support groups	• SOP: In-person support group	Mobilizer

Step	Focus of Adherence Intervention	Tools	Responsible
Adherence Support	• WhatsApp support group	• SOP: WhatsApp Support group	Mentor
	• Buddy system	• SOP: Buddy system	Mobilizer Mentor
	• SMS reminders can be automated or mentor sends on the actual day	• SOP: Messages SMS reminders	Automated
	• Adherence support checklist		Mentor Mobilizer
	• Reminder phone calls 2 days before refills or clinical appointments		
	<ul style="list-style-type: none"> • Client tracing: Team lead/ CMO through RIMS, to generate a list of missed clients and assign Mentor/ Mobilizer to follow up • System to automatically generate a list of clients who have missed appointments (at minimum weekly) or can be done manually • Trace clients immediately, as soon as list is issued • Use calls/ SMS/ in-person follow ups to trace clients • Record information about the clients to be traced and the outcomes on standardized tracing forms 	<ul style="list-style-type: none"> • RIMS generated client list for missed appointments • Adherence Register • Standardized tracing form 	CMO/ team lead and Mentor/ Mobilizer

