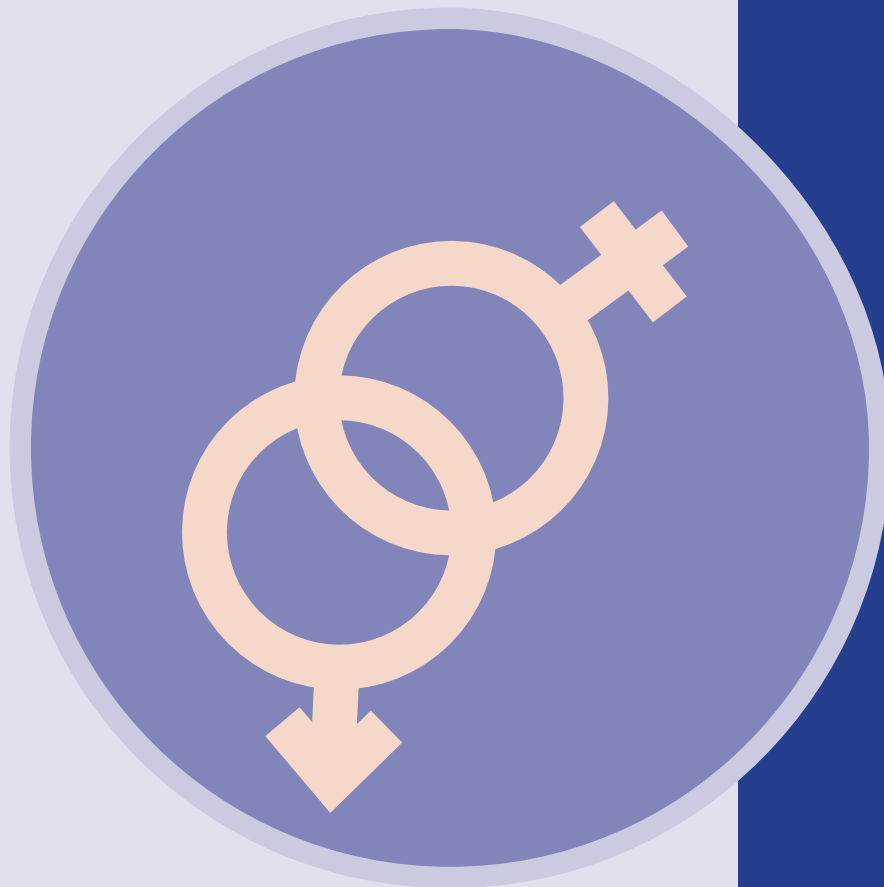


THE UNITED REPUBLIC
OF TANZANIA



MINISTRY OF HEALTH
AND SOCIAL WELFARE



Trainer's Guide
for Management of

SEXUALLY TRANSMITTED AND REPRODUCTIVE TRACT INFECTIONS



National AIDS Control Programme (NACP) &
Reproductive and Child Health Section

January 2008

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH AND SOCIAL WELFARE

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REPRODUCTIVE TRACT
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National AIDS Control Programme

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DAR ES SALAAM

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome	PCR	Polymerase Chain Reaction
ARV	Anti-retroviral Drug	PEP	Post Exposure Prophylaxis
BCC	Behavioural Change Communication	PID	Pelvic Inflammatory Disease
BTC	Belgian Technical Cooperation	PITC	Provider Initiated Testing and Counselling
BV	Bacterial Vaginosis	PMS	Pre-Menstrual Syndrome
CA	Candida albicans	PSS	Painful Scrotal Swelling
CTC	Care and Treatment Centre	RCH	Reproductive and Child Health
DMO	District Medical Officer	ROM	Rupture of Membrane
EC	Emergency Contraception	RPR	Rapid Plasma Reagin
ELISA	Enzyme-Linked Immunosorbent Assay	RMO	Regional Medical Officer
FGM	Female Genital Mutilation	RTI	Reproductive Tract Infection
FP	Family Planning	SOSPA	Sexual Offence Special Provision Act
GRN	Goods Received Note	SRH	Sexual and Reproductive Health
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)	STI	Sexually Transmitted Infection
GUD	Genital Ulcer Disease	TPPA	Treponema pallidum particle agglutination
HBV	Hepatitis B Virus	TPHA	Treponema pallidum haemagglutination test
HMIS	Health Management Information System	UDS	Urethral Discharge Syndrome
HIV	Human Immunodeficiency Virus	UNFPA	United Nations Population Fund
HPV	Human Papilloma Virus	VDS	Vaginal Discharge Syndrome
HSV	Herpes Simplex Virus	VCT	Voluntary Counselling and Testing
HTA	High Transmission Areas	VDRL	Venereal Disease Research Laboratory
IB	Inguinal Bubo	VIPP	Visualization In Participatory Programme
IEC	Information, Education and Communication	WHO	World Health Organization
IUCD	Intrauterine Contraceptive Device	MTUHA	Mfumo wa Taarifa za Uendeshaji wa Huduma za Afya
MCH	Maternal and Child Health	MOHSW	Ministry of Health and Social Welfare
MSD	Medical Store Department	NACP	National AIDS Control Programme
MTCT	Mother to Child Transmission	NC	Neonatal Conjunctivitis
JICA	Japan International Cooperation Agency	NP	News Print
		ON	Ophthalmia Neonatorum

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Dr. Deo M. Mtasiwa
Chief Medical Officer
Ministry of Health and Social Welfare

PREFACE

The need for comprehensive and standardized services for Sexually Transmitted infections (STIs) and Reproductive Tract Infections (RTIs) and a package for training have been felt for a long time. This became obvious after the Ministry of Health and Social Welfare (MOHSW) adapted the WHO guidelines into National Guidelines for Management of STIs/RTIs in March 2007.

The training of service providers for STI/RTI management has been conducted in this country for more than a decade by MOHSW in collaboration with other public and non-governmental organizations. However, there were no standardized guidelines and the focus was mainly on STIs with little emphasis on RTIs.

The preparation of this Trainer's Guide included reviewing the prevailing STI management manuals and developing a comprehensive STI/RTI management trainer's guide and a guidance for service providers.

The reviewed STI/RTI management trainer's guide and the Service Provider manual will be of significant help in several ways. Firstly, they will provide standardization in the training and provision of STI/RTI services in Tanzania. Secondly, these guidelines will lead to good coverage of the population that seriously needs these services including mothers who attend reproductive and child health, and family planning services. Thirdly, adolescents, youth and men who do not usually access these services will also be targeted. Fourthly, sexual violence an area that has for long time been neglected in STI/RTI services has now received adequate attention to help rape survivors get adequate medical and psychological care.

A unit on ordering, receiving, storing and dispensing of medicines

and other related supplies will ensure constant availability of these commodities at the facility and proper record keeping.

It is thus expected that this service provider manual will be effectively utilized in the efforts to scale up prevention and control of STIs/RTIs in the country.

Lastly, users of this Trainer's Guide are encouraged to provide the MOHSW with the necessary feedback so that their comments and opinions forms part of the next revision.



Wilson C. Mukama
Permanent Secretary
Ministry of Health and Social Welfare

Part one

1

INTRODUCTION TO STI/RTI TRAINING

INTRODUCTION

This Trainer's Guide is intended to be one of the tools for enabling trainees to acquire appropriate knowledge and skills in the management of STIs/RTIs, particularly using the Syndromic Approach.

Following the development of the new National Guidelines for management of Sexually Transmitted and Reproductive Tract Infections, March 2007, there was a need for revising the current manuals for Management of STIs and developing a new STI/RTI training management package.

Rationale for the Trainer's Guide

WHO periodically revises and issues generic STI control guidelines and training materials to guide countries to update theirs in line with changing knowledge and locally generated evidence.

The Ministry of Health and Social Welfare (MOHSW) of Tanzania has recently revised its guidelines for the management of STIs/RTIs in line with current WHO guidelines. These new guidelines which replace those developed before (in 2003), put more emphasis on the differentiation of STIs which are predominantly sexually transmitted from RTIs which may not be sexually transmitted.

The other emphasis of the new guidelines is the integration of STI/RTI services into regular reproductive health services as an approach that uses special skills to reach more clients who need them.

Moreover, the manuals in current use have shown to have a number of gaps such as:

- Logistics for medicines, laboratory reagents and other STIs/RTIs related supplies was not adequately addressed.
- Previous manuals developed in 2003 had several components on HIV/AIDS while HIV/AIDS has its own package. For example basic facts about HIV/AIDS
- Sexual Violence which is currently a public social and health concern was neglected
- Components on detecting, preventing and promoting prevention of STI/RTI and use of services were not given due weight. Furthermore, men involvement in STI/RTI services was not emphasized.
- Inclusion of the component of organizing STI services makes the STI/RTI services to be more vertical rather than integrated services.

Having newly revised training manuals which address the above gaps will provide comprehensive information for STI/RTI management.

Aim and Purpose of the Trainer's Guide

The aim of the Trainer's Guide is to enable the trainers, the trainee and supervisors of STIs/RTIs services to implement effectively the comprehensive package of STI/RTI management.

The purpose is to standardize the training and management of STIs/RTIs in the country.

- The trainer will use it in orienting himself/herself before, during and after conducting the training.

- The trainee will have to master and implement it in management of STIs/RTIs.
- The supervisor will use it as a standard tool to measure the extent of success of implementation.

Goal and Objectives of the Trainer’s Guide

The goal is to enable the service providers to plan, conduct, monitor and evaluate the STI/RTI services in accordance with National STI/RTI guidelines.

General Objectives

At the end of the training the service providers should be able to;

- Establish and maintain positive inter-personal relationship with clients in need of STI/RTI services.
- Provide conducive environment for STI/RTI management.
- Manage clients with STIs/RTIs using syndromic management approach.
- Create a user-friendly environment whereby marginalized groups can seek for STI/RTI information and services.
- Integrate STI/RTI services within the general health care services.
- Mobilize the community for STI/RTI prevention and behaviour change.
- Recognize the strategies of the national STIs/RTI and HIV/AIDS programme.
- Integrate STIs/RTIs into regular reproductive health services
- Manage effectively logistics for medicines, laboratory

- reagents and STIs/RTIs related supplies
- Provide Provider Initiated Testing and Counselling services (PITC) to client.

Course Organization

Course duration

The training will involve the basic performance skills of STI/RTI management based on the specific objectives of the Trainer’s Guide and those which shall be identified for each topic.

The course will last for 2 weeks. That is, the 1st week will be for theory and the 2nd week will be for practice. However, Facilitators will have to come the venue one day before and remain one day after training for planning and writing the training report.

Time allocation

Theory	42 hours
Practical	39 hours
Total	81 hours

Characteristics of Trainees

Trainees will be those health care providers working with public and private health facilities.

They may include:

- Registered Nurses
- Enrolled Nurses
- Clinical Officers
- Assistant Clinical Officers
- Pharmacists
- Medical Officers
- and Assistant Medical Officers

Preference will be given to those who have had training in medical or nursing care and have been involved in conducting health education sessions and counselling.

Characteristics of Trainers

The trainers are expected to be health care providers working in public or private health facilities. They may be:

- Medical Officers
- Assistant Medical Officers
- Registered Nurses
- Clinical Officers and,
- Health Officers.

They should be knowledgeable and experienced in managing STI/RTI clients and they should have competence and interest in the training of health workers and supervision of health services.

TEACHING METHODOLOGY

Introduction

An effective presentation can be one of the most rewarding aspects of a trainer's responsibilities. The trainer who is able to maintain trainees' interest with exciting, dynamic delivery using a variety of teaching/learning technique is likely to be successful in helping trainees reach course objectives. There are a number of presentation skills that the trainer can use, and adequate choice of the skill in the accordance with a topic of a session will make the training session more effective.

- The skills include:
- Illustrated lecture
- Small group discussions
- Case studies

- Role play
- Brainstorming
- Buzzing

Facilitating Illustrated Lecture

The most common type of traditional classroom presentation is the illustrated lecture, in which the content is derived largely from the knowledge area and presented orally by the trainer. Its effectiveness as a training method is enhanced through the use of questioning technique and well-designed audiovisual aids such as transparencies, flip charts and video tapes. The benefit of this method is to present well-structured knowledge quickly. On the other hand, trainees tend to become passive and lose attention without adequate questioning, eye contact, visual aids, etc.

How do you plan for the illustrated lecture?

Trainer's plan should contain

- The lecture objectives
- An outline of key points highlighted in the reference manual, written on paper or put on transparencies or flip charts/ power point slides.
- Questions to involve the trainees
- Reminders of trainees' activities, use of audiovisual aid

How do you deliver an illustrated lecture?

When information is presented using an illustrated lecture, how the content is delivered is as important as what is being said. The presentation may include very important information, but if the trainer speaks in monotone, lacks excitement, fails to maintain eye contact and stands behind the table, participants will lose interest and fall asleep. If you want this interactive approach to keep adult learners interested and involved remember to:

- Follow a plan and trainer's notes
- Communicate on personal level
- Maintain eye contact with trainees
- Project your voice
- Avoid the use of slang or repetitive words, phrases or gestures
- Display enthusiasm about the topic and its importance
- Move about the room
- Use appropriate visual aids
- Ask both easy and challenging questions
- Provide positive feedback
- Use participant's names
- Display a positive sense of humour
- Provide smooth transitions between topics
- Be an effective role model

Facilitating Small Group Activities

There many times during training when trainees will be divided in several small groups, usually consisting of four to six trainees. Examples of small group activities are:

- **Solving a problem** that has been presented by the trainer or another trainee
- **Reacting to a case study** that can be presented in writing, orally by the trainer or through video tape or slides
- **Preparing a role play** within the small group and present it to the group as a whole

How do you plan for a small group discussion?

- Trainer should create groups by either assigning trainees to groups or asking participants to count 1, 2, 3 and having 1s meeting together, all the 2s meeting together or asking trainees to form their own groups

- It is important that participants not be in the same group every time
- Classroom used for small group activities should be large enough to allow several arrangements of tables and chairs so that individual groups can work without disturbing one another
- Activities assigned to small groups should be challenging, interesting and relevant. Should require a short time to complete and should be appropriate for the background of trainees
- Provide instructions to the groups on flipcharts, transparency or orally on what needs to be done, time limit, problem to discuss, trainees roles (if a role play) and questions for a group discussion

How do you facilitate the small group discussion?

- Let each group select a chairperson and secretary
- Allow them adequate time to discuss
- Be around or visit groups in case of any clarification needed
- After discussion bring groups together as a large group for a discussion
- Trainees may convene in their normal seats or may display their work on the wall using VIPP charts or Newsprints
- Trainer and trainees visit the displayed materials, ask one trainee to read aloud the message and allow others to give inputs
- Provide an effective summary following small group activities

Facilitating Case Studies

A case study is a training method using realistic scenario that focuses on specific issue, topic or problem. Case studies

can be developed by the trainer or the trainees from clinical experiences the trainer or trainee had, medical histories/reference manuals/clinical journals and expediciencies from clinical staff or clients.

How do you help trainees to react to a case study?

After participants have read the case study either individually or in small groups, they should be given opportunity to react to it:

Ask trainees to analyze the situation presented and determine the source of the problem. Examples of questions that can be asked:

- **Focused questions** – What are three observations suggesting that the client was not counselled properly?
- **Open-ended questions** – What are some of the consequences of failing to counsel a client properly prior to testing for HIV?
- **Problem solution** – How could this problem have been avoided?

Give trainees opportunity to share their reactions. This sharing may take the form of one or more of the following:

- Reports from individuals or small groups
- Responses to case study questions
- Role plays presented by individuals or small groups
- Recommendations from individuals or small groups

Summarize the results of the case study activity before moving on the next topic

Facilitating Role Plays

A role play is a learning method in which participants act out roles in a situation related to the learning objectives.

The purpose of the role play is to influence the behaviour of trainees. Examples of role plays:

Make trainees aware of the communication skills needed to counsel a client about family planning by asking them to assume the roles of the client seeking contraception and family planning counsellor

Or

Practice a clinical skill by asking two participants to role play the procedure using an anatomic model (insert an IUD using the pelvic model)

How to help trainees conduct the role play?

- Decide what participants should learn from the role play
- Devise a simple situation
- Explain what the participants should do and what the audience should observe
- Discuss important features of the role play by asking questions of both the players and observers
- Summarize what happened in the session, what was learnt and how it applies to the clinical skill or activity being learnt.

Facilitating Brainstorming Session

What it is

Brainstorming is a training strategy that stimulates thought and creativity and is often used in conjunction with group discussion. The primary purpose of brainstorming is to generate a list of ideas, thoughts or alternative solutions that focus on specific topic or problem. Brainstorming requires that trainees have some background information related to the topic.

How to facilitate a brainstorming session

- Establish ground rules – all ideas will be accepted – they will be written on the flipchart – at no time we will discuss or criticize any idea – later after we have a list of suggestions we will go back and discuss each
- Announce the topic or problem – During few minutes we will brainstorm following our usual rules – our topic is “counselling on family planning method – I would like each of you to think of at least one method – Joan will write these on the board so that we can discuss them later – who would like to be the first
- Maintain a written record on a flipchart or written board of the ideas and suggestions. This will prevent repetition and keep participants focused on the topic.
- Involve participants and provide positive feedback in order to encourage more inputs
- Review written ideas and suggestions periodically to stimulate additional ideas
- Conclude brainstorming by reviewing all suggestions

Facilitating Group Discussion

Group discussion is a training technique in which most of the ideas, thoughts, questions and answers are developed by the trainees. The trainer typically serves as a facilitator and guides trainees as the discussion develops.

Factors to consider when planning for group discussion

- Discussion involving more than 15 to 20 trainees may be difficult to lead and may not give all trainees opportunity to participate
- Discussion requires more time than illustrated lecture because of extensive interaction among trainees
- A poorly directed discussion may move away from the

subject and never reach the objectives established by the trainer

- If control is not maintained, a few trainees may dominate the discussion while others lose interest

How to facilitate group discussion

- Arrange seating in such a way as to allow participant interaction e.g. tables and chairs arranged in “U” shape
- State the topic as part of the introduction – to conclude this session let us take few minutes to discuss the importance of ..What do you think about the role of....
- Shift the conversation from the facilitator to the trainees e.g. John would you share your thoughts? Rose what is your opinion? Michael do you agree with my statement.....
- Act as a referee and intercede only when necessary e.g. It is obvious that John and Aika are taking opposite sides in this discussion. Susan let me see if I can clarify your position.
- Summarize the key points of the discussion periodically e.g.” Let us stop here for a minute and summarize the main points of our discussion”
- Ensure that the discussion stays on the topic e.g. Sandra can you explain a little more clearly how that situation relates to our topic? Or Let’s stop for a moment and review the purpose of our discussion
- Use the contributions of each trainee and provide positive reinforcement e.g. That is an excellent point, Rosina. Thank you for sharing that with the group.
- Minimize arguments among trainees
- Encourage all trainees to get involved e.g. Mary. I can see that you have been thinking about these comments. Can you give us your thoughts?

- Ensure that no one trainee dominates the discussion e.g. Susan, you have contributed a great deal to our discussion. Let's see if some one else would like to offer....
- Conclude the discussion the discussion with a summary of the main ideas

Facilitating Buzzing

Buzzing is another teaching method whereby trainees turn to each other (often in a pair) and briefly discuss an issue.

How to facilitate a buzz

- A topic for buzzing originates from the trainer as the session is developing
- Announce a topic or a problem e.g. What makes many youths not seeking RTI/STI services?
- Ask trainees in pairs to turn to each other (left or right) and briefly discuss this point
- Allow 3 to 5 minutes discussion to take place
- Ask one trainee from each pair to present what they have discussed
- Note each presentation on board or newsprint
- Ask trainees to group responses which are similar
- Conclude with effective summary

PRE AND POST KNOWLEDGE ASSESSMENT

Various methods will be used to evaluate the training. These include continuous assessment through questions and answers, pre and post knowledge assessment results and individual / group presentation of assignments.

Grading System

The following is a suggested system for grading performance in knowledge and skills through assessments, exercises and tests.

Numerical value	Descriptive term	Letter grade	Quality point
86 -100%	Excellent	A	4
66 – 85%	Very good	B	3
56 – 65%	Good	C	2
50 – 55%	Pass	D	1
0 -49%	Fail	E	0

The pass mark is D and above

The trainer will have the mandate of whom to re-train if they failed in an examination. However the candidate who fails will be allowed to provide services under close supervision.

Award – Certificate of achievement will be awarded to those who pass the final examination at D grade and above.

Practicum Assignments

During practicum training, trainees will be guided to perform the following main procedures

Assessment		Minimum number of occasions required
1.	Conduct health education session with STI/RTI clients/Relatives	5
2.	Counsel clients on STI/RTI prevention/care	5
3.	Take history from STI/RTI clients	5
4.	Conduct physical examination to STI/RTI clients	5
5.	Apply flowcharts to manage STI/RTI clients:	
	Vaginal discharge	2
	Urethral discharge	2
	Genital ulcer	2
	Neonatal conjunctivitis	2
	Inguinal Bubo	2
	PID	2
	Painful Scrotal swelling	2
	Genital warts	5
	Congenital syphilis	2
	Pubic lice	5
	Balanoposthitis	2
6.	Teach client on condom use and negotiation	2
7.	Organize clinic for STI/RTI services	2
8.	Assess women for STIs/RTIs during routine FP visit	2
9.	Assess women for STIs/RTIs during pregnancy and childbirth	2
10.	Manage a client after sexual abuse	2
11.	Manage a woman with complications related to pregnancy and childbirth	2
12.	Order medicines and supplies	2

PREPARATION FOR TRAINING

General Information

Members of the training team must hold consultative meetings to identify issues and share strategies and alternatives before training sessions. The Ministry of Health and Social Welfare must inform RMO/DMO and facility in charge about the training two weeks before. The trainees must be informed well in advance before the training sessions.

The trainers and trainees must confirm their commitment before and during entire training sessions.

The trainees must be oriented to the training objectives, responsibilities and tasks before the actual training in order to have a common understanding. Trainers will arrive at the training site two days before for preparation and will stay two days after the training to write the report.

Clinical Practice

The Trainer must visit clinical sites to do the following:

- Establish whether syphilis and HIV tests are performed.
- Orient facility staff on the objectives of clinical training
- Check availability of working tools like reagents, models, gloves, etc.
- Check availability of clinical instructors
- Study how service delivery system works

RESPONSIBILITIES AND TASKS OF THE GRADUATE OF THE STI/RTI TRAINING

The STI/RTI Service Provider will do the following:

Responsibility 1

Establish and maintain interpersonal communication

ensuring positive relationship to Clients, Community and Co-workers.

Tasks

- Establish and maintain provider/provider and client/provider relationship.
- Establish and maintain services that promote the client's and Community's rights during service delivery.

Responsibility 2

Promoting STI/RTI education to individuals, couples, groups and community

Tasks

Planning, conducting and evaluation STI/RTI educational sessions for target groups specified in the national guidelines for management of STI/RTI service delivery and training.

The task involves the following:

- Promoting health care seeking behaviour in women and men
- Promoting sexual reproductive health among adolescents and youths
- Conducting sessions on prevention of STIs/RTIs
- Promoting antepartum, intrapartum and post-partum care.

Responsibility 3

Counselling individuals, couples and groups for and during STI/RTI Services

Tasks

Using counselling skills to:

Prevent re-infection and spread to others.

- Ensure compliance to treatment.
- Identify and notify sexual contacts.
- Promote safer sex practices including condom use among groups at high risk i.e. adolescents, youth and commercial sex workers.

Counsel and refer cases that cannot be managed at the facility.

Counsel and manage survivors of rape.

Responsibility 4

Managing STI/RTI Clients

Tasks

1. Taking proper history.
2. Performing thorough physical examination.
3. Making accurate decision.
4. Taking proper actions.
5. Conduct follow-up to determine drug compliance, treatment outcome and partner notification.
6. In case of treatment failure refers for further appropriate management e.g. change to third line treatment, laboratory investigation or upper level of service delivery.
7. Establish linkage of STI/RTI Management of adolescents and youths with other RH Services.
8. Offer PITC to clients.
9. Providing health education on STIs/RTIs using Behavioural Change Communication (BCC) and IEC materials.
10. Promoting and teaching on proper condom use and negotiation.

Responsibility 5

Organizing the STI/RTI clinic to offer quality, accessible and equitable services

Tasks

1. Establish conducive environment for youth friendly services.
2. Organize the STI/RTI clinic in a way that enhances acceptance and continuity of the services.
3. Ensure availability of STI/RTI medicines, medical supplies and equipment for use at the facility.
4. Preventing nosocomical infections in health service providers and clients.
5. Maintaining records according to the Health Management Information System (HMIS) "MTUHA".
6. Compiling and using data for the quality of STI/RTI services.

Responsibility 6

Mobilizing Individuals, Couples, Groups and community for STI/RTI services.

Tasks

1. Conducting advocacy activities.
2. Promote health-seeking behaviour among the community.
3. Screen pregnant women for STIs/RTIs and HIV/AIDS.
4. Promote relevant IEC materials and utilize them appropriately.
5. Advocate Voluntary Counselling and Testing for HIV/AIDS.
6. Promote the use of condoms and other services among individuals, couples, youth and adolescents.

Responsibility 7

Recognize the STI/RTI management strategies

Tasks

1. Apply National STI/ RTI and HIV/AIDS Prevention strategies during service provision.
2. Adhere to National STI/RTI treatment guidelines.
3. Offer PITC.
4. Sensitize the community to actively participate in home-based care.
5. Participate in the implementation of STI/RTI research activities.

Responsibility 8

Manage effectively logistics for medicines, laboratory reagents and other related supplies

Tasks

1. Establish monthly requirements.
2. Order medicines, and other medical supplies and equipment for STIs/RTIs timely.
3. Maintain inventory/records according to Health Management Information System (HMIS) “(MTUHA)”.

SUMMARY OF UNITS, SESSIONS AND DURATION

SN	UNIT	SESSION	Theory	Practical
1	Creating a learning atmosphere for STI/RTI training	1.1 Introductions, expectations and norms 1.2 Logistics 1.3 Pre-knowledge assessment 1.4 Overview of training 1.5 Giving and receiving feedback	3 ¾	0
2	Introduction to STIs/RTIs/ HIV/ AIDS	2.1 Overview of STI/RTI 2.2 Public health importance of STIs/RTIs/HIV/AIDS 2.3 Basic facts about STIs/RTIs 2.4 Basic facts about HIV/AIDS 2.5 National policy on HIV/AIDS, STI/RTI guidelines and strategies 2.6 Role of service provider in reducing the burden of STIs/RTIs	5	0
3	Detection (diagnosis) of Asymptomatic STIs/RTIs	3.1 Detecting STIs/RTIs 3.2 PITC in STIs/RTIs 3.3 Screening for specific STIs/RTIs	3 ½	5
4	Health Education, contact notification, referral and management	4.1 Health education 4.2 Counselling 4.3 Contact notification, referral and management	2 ½	2
5	Preventing STIs/RTIs	5.1 Preventing Sexual Transmission of STIs/RTIs 5.2 Condom promotion and negotiation 5.3 Preventing iatrogenic and endogenous infections	2 ¾	
6	Promoting prevention of STIs/RTIs and use of services	6.1 Barriers in utilization of STI/RTI services 6.2 Groups that do not easily access STI/RTI services 6.3 Raising awareness and promoting services	2	0
7	STI/RTI assessment during routine family planning visits	7.1 Integrating STI/RTI assessment into routine FP visits 7.2 Dual protection	2	0

8	STI/ RTI assessment in pregnancy, childbirth and the postpartum period	8.1 Assessment during pregnancy 8.2 STI/RTI assessment during childbirth 8.3 STI/RTI assessment during postpartum period	$1\frac{3}{4}$	6
9	Management of symptomatic STIs/RTIs	9.1 The concept of syndromic management of STIs/RTIs 9.2 Overview of STI/RTI syndromes 9.3 History taking 9.4 Physical examination on STI/RTI client 9.5 Management of common syndromes 9.6 Managing other non-syndromic (specific) STIs/RTIs	$8\frac{2}{3}$	20
10	Management of STI/RTI complications related to pregnancy, abortions and post-partum period	10.1 STIs/ RTIs related complications during pregnancy 10.2 STIs/ RTIs related complications following abortions and 10.3 childbirth	2	4
11	Sexual violence/Abuse	11.1 Medical and supportive care for survivors of rape	3	0
12	Ordering receiving and storage of medicines, laboratory reagents and supplies	12.1 Ordering, receiving and storage of medicines and STIs/ RTIs related supplies	1	2
13	Monitoring and evaluation of STI/RTI services	13.1 Overview of monitoring and evaluation 13.2 Monitoring STI/RTI services 13.3 Evaluation in STI/RTI services	3	0
14	Orientation to clinical practice	14.1 Orientation to clinical practice	3	0
15	Evaluation of training	15.1 Evaluation of training	3	0
		Total hours	44	39

Part two

2

TRAINING SESSIONS

TRAINING SESSIONS

Day 1

- 1.1 Introductions, expectations and norms
- 1.2 Logistics
- 1.3 Pre-knowledge assessment test
- 1.4 Overview of training
- 1.5 Giving and receiving feedback
- 2.1 Overview of STIs/RTIs
- 2.2 Public Health Importance of STIs/RTIs/HIV/AIDS
- 2.3 Basic facts about STIs/RTIs

Day 2

- 2.4 Basic facts about HIV/AIDS
- 2.5 National policy on HIV/AIDS and STI/RTI guidelines and strategies
- 2.6 Role of service provider in reducing the burden of STIs/RTIs
- 3.1 Detecting STIs/RTIs
- 3.2 PITC in STIs/RTIs
- 3.3 Screening for specific STIs/RTIs
- 4.1 Health education
- 4.2 Counselling

Day 3

- 4.3 Contact notification, referral and management
- 5.1 Preventing sexual transmission of STIs/RTIs
- 5.2 Condom promotion and negotiation
- 5.3 Preventing Iatrogenic and endogenous infections
- 6.1 Barriers in utilization of STI/RTI services
- 6.2 Groups that do not easily access STI/RTI services
- 6.3 Raising awareness and promoting services
- 7.1 Integrating STI/RTI assessment into routine FP visits

Day 4

- 7.2 Dual protection
- 8.1 STI/RTI assessment during antenatal visit
- 8.2 STI/RTI Assessment during childbirth
- 8.3 STI/RTI assessment during postpartum period
- 9.1 The concept of syndromic management of STIs/RTIs
- 9.2 Overview of STI/RTI syndromes
- 9.3 History taking
- 9.4 Physical examination on STI/RTI client
- 9.5.1 Introduction to flowcharts

Day 5

- 9.5 STI Syndromes
- 9.6 Other non-syndromic STIs/RTIs
- 10.1 STIs/RTIs related complications during pregnancy
- 10.2 STIs/RTIs related complications following abortions, and childbirth

Day 6

- 11. Sexual violence/abuse
- 12. Ordering, receiving, storing and dispensing medicines and STIs/RTIs related supplies

Day 7

- 13.1 Overview of monitoring and evaluation
- 13.2 Monitoring STI/RTI services
- 13.3 Evaluation of STI/RTI services
- 14. Orientation to clinical practice

UNIT 1: CREATING A LEARNING ATMOSPHERE FOR STI/ RTI TRAINING

OVERVIEW

This unit aims at creating a conducive working environment where trainees and trainers share experiences, expectations, training goals, objectives, post-training responsibilities and tasks, and evaluation methods.

UNIT OBJECTIVES

At the end of this unit, the trainees should be able to identify each other, share expectations and get ready to learn.

UNIT SESSIONS

- 1.1 Introductions, expectations and norms
- 1.2 Logistics
- 1.3 Pre-knowledge assessment
- 1.4 Overview of training
- 1.5 Giving and receiving feedback

1.1 INTRODUCTIONS, EXPECTATIONS AND NORMS

SESSION OBJECTIVES

At the end of this session, the trainee will be able to:

1. Use each other's preferred names and backgrounds during

the training

2. Share individual training expectations and training norms.

Time Allocated: 60 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Use each other's preferred name and background during training		
Registration and introductions: <ul style="list-style-type: none"> • Purpose of the introduction • Format of the introduction • How to complete biodata forms 	<ul style="list-style-type: none"> • Guide trainees to introduce themselves through: <ul style="list-style-type: none"> Either each one introducing oneself Or participant introducing one another Or any other technique • Trainee to register and fill biodata forms 	<ul style="list-style-type: none"> • Newsprint (NP) • Registration and biodata forms • VIPP cards
OBJECTIVE 2: Share individual expectations and training norms		
Expectations and norms: <ul style="list-style-type: none"> • Purpose of expressing expectations and norms • List of expectations • List of norms • Selection of leaders 	<ul style="list-style-type: none"> • Provide two VIPP cards per trainee • Ask each trainee to write one expectation on one card and one workshop norm on the other card. • Trainees display expectations and norms on the wall. • Both trainer and trainees visit the displays. • One of the trainees to process the cards and trainer to clarify and summarize. • Summarized expectations and workshop norms written on NP and be posted on the wall throughout the training • Guide trainees to select leaders 	<ul style="list-style-type: none"> • Newsprint (NP)/ flip chart stand • Masking tapes • Soft boards • Thumb nails • VIPP/ Zoom cards • Marker pens

1.2 LOGISTICS

SESSION OBJECTIVES

At the end of the session the trainee will be able to identify issues related to their social welfare during training

Time Allocated: 10 minutes

CONTENT	TRAINER/ TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Get a clarification of issues related to their social welfare		
Logistics <ul style="list-style-type: none">• Accommodation• Up keeping• Meals• Security	<ul style="list-style-type: none">• Clarify about accommodation, per diem, meals, transport and security arrangements• Ask if trainees have other issues and concerns and clarify accordingly.	<ul style="list-style-type: none">• Flip charts• Marker pens

1.3 PRE-KNOWLEDGE ASSESSMENT

SESSION OBJECTIVE:

At the end of the session the trainee will be able to identify his/her own strengths and weaknesses based on pre-knowledge assessment

Time Allocated: 60 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Identify his/her own strengths and weakness based on pre-knowledge assessment.		
Pre-training knowledge assessment <ul style="list-style-type: none">• Purposes of the assessment• Test questions• Feedback to trainees/trainers	<ul style="list-style-type: none">• Explain the purpose of pre-knowledge assessment and administer the test in the classroom.• Collect test papers as each trainer finishes the test• Correct the test, record the results and give feedback to trainees	<ul style="list-style-type: none">• Pre-knowledge assessment test papers.• Answer guide

1.4 OVERVIEW OF THE TRAINING

SESSION OBJECTIVES

At the end of the session the trainee should be able to:

1. Describe training goals, general objectives, processes and evaluation techniques.
2. Describe the responsibilities and tasks of the service provider after completing the STI/RTI management training

Time Allocated: 60 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Discuss training goals, general objectives, processes and evaluation techniques.		
Training goals, Objectives and Processes <ul style="list-style-type: none"> • Training goals • List of general objectives • Relationship between goal, general objectives, and the trainees' expectations • Methods and steps for the training • Evaluating techniques (during and after training) 	<ul style="list-style-type: none"> • Mini – lecture on the training goals and general objectives • Discuss with trainees about the relationship between training goals, general objectives and their expectations. • Refer trainees to Manual for Service Providers page x-xi on goals and objectives of the training. • Mini – lecture about various training techniques and methods of evaluation that will be used in training 	<ul style="list-style-type: none"> • Manual for Service Providers • Newsprints with expectations, goals and objectives • Training schedule
OBJECTIVE 2: Identify the responsibilities and tasks of the service provider after completing the STI/RTI management training		
Responsibilities and Tasks <ul style="list-style-type: none"> • Post training responsibilities and tasks • Relationship between general objectives and responsibilities and tasks to be performed after the training 	<ul style="list-style-type: none"> • Refer trainees to the Manual for Service Providers on the responsibilities and tasks of Manual for STI/RTI Service Provider page xi-xiv. • Discuss the relationship between the training objectives and their responsibilities after training • Summarize key points focusing on trainees future work on STI/RTI management 	<ul style="list-style-type: none"> • Manual for Service Providers • Newsprints

1.5 GIVING AND RECEIVING FEEDBACK

SESSION OBJECTIVES

At the end of the session the trainee should be able to demonstrate skills in giving and receiving feedback

Time Allocated: 45 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Demonstrate skills in giving and receiving feedback		
<p>Definition of feedback</p> <ul style="list-style-type: none"> • Feedback is a return message from the receiver to the sender that shows whether the communication has been effective or not. <p>Purpose of feedback.</p> <ul style="list-style-type: none"> • Feedback aims at helping someone/receiver to know about her/his performance and behaviour. <p>Factors facilitating effective Feedback</p> <ul style="list-style-type: none"> • Timeliness • Effective use of listening, communication skills and encouragers • Starting with positive feedback first • Being specific, and straight to the point • Agreeing on the mechanism for follow-up • Maintaining good interpersonal relationship/interaction <p>Feedback skills</p> <ul style="list-style-type: none"> • Listening attentively • Understanding value of message • Providing feedback to sender in time 	<ul style="list-style-type: none"> • Brainstorm on definitions and facilitator clarifies • Brain storm on purpose of giving and receiving feedback and trainer to clarify <ul style="list-style-type: none"> • Trainees to buzz on factors that facilitate effective feedback and facilitator to write the responses on newsprints. <ul style="list-style-type: none"> • Ask trainees to volunteers for role play • Volunteers to demonstrate appropriate skills for feedback • Discuss important features of the role play and summarize key points. 	<ul style="list-style-type: none"> • Role play • VIPP cards • Newsprints

UNIT 2: INTRODUCTION TO STIs/ RTIs/ HIV/AIDS

OVERVIEW

The unit introduces the trainee to the basic facts about STIs/ RTIs/HIV/AIDS with emphasis on aetiologies, transmission modes, symptoms and signs, common complications and control measures. It also provides information on public health importance of STIs/RTIs/HIV/AIDS, prevalence of STIs/RTIs/HIV/AIDS/HIV/AIDS/ in the country, impact of STIs/RTIs/HIV/AIDS on socio-economic situation, linkages between STIs/RTIs and HIV/AIDS and barriers to STIs/ RTIs/HIV/AIDS/ control at community level. The unit also introduces some of the basic documents which can help the trainee to understand the guidelines and strategies related to management of STIs/RTIs/HIV/AIDS. And finally, it highlights on the role of the health service provider in reducing the burden of STIs/RTIs/HIV/AIDS.

UNIT OBJECTIVES

At the end of the unit the trainee should be able to

1. Describe the national guidelines and basic facts about STIs/RTIs/HIV/AIDS
2. Explain the importance of STIs/RTIs/HIV/AIDS in public health.
3. Explain the role of the service provider in reducing the burden of STIs/RTIs/HIV/AIDS

UNIT SESSIONS

- 2.1 Overview on STIs/RTIs
- 2.2 Public Health Importance of STIs/RTIs/HIV/AIDS
- 2.3 Basic Facts about STIs/RTIs
- 2.4 Basic facts about HIV/AIDS
- 2.5 National policy on HIV/AIDS, STI/RTI guidelines and strategies
- 2.6 Role of the service provider in reducing the burden of STIs/RTIs

2.1 OVERVIEW ON STIs/RTIs

SESSION OBJECTIVES

At the end of this session the trainee should be able to

1. Give descriptive definitions of STIs and RTIs
2. Explain methods STIs/RTIs transmission
3. Identify factors that facilitate STIs/RTIs transmission

Time Allocated: 75 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Give a Descriptive definition of STIs/RTIs		
<p>Definition of STI Sexually transmitted infections (STIs) are groups of infections that are predominantly transmitted through unprotected sexual contact with an infected person.</p> <p>Definition of RTIs Reproductive Tract Infections (RTIs) are infections of the genital tract. They refer to the site where the infection develops. They may or not be transmitted through sexual contact.</p>	<p>Guide trainees to brainstorming on the definition of STI and RTI Trainer to write the responses on the Newsprints</p> <ul style="list-style-type: none">• Clarifies key points and summarizes• Refer trainees to National Guidelines for Management of STIs/RTIs page 2 to 10	<ul style="list-style-type: none">• National Guidelines for Management of STIs/RTIs• Newsprints

OBJECTIVE 2: Explain methods of RTIs/STIs transmission

Methods

- Endogenous infections

Organisms normally found in the vagina usually not transmitted from person to person. They are normal flora in the vagina e.g. bacterial vaginosis

- Sexually transmitted infections

Transmitted through unprotected sexual contact e.g. gonococci, HIV, scabies, Trichomoniasis

- Iatrogenic infections

Organisms could be found inside or outside the body. They are introduced by contamination e.g. aseptic medical procedures.

- Vertical transmission

Mother to child infections during pregnancy, delivery or breast feeding e.g. HIV infection, congenital syphilis

- Through unsafe blood transfusion or blood products

- Transmitted from one person to another through unsafe blood transfusion or contact with blood products e.g. HIV infection, hepatitis B, and syphilis.

- Give two VIPP cards to each small group and let each group write one method of STI/RTI transmission on one card and one organism responsible on the other card

- Guide trainees to process the responses in gallery walk

- Conclude discussion by reviewing main methods of transmission and common organisms responsible

- Refer trainees to National Guidelines for Management of STIs/RTIs page 3-4 and Manual for Service Providers page 3

- Service provider manual

- VIPP cards

- National Guidelines for Management of STIs/RTIs

OBJECTIVE 3: Identify factors that facilitate STI/RTI transmission

Factors

- **Risky sexual behaviour** such as multiple sexual partners, unsafe sex.
- **Social economic** such as transactional sex, lack of information on STIs/RTIs
- **Cultural** such as female genital mutilation (FGM), ritual cleansing, and widow inheritance
- **Biological** such as age and sex. Adolescents and youth are at more risk. Females are more likely to be infected than males.
- **Political** war and political instability create mobility and migration that adversely influence change in sexual behaviour. Lack of political commitment may cause policies not to be put in place.
- **Unsterile procedures** such as invasive procedures using unsterilized instruments e.g. uterine sound, vaginal speculum
- **Environmental, hormonal and other factors** e.g. yeast infections and bacterial vaginosis

- Trainees to work in small groups and discuss on factors facilitating STI/RTI transmission and write their responses on newsprint ready for plenary presentation
- Clarify, add missing points and summarize
- Refer trainees to National Guidelines for Management of STIs/RTIs page 6

- Manual for Service Providers
- National Guidelines for Management of STIs/RTIs
- Newsprint

2.2 PUBLIC HEALTH IMPORTANCE OF STIs/RTIs/HIV/AIDS

SESSION OBJECTIVES

At the end of this session the trainee will be able to

1. Describe the prevalence of STIs/RTIs/HIV/AIDS in Tanzania
2. Outline the health consequences (sequelae) of STIs/RTIs/HIV/AIDS
3. Describe the relationship between STIs/RTIs and HIV infection

Time Allocated: 60 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Describe the prevalence of STIs/RTIs in Tanzania		
<p>Prevalence</p> <ul style="list-style-type: none"> • 10 – 20% of sexually active population contract STIs/RTIs each year • In the year 2005 the prevalence of syphilis was 6.9% among pregnant women country wide and the prevalence of HIV was 7.0% of Tanzanian adults. • Among people living in HTAs the prevalence of STIs/RTIs is particularly high. For example, 27% of females are RPR/TPHA sero – reactive • In 2002 the prevalence of STIs/RTIs among women was 64% among women attending primary health care facilities in Moshi (Msuya S.E. at all Reproductive Track Infections E.A. Medical Journal vol.79, no1.2002) 	<ul style="list-style-type: none"> • Lecture - discussion on public health importance of STIs/RTIs • Ask trainees to share their experiences on issues concerning STIs/RTIs in their work stations • Refer trainees to current studies on prevalence of STIs/RTIs in the country • Guide trainees on the discussion of public health importance including impact of STIs/RTIs • Trainer refer trainees to National Guideline for management of STI/RTI page 5 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Manual for Service Providers • MOHSW (2004) National Guidelines for screening and treatment of syphilis during pregnancy • Msuya S.E. et all (2002) RTIs .EA journal vol.79 • National AIDS Control Programme Surveillance reports

OBJECTIVE 2: Outline the health consequences (sequelae) of STIs/RTIs

Consequences

- Ectopic pregnancy
- Infertility in both men and women
- Urethral stricture in men
- Abortions
- Cancers
- Blindness
- Still birth
- Cardio – Vascular and Central Nervous System complications

- Refer trainees to National Guidelines for Management of STIs/RTIs page 7
- Trainees to brainstorm on the consequences of STIs/RTIs
- Clarify key issues and summarize focusing on public health importance of STIs/RTIs

- National Guidelines for Management of STIs/RTIs
- Newsprints
- Manual for Service Providers

OBJECTIVE 3: Identify the relationship between STIs/RTIs and HIV infection

Relationship

- STIs/RTIs facilitate sexual acquisition and transmission of HIV
- Other STIs/RTIs and HIV share the same major transmission routes
- Risk behaviours for other STIs/RTIs and HIV are the same
- Intervention of STIs/RTIs decreases HIV incidence
- HIV can change clinical presentation and treatment outcomes of other STIs/RTIs.

- Discuss in small groups on relationships between STIs/RTIs and HIV/AIDS and write their responses on newsprints for plenary presentation
- Fill the gaps, clarify and summarize
- Refer trainees on National Guidelines for Management of STIs/RTIs page 8 and Manual for Service Providers page 2

- Manual for Service Providers
- National Guidelines for Management of STIs/RTIs
- Newsprints

2.3 BASIC FACTS ABOUT STIs/RTIs

SESSION OBJECTIVES

At the end of the session, the trainee should be able to

1. Enumerate the aetiologies of common STIs/RTIs
2. Explain the modes of transmission of STIs/RTIs
3. Describe the clinical presentation of STIs/RTIs
4. Describe the preventive and control measures of STIs/RTIs

Time Allocated: 60 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Enumerate the aetiologies of common STIs/RTIs		
<p>Aetiologies of Common STIs/RTIs</p> <ul style="list-style-type: none"> • Bacterial: <ul style="list-style-type: none"> - Neisseria gonorrhoeae - Chlamydia trachomatis - Haemophilus ducreyi - Treponema pallidum • Viral: <ul style="list-style-type: none"> - Herpes simplex virus, - Human papilloma virus, - Human ImmunoDeficiency Virus • Fungal: <ul style="list-style-type: none"> - Candida albicans • Protozoal: <ul style="list-style-type: none"> - Trichomonas vaginalis • Parasitic: <ul style="list-style-type: none"> - Phythurus pubis - (pubic lice), Sarcoptes scabiei 	<ul style="list-style-type: none"> • In small groups trainees discuss on aetiologies of STIs/RTIs • Trainees to write their responses on Newsprints and present in plenary. • Clarify key issues as presentations progresses and summarize by focusing on common categories and related organisms • Refer trainees on National Guidelines for Management of STIs/RTIs page 75 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Manual for Service Providers • Newsprints

OBJECTIVE 2: Explain the modes of transmission of STIs/RTIs

Modes of transmission:

- Unprotected penetrative sexual intercourse
- Non-penetrative intimate contact and close physical contact
- Through blood and/or its products
- Unsafe blood transfusion
- Sharing clothes,
- Mother to child transmission.

- Refer trainees the previous session on methods of STI/RTI transmission

- Manual for Service Providers
- Newsprints
- National Guidelines for Management of STIs/RTIs

OBJECTIVE 3: Describe the clinical presentation of STIs/RTIs

Clinical Presentation of STIs/RTIs

- Asymptomatic
- Symptomatic such as:
 - Painful micturition
 - Vaginal discharge
 - Urethral discharge
 - Genital ulceration
 - Genital itching
 - Swelling of inguinal lymph nodes
 - Scrotal swelling
 - Fever
 - Abdominal pains or pains during sexual act

- Ask trainees to be in small groups and provide them with VIIP cards
- Ask each group to write one symptom and sign per card and display their VIIP cards on the wall
- Make a gallery walk and one volunteer to process the cards
- Clarify key points and summarize

- Manual for Service Providers
- Newsprint
- Relevant leaflets
- VIIP card

OBJECTIVE 4: Describe the preventive and control measures of STIs/RTIs

Preventive and Control measures of STIs/RTIs

- Abstinence
- Fidelity
- Proper use of condoms
- Effective treatment of STIs/RTIs
- Screening and treatment of asymptomatic cases

- Trainer asks trainees to brainstorm on preventive and control measures
- Trainer clarifies and summarizes

- Manual for Service Providers
- Leaflets
- Newsprint

2.4 BASIC FACTS ABOUT HIV/AIDS

SESSION OBJECTIVES:

At the end of the session, the trainee should be able to:

1. Define HIV infection and AIDS
2. Name the aetiology of HIV/AIDS
3. Explain the modes of transmission of HIV/AIDS

4. Explain the pathogenesis of HIV/AIDS
5. Describe the diagnosis of HIV/AIDS
6. Describe the impact of HIV/AIDS
7. Describe the preventive and control measures of HIV/AIDS

Time Allocation: 60 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define HIV infection and AIDS		
<p>Definition of HIV infection HIV infection is the state of being infected with the Human Immunodeficiency Virus without symptoms and signs</p> <p>Definition of AIDS AIDS is a state of being HIV infected with presentation of symptoms and signs</p>	<ul style="list-style-type: none"> • Divide trainees into groups and assign them tasks: <p>Task 1: Define HIV infection and AIDS</p> <ul style="list-style-type: none"> • Guide plenary session where each group will present their work • Clarify key issues as presentation proceeds • Summarize key points on newsprints to be displayed on the board • Refer trainees on National Guidelines for Management of STIs/RTIs page 2, the Manual for Service Providers and the National HIV/AIDS policy page 2 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Manual for Service Providers • National HIV/AIDS policy • Leaflets on HIV/AIDS • Newsprints

OBJECTIVE 2: Name the aetiology of HIV/AIDS**Aetiology of HIV/AIDS**

Human immunodeficiency virus (HIV) Types 1 and 2

Task 2. Name the aetiology of HIV/AIDS

- As per objective No 1
- Trainees group work and presentations

- Manual for Service Providers
- Newsprint

OBJECTIVE 3: Explain the modes of transmission of HIV

- The modes of transmission of HIV
- Unprotected penetrative sexual intercourse
- Contact with infected blood or blood products
- Vertical transmission – mother to child
- Contaminated sharps
- Getting contact with contaminated body fluids

Task 3. Explain the modes of transmission of HIV/AIDS

- As per objective No. 1
- Trainees group work and presentations

- Manual for Service Providers
- Newsprint
- National Guidelines for management of HIV/AIDS

OBJECTIVE 4: Explain the pathogenesis of HIV/AIDS**Pathogenesis of HIV/AIDS**

- HIV infects lymphocytes called T-helper lymphocytes or CD4+ lymphocytes (a type of white blood cells that maintain body immunity).
- Multiplication of HIV in T-lymphocytes kills the cells.
- When many T-lymphocytes are killed body immunity decreases.
- Decreased immunity results in being vulnerable to opportunistic infections and cancer.

Task 4. Explain the pathogenesis, symptoms and signs of HIV/AIDS

- As per objective No. 1
- Trainees group work and presentations

- Manual for Service Providers
- Posters
- Any other visual aids in slides

OBJECTIVE 5: Describe the diagnosis of HIV/AIDS**Diagnosis of HIV/AIDS**

- The diagnosis of HIV infection is mainly based on laboratory test. The tests that are currently used in Tanzania include various formats of ELISA, Western blot and the rapid tests such as Capillus, Determine and Bioline.
- Diagnosis of AIDS is based on clinical features of the client including opportunistic infections and cancers.

- Mini lecture on different approach of diagnosing HIV/AIDS PITC guidelines
- Refer trainees to previous discussion on clinical features

- Manual for Service Providers
- Newsprint
- National Guidelines for management of HIV/AIDS

OBJECTIVE 6: Describe the impact of HIV/AIDS**Impact of HIV/AIDS**

- Health impact
- Increase cost in health services
- Social economic
- Increased number of orphans
- Stigma
- Reduced human resources
- Reduced productivity
- Poverty

- Organize trainees to buzz on health, social and economical impact of HIV/AIDS
- Trainer leads plenary discussions and summarizes
- Refer to session 2.1

- Service provider manual
- Newsprint
- National Guidelines for management of HIV/AIDS

OBJECTIVE 7: Describe the preventive and control measures of HIV/AIDS

<p>Preventive and control measures of HIV/AIDS</p> <ul style="list-style-type: none"> • Abstinence • Fidelity • Condom use • VCT • Screening of blood for transfusion • PMTCT • Proper management and control of other STIs/RTIs • Adhering to standard precautions of infection control. 	<p>Task 5. Describe management plan and preventive measures of HIV/AIDS</p> <ul style="list-style-type: none"> • As per objective No. 1 • Trainees group work and presentations 	<ul style="list-style-type: none"> • Manual for Service Providers • Posters • National Guidelines for management of HIV/AIDS
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2.5 NATIONAL POLICY ON HIV/AIDS, STI/RTI GUIDELINES AND STRATEGIES2

SESSION OBJECTIVES

At the end of the session, the trainee should be able to:

1. Define the term Guidelines and Strategies
2. Describe the National STI strategies
3. Describe Intervention strategies in STIs/RTIs

Time Allocated: 30 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define the term Guidelines and Strategies		
<p>Guideline</p> <ul style="list-style-type: none"> • Instructional references which indicate a course of action in a specified situation. <p>Strategies</p> <ul style="list-style-type: none"> • Broad implementation methods 	<ul style="list-style-type: none"> • Guide trainees to brainstorm on definitions and trainer to write responses on newsprints • Display newsprints, clarify and summarize 	<ul style="list-style-type: none"> • Manual for Service Providers • Newsprints

OBJECTIVE 2: Discuss National policy on HIV/AIDS and STI/RTI guidelines

- National policy on HIV/AIDS and STI/RTI guidelines
- National policy on HIV/AIDS
- STI/RTI guidelines in current use

- Introduce the topic and give list of current guidelines on STI/RTI
- Display documents on the table and ask trainees at their own time to look at each document
- Distribute National Guideline for management of STIs/RTIs to each trainee as personal copies
- Orient trainees on how the National Guidelines for Management of STIs/RTIs will be used during training and later on in clinical practice.

- Manual for Service Providers
- Newsprint
- National policy on HIV/AIDS
- Current national guidelines related to STIs/RTIs

OBJECTIVE 3: Describe Intervention strategies in STIs/RTIs

Strategies

- Training of service providers
- Effective primary prevention of STIs/RTIs
- Promotion of appropriate STI/RTI health seeking behaviour
- Cost effective case management
- Contact management
- Routine prevention of ophthalmia neo-natorum
- Availability and affordability of drugs
- STI/RTI case finding and screening
- Condom promotion
- Monitoring and evaluation.

- Mini – lecture on the strategies on STI/RTI intervention
- Allow questions and respond accordingly
- Refer trainees to National Guidelines for Management of STIs/RTIs page 9

- Manual for Service Providers
- Newsprint
- National Guidelines for management of STIs/RTIs, March, 2007
- National Guidelines for syphilis screening and treatment in pregnancy

2.6 ROLE OF SERVICE PROVIDER IN REDUCING THE BURDEN OF STIs/RTIs

SESSION OBJECTIVE

At the end of the session the trainee should be able to explain the role of service provider in reducing the burden of STIs/RTIs

Time Allocated: 15 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain the role of service provider in reducing the burden of STIs/RTIs		
<p>Roles</p> <ul style="list-style-type: none"> • To raise awareness in the community about STIs/RTIs and how they can be prevented • To promote early use of health services to cure STIs/RTIs and prevent complications • To promote safer sexual behaviour • To detect infections that are not obvious • To prevent iatrogenic infections by following standard precautions • To manage symptomatic STIs/RTIs effectively • To counsel patients on staying uninfected after treatment • To encourage STI/RTI patients to screen for HIV 	<ul style="list-style-type: none"> • In small groups trainees discuss the role of service provider in reducing the burden of STI/RTI in the community and write their responses on Newsprints ready for plenary session • Trainer to clarify key roles and summarizes • Refer trainees on National Guidelines for Management of STIs/RTIs page 10 	<ul style="list-style-type: none"> • Manual for Service Providers • National Guidelines for management • Newsprints

UNIT 3: DETECTION (DIAGNOSIS) OF ASYMPTOMATIC STIs/ RTIs

OVERVIEW

A recognizable proportion of women and men with STIs/RTIs are asymptomatic or mild symptoms and do not realize that they are infected. Asymptomatic or mildly symptomatic patients may not seek for care at all or even when they do so for other ailments. Asymptomatic STIs/RTIs cause more serious complications than symptomatic since the later makes patients seek for early treatment.

In this unit it is recommended that all opportunities should be utilized for screening patients both clinically and or by laboratory investigation when they come for other services.

UNIT OBJECTIVES

At the end of the unit the trainee should be able to identify, opportunities for screening of asymptomatic or mildly symptomatic STIs/RTIs.

UNIT SESSIONS

- 3.1 Detecting STIs/RTIs
- 3.2 PITC in STIs/RTIs
- 3.3 Screening for specific STIs/RTIs

3.1 DETECTING STIs/RTIs

SESSION OBJECTIVES

1. Discuss barriers related to STI/RTI control
2. Identify common methods of STI/RTI detection

Time Allocated 30 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Discuss barriers related to STI/RTI control		
<p>Barriers related to STI/RTI control</p> <ul style="list-style-type: none"> • Some people with STIs/RTIs are asymptomatic, while others have mild symptoms • Some seek care and others do not • No accurate diagnosis • No correct treatment, • Some do complete treatment and others not • Others get complete cure and others not 	<ul style="list-style-type: none"> • Ask trainees to brainstorm on possible barriers for STI/RTI control • Trainer writes responses on newsprints, clarify and fill in the gaps and summarize. • Refer trainees to the National Guidelines for Management of STIs/RTIs page 11 to 13 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Newsprints • Manual for Service Providers
OBJECTIVE 2: Identify common methods of STI/RTI detection		
<p>Common methods of STI/RTI detection</p> <ul style="list-style-type: none"> • History taking • Physical examination • Presumptive treatment on basis of risk criteria including contact treatment • Combination of strategies 	<ul style="list-style-type: none"> • Trainees to work in small groups, each group to mention two methods and for each method will mention one advantage and disadvantage. • Guide trainees to summarize their responses on Newsprints for plenary presentation • Guide plenary discussion, clarify issues as necessary and summarize. • Refer trainees on National Guidelines for Management of STIs/RTIs page 11 	<ul style="list-style-type: none"> • National Guidelines for management of STIs/RTIs • Manual for Service Providers • Newsprints

3.2 PITC IN STIs/RTIs

SESSIONS OBJECTIVES

1. Discuss the concept of PITC
2. Identify similarities between VCT and PITC
3. Describe the PITC steps
4. Discuss ethical and legal issues in PITC

Time Allocated 60 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Discuss the concept of PITC		
PITC concept PITC refers to HIV testing and counselling which is recommended by health care providers to persons attending health care facilities as a standard component of medical care. The major purpose of such testing and counselling is to enable specific clinical decisions to be made and/or specific medical services to be offered that will not be possible without knowledge of the person's HIV status.	<ul style="list-style-type: none">• Mini lecture on PITC concept• Ask questions, clarify accordingly and summarize• Refer trainees to Manual for Service Providers page 13	<ul style="list-style-type: none">• Manual for Service Providers• Written notes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
<p>Rationale for PITC</p> <ul style="list-style-type: none"> • Integrating HIV testing into service provision for all patients to normalizes the condition as other chronic disease. • Majority of people in Tanzania do not know their HIV status. PITC increases the individual's access to HIV testing hence number of individuals that know their status. • People tend to prefer being tested within the context of a regular health service visit. A visit to a specialized facility just for an HIV test can be time consuming, inconvenient and stigmatizing. • PITC takes less time it focuses more on post – test counselling and referral to appropriate services. • Rates of HIV infection are higher among TB and other patients, with signs and symptoms of HIV and AIDS, than among the general population. It is therefore important to test these groups of patients for HIV. 	<ul style="list-style-type: none"> • Lecture on the rationale of PITC in STIs/ RTIs/HIV/AIDS • Ask trainees to ask questions • Clarify and summarize • Refer trainees on Manual for Service Providers page 14 	<ul style="list-style-type: none"> • Manual for Service Providers
<p>Importance of PITC in Tanzania</p> <ul style="list-style-type: none"> • HIV counselling and testing in Tanzania done to date has occurred at VCT sites. • The number of people in Tanzania who have been tested and know their HIV status has been very low, around 15% of the population. • UNAIDS and WHO point out the critical need for increasing the number of people who have received HIV counselling and testing and know their status, and are able to access care, treatment, prevention, and support services. 	<ul style="list-style-type: none"> • Lecturate, ask trainees to ask questions, clarify and summarize • Refer trainees to Manual for Service Providers page 14 	<ul style="list-style-type: none"> • Written notes

<ul style="list-style-type: none"> • In Tanzania, the national policy calls for recommending HIV testing to every person who comes to a health facility, regardless of their malady. 	<ul style="list-style-type: none"> • Lecture on the rationale of PITC in STIs/RTIs/HIV/AIDS • Ask trainees to ask questions • Clarify and summarize • Refer trainees on Manual for Service Providers page 14 • Ask trainees to ask questions, clarify and summarize 	<ul style="list-style-type: none"> • Manual for Service Providers
<p>HIV counselling and testing approaches</p> <ul style="list-style-type: none"> • Voluntary Counselling and Testing (VCT): This is a client – initiated Voluntary HIV Counselling and Testing • Provider – Initiated HIV Testing and Counselling (PITC): Health care practitioners have the role of initiating HIV testing and counselling patients attending health care facilities • Mandatory HIV screening: this refers to routine screening for HIV and other blood borne viruses of all blood for blood transfusion or transfer of bodily fluids or parts • HIV Testing in medical research and surveillance: In Tanzania this is performed according to specific guidelines and regulations approved by the appropriate scientific and review bodies 	<ul style="list-style-type: none"> • Trainees in small groups discuss and identify HIV counselling and testing approaches • Guide plenary presentation, clarify and summarize 	<ul style="list-style-type: none"> • Manual for Service Providers • Newsprints

OBJECTIVE 2: Identify similarities between VCT and PITC

Both VCT and PITC:

- Are voluntary
- Require the consent of the client/patient
- Test for the benefit of the client/patient
- Require that the result be given to the client/patient
- Are preferably done using a rapid test with a same day result

NB. However VCT and PITC have some differences

- Ask trainees to brainstorm on similarities and differences between VCT and PITC
- Write on newsprints
- Clarify and summarize accordingly
- Refer trainees on Manual for Service Providers page 15

- Manual for Service Providers
- Newsprints

OBJECTIVE 3: Discuss the PITC STEPS

- Pre test information in PITC
- HIV testing algorithm In Tanzania
- Post testing counselling
 - Post test counselling for negatives
 - Post test counselling for positives

- As trainees to work in groups of five and assign each group a topic for discussion
- Ask trainees to summarize their discuss on VIPP cards
- Make a gallery walk and one volunteers to process the VIPP
- Clarify and summarize
- Refer trainees to Manual for Service Providers page 16-18

- Manual for Service Providers
- VIPP cards

OBJECTIVE 4: Discuss ethical and legal implications in PITC

Testing and counselling services are very sensitive. Health care providers are expected to be aware of the below mentioned ethical and legal implications while providing these services. This is necessary due to sensitive nature of HIV and AIDS, associated stigma and vulnerability of clients.

- Informed consent
 - Always obtain informed consent of the client (no coercion)
 - Verbal consent is adequate (written consent not prerequisite)
- Privacy and confidentiality
 - All records should be kept confidential out of reach of unauthorized persons
 - Ensure space provides for privacy
- Shared confidentiality
 - Only client will allow disclosure of HIV results to a third party
 - Health providers may access the results for purposes of providing care to the client
- Access to services
 - Client who declines to undergo HIV testing should not be denied other services
 - Provide or refer the client to appropriate services after HIV results
- Children < 16
 - Consent provided by parents/legal guardians
 - If married and/or sexually active may give own consent
- Mentally challenged
 - Get consent from parent/legal guardian

- Lecture on ethical and legal implications in PITC
- Ask trainees in small groups to brainstorm on what they can do about informed consent, privacy and confidentiality, and access to services.
- Guide the plenary session, clarify, and summarize.
- Refer trainees to Manual for Service Providers page 19-20

- Manual for Service Providers
- Newsprints

3.3 SCREENING FOR SPECIFIC STIs/RTIs

SESSION OBJECTIVES

1. Identify indications and opportunities for screening asymptomatic or mild symptomatic STIs/RTIs
2. Identify available screening tools

Time Allocated 60 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Identify indications and opportunities for screening asymptomatic STIs/RTIs		
<p>Syphilis screening opportunities</p> <ul style="list-style-type: none"> • At first antenatal visit as early as possible • Women who do not attend antenatal clinic be tested at delivery • History of miscarriages or still birth • Men and women with history suggestive of risk sexual contact e.g. rape <p>Vaginal Infections</p> <ul style="list-style-type: none"> • History of abortion or preterm delivery <p>Cervical infections</p> <ul style="list-style-type: none"> • Any time a speculum examination is performed • During pregnancy <p>Pelvic Inflammatory Diseases</p> <ul style="list-style-type: none"> • Prior to trans- cervical procedures • Any time a speculum or bimanual pelvic examination is performed. <p>Cervical Cancer Screening</p> <ul style="list-style-type: none"> • Screening option will depend on resources available e.g. where cytology services available all women over 35 be screened every 5-10 years. 	<ul style="list-style-type: none"> • Trainees to work in small groups and identify indications and opportunities for screening and put their responses on newsprints for plenary presentation • Guide plenary presentations, clarify and summarize • Refer trainees to National Guidelines for Management of STIs/RTIs page 14 to 18 	<ul style="list-style-type: none"> • Manual for Service Providers • National Guidelines for Management of STIs/RTIs

OBJECTIVE 2: Identify available screening tests

Screening tests

- **Syphilis**

- Non treponemal test
 - RPR
 - VDRL
- Treponemal specific test
 - Treponema pallidum Haemagglutination (TPHA),
 - Treponema Pallidum Particles Agglutination (TPPA)
 - Point of Care (POC) rapid tests not needing refrigeration

- **Vaginal Infections**

- Bacterial vaginosis Gram stain
- Trichomonas vaginalis fresh wet microscopy in normal saline
- Vaginal candidiasis (microscopy for yeast cells)

- **Cervical infections**

- Speculum Examination
- Culture for gonorrhoea
- Lab test for chlamydia
- Polymerase Chain Reaction (PCR)

- **Pelvic Inflammatory**

- Careful abdominal and bimanual pelvic examination`

- **Cervical cancer**

- Cytology by Papanicolaou smear (pap smear)

- Brainstorming on tests available in their respective facilities
- Summarize on Newsprints
- Refers trainees to National Guidelines for Management of STIs/RTIs

- National Guidelines for Management of STIs/RTIs
- Manual for Service Providers

UNIT 4: HEALTH EDUCATION, COUNSELLING, CONTACT NOTIFICATION, REFERRAL AND MANAGEMENT

OVERVIEW

This unit introduces the provider to the concepts of health education, counselling and management of sexual contacts in STI/RTI treatment. Health education, testing and counselling, contact referral and management constitute important components in STI/RTI management. These components aim at providing correct information, encouraging every client to be tested, assisting in decision making and ensuring management of contacts of index cases to break transmission cycle. Lack of information or difficulty in decision-making may put an individual at risk of contracting STIs/RTIs.

Counselling and health education may be provided to individuals, couples or a group of people. However, for provision of effective education, counselling and contact management the care provider has to be skilled and must ensure privacy and confidentiality.

UNIT OBJECTIVES

At the end of this unit the trainee should be able to:

1. Explain the concepts of Health education, counselling

and management of sexual contacts in the care of STI/RTI clients

2. Apply the principles of health education, counselling and management of sexual contacts in caring of STI/RTI clients

SESSIONS

- 4.1 Health education
- 4.2 Counselling
- 4.3 Contact notification, referral and management

4.1 HEALTH EDUCATION

SESSION OBJECTIVES

At the end of the session the trainee should be able to:

1. Define health education
2. Describe the importance of health education
3. Explain pre-requisites for health education
4. Identify areas to be addressed in STI/RTI health education

Time Allocated: 45 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define health education and counselling		
Definition of Health Education It is a process of delivering health information to an individual or a group on a specific subject.	<ul style="list-style-type: none">• Ask trainees to brainstorm on the definition of health education and counselling• Write responses on the Newsprints as groups present• Clarify and summarize• Refer trainees to National Guidelines for Management of STIs/RTIs page 19 to 29	<ul style="list-style-type: none">• National Guidelines for Management of STIs/RTIs• Manual for Service Providers• Newsprint
OBJECTIVE 2: Explain the importance of health education		
Importance of health education <ul style="list-style-type: none">• Raises awareness on STIs/RTIs• Encourages marginalized groups to adopt preventive measures• Adoption of safer sex practices• Reduction of STIs/RTIs• Promotion of appropriate STIs/RTIs treatment seeking behaviour• Supports behaviour changes	<ul style="list-style-type: none">• Lecture, ask trainees to ask questions• Clarify and summarize	<ul style="list-style-type: none">• Manual for Service Providers• National Guidelines for Management of STIs/RTIs• Newsprints

OBJECTIVE 3: Explain pre-requisites for health education

Pre-requisites for Health Education

Privacy and confidentiality

- Privacy and confidentiality are essential for all aspects of patient care from history taking, physical examination education and counselling. This is especially true for potentially stigmatizing conditions such as STIs/RTIs.
- All clients have a right to privacy and confidential services. Some groups such as adolescents, sex workers refugees and others who live and work in illegal or marginalized settings need to assured that services are confidential.

- Ask trainees to volunteer for a role play and demonstrate the pre – requisite for health education.
- Other participants to comment on the role play
- Clarify and summarize

- National Guidelines for Management of STIs/RTIs
- Manual for Service Providers

OBJECTIVE 4: Identify areas to be addressed in STIs/RTIs health education

Important Health Education topics for STIs/RTIs

- Nature and possible complications of STIs/RTIs
- Need for compliance to medication
- Need to return for follow up
- Importance of partner referral
- Preventive education
- Early medical assessment after possible exposure
- Referral to related services

- Mini – lecture on areas to be addressed in STI/ RTI health education
- Allow questions and clarify accordingly

- Manual for Service Providers
- National Guidelines for Management of STIs/RTIs

4.2 COUNSELLING

SESSION OBJECTIVES

1. Define counselling
2. Discuss basic skills in counselling
3. Identify factors that promote successful counselling
4. Discuss counselling in special situations
5. Identify differences between health education and counselling

Time Allocated: 45 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define counselling		
<p>Definition of counselling It is a confidential dialogue between a client or couple and a service provider enabling the client or couple to make informed decision with an understanding of the facts and emotions involved. The process is dynamic, interactive and allows exploring needs, issues or problems.</p>	<ul style="list-style-type: none"> • Ask trainees to brainstorm on the definition of and counselling • Write responses on the newsprints as groups present • Clarify and summarize • Refer trainees to National Guidelines for Management of STIs/RTIs page 19 to 29 • Refer trainees to Manual for Service Providers page 24 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Manual for Service Providers • Newsprint
OBJECTIVE 2 Discuss basic skills in counselling		
<p>Basic skills of counselling</p> <ul style="list-style-type: none"> • Relationship building • Exploration • Understanding • Action plan 	<ul style="list-style-type: none"> • Ask trainees to buzz on basic skills of counselling • Write them on newsprint • Clarify and summarize • Refer trainees to Manual for Service Providers 	<ul style="list-style-type: none"> • Manual for Service Providers • Newsprints

OBJECTIVE 3: Identify factors that promote successful counselling

Factors that promote successful counselling

- Privacy and confidentiality
- Empathy as an ability to enter someone else's world as if it was yours
- Willingness to help
- Accuracy of information
- Respect
- Use of understandable language
- Use of visual aids
- Use of good listening skills throughout the process

- In small groups trainees discuss on factors that promote successful counselling
- Guide presentations at plenary, clarify and summarize
- Refer trainees to Manual for Service Providers page 23

- Manual for Service Providers
- Newsprints

OBJECTIVE 4: Discuss counselling in special situations

Counselling in special situation

Couple counselling :

- Counselling a man and a woman together may need empowering them with additional negotiation skills.
- The provider needs to assess the individual's situation, coach him/her on appropriate negotiation skills, offer to meet with partner and offer continued follow-up support.

- Mini-lecture on counselling in special situations
- Ask trainees to ask questions
- Clarify and summarize
- Refer trainees to Manual for Service Providers page 23

- Manual for Service Providers
- Prepared notes

OBJECTIVE 5: Identify differences between health education and counselling

Difference between health education and counselling

Health education is not usually confidential, it can be provided to individuals, couple or groups of people, is emotionally neutral, generalized and content oriented. It is based on public health needs. The contents of health education session are usually similar for each client.

Counselling on the other hand is confidential, provided one to one or couple. Evolves strong emotions in both client and care provider. It is focused, specific and goal targeted. Information is used to change attitudes and is issue oriented and based on needs of the client.

- Ask trainees to buzz on the difference between health education and counselling
- Write responses on newsprints as they present, clarify and summarize

- Manual for Service Providers
- National Guidelines for Management of STIs/RTIs
- Newsprints

4.3 CONTACT NOTIFICATION, REFERRAL AND MANAGEMENT

SESSION OBJECTIVES

At the end of this session the trainee should be able to:

1. Explain the concept and types of contact notification, referral and management
2. Outline steps in contact management

Time Allocated: 60 minuets

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain the concept, types and principles of contact notification, referral and management		
<p>Concept The concept of contact referral or partner notification in STI/ RTI control and prevention is based on the following facts:</p> <ul style="list-style-type: none"> - Each STI/RTI client must have been infected by a sexual partner who should also be treated - Each STI/RTI client is potential source of infection until the treatment is complete - A treated STI/RTI client is cured but not immune. So he or she can get re-infected. - The purpose of notifying the clients sexual partner is therefore to break the transmission chain of STI/RTI 	<ul style="list-style-type: none"> • Lecture on the concept and types of contact notification, referral and management • Allow questions respond accordingly, clarify and summarize 	<ul style="list-style-type: none"> • Manual for Service Providers • National Guidelines for Management of STIs/RTIs
<p>Types The client referral system by the index case using contact slips should be used because of its low cost and practicability. It is also the method recommended by WHO.</p> <p>Principles A successful contact referral system should observe the principles of confidentiality, non-coercion approaches and non-judgmental attitudes. Also user friendly clinic hours. Clear explanations and collaboration of the index case are important.</p>	<ul style="list-style-type: none"> • Lecture on the concept and types of contact notification, referral and management • Allow questions respond accordingly, clarify and summarize 	<ul style="list-style-type: none"> • Manual for Service Providers • National Guidelines for Management of STIs/RTIs

OBJECTIVE 2: Outline steps in contact management

Steps

History taking, clinical examination and diagnosis follow the same procedure as for any other client.

Contact should be managed as follows:

Contact with STI/RTI syndrome:

- Treat the contact according to the STI/RTI syndrome of the index case plus other diagnosed STI/RTI syndrome
- Contact without signs or symptoms:
 - Treat according to equivalent syndrome of index patient.
 - Contacts with STI/RTI syndrome regarded as contact index cases. Therefore, they should refer their own further contacts.
 - Before discharge, health education has to be provided.

- Brainstorming on steps in contact management

- Trainer to clarify and summarize

- Manual for Service Providers

- National Guidelines for Management of STIs/RTIs

- Sample contact slips

UNIT 5: PREVENTING STIs/ RTIs

OVERVIEW

Preventing STIs/RTIs and their complications is a critical strategy in the control of these ailments. Prevention is better than cure. Prevention of these conditions lies on the same principles of communicable diseases which include knowing the source, transmission, influencing factors, vulnerable groups and surveillance. However, in RTIs the source may be iatrogenic or endogenous.

This unit will outline the general preventive measures with specifics in iatrogenic and endogenous causes in RTIs. Complications of STIs and RTIs have been discussed in unit 2.

UNIT OBJECTIVES

At the end of the unit trainee should be able to

1. Explain general preventive methods of STIs and RTIs
2. Describe iatrogenic and endogenous RTIs and how to prevent them

UNIT SESSIONS

- 5.1 Preventing sexual transmission of STIs /RTIs.
- 5.2 Condom promotion and negotiation
- 5.3 Preventing iatrogenic and endogenous infections

5.1 PREVENTING SEXUAL TRANSMISSION OF STIs/RTIs

SESSION OBJECTIVES

At the end of this session the trainee should be able to discuss methods in STI/RTI prevention

Time Allocated: 30 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Discuss methods of STI/RTI prevention		
<p>Preventive methods</p> <ul style="list-style-type: none"> • Delaying sexual activity for young people • Sexual and reproductive health education should be taught to young people in and out of school. • This education will enable youth to understand their bodies and how to prevent themselves from getting STIs and unwanted pregnancy • Have one faithful uninfected partner • Sexual abstinence is another way to avoid risk of STIs although other RTIs are still possible. • Using condoms correctly and consistently • Condom have to be made accessible and in sufficient number. Any myths and misconceptions must be addressed adequately and condom negotiating skills be strengthened. 	<ul style="list-style-type: none"> • Divide trainees in small work group to discuss various ways of preventing STIs/RTIs and unwanted pregnancy and write responses on newsprints for discussion at plenary • Guide plenary discussion, clarify and summarize • Trainees to develop IEC (Information Education and Communication) messages • Provide related leaflets, posters on board for trainees to see • Clarify key points and summarize • Refer trainees on National Guidelines for Management of STIs/RTIs page 32 to 41 	<ul style="list-style-type: none"> • Newsprints • Marker pen • Posters • Leaflets • National Guidelines for Management of STIs/RTIs • Male and Female condom • Penile model • Pelvic model

5.2 CONDOM PROMOTION AND NEGOTIATION

SESSION OBJECTIVES

At the end of the session the trainee should be able to:

1. Discuss principles of condom promotion and negotiation technique
2. Explain principles of condom storage and disposal

Time Allocated: 90 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Discuss principles of condom promotion and negotiation techniques		
<p>Principle of condom promotion</p> <ul style="list-style-type: none"> • Condom promotion should address common misconceptions and myths about condom it-self such as: <ul style="list-style-type: none"> - Condoms break a lot and are not reliable - Condoms reduce sexual pleasure and, - Condoms contain HIV • Condom promotion should be sensitive towards social, cultural and religious norms and values. For example condom promotion should not be offending. • Condom promotion has to address the reality of the different role of women and men have in their relationship. Women should be empowered and encouraged to use female condoms. • Promotion of condom should be based on facts. e.g. The understanding of penetrative sex as the major transmission route of STIs. 	<ul style="list-style-type: none"> • Discuss with trainees about the principles of condom promotion • Trainees to ask questions • Clarify and summarize 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
<p>Condom negotiation techniques</p> <ul style="list-style-type: none"> • Create rapport Prepare your client for condom discussion; choose the best moment when both partners are comfortable. • Explain good things about condoms e.g. protection from unplanned pregnancy STIs/ RTIs and HIV. • Make encouraging remarks to your client. • Respond to the arguments or misconceptions with facts using leaflets and actual condom. • Demonstrate how to use both male and female condoms. • Be assertive rather than aggressive. Try to persuade rather than intimidate. • Identify friends or family members with whom one can openly share experiences. • Find strength in numbers. Many millions of condoms are used every day in Tanzania. 	<ul style="list-style-type: none"> • Guide trainee to simulate condom negotiation session • Trainees to discuss the simulation and Trainer to fill the gaps • Demonstrate wearing of both male and female condoms • Trainees to make return demonstration. • Refer trainees to National Guidelines for Management of STIs/RTIs page 30 & 33 	<ul style="list-style-type: none"> • Manual for Service Providers • Male and Female condom • Penile model • Pelvic model • National Guidelines for Management of STIs/RTIs
<p>OBJECTIVE 2: Explain principles of condom storage and disposal</p>		
<p>Condom storage and disposal</p> <ul style="list-style-type: none"> • Principles of condom storage Condom should be protected from direct sun light, moisture and excessive heat • Methods of condom disposal Condom should be disposed using appropriate methods such as thrown into pit latrine, burnt or buried in the ground and never be thrown into flush latrines 	<ul style="list-style-type: none"> • Organize trainees in small groups too share experiences • Fill in the gaps, clarify and summarize 	<ul style="list-style-type: none"> • Manual for Service Providers • Condoms (male or female)

5.3 PREVENTING IATROGENIC AND ENDOGENOUS INFECTIONS

SESSION OBJECTIVES

At the end of the sessions the trainee should be able to:

1. Explain strategies for preventing iatrogenic RTIs
2. Explain strategies for preventing endogenous STIs/RTIs

Time Allocated: 45 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain strategies for preventing iatrogenic RTIs		
<p>Strategies</p> <ul style="list-style-type: none"> • Good antenatal care and safe delivery practices • Safe performance of trans cervical procedures • Good post- abortal care and management of complications. 	<ul style="list-style-type: none"> • Discuss with trainees on standard precaution for prevention of infections • Let trainees to ask questions, clarify and summarize • Refer trainees on the Manual for Service Providers and National Guidelines for Management of STIs/RTIs page 39 	<ul style="list-style-type: none"> • Manual for Service Providers • Checklist of infection prevention and control • National Guidelines for Management of STIs/RTIs
OBJECTIVE 2: Explain strategies for preventing endogenous infections		
<p>Strategies</p> <ul style="list-style-type: none"> • Health provider should be aware that pregnant women and women using oral contraceptives may get frequent yeast infection because of changes in vaginal acidity (PH) • Certain medical conditions e.g. Diabetes mellitus may increase the risk of yeast infections, as may long- term use of steroids. • Health care provider can offer advice about simple ways to prevent endogenous infections 	<ul style="list-style-type: none"> • Discuss with trainees strategies for prevention of endogenous infections • Let trainees ask questions, • Clarify and summarize • Refer trainees to National Guidelines for Management of STIs/RTIs page 40 	<ul style="list-style-type: none"> • Manual for Service Providers • National Guidelines for Management of STIs/RTIs

UNIT 6: PROMOTING PREVENTION OF STIs/RTIs AND USE OF SERVICES

OVERVIEW

Promoting prevention and use of STIs and RTIs services aims at addressing the barriers, raising awareness and thus increasing care seeking and preventive measures. It also aims at reaching the vulnerable groups.

This unit outlines important factors that increase risky sexual behaviour.

However the services both preventive and curative have to be accessible, affordable and effective.

UNIT OBJECTIVES

At the end of the unit the trainee should be able to;

1. Identify the barriers to utilization of STI/ RTI services

2. Describe the vulnerable groups that do not easily access STI/ RTI services.
3. Explain factors that increase the risky behaviour to STIs/ RTIs
4. Promote the use of STI/ RTI services.

SESSIONS

- 6.1 Barriers in utilization of STI/RTI services
- 6.2 Groups that do not easily access STI/RTI services
- 6.3 Raising awareness and promoting services

6.1 BARRIERS IN UTILIZATION OF STI/RTI SERVICES

SESSION OBJECTIVES

At the end of the session the trainee should be able to;

1. Identify barriers that interfere with utilization of STI/RTI services

2. Discuss the appropriate actions to be taken by the health care providers in reduction of barriers to utilization of STI/RTI services

Time allocated: 45 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Identify barriers that interfere with utilization of STIs/ RTIs services		
<p>Barriers of accessibility</p> <ul style="list-style-type: none"> • Socio-cultural-religious beliefs and regulations • Location - distance from the clinic • Hours - convenience of opening hours to users • Cost in-terms of affordability of services in monetary terms <p>Barriers Of acceptability</p> <ul style="list-style-type: none"> • Provider characteristics-attitude of providers • Health facility structural/administrative procedures such as operating hours, drugs and supplies availability and adequacy of rooms for privacy. 	<ul style="list-style-type: none"> • Ask trainees to brainstorm and identify barriers that interfere with utilization of STI/RTI services • Write the responses on the newsprints • Clarify and fill the gaps using prepared notes on newsprint/slides. • Trainer refer trainees on National Guidelines for Management of STIs/RTIs page 42 to 49 	<ul style="list-style-type: none"> • Newsprint/slides • VIPP Cards • National Guidelines for Management of STIs/RTIs
OBJECTIVE 2: Discuss the appropriate actions to be taken by the health care providers in reduction of barriers to utilization of STIs/ RTIs Services		
<p>Actions that service provider can take in reducing the barriers at;</p> <ul style="list-style-type: none"> • Attitude of the provider e.g. friendliness to clients • Level of the facility e.g. availability of drugs • Community level e.g. appropriate information 	<ul style="list-style-type: none"> • Discuss with Trainees on appropriate actions to be taken at different levels of service delivery to reduce barriers of utilization of STI/RTI services • Summarize the key points and display the prepared notes on different options for reducing different barriers to utilization of STI/RTI services 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Prepared notes

6.2 GROUPS THAT DO NOT EASILY ACCESS STI/RTI SERVICES

SESSION OBJECTIVES

At the end of the session the trainee should be able to

1. Identify groups that do not easily access STI/RTI services
2. Describe factors that predispose the vulnerable groups to acquire STIs/RTIs

3. Discuss strategies to involve in using STI/RTI services among the vulnerable groups

Time Allocated: 30 minutes.

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Identify groups that do not easily access STI/RTI services.		
<p>Groups that do not easily access STI/RTI services</p> <ul style="list-style-type: none"> • Men, adolescents and children • Commercial sex workers and their partners • Migrants and mobile workers • Prisoners • Others such as post menopausal, those who have completed their families and those in permanent contraception 	<ul style="list-style-type: none"> • Ask Trainees to buzz and identify groups that do not normally use STI/RTI services • Trainees write responses on VIPP cards (one response per card) • Display VIPP cards on the wall and ask volunteers to process the cards • Clarify and summarize by filling the gaps 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • VIPP cards • National youth development strategy
OBJECTIVE 2: Describe factors that predispose the vulnerable groups to acquire STIs/ RTIs		
<p>Predisposing factors to STIs/ RTIs</p> <ul style="list-style-type: none"> • Age, early sexual indulgence • Social economic vicious cycles of poverty, peer pressure, lack of sex education • Socio cultural practices • Substance and alcohol abuse 	<ul style="list-style-type: none"> • Ask trainees to brainstorm on the factors that predispose vulnerable groups acquire STIs/ RTIs • Write responses on the newsprint and summarize 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Newsprints

OBJECTIVE 3: Discuss strategies for involving vulnerable groups in STI/RTI services

Strategies

<ul style="list-style-type: none">• Using user friendly clinics for youths and adolescents• School health programmes to reach children• Creating outreach clinics for commercial sex workers and their partners• Sensitization and availability of services for mobile workers and prisoners• Availability of free services for elderly• Availability of condoms at work places and social places for men and youth	<ul style="list-style-type: none">• Ask trainees to buzz and mention two strategies for involving vulnerable groups in STI/RTI services• Trainees to put their responses on two different VIPP cards ready for plenary presentation• Clarify and summarize	<ul style="list-style-type: none">• Manual for Service Providers• National Guidelines for Management of STIs/RTIs• VIPP cards
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6.3 RAISING AWARENESS AND PROMOTING SERVICES

SESSION OBJECTIVES

At the end of this session the trainee should be able to:

1. Explain the concept of IEC in raising community awareness on STI/RTI services
2. Explain the role of IEC in promoting STI/RTI services
3. Discuss the rationale of IEC in promoting early use of STI/RTI services.
4. Discuss the rationale for sexual and reproductive health programmes to adolescents, youth and young people.

Time Allocated: 45 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain concept of IEC in raising community awareness on STI/RTI services		
<p>Definition of IEC IEC in STI/RTI control involves a process of informing, educating, and communicating issues related to STI/RTI to individuals, groups and community at large for the purpose of behaviour change</p>	<ul style="list-style-type: none"> • Ask trainees to brainstorm on the definition of IEC • Write their responses on the newspapers • Clarify and summarize the session 	<ul style="list-style-type: none"> • Newsprint
OBJECTIVE 2: Explain the role of IEC in promoting STI/RTI services		
<p>The role of IEC in promoting STI/RTI services are:</p> <ul style="list-style-type: none"> • Attract clients attention • Trigger discussion and help client bring up questions • Clarify issues • Clear rumour and misconceptions. • Provide missing information • Easy to understand the Male complex ideas in sexual issues • Compare similarities and differences • Show something that people cannot see in real life 	<ul style="list-style-type: none"> • Lecture on the role of IEC in promoting STI/RTI services • Allow questions and clarify accordingly 	<ul style="list-style-type: none"> • Various IEC materials that can not be seen in real life • Audio/ Video tapes • Leaflets • Fliers etc • Prepared notes

OBJECTIVE 3: Discuss rationale of IEC in promoting early use of STI/RTI services

The rationale of IEC in Promoting early use of STI/RTI services is:

- Raising awareness of STI/RTI and their complications
- Educating people about STI/RTI symptoms and the importance of early use of health care services
- Promoting screening such as syphilis testing early in pregnancy
- Promoting services and reaching out to young people and other marginalized groups who may not feel comfortable using clinical services

- In small groups ask trainees to discuss on the rationale of IEC in promoting early utilization of STI/RTI services
- Trainees to write their responses on newsprints for plenary presentation
- Clarify, fill the gaps and summarize

- National Guidelines for Management of STIs/RTIs
- Newsprints

OBJECTIVE 4: Discuss rationale for sexual and reproductive health programmes in promoting STI/ RTI services in adolescents, youth and young people.

Definition of adolescent

Adolescent is a person aged 10-19 years and is in the transitional period between childhood and adulthood.

Definition of youth

A youth is an individual aged between 15-24 years

Definition of young person

Young person covers age between 10 to 24 years

RATIONALE

- Adolescence is a time of remarkable physical, emotional, psychological, cognitive and social growth.

Rationale for sexual and RH programmes in adolescents and youth

- Sexual and reproductive health for many years have been a neglected area due to customs and culture and therefore, the rationale for promotion of SRH in youth and adolescents is that:
- It reduces HIV infection among youth below 24 years since more than half of the new HIV infections occur among this age group
- Reduction of prevalence of STIs among young people
- Highest rate of STI are reported among young people and females in the age of 15-19 years
- Reduction of risks and problems related to abortions
- It empowers young people to avoid sexual abuse and exploitation
- It aims at increasing the age of sexual debut

- Ask trainees to brainstorm on the definitions of adolescence, youth and young person
- Clarify definitions
- Lecture on rationale for sexual and reproductive health programmes in promoting STI/RTI services in adolescence, youth and young person
- Allow questions, clarify and summarize
- Refer trainees on National Guidelines for Management of STIs/RTIs page 46

- Manual for Service Providers
- ASRH training package
- Population concern young people sexual and reproductive health (2nd ed.) 1998
- Newsprints
- Lecture notes
- National Guidelines for Management of STIs/RTIs

UNIT 7: STI/ RTI ASSESSMENT DURING ROUTINE FAMILY PLANNING VISITS

OVERVIEW:

The family planning (FP) visit is an opportunity to prevent not only unwanted pregnancies but also STIs and RTIs (dual protection). This may be a chance to detect some silent STIs/RTIs and to offer treatment to symptomatic and asymptomatic women who may not otherwise use health services. This unit emphasizes on integrating STIs/ RTIs assessment into routine FP visits, dual protection and emergency contraception.

UNIT OBJECTIVES:

At the end of this unit the trainee should be able to:

1. Assess the need for STI/RTI screening during routine FP visits.
2. Apply prevailing guidelines to manage STI/RTI problems during routine FP visits

UNIT SESSIONS

- 7.1 Integrating STI/RTI assessment into routine FP visits
- 7.2 Dual protection

7.1 INTEGRATING STI/RTI ASSESSMENT INTO ROUTINE FP VISITS

SESSION OBJECTIVES

At the end of this session the trainee should be able to:

1. Explain the importance of integrating STI/RTI assessment and counselling into routine FP visits
2. Discuss approaches in dealing with STIs/RTIs at the initial FP visit
3. Identify common FP methods, which increase or reduce the risk of STIs/RTIs.

Time Allocated: 90 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain the importance of integrating STI/RTI assessment and counselling into routine FP visits		
<p>Importance</p> <ul style="list-style-type: none"> • A chance to detect some silent STIs/RTIs and to offer appropriate treatment • An opportunity to give FP client information about STI/RTI prevention 	<ul style="list-style-type: none"> • Ask trainees to buzz on the importance of integrating STI/RTI assessment and counselling into routine FP visits • Write their responses on newsprints • Clarify and display the prepared notes, summarize and refer trainees to National Guidelines for Management of STIs/RTIs page 51 	<ul style="list-style-type: none"> • Newsprints • Manual for Service Providers • Marker pen • National Guidelines for Management of STIs/RTIs • Family planning module 4

OBJECTIVE 2: Discuss approaches in dealing with STI/RTI issues at the initial FP visit

Approaches

- | | | |
|--|--|---|
| <ul style="list-style-type: none">• If it is a woman's first visit:<ul style="list-style-type: none">- Determine the woman's preferred method.- Review her medical eligibility for that method- Assess her risk of current or future STIs/RTIs- Discuss methods of STI/RTI prevention- Help the woman to make choice• If a woman is already on contraceptive methods:<ul style="list-style-type: none">- Discuss contraceptive needs- Discuss STI protection needs- Describe options and help the woman make a choice.- Assess for STI/RTI syndrome.- Consider STI/RTI risk implication for contraceptive method and need for dual protection• Assess need for STI/RTI screening or treatment. | <ul style="list-style-type: none">• Lecture on available approaches in dealing with STI/RTI issues at the initial FP visit• Allow questions, clarify and summarize• Refer trainees to National Guidelines for Management of STIs/RTIs page 51 to 60 and Manual for Service Providers | <ul style="list-style-type: none">• Lecture notes• Family planning module 4• National Guidelines for Management of STIs/RTIs• Manual for Service Providers |
|--|--|---|

OBJECTIVE 3: Identify common FP methods which increase or reduce the risk of STIs/RTIs

Common FP methods

- Male/female condoms
 - Protects against most STIs including HIV
 - Protection against HSV and HPV
- Oral contraceptives
 - No protection
 - Yeast infections is common
- Implantable contraceptives
 - No protection against STI and HIV
- Injectable contraceptives
 - No protection against STI and HIV
 - Reduce risks of symptomatic PID
 - Protects against lower genital tract infections
- IUCD
 - No protection
- Surgical sterilization
 - No protection

- Using the table 6.1 page 58 in the National Guidelines for Management of STIs/RTIs discuss with trainees on methods that increase or protect against STIs/RTIs
- Allow questions, clarify accordingly and summarize

- National Guidelines for Management of STIs/RTIs

7.2 DUAL PROTECTION

SESSION OBJECTIVES

At the end of this session the trainee should be able to:

1. Explain the importance of dual protection
2. Identify common types of emergency contraceptives.

Time Allocated: 30 minutes

CONTENTS	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain the importance of dual protection and emergency contraception		
<p>Definition</p> <ul style="list-style-type: none"> • Dual protection refers to prevention of both STI/HIV infection and unwanted pregnancy • Emergency contraception is a back up method for protection against unintended pregnancy in the event of condom misuse or failure or in case of rape. <p>Importance of dual protection If dual protection is correctly and consistently used it can prevent both STI/RTI infections and pregnancy.</p> <p>Importance of emergency contraception It prevents unintended pregnancy.</p>	<ul style="list-style-type: none"> • Ask trainees to brainstorm on the definition of dual protection and emergency contraception, and explain their importance • Write responses on newsprints • Clarify, fill the gaps and summarize 	<ul style="list-style-type: none"> • Manual for Service Providers • National Guidelines for Management of STIs/RTIs • Newsprints • Family planning module on contraception

OBJECTIVE 2: Identify common types of emergency contraception

Types

- Pills
 - Special purpose pills such as levonorgestrel which is single and Ethinylestradiol which is combined. These are taken as early as possible within 120 hours after unprotected intercourse.
 - Regular childbirth control pills which include low dose combined and high dose combined pills (Ethinylestradiol 30 -50 g.) when taken should be repeated after 12 hours
 - Intra uterine contraceptive devices IUCD (Copper-bearing IUCDs)
 - This is most effective when used within 5 days after unprotected intercourse.
 - The use of the IUCD as an emergency contraceptive method, the woman must meet the medical eligibility requirements for regular IUCD use. To reduce the risk of introducing iatrogenic RTI with IUCD insertion precautions has to be taken.
- Ask trainees to buzz different methods of used for emergency contraception and write each method on VIPP cards.
 - Display the cards on the wall and ask a volunteer to process the cards
 - Clarify, fill the gaps and summarize
 - Refer trainees to National Guidelines for Management of STIs/RTIs page 59 and Manual for Service Providers
- Prepared notes
 - National Guidelines for Management of STIs/RTIs
 - Manual for Service Providers
 - VIPP card
 - Samples of pills, IUCD

UNIT 8: STI/RTI ASSESSMENT IN PREGNANCY, CHILDBIRTH AND THE POSTPARTUM PERIOD

OVERVIEW

STI/RTI prevention and management are as important during pregnancy as at any other time during a woman's sexual life. Careful assessment of a woman during pregnancy childbirth and postpartum will reduce the risk of STIs/RTIs.

A number of STIs including syphilis, gonorrhoea, Chlamydia, trichomoniasis, genital herpes and HIV can cause complications during pregnancy and contribute to poor pregnancy outcome. Some of the most important STIs/RTIs- related problems in pregnancy including post-abortion infections, postpartum infections and congenital syphilis cause high maternal and peri-natal morbidity and mortality.

GENERAL OBJECTIVE

At the end of this unit the trainee should be able to:
Integrate STI/RTI assessment during pregnancy, childbirth and during the postpartum period.

SESSIONS

- 8.1 Assessment during pregnancy
- 8.2 STI/RTI assessment during childbirth
- 8.3 STI/RTI assessment during postpartum period

8.1 ASSESSMENT DURING PREGNANCY

SESSION OBJECTIVES

At the end of this session the trainee should be able to

1. Explain the importance of STI/RTI assessment in pregnancy, childbirth and postpartum period

2. Identify essential steps at the initial antenatal visit

Time Allocated: 45 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain the importance of STI/RTI assessment in Pregnancy, Childbirth and Postpartum.		
<p>Importance of STI/RTI assessment in pregnancy</p> <ul style="list-style-type: none"> • Pregnancy increases the risk to certain RTIs. • A woman's sexual activity may increase leading to exposure to STIs/RTIs. • Some of the STIs are asymptomatic. • Un-eventful outcome of pregnancy • Avoid congenital neonatal infections 	<ul style="list-style-type: none"> • Ask trainees to brainstorm on the importance of STI/RTI assessment. • Write the responses on newsprints, Clarify and summarize. • Refer trainees to National Guidelines for Management of STIs/RTIs page 61 to 69 	<ul style="list-style-type: none"> • Manual for Service Providers • Guidelines for syphilis screening • National Guidelines for Management of STIs/RTIs 61 to 69 • Newsprints
OBJECTIVE 2: Identify assessment steps at the initial antenatal visit.		
<p>Assessment steps at initial antenatal visit</p> <ul style="list-style-type: none"> • Assess STI/RTI symptoms and history of spontaneous abortion or preterm delivery • Provide syphilis' screening, treatment and partner notification. • Test for bacterial vaginosis and trichomoniasis where possible. • Encourage HIV testing and counselling • Discuss STI/RTI prevention • Discuss birth plan and postpartum infections. 	<ul style="list-style-type: none"> • Invite an expert to discuss with trainees where appropriate e.g. obstetrician, pediatrician, laboratory personnel • An expert to take through the trainees to the assessment steps for the initial antenatal visit • Allow questions, respond accordingly, clarify and summarize 	<ul style="list-style-type: none"> • Manual for Service Providers • Guidelines for syphilis screening • National Guidelines for Management of STIs/RTIs

8.2 STI/RTI ASSESSMENT DURING CHILDBIRTH

SESSION OBJECTIVES

1. Identify STI/RTI assessment steps during labour and delivery
2. Detect and provide treatment for vertically transmitted STIs and neonatal related STIs/RTIs

Time Allocated 30: minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Identify STI/RTI assessment steps during labour and delivery.		
<p>Assessment steps</p> <ul style="list-style-type: none"> • Assess for STI/RTI symptoms • Rule out active herpes. • Review syphilis results • Consider and discuss prevention of MTCT if mother is HIV positive. • Provide neonatal conjunctivitis prophylaxis. 	<ul style="list-style-type: none"> • An expert to ask trainees to brainstorm on the assessment steps during labour and delivery • Write the responses on newsprints, clarify, fill the gaps and summarize 	<ul style="list-style-type: none"> • Manual for Service Providers • National Guidelines for Management of STIs/RTIs • Newsprints
OBJECTIVE 2: Detect and provide treatment for vertically transmitted STIs and neonatal related STIs/RTIs		
<p>Detecting and Treatment</p> <ul style="list-style-type: none"> • Review syphilis test results of the mother. • Evaluate for signs of congenital syphilis • If the mother was not tested for syphilis before, carry out the test and obtain results. • Provide prophylaxis against ophthalmia neonatorum. • Provide treatment of syphilis to mother, partner and child according to flowchart 	<ul style="list-style-type: none"> • An expert to discuss with trainees on the assessment of congenital syphilis • Allow questions, clarify, fill the gaps and summarize • Refer to National Guidelines for Management of STIs/RTIs page 62 	<ul style="list-style-type: none"> • Manual for Service Providers • National Guidelines for Management of STIs/RTIs

8.3 STI/RTI ASSESSMENT DURING POSTPARTUM PERIOD

SESSION OBJECTIVE

At the end of this session the trainee should be able to:

1. Identify STI/RTI assessment steps during postpartum period

Time Allocated: 30 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Identify STI/RTI assessment steps during postpartum period.		
Assessment steps <ul style="list-style-type: none">• Assess for symptoms.• Rule out post- partum symptoms and signs of STIs/ RTIs.• Discuss STI/RTI prevention and contraceptive options.	<ul style="list-style-type: none">• Discuss on the assessment steps for STI/RTI during postpartum period• Allow questions and respond accordingly, clarify and summarize	<ul style="list-style-type: none">• Manual for Service Providers• National Guidelines for Management of STIs/RTIs

UNIT 9: MANAGEMENT OF SYMPTOMATIC STIs/RTIs

OVERVIEW

The aim of this unit is to introduce the concept of syndromic management of STIs/RTIs as compared to other STI/RTI management approaches i.e. aetiological and clinical ones. The provider is also introduced to various syndromes with their respective causative agents. History taking and physical examination, which are crucial in confirming the presenting syndrome, are also discussed.

However, where laboratory facilities are available, service providers are encouraged to use the laboratory method as an added advantage for proper management of STIs/RTIs.

The unit covers the management of symptomatic STIs/RTIs but the care provider has to remember that, some of such conditions may be asymptomatic and therefore, the care

provider has to use his/her skills to screen clients even if there are no complaints.

UNIT OBJECTIVE

At the end of this unit the trainees should be able to discuss the overview of STI/RTI syndromes and the concept of syndromic approach and its rationale in Tanzania.

SESSIONS

- 9.1 The Concept of Syndromic Management of STIs/RTIs
- 9.2 Overview of STI/RTI Syndromes
- 9.3 History Taking
- 9.4 Physical Examination on STI/RTI client
- 9.5 Management of common syndromes
- 9.6 Managing other non-syndromic (specific) STIs/RTIs

9.1 THE CONCEPT OF SYNDROMIC MANAGEMENT OF STIs/RTIs

SESSION OBJECTIVES

At the end of this session the trainee should be able to

1. Identify the 3 approaches applied in the management of STIs/RTIs
2. Explain the advantages and disadvantages of each STI/RTI management approach
3. Explain the rationale for adopting syndromic management approach

Time Allocated: 60 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Identify the 3 approaches applied in syndromic management of STIs/RTIs		
<p>The 3 approaches</p> <ul style="list-style-type: none"> • Aetiological Laboratory approach Identification of causative agents through laboratory methods followed by disease specific treatment • Aetiological Clinical approach Targeted treatment of disease based on suspected causative agent diagnosed clinically • Syndromic approach Identification of clinical syndromes (symptoms and signs) followed by syndrome specific treatment targeting all causative agents which can cause the syndrome. 	<ul style="list-style-type: none"> • Ask trainees to brainstorm and mention different approaches for management they know. • Write the responses on the newsprints. • Clarify and Summarize. • Refer the trainees to the National Guidelines for Management of STIs/RTIs page 72 to 90 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Manual for Service Providers • Newsprints

OBJECTIVE 2: Explain the advantages and disadvantages of each STI/RTI management approach

Advantages and Disadvantages *Aetiological laboratory Approach*

Advantages

- Avoids over-treatment
- Saves drugs
- Conforms to traditional clinical training
- Satisfies patients who feel not properly attended without laboratory check-up
- Can be extended as screening to identify patients with asymptomatic STIs/RTIs

Disadvantages

- Laboratory results often not reliable due to lack of quality control
- Mixed infections often overlooked
- Treatment delays,
- Reluctance of patients to wait for laboratory results
- High costs
- Laboratory services not available at majority of health facilities

Aetiological Clinical Approach

Advantages

- Saves time for patients
- No need for laboratory facilitation

Disadvantages

- Mixed infections often overlooked
- Similar clinical features can be caused by a variety of causative agents
- Requires high clinical acumen
- Requires long-term training
- Does not identify asymptomatic STIs/RTIs
- Atypical presentation in HIV infection or mixed infections

- In small groups ask trainees to discuss on the advantages and disadvantages of aetiological, clinical and syndromic approaches.
- Trainees to write their responses on the Newsprints for presentation in plenary.
- Clarify, fill the gaps and summarize.
- Trainer refer trainees to National Guideline for management of STI/RTI page 73-74

- Newsprint

Syndromic Approach

Advantages

- No need for laboratory facilitation
- Provides adequate treatment, even for mixed infections
- Easy to teach and simple to apply
- Cost-effective
- Promotes integration of services

Disadvantages

- Entails frequent over treatment of patients
- Requires special attention to microbial drug sensitivity monitoring on regular basis
- Does not identify asymptomatic STIs/RTIs

OBJECTIVE 3: Explain the rationale for adopting the syndromic approach

Rationale

- Ideal approach at all levels of health care delivery points
- No missing of mixed infections
- Client gets prompt and adequate treatment

- Ask trainees to comment on the advantages and disadvantages of each approach in relation to the real situation of our country.
- Emphasize the suitability of syndromic management in a situation where there are limited resources

- Newsprint

9.2 OVERVIEW OF STI/RTI SYNDROMES

SESSION OBJECTIVE

At the end of the session the trainee should be able to outline the aetiological agents for STI/RTI syndromes

Time Allocated: 45 minutes

CONTENT'S			TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Outline the aetiological agents for STI/RTI syndromes				
STI/RTI syndromes and their aetiological agents			<ul style="list-style-type: none"> • Ask trainees to brainstorm and mention different syndromes with their aetiologic agents. • Write the responses on the newsprint. • Clarify, fill in the gaps and summarize. 	• Newsprints
STI/RTI Syndrome	Sex	Aetiological Agent		
Urethral Discharge Syndrome (UDS)	M	Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis		
Painful Scrotal Swelling (Acute Epididymorchitis)	M	Chlamydia trachomatis, Neisseria, gonorrhoeae		
Vaginal Discharge Syndrome (VDS)	F	Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, Gardnerella vaginalis, Candida albicans, Anaerobic bacteria		
Pelvic Inflammatory Disease (PID)_ (Lower Abdominal Pain)	F	Neisseria gonorrhoea, Chlamydia trachomatis, Anaerobic bacteria		
Genital Ulcer Disease (GUD)	M&F	Treponema pallidum, Haemophilus ducreyi, Chlamydia trachomatis, Herpes simplex virus type 2, Klebsiella granulomatis		
Inguinal Bubos	M/F	Chlamydia trachomatis, Haemophilus ducreyi		
Neonatal conjunctivitis	New born M/F	Neisseria gonorrhoeae, Chlamydia trachomatis		

9.3 HISTORY TAKING

SESSION OBJECTIVES

At the end of the session the trainee should be able to

1. Explain the main purpose of taking history from an STI/RTI client
2. Describe characteristics of a conducive environment for history taking
3. Identify important aspects to observe during history taking
4. Explain the type of information required from a client during history taking

Time Allocated: 45 minutes

CONTENTS	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain the main purpose of taking history from an STI client		
<p>Purpose To obtain information on:</p> <ul style="list-style-type: none"> • Current problems • Sexual and reproductive history • Past and present medical history 	<ul style="list-style-type: none"> • Ask the trainees to brainstorm on the purpose of history taking • Write the responses on the newsprints. • Clarify and summarize. 	<ul style="list-style-type: none"> • Newsprint
OBJECTIVE 2: Describe characteristics of a conducive environment for history taking		
<p>Characteristics</p> <ul style="list-style-type: none"> • Maximum privacy • Good ventilation • Adequate light • Cleanliness • Furniture: chairs and a table 	<ul style="list-style-type: none"> • Ask trainee to brainstorm on characteristics of conducive environment for history taking. • Write the responses on newsprint, clarify and summarize. 	<ul style="list-style-type: none"> • Newsprint • National Guidelines for Management of STIs/RTIs
OBJECTIVE 3: Identify important aspects to observe during history taking including questioning techniques		
<p>Important aspects</p> <ul style="list-style-type: none"> • Client-provider relationship • Greet the patient in a friendly manner and offer him/her a chair • Show friendliness both verbally and non-verbally. • Use understandable language avoiding medical terms. • Assure the patient that her/his consultation is confidential. • Observe client's non verbal behaviour/communication 	<ul style="list-style-type: none"> • Ask trainees to volunteer for a role play on how to take history from an STI/RTI client • Others to observe and listen attentively and document their findings • Discuss with trainees the role play and give feedback about the strength and things that need improvement, and summarize 	<ul style="list-style-type: none"> • Role play scripts, observers • Newsprint with aspects to observe (in brief)

<p>Questioning Techniques</p> <ul style="list-style-type: none"> • Questions should be phrased politely • Questions should be specific and clear so that the patient knows exactly what information is needed • Questions should be asked one at a time. • Questions should be free of any moral tone • Avoid 'leading' questions. Ask open ended questions 	<ul style="list-style-type: none"> • Ask trainees to brainstorm and mention different types of questions • Ask them to give examples of questions for each type of questions • Elaborate on the characteristics of each type of questions and when they should be used 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs
<p>OBJECTIVE 4: Explain the type of information required from a client during history taking.</p>		
<p>Information Required</p> <ul style="list-style-type: none"> • Personal characteristics <ul style="list-style-type: none"> - Name, sex, age, address, occupation • Present illness • Medical History <ul style="list-style-type: none"> - Previous STI episodes - Any current or long term medication - Drug allergy • Sexual history <ul style="list-style-type: none"> - When was the last sexual intercourse - Whether and what preventive measures were taken - Whether sexual partner had any symptoms - Number of sexual partners in the past three months 	<ul style="list-style-type: none"> • Discuss with trainees on different types of information required in history taking. • Clarify and summarize 	<ul style="list-style-type: none"> • Newsprint • National Guidelines for Management of STIs/RTIs

9.4 PHYSICAL EXAMINATION ON STI/RTI CLIENT

SESSION OBJECTIVES

At the end of the session the trainee should be able to

1. Explain the purpose of performing physical examination
2. Describe pre-requisites for conducting a proper

3. Explain the aspects to be observed by the service provider when conducting physical examination.
4. Demonstrate abilities to perform physical examination

Time Allocated: 45 minutes

CONTENTS	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain the purpose for performing physical examination		
<p>The purpose</p> <ul style="list-style-type: none"> • Enables the clinician to confirm the symptoms which the patient has described and to check for clinical signs of STIs/RTIs. • Enables the service provider to discover signs and other problems not mentioned by the client. 	<ul style="list-style-type: none"> • Ask trainees to buzz on the purpose of performing physical examination to STI/RTI client and write their responses on VIPP cards ready for presentation • Ask trainees to volunteer to process the cards • Allow questions, clarify, fill gaps and summarize 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Manual for Service Providers • VIPP cards
OBJECTIVE 2: Describe pre-requisites for conducting a proper physical examination		
<p>Pre-requisites for conducting a proper physical examination</p> <ul style="list-style-type: none"> • Room for examination that provides maximum privacy as in history taking • Examination couch • Screen/Curtain • Good light source e.g. torch or head lamp • Speculum • Lubricant • Hypo-chlorite solution or household bleach • Gauze/cotton wool • Gloves • Bucket • Soap • Water • Dust bin • Receiver 	<ul style="list-style-type: none"> • Ask trainees to brainstorm and mention minimum requirements for physical examination • Write responses on newsprints, • Clarify, fill the gaps and summarize 	<ul style="list-style-type: none"> • Actual equipment and materials • National Guidelines for Management of STIs/RTIs • Newsprints

OBJECTIVE 3: Explain the aspects to be observed by the service provider when conducting physical examination

Aspects to be observed by the service provider

The following should be observed:

- The service provider should explain to the client the importance of the examination and its procedure
- Client should be treated with respect and courtesy
- The service provider should be calm, friendly and smart
- Explain each procedure/steps before hand
- Attend client in the presence of chaperon (another service provider) if necessary
- Seek consent of client
- The client should not be over exposed
- The service provider should be gentle during examination

- Discuss with trainees about important aspects to be observed by service providers when performing physical examination
- Allow questions and respond accordingly, clarify and summarize

- National Guidelines for Management of STIs/RTIs

OBJECTIVE 4: Demonstrate ability to perform physical examination

Performing physical examination:

- Preparing setting, equipment and material for physical examination.
- Preparing client for physical examination
- Preparing self for conducting physical examination
- Observing general appearance of the client
- Examining from head to toe
- Making decision
- Taking proper action

- Explain the process of performing physical examination.
- Simulate the process of performing physical examination step by step as outlined in Manual for Service Providers
- Trainees to perform a return a simulation
- Makes corrections as necessary.

- Manual for Service Providers
- Models

9.5 MANAGEMENT OF COMMON SYNDROMES

- 9.5.1 Introduction to FlowCharts
- 9.5.2 Urethral Discharge Syndrome (UDS)
- 9.5.3 Vaginal Discharge Syndrome (VDS)
- 9.5.4 Pelvic Inflammatory Disease (PID) (Lower abdominal pain Syndrome)
- 9.5.5 Painful Scrotal Swelling (PSS)
- 9.5.6 Neonatal Conjunctivitis (NC)
- 9.5.7 Genital Ulcer Syndrome (GUD)

9.5.8 Inguinal Bubo (IB)

9.5.1 INTRODUCTION TO FLOWCHARTS

SUB-SESSION OBJECTIVE

At the end of the session, the trainee should be able to:

1. Explain what a flowchart is and how it works in syndromic STI/RTI case management.
2. Identify steps in using flowcharts

Time Allocated: 45 minutes

CONTENT'S	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain what a flowchart is and how it works in syndromic case management		
<p>What is a flowchart It is a decision and action tree which guides the service provider in STI/RTI syndromic management approach. These are some time known as algorithms or treatment protocols.</p> <p>How it works Each flowchart is made up of a series of 3 steps:</p> <ul style="list-style-type: none"> • The clinical problems (patient presenting symptoms and signs) • The decision that needs to be taken • The action that needs to be carried out 	<ul style="list-style-type: none"> • Ask trainees to brainstorm on the definition and how it works in syndromic management • Clarity on the definition and how it is used in syndromic case management 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Newsprint • Manual for Service Providers • Flowchart
OBJECTIVE 2: Identify steps in using flowcharts:		
<p>Steps:</p> <ul style="list-style-type: none"> • Ask the patient for his/her symptom(s) • Find the appropriate flowchart stated in the clinical problem box with patient complaint • The clinical problem box leads to an action box which guide you to examine the patient and/or take the history • Next move to the decision box after taking history • Depending on your choice, there may be further decision boxes and action boxes 	<ul style="list-style-type: none"> • Explain the steps in using the flowchart • Allow questions and respond accordingly • Summarize 	<ul style="list-style-type: none"> • Manual for Service Providers • Flowchart

9.5.2 URETHRAL DISCHARGE SYNDROME (UDS)

SESSION OBJECTIVE

At the end of the session the trainee should be able to

1. Define Urethral Discharge Syndrome (UDS)
2. Enumerate the aetiologies
3. Identify common symptoms and signs
4. Describe the management
5. Identify common complications
6. Describe the preventive and control measures

Time Allocated: 250 minutes for Session 9.5.2 - 9.5.8

CONTENTS	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define urethral discharge syndrome		
<p>Definition It is a presence of abnormal secretions in distal portion of urethra in males usually accompanied by symptom and signs</p>	<ul style="list-style-type: none"> • Divide trainees into four groups. Three groups to work on two syndromes each and one group to work on one syndrome (Genital Ulcer Syndrome) • Assignment each group to define the syndrome, mention aetiologies, identify the common symptoms and signs and document, describe the management for the syndrome, identify common complications for the syndrome and describe preventive and control measures. • Instructions each group will have a chairman and a secretary to record their responses on newsprints. Assignment will be completed within one hour • Clarify and summarize every after each presentation 	<ul style="list-style-type: none"> • Manual for Service Providers • Newsprint • National Guidelines for Management of STIs/RTIs
OBJECTIVE 2: Enumerate the aetiologies of UDS		
<p>Aetiologies, such as</p> <ul style="list-style-type: none"> • Neisseria gonorrhoeae • Chlamydia trachomatis • Trichomonas vaginalis 	Continuation of the above	Continuation of the above

OBJECTIVE 3: Identify the common symptoms and signs of UDS

Common Symptoms and signs

- Urethral discharge
- Burning sensation or painful micturition
- Itchy urethra
- Increased frequency and urgency of micturition

Continuation of activities page 91

Continuation of activities page 91

OBJECTIVE 4: Describe the management

Management

- Take history
- Ask the client to milk urethra if necessary
- Treat according to appropriate flowchart
- Ensure compliance
- Provide health education and Counsel
- Record number of contacts and initiate contact referral
- Promote and provide condoms
- Encourage HIV testing and counselling or refer
- Advice to return after 7 days for follow-up or as the need arises before the 7 days.

Continuation of activities page 91

Continuation of activities page 91

OBJECTIVE 5: Identify common complications of UDS

Complications

- Orchitis
- Epidydimitis
- Urethral stricture
- Infertility

Continuation of activities page 91

Continuation of activities page 91

OBJECTIVE 6: Describe the preventive and control measures

Preventive and control measures:

- Abstinence
- Fidelity
- Correct and consistent use of condom
- Screening for STIs/RTIs
- Health education
- Offer PITC
- Educate on the importance of drug compliance
- Partner notification and management

Same as activities page 91

Same as training aids page 91

9.5.3 VAGINAL DISCHARGE SYNDROME (VDS)

SESSION OBJECTIVES

At the end of the session the trainee should be able to

1. Define Vaginal Discharge Syndrome (VDS)
2. Outline the aetiologies
3. Identify the symptoms and signs
4. Describe common management
5. Identify common complications
6. Explain the preventive and control measures

Time Allocated: as described in session 9.5.2 page 91

CONTENTS	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define Vaginal Discharge Syndrome (VDS)		
Definition It is a change of colour, odour, and amount of vaginal secretions usually accompanied with symptoms and signs	Same as activities page 91	Same as training aids page 91

OBJECTIVE 2: Outline the aetiologies of VDS		
Aetiologies <ul style="list-style-type: none"> • Neisseria gonorrhoeae • Chlamydia trachomatis • Trichomonas vaginalis • Candida albicans • Anaerobic bacteria 	Same as activities page 91	Same as training aids page 91
OBJECTIVE 3: Identify the common symptoms and signs of VDS		
Common symptoms and signs <ul style="list-style-type: none"> • Abnormal vaginal discharge • Burning or painful micturition • Itchy vulva • Increased frequency and urgency of micturition • Painful coitus 	Same as activities page 91	Same as activities page 91
OBJECTIVE 4: Describe the management of VDS		
Management <ul style="list-style-type: none"> • Take history • Proper physical examination including speculum • Treat according to appropriate flowchart • Educate on the importance of the drug compliance • Provide health education • Counsel on risk reduction • Record no of contacts and initiate contact referral • Promote and provide condoms • Offer PITC • Advise to return after 7 days or as the need arises 	Same as activities page 91	Same as activities page 91

OBJECTIVE 5: Identify the common complications of VDS**Complication such as:**

- Endometritis
- Salpingitis
- Oophoritis
- Ectopic pregnancy
- Infertility

Same as activities page 91

Same as training aids page 91

OBJECTIVE 6: Explain the preventive and control measures for VDS**Preventive and control measures, such as:**

- Abstinence
- Fidelity
- Correct and consistent use of condom
- Screening for STIs/RTIs
- Educate on the importance of drug compliance
- Offer PITC
- Partner notification and management

Same as activities page 91

Same as activities page 91

9.5.4 PELVIC INFLAMMATORY DISEASE (PID) (LOWER ABDOMINAL PAIN SYNDROME)

SESSION OBJECTIVES

At the end of the session the trainee should be able to

1. Define Pelvic Inflammatory Disease (PID)
2. Outline the aetiologies
3. Identify the common symptoms and signs
4. Describe the management
5. Identify the common complications
6. Explain the preventive and control measures

Time Allocated: as described in session 9.5.2 page 91

CONTENT'S	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define Pelvic Inflammatory Disease (PID)		
Definition It is inflammation of the endometrium and/or fallopian tubes, ovary and pelvic peritoneum	Same as activities page 91	Same as training aids page 91
OBJECTIVE 2: Outline the aetiologies of PID		
Aetiologies <ul style="list-style-type: none"> • Neisseria gonorrhoeae • Chlamydia trachomatis • Anaerobic bacteria 	Same as activities page 91	Same as activities page 91
OBJECTIVE 3: Identify the common symptoms and signs of PID		
Symptoms and signs, such as <ul style="list-style-type: none"> • Lower abdominal pain and tenderness • Painful micturition • Painful coitus • Abnormal vaginal discharge • Menometrorrhagia • Fever and sometimes nausea and vomiting 	Same as activities page 91	Same as activities page 91

OBJECTIVE 4: Describe the management of PID

Management

- Take history
- Examine
- Treat according to appropriate flowchart
- Ensure compliance
- Provide health education
- Counsel on risk reduction
- Record no of contacts and initiate contact referral
- Promote and provide condoms
- Encourage HIV testing and Counselling or refer
- Advise to return after 3 days or as the need arises

Same as activities page 91

Same as training aids page 91

OBJECTIVE 5: Identify the common complications

Complications such as:

- Infertility
- Ectopic pregnancy
- Chronic lower abdominal pain
- Dysmenorrhea
- Pelvic abscess

Same as activities page 91

Same as activities page 91

OBJECTIVE 6: Explain the preventive and control measures of PID

Preventive and control measures:

- Abstinence
- Fidelity
- Screening and early treatment of VDS
- Correct and consistent use of condom
- Aseptic technique in pelvic examination and instrumentation

Same as activities page 91

Same as activities page 91

9.5.5 PAINFUL SCROTAL SWELLING (PSS)

SESSION OBJECTIVES

At the end of the session the trainee should be able to

1. Define painful scrotal swelling (PSS)
2. Outline the aetiologies
3. Identify the common symptoms and signs
4. Describe the management
5. Identify the common complications
6. Explain the preventive and control measures

Time Allocated: as described in session 9.5.2 page 91

CONTENTS	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define painful scrotal swelling		
Definition It is inflammation of the epididymis and testis often accompanied with scrotal pain.	Same as activities page 88	Same as training aids page 91
OBJECTIVE 2: Outline the aetiologies		
Aetiologies <ul style="list-style-type: none"> • Neisseria gonorrhoeae, • Chlamydia trachomatis 	Same as activities page 88	Same as activities page 88
OBJECTIVE 3: Identify the common symptoms and signs of PSS		
Symptoms and signs such as: <ul style="list-style-type: none"> • Scrotal pain • Scrotal swelling and tenderness • Fever 	Same as activities page 88	Same as activities page 88

OBJECTIVE 4: Describe the management**Management**

- Take history
- Proper physical examination
- Treat according to appropriate flowchart
- Educate on the importance of drug compliance
- Provide health education
- Offer PITC
- Record no of contacts and initiate contact referral
- Promote and provide condoms
- Advise to return after 7 days for follow-up as the need arises

Same as activities page 91

Same as training aids page 91

OBJECTIVE 5: Identify the common complications**Complications such as:**

- Infertility
- Scrotal abscess

Same as activities page 91

Same as activities page 91

OBJECTIVE 6: Explain the preventive and control measures**Preventive and control measures**

- Abstinence
- Fidelity
- Correct and consistent use of condoms
- Screening for UDS
- Early treatment of urethral discharge

Same as activities page 91

Same as activities page 91

9.5.6 NEONATAL CONJUNCTIVITIS (NC)

SESSION OBJECTIVES

At the end of the session the trainee should be able to

1. Define neonatal conjunctivitis (NC)
2. Outline the aetiologies
3. Identify the common symptoms and signs
4. Describe the management
5. Identify the common complications
6. Explain the preventive and control measures

Time Allocated: as described in session 9.5.2 page 91

CONTENTS	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define neonatal conjunctivitis (NC)		
Definition It is an inflammation of the conjunctiva of a newborn baby (less than one month of age)	Same as activities page 91	Same as training aids page 91
OBJECTIVE 2: Outline the aetiologies of NC		
Aetiologies <ul style="list-style-type: none"> • Neisseria gonorrhoeae • Chlamydia trachomatis 	Same as activities page 91	Same as activities page 91
OBJECTIVE 3: Identify the common symptoms and signs of NC		
Symptoms and signs <ul style="list-style-type: none"> • Reddish conjunctiva • swelling/oedema of the eyelids • Purulent eye discharge 	Same as activities page 91	Same as activities page 91

OBJECTIVE 4: Describe the common management of NC**Management**

- Take history of the neonate from the mother
- Proper physical examination
- Treat contacts according to VDS flowchart
- Educate on the importance of drug compliance
- Initiate contact referral (mother and her sexual contacts)
- Treat neonate according to appropriate flowchart
- Provide health education
- Counsel the mother on risk reduction
- Offer PITC to the mother and her partner
- Advise to return after 3 days for follow-up or early as the need arises

Same as activities page 91

Same as training aids page 91

OBJECTIVE 5: Identify the common complications of NC**Complications**

- Blindness
- Chlamydial Pneumonitis

Same as activities page 91

Same as activities page 91

OBJECTIVE 6: Explain the preventive and control measures for NC**Preventive and control measures, such as**

- Screening and early treatment of VDS in pregnant women
- Routine eye chemoprophylaxis to the neonate immediately after delivery

Same as activities page 91

Same as activities page 91

9.5.7 GENITAL ULCER DISEASE (GUD)

SESSION OBJECTIVES

At the end of the session the trainee should be able to

1. Define Genital Ulcer Syndrome (GUD)
2. Outline the aetiologies
3. Identify the common symptoms and signs
4. Describe the management
5. Identify the common complications
6. Explain the preventive and control measures

Time Allocated: as described in session 9.5.2 page 91

CONTENTS	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define Genital Ulcer Disease		
Definition It is a loss of skin or mucous membrane continuity in genitalia.	Same as activities page 91	Same as training aids page 91
OBJECTIVE 2: Outline the aetiologies of GUD		
Aetiologies <ul style="list-style-type: none"> • Treponema pallidum • Haemophilus ducreyi • Chlamydia trachomatis • Herpes simplex virus type 2 • Klebsiella granulomatis 	Same as activities page 91	Same as activities page 91
OBJECTIVE 3: Identify the common symptoms and signs of GUD		
Symptoms and signs <ul style="list-style-type: none"> • Genital ulceration that may be painful or painless • Sometimes accompanied with lymphadenopathy • Some may be purulent and dirty • Some may be round with smooth edges, while others have rough edges • Painful coitus and painful micturition 	Same as activities page 91	Same as activities page 91

OBJECTIVE 4: Describe the management of GUD**Management**

- Take history
- Proper physical examination
- Treat according to appropriate flowchart
- Educate on the importance of drug compliance
- Provide health education
- Counsel on risk reduction
- Record no of contacts and initiate contact referral
- Promote and provide condoms
- Offer PITC
- Advise to come after 7 days or early as the need arises

Same as activities page 91

Same as training aids page 91

OBJECTIVE 5: Identify the common complications of GUD**Complications such as:**

- Congenital syphilis
- Inguinal bubo
- Urethral fistula in males
- Phimosis and paraphimosis

Same as activities page 91

Same as activities page 91

OBJECTIVE 6: Explain the preventive and control measures of GUD**Preventive and control measures, such as:**

- Abstinence
- Fidelity
- Correct and consistent use of condom
- Screening for STIs/RTIs
- Partner notification and management
- Counselling
- Health Education

Same as activities page 91

Same as activities page 91

9.5.8 INGUINAL BUBO (IB)

SESSION OBJECTIVES

At the end of the session the trainee should be able to

1. Define Inguinal Bubo syndrome (IB)
2. Outline the aetiologies
3. Identify the common symptoms and signs
4. Describe the management
5. Identify the common complications
6. Explain the preventive and control measures

Time Allocated: as described in session 9.5.2 page 91

CONTENTS	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define Inguinal Bubo		
Definition It is a painful swelling of the inguinal lymph nodes, usually with pus formation	Same as activities page 91	Same as training aids page 91
OBJECTIVE 2: Outline the aetiologies of IB		
Aetiologies <ul style="list-style-type: none"> • Chlamydia trachomatis • Haemophilus ducreyi 	Same as activities page 91	Same as activities page 91
OBJECTIVE 3: Identify the symptoms and signs of IB		
Symptoms and signs <ul style="list-style-type: none"> • Swelling often fluctuant • Pain • Fever • Tenderness 	Same as activities page 91	Same as activities page 91

OBJECTIVE 4: Describe the management of IB**Management**

- Take history
- Proper physical examination
- If the Bubo becomes fluctuant aspirate through normal skin
- Treat according to appropriate flowchart
- Educate the importance of drug compliance
- Provide health education
- Record number of contacts and initiate contact referral
- Promote and provide condoms
- Offer PITC
- Advise to return after 7 days or early as the need arises

Same as activities page 91

Same as training aids page 91

OBJECTIVE 5: Identify the complications of IB**Complications**

- Chronic ulcers
- Fistula/Sinus formation
- Scar formation
- Genital elephantoid swelling

Same as activities page 91

Same as activities page 91

OBJECTIVE 6: Explain the preventive and control measures of IB**Preventive and control measures**

- Abstinence
- Fidelity
- Correct and consistent use of condom
- Early treatment of IB
- Screening
- Partner notification and management
- Health Education
- PITC

Same as activities page 91

Same as activities page 91

9.6 MANAGING OTHER NON-SYNDROMIC (SPECIFIC) STIs/RTIs

SESSION OBJECTIVE

At the end of the session the trainee should be able to the management of other non syndromic STIs/RTIs

Time Allocated: 30 minutes

CONTENT	TRAINER/ TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Discuss the management of other non syndromic STIs/RTIs		
Non syndromic STIs/RTIs <ul style="list-style-type: none"> • Syphilis. • Genital warts • Pediculosis • Balanoposthitis • Scabies 	<ul style="list-style-type: none"> • Ask trainees to brainstorm and mention different types of non-syndromic STIs/RTIs • Write their responses on news print • Ask trainees to buzz and write on VIPP cards sign and symptoms of non.-syndromic STIs/RTIs • Display VIPP cards on the wall and ask one volunteer to process and clarify • Lecture on management of each of non-syndromic STIs/RTIs • Allow trainees to ask questions, clarify as necessary and summarize • Trainer refer trainees to full content in the National Guidelines for management of STIs/RTIs page 90 to 94 and Manual for Service Providers page 67 	National Guidelines for management of STIs/ RTIs <ul style="list-style-type: none"> • News prints • VIPP cards • National Guidelines for syphilis screening and treatment

UNIT 10: MANAGEMENT OF STI/RTI COMPLICATIONS RELATED TO PREGNANCY, ABORTIONS AND POST-PARTUM PERIOD

OVERVIEW

This unit discusses about STIs/ RTIs in the context of routine care of women during pregnancy, childbirth and postpartum period. The unit looks at some important STIs/RTIs related problems that may occur during or following pregnancy and addresses the management of infections and complications that may occur in such situations

Infection in pregnancy, following miscarriage, Induced abortion or in the postpartum period can be life threatening and must be managed aggressively without delay.

UNIT OBJECTIVES

At the end of this unit the trainee should be able to :-
Manage effectively STI/RTI complications related to pregnancy, abortions and post-partum period.

SESSIONS

- 10.1 STIs/ RTIs related complications during pregnancy
- 10.2 STIs/ RTIs related complications following abortions and childbirth

10.1 STIs/ RTIs RELATED COMPLICATIONS DURING PREGNANCY

SESSION OBJECTIVES

At the end of this unit the trainee should be able to:-

1. Discuss STIs/RTIs related complications in early pregnancy.
2. Discuss STIs/RTIs related complications during late pregnancy.
3. Explain the effective management of STI/RTI complications during pregnancy.

Time Allocated: 60 minutes

CONTENT	TRAINER/ TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Discuss STIs/RTIs related complications in early pregnancy.		
<p>STIs/RTIs related complications in early pregnancy</p> <p>Most STI/RTI complications of early pregnancy are related to spontaneous or induced abortion.</p>	<ul style="list-style-type: none"> • Ask trainees to work in groups and discuss on STIs/RTIs related complications in early pregnancy. • Trainees to present at the plenary • Clarify , fill the gaps and summarize 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Appropriate flowcharts • Newsprints • Manual for Service Providers
OBJECTIVE 2: Discuss STIs/ RTIs related complications during late pregnancy.		
<p>STIs/RTIs related complications in late pregnancy</p> <p>Rupture of membranes, preterm labour and stillbirth.</p>	<ul style="list-style-type: none"> • Share experience with trainees • Allow questions • Clarify issues • Orient trainees on flowcharts relating to management of various complications • Allow questions, clarify and summarize 	<ul style="list-style-type: none"> • As per objective No.1

OBJECTIVE 3: Explain the effective Management of STIs/ RTIs complications during pregnancy.

Management of STI/RTI complications in pregnancy

Refer to appropriate flowchart.

- Lecture on effective management of STIs/ RTIs
- Clarify and summarize
- Refer trainees to National Guidelines for Management of STIs/RTIs page 95 to 104.

- National Guidelines for Management of STIs/RTIs
- Manual for Service Providers
- Appropriate flowcharts
- Newsprints

10.2 STIs/ RTIs RELATED COMPLICATIONS FOLLOWING ABORTIONS AND CHILDBIRTH

SESSION OBJECTIVES

At the end of this session the trainee should be able to:-

1. Explain STIs/RTIs related complications following abortions
2. Explain STIs/ RTIs related complications following childbirth
3. Explain the effective management of STIs/ RTIs complications during abortions and childbirth.

Time Allocated: 60 minutes

CONTENTS	TRAINER/ TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain STIs/ RTIs related complications following abortions		
<p>Complications following abortions.</p> <ul style="list-style-type: none"> • Severe bleeding • Incomplete abortion retaining some products • Infection • Pulmonary embolism • Peritonitis/septicemia 	<ul style="list-style-type: none"> • Ask trainees to brainstorm and mention complications following abortion • Write on a newsprints • Clarify and summarize • Trainer will refer trainees to National Guidelines for Management of STIs/RTIs page 95 to 104 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Manual for Service Providers.. • Appropriate flowcharts • Newsprints

OBJECTIVE 2: Explain STIs/RTIs related complications following childbirth

Complications following rupture of membranes

- Infection may cause rupture of membranes or follow it.
- When membrane rupture before term may cause preterm delivery, low birth weight, perinatal morbidity and mortality

Complications following childbirth

- Postpartum endometritis
- Puerperal sepsis
- Foul smell vaginal discharge may be a sign of infection particularly, postpartum endometritis.

- Ask trainees to work in groups and discuss STIs/RTIs related complications following rupture of membranes and childbirth
- Guide presentation, clarify as necessary, fill the gaps and summarize

- Manual for Service Providers
- Newsprints

OBJECTIVE 3: Explain effective management of STIs/ RTIs complications during abortions and childbirth.

Management of STI/RTI complications following childbirth.

Refer to appropriate flowcharts in the manual.

- Lecture on effective management of STIs/RTIs related complications during abortions, rupture of membranes and childbirth
- Allow questions, clarify and summarize
- Trainee will refer trainees to National Guidelines for management of STIs /RTIs page 95 to 104.

- National Guidelines for Management of STIs/RTIs
- Manual for Service Providers
- Appropriate flowcharts
- Newsprints

UNIT 11:SEXUAL VIOLENCE/ABUSE

OVERVIEW

This unit discusses the issue of rape in medical care. It looks at identifying the survivors of rape, medical and other care needed for them. The unit also emphasizes on the importance of emergency contraception, presumptive treatment of STI and HIV post exposure prophylaxis if such services are available at a facility. In this guide, sexual violence and sexual abuse are used synonymously and interchangeably.

UNIT OBJECTIVE

At the end of this unit the trainees should be able to identify medical, psychological, social and legal aspects of sexual abuse with a view to enabling them (trainees/service providers) to help and manage the survivors of sexual abuse effectively and efficiently.

SESSION

11.1 MEDICAL AND SUPPORTIVE CARE FOR SURVIVORS OF RAPE

SESSION OBJECTIVES

At the end of this session the trainee should be able to

1. Define and identify forms of sexual violence
2. Describe rape as an important reproductive health issue
3. Identify characteristics of survivors of rape
4. Explain available medical and supportive care services for survivors of rape
5. Explain the strategies for responding to survivors of rape
6. Manage effectively survivors of rape

Time Allocated: 180 minutes

CONTENT	TRAINER /TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define and identify forms of sexual violence		
<p>Definition of sexual violence</p> <ul style="list-style-type: none">• According to SOSPA, 1998, sexual violence is defined as “any sexual act, attempt to obtain a sexual act or act to traffic women’s sexuality using coercion, threats of harm or physical force”• NB: Sexual abuse happens to both females and males. But most victims’ of sexual violence are females. <p>Forms of sexual violence</p> <p>Two forms of sexual violence are particularly common in Tanzania; namely:</p> <ul style="list-style-type: none">- Rape: This is a forcible sexual behaviour with a person who does not give consent usually involving use of physical force. Legal definitions vary from country to country- Sexual harassment: This involves unwelcome sexual advance or request ranging from words, gestures or comments to covert physical contact such as patting or brushing on one’s body to unwelcome sexual propositions and sexual assaults. Sexual harassment is more common in educational or work settings.	<ul style="list-style-type: none">• Ask trainees to brainstorm on definition of sexual violence• Write the definition on newsprints and clarify• Show a video tape on sexual abuse if available• Trainees to watch the tape and document what they have learnt• In the absence of a tape on sexual violence ask the trainees to role play on sexual violence• Other trainees to watch and draw the leanings for discussion• Clarify, fill in the gaps and summarize• Lecture on forms of sexual violence• Allow questions and respond accordingly• Refer trainees on National Guidelines for Management of STIs/RTIs page 105 to 115	<ul style="list-style-type: none">• Manual for Service Providers• Newsprints• Audio visual tapes (e.g., step out tape from RCH and GTZ)• National Guidelines for Management of STIs/RTIs

OBJECTIVE 2: Describe rape as an important reproductive health issue

Rape as an important health issue

Rape can impact an individual's reproductive health through:

- Lacerations and internal injuries
- Unwanted pregnancy and its consequences (unsafe abortion, bad pregnancy outcomes etc)
- STIs/RTIs/ including HIV/AIDS
- Abortion related injury
- Gynaecological problems

- Sexual dysfunction
- Psychological trauma

In addition to reproductive health problems, rape can cause fear, depression and suicide

Survivors of rape are more likely to participate in high risk activities such as substance abuse, having voluntary sexual relationships earlier, having sex more often and not practicing contraception that make them more vulnerable to unintended pregnancy, HIV and other STIs/RTIs

- Write rape on the newsprints
- Explain that this is a brainstorming exercise and that the point is to list direct and indirect consequences therefore resulting in a tree
- Ask trainees for RH consequences of rape or why rape is a RH problem
- Write the responses on newsprints
- Clarify, fill in the gaps and summarize

- Newsprints
- Manual for Service Providers

OBJECTIVE 3: Identify characteristics of survivors of rape

Common characteristic of survivors of rape

Physical indicators:

- Difficult in walking or sitting
- Torn stained or bloody underclothing
- Pains, swelling and itching in genital areas
- Abrasions or lacerations of the genitalia
- Abnormal genital discharge
- Poor sphincter tone
- Severe Pre-Menstrual Syndrome (PMS)
- Frequent feelings of fatigue
- Frequent gynaecological problems
- Frequent stomach-aches

Behavioural and emotional indicators (psychological):

- Depressed feelings
- Anxious
- Lack of confidence
- Frequent nightmares
- Sleeping disorders
- Thoughts of hurting self
- Suicide attempts
- Thoughts of hurting others
- Accident prone

- Ask trainees to buzz and identify physical and psychological characteristics of survivors of rape
- Trainees to write their responses on newsprints ready for presentation.
- Clarify, fill in the gaps and summarize

- National Guidelines for Management of STIs/RTIs
- Manual for Service Providers
- Newsprints

OBJECTIVE 4: Explain available medical and supportive care services for survivors of rape

Medical and supportive care services available

- Essential medical care for any injuries and health problems
- Collection of forensic evidence (e.g., sperm collection) and/or appropriate referral
- Evaluation for STI including HIV and preventive care.
- Evaluation of pregnancy risk and preventive of necessary.
- Psychosocial support (both at time of crisis and long term) including appropriate counselling and relevant legal steps
- Follow up services for all of the above.

- Mini – lecture on available medical and supportive care services available for survivors of rape

- Allow questions and clarify

- National Guidelines on management of STIs/RTIs
- Manual for Service Providers
- Newsprints

OBJECTIVE 5: Explain the strategies for responding to survivors of rape

Procedure of providing care

- Take thorough history
- Prepare survivor for physical examination
- Obtain informed consent for any examination, treatment, notification or referral
- Reassure of confidentiality
- Ensure treatment of any medical problems
- Explain options of reporting the abuse to appropriate authority
- Assist in developing a plan.
- Refer if forensic examination is required and no qualified provider on site.
- Collect forensic evidence and document

- Ask trainees to read the scenario and brainstorm on how to manage the survivor of rape
- Trainees to write their responses on Newsprints for presentation
- Lead plenary discussion
- Clarify, fill in the gaps and summarize

- National Guidelines for Management of STIs/RTIs
- Manual for Service Providers
- Script of the scenario
- Newsprints

OBJECTIVE 6: Discuss effective management of survivors of rape

Effective management of survivors of rape

- Manage injuries for example bruises, tears, abrasions, bleeding.
- Counsel the survivor and reassure confidentiality.
- Provide emergency contraception using levonogestrel or combined oral contraceptive pills or insert copper T bearing IUD within 5 days of rape. If more than 5 days refer to a gynaecologist.
- Provide (presumptive treatment for STI and PEP for HIV) STI and HIV prophylaxis as appropriate
- Provide prophylactic immunization against Hepatitis B and Tetanus Toxoid if survivor sustained wounds.

- Refer trainees to National Guidelines for Management of survivors of rape, page 105 to 111

- National Guidelines for Management of STIs/RTIs
- Video tapes
- Available documents/literature on managing survivors of rape

UNIT 12: ORDERING, RECEIVING AND STORAGE OF MEDICINES, LABORATORY REAGENTS AND SUPPLIES

OVERVIEW

Adequate availability of medicines and Laboratory reagents and related supplies is an essential component of management and control of STIs/RTIs. Management and control of STI/RTI is based on syndromes, however, laboratory still have a role depending on the setting and availability of resources. Laboratory investigation is essential in syphilis screening of pregnant women, screening for HIV, culture and sensitivity for treatment failures, and Papanicolaou (PAP) smear for early detection of cervical cancer and research.

Proper data collection and record keeping is crucial in handling facility medicines and supplies. Ordering should be timely to avoid stock out.

UNIT OBJECTIVES

At the end of the unit the trainee will be able to describe the process of ordering medicines and STIs/RTIs related supplies, storage and distribution.

SESSION**12.1 ORDERING, RECEIVING AND STORAGE OF MEDICINES AND STIs/RTIs RELATED SUPPLIES****SESSION OBJECTIVES**

At the end of this session the trainee should be able to

1. Explain the procedure for determining the needs of medicines and supplies for the facility
2. Explain the procedure for ordering medicines and supplies

3. Explain the procedure for receiving and storing medicines and supplies
4. Explain the procedure for issuing and dispensing medicines and supplies

Time Allocated: 60 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain the procedure for determining the needs of medicines and supplies at the facility.		
Procedure for determining needs <ul style="list-style-type: none">• Review prevalence of STI/RTI syndromes (statistics at her /his work place).• Calculate the average monthly consumption basing on the prevalence of the syndromes.• Estimate minimum and maximum stock levels.• Determine buffer/security stock levels for the lead time.• Decide on how much you need to order	<ul style="list-style-type: none">• Ask trainees to share statistics of STI/RTI syndromes from their localities• Use presented data to demonstrate calculation of required medicines and other supplies• Trainees to perform return demonstration• Allow questions, clarify as necessary and summarize	<ul style="list-style-type: none">• Manual for Service Providers• Documents on surveillance report• Ordering forms (MTUHA)
OBJECTIVE 2: Explain the procedure for ordering of medicines and supplies		
Procedure <ul style="list-style-type: none">• Identify form for ordering STI/RTI medicines, supplies• Complete the forms according to the laid out procedures.• Forward to the appropriate authorities according to the laid out system.	<ul style="list-style-type: none">• Present the procedure for ordering of medicines and supplies• Allow questions, clarify and summarize	<ul style="list-style-type: none">• Manual for Service Providers• Ordering forms

OBJECTIVE 3: Explain the procedure for receiving and storage medicines and supplies.**Procedure**

- Receiving the delivery note from suppliers.
- Inspect the quantity and quality of delivered goods.
- Raise Goods Received Note (GRN)
- Put received goods in the store and sign GRN
- Enter goods into ledger and bin card

- Present the procedure for receiving and storage of medicines and supplies
- Allows questions, clarify and summarize

- Manual for Service Providers
- Receiving forms

OBJECTIVE 4: Explain the procedure for issuing/ dispensing of medicines and supplies**Procedure**

- Enter the total number of units dispensed /issued from the appropriate register.
- Enter the total number of units removed from inventory for any reason other than dispensing.
- Enter the total number of units received into the inventory for any reason other than delivered from MSD/NACP
- Enter the total number of units removed from inventory to land.
- Enter the total number of units added/removed from inventory after photocell counts the products

- Present the procedure for issuing/ dispensing of medicines and supplies, allows questions, clarify and summarize

- Manual for Service Providers
- Issuing and dispensing forms

UNIT 13: MONITORING AND EVALUATION OF STI/RTI SERVICES

OVERVIEW

Monitoring and Evaluation ensure delivery of quality services and eventually assessing the impact. This unit introduces the service providers on monitoring and evaluating STI/RTI services. It is a process that involves recording using standardized tools, analysis and interpretation. Monitoring should concentrate on key issues and results obtained from analysis should be used in decision-making and improvement of STI/RTI services.

UNIT OBJECTIVE

At the end of this unit the trainee will be able to organize, monitor and evaluate STI/RTI services

SESSIONS

- 13.1. Overview of monitoring and evaluation
- 13.2. Monitoring STI/RTI services
- 13.3. Evaluation in STI/RTI services

13.1 OVERVIEW OF MONITORING AND EVALUATION

SESSION OBJECTIVES

At the end of this session the trainee should be able to

1. Define terms monitoring and evaluation

2. Explain objectives for monitoring and evaluation of STI/RTI

Time allocated: 60 minutes

CONTENTS	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Define terms monitoring and evaluation		
<p>Definitions</p> <ul style="list-style-type: none"> • Monitoring involves recording properly the various steps and events in implementing the activities. Monitoring should concentrate on key information in order to measure and report progress of the activities. • Evaluation is the system of assessing actions in order to ensure planning or implementation of activities or planning for future activities. 	<ul style="list-style-type: none"> • Ask trainees to brainstorm on definition of monitoring and evaluation • Write responses on newsprints • Clarify and summarize 	<ul style="list-style-type: none"> • Manual for Service Providers • Newsprints • Marker pen
OBJECTIVE 2: Explain objectives for monitoring and evaluation of STI/RTI Services		
<p>Objectives</p> <ul style="list-style-type: none"> • Provide essential information to the clinic service provider for easy follow up of clients and contact management • Provide essential information to the clinic service provider and supervisor about prevention and management of STI/RTI, testing requirement, drug consumption and demand. • Assess the effectiveness of the programme through quantitative and qualitative methods. • Improve the management of STI/RTI services as necessary and inform the policy-makers. • Gather/ analyze services statistics and use the information for planning, prevention and control. 	<ul style="list-style-type: none"> • Mini lecture – Explain the objectives of monitoring and evaluation of STI/RTI service • Ask trainees if they are clear to them • Allow questions and clarify 	<ul style="list-style-type: none"> • Prepared notes • Newsprints

13.2 MONITORING STI/RTI SERVICES

SESSION OBJECTIVES

At the end of the session the trainee should be able to:

1. Explain the purpose for monitoring STI/RTI services.
2. Explain the process of monitoring STI/RTI services
3. Explain the process of reporting and dissemination of STI/RTI report
4. Describe methods of data collection, analysis and presentation

Time Allocated: 60 minutes

CONTENTS	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain the purpose for monitoring STI/RTI services		
<p>The purpose of monitoring STI/RTI services is to determine whether:</p> <ul style="list-style-type: none"> • Work progresses according to schedule • Standards are maintained • Resources are used rationally, properly and as planned • Required infrastructure is available and used 	<ul style="list-style-type: none"> • Ask trainees to brainstorm on purpose of monitoring STI/RTI services • Write responses on newsprints • Clarify, fill in the gaps and summarize as necessary 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Manual for Service Providers • Newsprints
OBJECTIVE 2: Explain the process of monitoring STI/RTI services		
<p>Process of monitoring STI/RTI services include:</p> <ul style="list-style-type: none"> • Daily registering of STI clients attended at health care facility using daily STI register • Monthly compilation of the data captured in the daily STI register at the facility • Monthly compilation of the report from each facility at district level • Monthly compilation of the report from all districts at the regional level • Monthly compilation of the report from all regions at the NACP level • Using information gathered to track trends, strengths and weaknesses. • Using collected information to assist decision making and management. 	<ul style="list-style-type: none"> • Lead the discussion on the process of monitoring STI/RTI services • Ask trainees to share experiences on how they monitor services • Clarify, fill in the gaps and summarize 	<ul style="list-style-type: none"> • Manual for Service Providers • Newsprint • Daily STI Register • Monthly STI Summary forms

OBJECTIVE 3: Explain the process of reporting and dissemination of STI/RTI report

Process of reporting and dissemination

- How reports are prepared
 - The facility will prepare a report on 7th day of next month and send a copy to DMO
 - DMO aggregate the reports and sends to RMO on 14th day of next month
 - RMO aggregates the reports and send NACP Epidemiology unit by 21st day of next month
 - To whom should the report be submitted
 - At the health facility (facility in charge)
 - At district level (District Medical Officer)
 - When should the report be submitted
 - At facility level (monthly)
 - At district level (monthly) from facilities
 - At regional level (monthly) from DMOs
 - At MOHSW (monthly) from RMOs
- NB. For MTUHA reports quarterly

- Explain the process of reporting and dissemination of STI/RTI report
- Take trainees through different forms for data collection and reporting and explain how they are supposed to be distributed and when
- Allow questions, respond accordingly, clarify and summarize
- Refer trainees to National Guidelines for Management of STIs/RTIs page 116 to 119

- National Guidelines for Management of STIs/RTIs
- Daily STI Register
- Monthly STI Summary forms
- MTUHA forms

OBJECTIVE 4: Describe methods of data collection, analysis and presentation

Methods of data collection, analysis and presentation

- Data collection is done manually or by computer where possible
- Analysis is done manually or by computer where possible
- Presentation is done by graphs, charts, oral, written reports

- Divide trainees into small working groups to share experiences on how data are collected, analyzed and presented at their facilities
- Lead plenary discussion
- Clarify, fill in the gaps and summarize
- Demonstrate ways of processing, analyzing and presenting data using MTUHA and STI/RTI forms.
- Ask Trainees to do exercise on data processing, analysis and presentation.

- National Guidelines for Management of STIs/RTIs
- Newsprint
- Prepared forms for tallying, tables, graphs and charts.
- MTUHA and STI/RTI forms

13.3 EVALUATION IN STI/RTI SERVICES

SESSION OBJECTIVE

At the end of the session the trainee should be able to explain the process of evaluating STI/RTI services

Time allocated: 60 minutes

CONTENT'S	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain the process of evaluating STI/RTI services		
<p>The process of evaluating STI/RTI services:</p> <p>Purpose</p> <ul style="list-style-type: none"> - Determine whether the objectives were achieved - Determine whether the services can be extended else where <p>When to conduct evaluation</p> <ul style="list-style-type: none"> • Before implementation (inputs) <ul style="list-style-type: none"> - Assess developmental needs and potentials - Determine the feasibility of the plan • During implementation (process/outplay) <ul style="list-style-type: none"> - Identify areas for change or modification - Detect deficiencies and immediate re-design of intervention strategies. • At the end of STI/RTI services (outcome) <ul style="list-style-type: none"> - Asses the STI/RTI service outcome <p>Aspects to evaluate</p> <ul style="list-style-type: none"> - Actual services delivery - Staff performance - Adequacy of staffing levels - Client satisfaction and response - Material needs and allocation <p>Techniques</p> <p>Various methods can be used in evaluating STI/RTI services including interviews, questionnaire, observations focus and group discussion.</p>	<ul style="list-style-type: none"> • Divide trainees into groups to share experience on how STI/RTI services are evaluated at their facilities. • Take note of the key points, clarify, fill in the gaps and summarize • Show trainees how to complete evaluation forms • Ask Trainees to do exercise of completing evaluation forms • Trainer refer trainees to National Guidelines for Management of STIs/ RTIs page 119 	<ul style="list-style-type: none"> • National Guidelines for Management of STIs/RTIs • Manual for Service Providers.. • Newsprint • STI/RTI Evaluation forms

UNIT 14: ORIENTATION TO CLINICAL PRACTICE

OVERVIEW

Orienting trainees to clinical practice is an opportunity to prepare them to get familiar with what they expected to do in the clinical areas. They are told about reasons for clinical practice, the clinical skills to be achieved and tools that will be used in performing certain procedures.

UNIT OBJECTIVE

At the end of this unit the trainees will be familiar with the purpose for their clinical practice, clinical skills to be achieved and practical tools with which they will be assessed.

SESSION

14.1 ORIENTATION TO CLINICAL PRACTICE

SESSION OBJECTIVES

At the end of this session the trainee should be able to

1. Explain the purpose of clinical practice
2. Identify clinical skills to be achieved
3. Describe the checklists for performing certain procedures

Time Allocated: 60 minutes

CONTENT	TRAINER /TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Explain the purpose of clinical practice		
Purpose for clinical practice to collate theory and practice.	<ul style="list-style-type: none">• Ask trainees to brainstorm on the purpose for clinical practice• Write responses on newsprints• Clarify and summarize	<ul style="list-style-type: none">• Newsprints

OBJECTIVE 2: Identify clinical skills to be achieved

Clinical skills to be achieved

- Conducting health education
- Offer PITC to clients on STIs/RTIs
- Taking history from STIs/RTIs clients
- Conducting physical examination
- Using flowcharts to manage STIs/RTIs syndromes
- Teaching clients on condom use and negotiation
- Organizing clinics for STIs/RTIs
- Assessing women for STIs/RTIs during routine FD visits
- Assessing women for STIs/RTIs during pregnancy, childbirth and postpartum
- Managing survivors of rape
- Managing women with STI/RTI complications related to pregnancy, childbirth and postpartum
- Order medicines and related suppliers

- Mini lecture on different clinical skills to be achieved and minimum number of occasions required for each skill
- Ask trainees to ask questions
- Clarify accordingly and summarize
- Discuss with trainees how they will be assisted to attain the clinical skills including clinical rotations, allocation of clinical instructions and clinical conferences
- Ask trainees to ask questions
- Clarify and summarize

- Prepared notes
- List of clinical skills
- Clinical rotation plan
- Condoms and models

OBJECTIVE 3: Describe the checklists for performing certain procedures

- Checklist for taking history
- Checklist for physical examination
- Checklist for conducting health education
- Checklist for teaching clients condom negotiation
- Checklist on condom use and storage and disposal

- Introduce trainees to checklists that will be used in performing certain procedure
- Ask volunteer to role play in doing a procedure
- Demonstrate how checklist will be scored
- Ask trainees to ask questions, clarify and summarize

- Checklists

UNIT 15: EVALUATION OF TRAINING

OVERVIEW:

Evaluation is an important aspect of training. It informs the trainers and programme manager on the extent to which the training objectives have been met. In this unit, methods of how the STI/RTI training will be evaluated are presented including post-knowledge test, self-evaluation forms and trainees developing back home application plans.

UNIT OBJECTIVE

At the end of this session the trainee should be able to

1. Discuss achievements made after training

2. Develop back home plans
3. Assess the extent to which course objectives have been met

SESSION

15.1 EVALUATION OF TRAINING

SESSION OBJECTIVE

Same as unit objective

Time Allocated: 180 minutes

CONTENT	TRAINER/TRAINEE ACTIVITIES	TRAINING AIDS
OBJECTIVE 1: Discuss achievements made after training		
Post -knowledge assessment questions	<ul style="list-style-type: none"> • Administer the post knowledge test and give instructions related to the test • Take trainees through the questions, ask if they have questions and clarify accordingly. • Trainees will do the test • Mark the test and provide give feedback to trainees 	<ul style="list-style-type: none"> • Test papers • Answer guide
OBJECTIVE 2: Develop back home plans		
Individual back home plan	<ul style="list-style-type: none"> • Explain the purpose of back home application plan • Guide trainees to develop their back home application plans • Review the Trainees plans ready for printing • Clarify as necessary 	<ul style="list-style-type: none"> • Newsprints

OBJECTIVE 3: Assess the extent to which course objectives have been met

Workshop evaluation

- Distribute workshop evaluation forms and ask trainees to fill them accordingly
- Provide instructions on how to fill the forms
- Review trainees expectations to see if they are met
- Compare workshop objectives to the trainees expectations

- Evaluation forms
- Trainees expectations
- Workshop objectives

ANNEXES

ANNEX 1 MODEL SCHEDULE ON STI/RTI TRAINING (THEORETICAL PART)

Day 1

Time	Session/Activity
08.00 - 08.15	Registration
08.15 - 08.30	Welcome note
08.30 - 08.50	1.1 Introductions, expectations and norms
08.50 - 09.00	1.2 Logistics
09.00 - 10.00	1.3 Pre-knowledge assessment test
10.00 - 10.30	1.4 Overview of training
10.30 - 11.00	TEA BREAK
11.00 - 11.30	1.4 Overview of training
11.30 - 12.15	1.5 Giving and receiving feed back
12.15 - 01.30	2.1 Overview of STIs/RTIs
01.30 - 02.30	LUNCH BREAK
02.30 - 03.30	2.2 Public Health Importance of STIs/RTIs/HIV/ AIDS
03.30 - 04.30	2.3 Basic facts about STIs/RTIs
04.30 - 04.40	Process review
04.40 - 04.50	Evaluation of day one
04.50 - 05.00	Refreshments / End of day one

Day 2

08.30 - 08.40	Registration
08.40 - 08.50	Report of day one
08.50 - 09.00	Recap of day one
09.00 - 10.00	2.4 Basic facts about HIV/AIDS
10.00 - 10.30	2.5 National policy on HIV/AIDS and STI/RTI guidelines and strategies
10.30 - 11.00	TEA BREAK
11.00 - 11.15	2.6 Role of service provider in reducing the burden of STIs/RTIs
11.15 - 11.45	3.1 Detecting STIs/RTIs
11.45 - 01.45	3.2 PITC in STIs/RTIs
01.45 - 02.30	LUNCH BREAK
02.30 - 03.30	3.3 Screening for specific STIs/RTIs
03.30 - 04.15	4.1 Health education
04.15 - 05.00	4.2 Counselling
05.00 - 05.10	Process review
05.10 - 05.20	Evaluation of day two
05.20 - 05.35	Refreshments / End of day two

Day 3

08.30 - 08.40	Registration
08.40 - 08.50	Report of day two
08.50 - 09.00	Recap of day two
09.00 - 10.00	4.3 Contact notification, referral and management
10.00 - 10.30	5.1 Preventing sexual transmission of STIs/RTIs
10.30 - 11.00	TEA BREAK
11.00 - 12.30	5.2 Condom promotion and negotiation
12.30 - 01.15	5.3 Preventing iatrogenic and endogenous infections
01.15 - 02.15	LUNCH BREAK
02.15 - 03.00	6.1 Barriers in utilization of STIs/RTIs services
03.00 - 03.30	6.2 Groups that do not easily access STI/RTI services
03.30 - 04.15	6.3 Raising awareness and promoting services
04.15 - 05.45	7.1 Integrating STIs/RTIs assessment into routine FP visits
05.45 - 05.50	Process review
05.50 - 05.55	Evaluation of day three
05.55 - 06.00	Refreshments / End of day three

Day 4

Time	Session/Activity
08.30 - 08.40	Registration
08.40 - 08.50	Report of day three
08.50 - 09.00	Recap of day three
09.00 - 09.30	7.2 Dual protection
09.30 - 10.15	8.1 STIs/RTIs assessment during antenatal visit
10.15 - 10.45	TEA BREAK
10.45 - 11.15	8.2 STIs/RTIs Assessment during childbirth
11.15 - 11.45	8.3 STIs/RTIs assessment during postpartum period
11.45 - 12.45	9.1 The concept of syndromic management of STIs/RTIs
12.45 - 01.30	9.2 Overview of STIs/RTIs syndromes
01.30 - 02.30	LUNCH BREAK
02.30 - 03.15	9.3 History taking
03.15 - 04.00	9.4 Physical examination on STI/RTI client
04.00 - 04.45	9.5.1 Introduction to flowcharts
04.45 - 04.55	Process review
04.55 - 05.00	Evaluation of day four
05.00 - 05.10	Refreshments / End of day four

Day 5

08.30 - 08.40	Registration
08.40 - 08.50	Report of day four
08.50 - 09.00	Recap of day four
09.00 - 10.30	9.5 STI Syndromes
10.30 - 11.00	TEA BREAK
11.00 - 01.30	9.5 STI Syndromes
01.30 - 02.30	LUNCH BREAK
02.30 - 03.00	9.6 Other non-syndromic STIs/RTIs
03.00 - 04.00	10.1 STIs/RTIs related complications during pregnancy
04.00 - 05.00	10.2 STIs/RTIs related complications following abortions, and childbirth
05.00 - 05.10	Process review
05.10 - 05.15	Evaluation of day five
05.15 - 05.25	Refreshments / End of day five

Day 6

08.30 - 08.40	Registration
08.40 - 08.50	Report of day five
08.50 - 09.00	Recap of day five
09.00 - 10.30	11. Sexual violence/abuse
10.30 - 11.00	TEA BREAK
11.00 - 12.30	11. Sexual violence/abuse
12.30 - 01.30	12. Ordering, receiving, storing and dispensing medicines and STI/RTI related supplies
01.30 - 02.30	LUNCH BREAK
02.30 - 02.40	Process review
02.40 - 02.45	Evaluation of day six
02.45 - 02.55	Refreshments / End of day six

Day 7**(2nd. Week Of training)**

08.30 - 08.40	Registration
08.40 - 08.50	Report of day six
08.50 - 09.00	Recap of day six
09.00 - 10.00	13.1 Overview of monitoring and evaluation
10.00 - 10.30	13.2 Monitoring STI/RTI services
10.30 - 11.00	TEA BREAK
11.00 - 11.30	13.2 Monitoring STI/RTI services
11.30 - 12.30	13.3 Evaluation of STI/RTI services
12.30 - 01.30	14. Orientation to clinical practice
01.30 - 02.30	LUNCH BREAK
02.30 - 02.40	Process review
02.40 - 03.00	Workshop evaluation
03.00 - 03.15	Refreshments/end of day seven

ANNEX 2: MODEL SCHEDULE ON STI/RTI TRAINING (CLINICAL PRACTICE)

Facility	A	B	C	D	Training Venue	
Day	Tuesday	Wednesday	Thursday	Friday	Saturday	
Time	08:30 - 02:00a.m	08:30 - 02:00a.m	08:30 - 02:00a.m	08:30 - 02:00a.m		
Group 1	- Review day's schedule activities - Clinical Practice: Provide STI/RTIs services in the clinic:				- 8.30 - 10.30pm course accomplishments relative to objectives, training methods and materials. - 10.30 - 11.00 Tea Break - 11.00 - 12.30 Post-knowledge test	
Group 2	- Counselling clients - Providing health education - Taking history					
Group 3	- Conducting physical examination - Assessing clients for STI/RTIs - STI/RTIs screening / testing					
Group 4	- Managing Syndromic / Non-syndromic - Management of problems - Promoting use of condom - Trainer assess trainees performance using practice check lists					
	LUNCH	LUNCH	LUNCH	LUNCH		LUNCH
Time	02.00 - 4.30p.m	02.00 - 4.30p.m	02.00 - 4.30p.m	02.00 - 4.30p.m		1.30 - 2.30pm
All groups at the training venue	- Clinical conference - <u>Discussion</u> : Management of STI/RTIs and other problem trainees experience - <u>Demonstration / exercise</u> : Using flowcharts in STI/RTIs management - <u>Role play</u> : Using a flowchart at least one trainee from each group	- Clinical conference - <u>Discussion</u> : Assessment of clients for STI/RTIs - <u>Role play</u> : Assessing a client at MCH clinic - <u>Discuss</u> results of role play	- Clinical conference - Discussion on condom promotion - Demonstration/ exercise on condom negotiation / use - Discussion	- Clinical conference - Demonstration/ exercise on STI/RTIs screening / testing - Preliminary session		- Back home - Plans - 2.30 - 3.00 completing evaluation forms - 3.00 - 4.00 closing
Time	4.30 - 5.00	4.30 - 5.00pm	4.30 - 5.00	4.30 - 5.00pm		
	- Review of the day activities - Reading assignment chapter of National Guideline					

PROCEDURAL STEPS	DONE ACCORDING TO STANDARDS								COMMENTS
	Client 1		Client 2		Client 3		Client 4		
	Yes	NO	Yes	No	Yes	No	Yes	No	
Male client									
Explain procedures to client and ask consent									
Asks the client to remove shirt									
Sits the client on a couch/chair									
Was it with a casual partner									
Any safer sex precautions									
Inspects skin thoroughly									
Examines for lymphnodes on axilla and neck									
Asks the client to put on shirt									
Asks client to stand up and lower his pants up to the knees									
Inspects genitalia thoroughly									
Palpates inguinal region									
Examine pubic hair for nits/lice									
Palpates the scrotum thoroughly									
Examine the penis thoroughly									
Asks client to retract foreskin if uncircumcised									
Inspect urethra orifice for discharge									
Notes nature of the discharge									
If no discharge, asks client to gently milk the urethra to see if there is discharge									
While standing asks client to bend forward his knees and separate his buttocks									

PROCEDURAL STEPS	DONE ACCORDING TO STANDARDS	COMMENTS
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ANNEX 4: COURSE EVALUATION FORM

END OF WORKSHOP EVALUATION

Instructions:

- * **Feel free to write your name**
- * **For any of your response give justification in the space provided**

1. This workshop has been very beneficial.

Agree: Disagree:

Comments:.....

1. The workshop objectives have been adequately covered:

Agree: Disagree:

Comments:.....

1. The methodologies used were relevant to meet the objectives of the workshop

Agree: Disagree:

Comments:.....

1. The facilitators for this workshop have assisted in meeting objectives of the workshop.

Agree: Disagree:

Comments:.....

1. The time for this workshop was adequate:

Agree: Disagree:

Comments:.....

1. The logistical arrangements (accommodation, food, etc) were ok.

Agree: Disagree:

Comments:.....

1. Other comments

ANNEX 6: BACK HOME APPLICATION PLAN

Name of Provider

Facility

Planning Period

Objective	Activity	Resources	Responsible	Timeline	Expected output	Indicator	Remarks

ANNEX 7: LIST OF TRAINING MATERIALS

SN	MATERIALS FOR PARTICULAR TOPICS	Quantity
1	Registration/biodata form	NP
2	Thumbnail of participants	NP
3	Pre-knowledge assessment paper	NP
4	Answer guide	NP
5	Leaflet regarding clinical presentation of STIs/RTIs	NP
6	Poster presenting pathogenesis of HIV/AIDS	Several
7	Slides/other visual aids presenting pathogenesis of HIV/AIDS	Several
8	Prepared note regarding PITC	NP
9	Prepared note regarding couple counselling	NP
10	Sample contact slip	NP
11	Poster regarding STI/RTI prevention	Several
12	Leaflet regarding STI/RTI prevention	NP
13	Male condom	Several
14	female condom	Several
15	Penile model	1
16	Pelvic model	1
17	IEC materials regarding STI/RTI service	Several
18	Audio/video tape regarding STI/RTI service	Several
19	Leaflet regarding STI/RTI service	NP
20	Fliers regarding STI/RTI service	Several
21	Prepared notes regarding STI/RTI service	NP
22	Sample of pills/IUCD	Several
23	Set of equipment and materials for physical examination	Several
24	Set of flowcharts for management of common syndrome	1 set
25	Script of scenario regarding survivor of rape	NP
26	Videotape/literature on managing survivor of rape	Several
27	Documents on surveillance report of medical supply	NP
28	Ordering forms for medical supply (MTUHA)	NP
29	Receiving forms of medical supply	NP
30	Issuing and dispensing forms of medical supply	NP

SN	MATERIALS FOR PARTICULAR TOPICS	Quantity
31	Prepared note on monitoring and evaluation of STI/RTI service	NP
32	Monitoring forms for STI/RTI service	NP
33	STI/RTI report forms	NP
34	MTUHA report forms	NP
35	Samples of tallying, tables, graphs and charts	Several
36	STI/RTI evaluation form	NP
37	Prepared note for clinical practice	NP
38	Check list of clinical skills	NP
39	Clinical rotation plan	NP

SN	COMMON MATERIALS	Quantity
1	Newsprints/flip charts with a stand	1 set
2	Marker pen	10
3	Masking tape	3
4	STI/RTI manual for service providers	NP
5	National guideline for management of STIs/RTIs	NP
6	VIPP card	500

- NB. (1) Materials for particular topics are listed in chronological order of session delivery.
 2. NP: Number of participants
 3. Several: 2 or more

ANNEX 8: LIST OF REFERENCE TRAINING MATERIALS

1. Ministry of Health and Social Welfare, Tanzania (2007): ***Guidelines for HIV Testing and Counselling in Clinical Settings (Draft 0)***
2. Ministry of Health and Social Welfare, Tanzania (2007): ***National Guideline for Management of Sexually Transmitted and Reproductive Tract Infections***
3. Ministry of Health and Social Welfare, Tanzania (2007): ***Sexually Transmitted and Reproductive Tract Infections A Manual for Service Providers (Final Draft)***
1. Ministry of Health and Social Welfare, Tanzania (2006): ***Surveillance of HIV and Syphilis Infections among Antenatal Clinic Attendees 2005/6***
2. Ministry of Health and Social Welfare, Tanzania (2007): ***Trainer's Presentation Guide for Management of Sexually Transmitted and Reproductive Tract Infections***
3. Ministry of Health, Tanzania (2004): ***National AIDS Control Programme , HIV/AIDS/STI Surveillance Report***
4. Ministry of Health, Tanzania (2005): ***National Guidelines for the Clinical Management of HIV and AIDS (second edition)***
5. Ministry of Health, Tanzania (2004): ***National Guidelines for Screening and Treatment of Syphilis during Pregnancy (first edition)***
6. Ministry of Health, Tanzania (2003): ***Sexually Transmitted Infections, A Manual for Service Providers (first edition)***
7. Ministry of Health, Tanzania (2003): ***Training Curriculum for Sexually Transmitted Infections (first edition)***
8. Msuya S.E. et al, Nairobi (2002): ***Reproductive tract infections among women attending primary health care facilities in Moshi, Tanzania (page 16 - 21)*** in East African Medical Journal vol. 79
9. Tanzania Commission for AIDS and National Bureau of Statistics, Tanzania (2005): ***Tanzania HIV/AIDS Indicator for Survey 2003-4***
10. World Health Organization (2003): ***Guidelines for the Management of Sexually Transmitted Infections***
11. World Health Organization (2005): ***Development of Reproductive Health and Research, A Guide to Essential Practice on Sexually Transmitted and other Reproductive Tract Infections.***
12. World Health Organization (2005): ***Multi-Country Study on Women's Health and Domestic Violence Against Women, Initial Results on Prevalence, Health Outcomes and Women's Responses.***

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