

COUNTDOWN

Calling time on Neglected Tropical Diseases

TRAINER MANUAL: MANAGING FGS AT PRIMARY HEALTH CARE



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HOW TO USE THIS TOOLKIT

This trainer toolkit is a guide for Neglected Tropical Diseases (NTD) program implementers in Nigeria to train primary health care health workers to diagnose and provide care for women and girls with symptoms of female genital schistosomiasis (FGS). It has been developed based on a pilot study in Ogun State where 22 health facilities were trained on using the FGS tools. The trainer guide should be used alongside the 'Health Worker Training Guide for managing FGS within primary health care'. Trainers should familiarise themselves with this manual before the training to ensure that all aspects of the training are conducted effectively.

WHAT IS INCLUDED IN THE TOOLKIT?

- ✓ This manual includes a draft agenda to use when training health workers. The agenda has spaces for names of trainers to be inserted so it is clear what roles the trainers have when delivering the training to health workers. Trainers should review the agenda and decide who will take responsibility for each section of the training.
- ✓ The suggested training includes different sessions with participatory activities split over four days. The training is designed to be participatory to facilitate understanding by participants through increased engagement and maximised co-learning opportunities.
- ✓ The Trainer Manual will present an overview of key aspects of the FGS care pathway and this will be followed up by role plays to demonstrate real life settings to assess understanding of the trainees, as well as other participatory activities.



CAUTION FOR THE TRAINERS

- Time management is needed as there is a lot of content to cover in four short days (approx. 4-6 hours per day). It is important to keep to time and ensure breaks are taken for maximum attention of health workers, so they are engaged and included throughout.
- It is important that health workers attend all sessions, as sessions follow the care pathway, and therefore knowledge of each step is required for the next steps. If health workers have missed any sessions, ask them to read the appropriate pages in the Health Worker FGS training Guide and ask if they have any questions.



DAY 1: SUGGESTED AGENDA

SESSION NUMBER	SESSION NAME	TIME	ACTIVITY	FGS TRAINING GUIDE PAGES	WHO WILL LEAD THE SESSION? (Please complete)	TOOLS NEEDED
1.0	Introductions and agenda setting	8.00-8.40am	Arrival and Registration	N/A		<ul style="list-style-type: none"> Training manuals printed and ready to hand out to the participants Registration form with space to capture names, contact numbers, health facility and role Prompt cards
		8.40-9.00am	Prayer, opening remarks and agenda overview	N/A		
1.1	Training Pre-test	9.00-9.20am	Pre-test	(See annex in this document)		<ul style="list-style-type: none"> Pre-test questions Blank paper for answers Sticky notes Presentation slides Q and A set Video on transmission: https://youtu.be/Qoo9T3emHIQ
		9.20-9.40am	Presentation of FGS epidemiology, prevalence, transmission, treatment	4-7		
		9.40-9.50am	Overview of training guide and tools	8		
1.2	Diagnostic Step	9.50-10.45am	Exploring the importance of correct diagnosis	8-12		<ul style="list-style-type: none"> Overall care pathway Symptoms Checklist Environmental Risk Assessment Discharge Colour Chart Severity/other condition checklist
		10.45-11.00am	Presentation of the diagnostic tools	8-12		<ul style="list-style-type: none"> Presentation slides
		BREAK 11.00-11.20AM				
1.3	Diagnostic tools practice	11.20am-1.00pm	Role play on diagnosis	N/A		<ul style="list-style-type: none"> Description of activity and space for peer feedback
1.4	Assessing learning on diagnosis	1.00-1.50pm	Questions and answer session (writing exercise)	N/A		<ul style="list-style-type: none"> Sticky notes Flip chart Pens
		1.50-2.00pm	Session summary	N/A		
LUNCH AND DEPARTURE 2.00-3.00PM						

DAY 1: TRAINING ACTIVITIES

SESSION 1.0: INTRODUCTIONS AND AGENDA SETTING

AIM OF THE SESSION

Participation in the activities is a key part of the learning. Take time for all health workers and trainers to introduce themselves:

- ✓ To ensure that participants are familiar with each other and the trainers, to create an atmosphere of participatory learning.
- ✓ To ensure participants understand the agenda, what is required of them and why the care pathway is important to address FGS within their communities.
- ✓ To decide who will be involved in delivering this session to health workers and add the name to the agenda above.



ACTIVITIES

Arrival and Registration:

- Set-up a registration desk and ask each participant to fill in the registration form.
- Provide the Health Worker FGS Guide and sticky notes to each participant and explain these will be used throughout the session.
- Ask that they sit down, read and become familiar with the document.



Prayer, opening remarks and agenda overview:

When all participants are in place, deliver an opening prayer and remark of why everyone is here and why it is important they listen carefully, participate actively, ask questions and be open to providing peer feedback and support to each other. Talk through the agenda, how long the four days will last and explain that there are many participatory activities which are designed to improve knowledge of the care package. You may also wish to have an opening address from the state NTD team.

SESSION 1.1: OVERVIEW OF FGS AND PREVALENCE IN OGUN, AND INTRODUCTION TO THE TOOLS

AIM OF THE SESSION (SLIDES 1-16)

The aim of this session is to introduce health workers to the tools and the prevalence of FGS within Ogun and explain why the care pathway is important for women and girls with FGS, health workers and the community.

By the end of this session, health workers should be able to:

- ✓ Ensure that the participants can define and explain what FGS is, how it is transmitted and the prevalence in Ogun state.
- ✓ Recognise the value and benefits for women, girls and the community of treating FGS and the consequences of not treating.
- ✓ Recognise and understand the impact of misdiagnosis on women and girls.



ACTIVITIES

Pre-test:

The pre-test is a non-graded assessment tool to determine pre-existing subject knowledge. Typically, pre-tests are administered prior to a course/training to determine knowledge baseline of the participants and are often used in conjunction with post-tests to measure change in knowledge gained about a subject or the effectiveness of a course/training.

To start the session, participants should be given a sheet of paper to write out what they would do if they encountered the four FGS health scenarios (see the annex of this manual). The four scenarios should be projected for the participants to see (and/or you can print it for the participants without the answer).

Participants should be reassured that FGS is not well known and that is why they are there, therefore it is ok to have limited knowledge at this stage.

Presentation of FGS epidemiology, prevalence, transmission, treatment (Slides 5-15):

- Next, a presentation should be given on epidemiology, prevalence, transmission, and treatment. After the presentation show the short video clip (<https://youtu.be/Qoo9T3emHIQ>) on transmission of Schistosomiasis displayed for emphasis. After the video, ask participants to open their Training Guide where they will see this information written so they can refer to it later. Give a few minutes for participants to check the guide.



Overview of the training guide and tools:

Ask participants to read the appropriate section of Health Worker FGS Training Guide and select a volunteer to read out the objectives and aim of the guide. Ask if there are any questions before proceeding.

SESSION 1.2: DIAGNOSTIC STEP

AIM OF THE SESSION (SLIDES 18-22)

Tools have been developed to support diagnosis of FGS. Trainers will need to be able to communicate and facilitate learning on diagnostic tools with health workers, so they are competent to use the tools to diagnose FGS.

By the end of this session health workers should be able to:

- ✓ **Identify symptoms of FGS and probable severity.**
- ✓ **Identify conditions for treatment with Praziquantel.**
- ✓ **Apply the diagnostic care pathway and tools to diagnose women and girls with suspected cases of FGS. Tools include: the initial symptoms checklist; environmental risk assessment; the vaginal discharge colour chart and severity/other conditions checklist.**
- ✓ **Use the severity/other conditions checklist to determine if a patient needs referral for further care or further investigations.**



ACTIVITIES

Exploring the importance of correct diagnosis:

Identify who will be delivering the activities within this session and add this to the agenda. Start the session by asking the participants what they understand by diagnosis and its importance in clinical practices. Ask them to reflect on the FGS symptoms presented to them, and what other conditions this could overlap with. Ask a few volunteers to suggest two clinical conditions with similar symptoms to FGS. Lead a discussion around this.

Presentation of the diagnostic tools:

Deliver a description on current diagnostic tools with special reference to the ones to be adopted in Ogun, this will include the following:

1. Present the Overall Care Pathway, (page 8 of the Health Worker FGS Training Guide) taking the participants through it step by step.
2. Introduce the trainees to the Symptoms Checklist and guide them on how to use it.
3. Discuss the risk assessment questions for FGS in the training guide, page 11. Then ask them to suggest risk assessment questions that could point to other conditions.
4. Discuss the Discharge Colour Chart and talk about its importance in supporting diagnosis.
5. Discuss the severity/other conditions checklist to determine the need for further investigations, care, and referral.
6. Talk through the referral mechanism and the FGS pre-linked referral pathway.



SESSION 1.3: DIAGNOSTIC TOOLS PRACTICE

AIM OF THE SESSION

Role play can be used to practice using the tools and also highlight best practice. By the end of this session, health workers should be able:

- ✓ To apply the tools to diagnose a girl or woman with FGS.

ACTIVITIES

Role play on diagnosis:

Using the tools presented to the participants in the above exercise, undertake a role play between two health workers where one is a health worker and the other is a girl/woman with FGS. The role play should go through the complete process of diagnosis. Ask participants to give feedback on the activity, ask for comments, suggestions from all participants and what could be improved. Repeat this process for as long as the time allows, rotating trainees with different roles.

SESSION 1.4: ASSESSING LEARNING ON DIAGNOSIS

AIM OF THE SESSION

This is an opportunity for facilitators to review knowledge learnt on the diagnosis pathway and application of tools, and to answer any questions the health workers still have. By the end of this session, health workers should:

- ✓ Be competent to use the diagnosis pathway to diagnose women and girls with FGS.

ACTIVITIES

Question and answer session:

Ask the health workers to answer the questions below using paper/sticky notes to record their answers. Review and respond (correcting gently) and encourage others to provide feedback on answers as part of peer learning.

QUESTIONS	ANTICIPATED ANSWERS
How can you differentiate between FGS and Sexually Transmitted Infection (STI)? Is it possible to have both FGS and STI?	It is not always possible to differentiate between these two conditions without further assessment. The environmental risk assessment will indicate if they have had exposure to schistosomiasis and if so then they should receive treatment (if eligible). The discharge colour chart may also be useful to differentiate. However, it is possible to have both FGS and STI and therefore the women could be referred for further investigations or treated for both conditions at the health facility.
What are the main symptoms of FGS? Is blood in urine a potential symptom of FGS?	The main symptoms of FGS are vaginal itching or burning, pain or bleeding during or after sex, abnormal discharge, and abdominal pain, but it is also possible to present with genital ulcers, anaemia, and fertility issues as these are long term effects of FGS. Blood in urine can be a presenting sign, but it is not always present for FGS. It is important to remember that blood in urine may be a symptom of other conditions too.

QUESTIONS	ANTICIPATED ANSWERS
<p>Discuss what they would diagnose if there was no blood in urine but other FGS symptoms.</p>	<p>Blood in urine is not always present. If a woman or girl presents with one or more of the main symptoms (vaginal/genital itching, bleeding, discharge, pain during sex, abdominal pain) then the health worker should proceed to the risk assessment.</p>
<p>What will you do if the suspected FGS patient presents with severe pains, itching and discharge? Where would you refer to and what referral processes will be followed?</p>	<p>Patients with severity of symptoms should be treated and referred appropriately immediately in line with health facility protocol. More details of referral will be covered in the next few days.</p>
<p>If I live in Abeokuta and I have no contact with surface water, but I have been having vagina itch. Is this a sign of FGS?</p>	<p>If the women or girl has had no contact with infected water then she would score below 4 on the risk assessment and would not be at risk of FGS, therefore would not be treated for FGS. She should be referred or investigated for other conditions, but it is important to capture these details on the FGS register as someone screened for FGS. It is important to remember that contact with water can be passive (or indirect), in that water from an infected source can be collected by others and used for washing. This would still present a risk, so it would be worth asking the woman/girl more about the water source she uses.</p>



Explore their answers and engage everyone in discussion about the correct process.

Session Summary/Conclusion:

Summarise these key points using the slide 24 provided:

- If the woman or girl scores 4 or above in the risk assessment and has any of the conditions in the symptoms checklist, the woman or girl has suspected FGS and will proceed to the treatment checklist to see if she is eligible for treatment.
- If she answered that one of her symptoms is severe then treat and observe, or if she had multiple symptoms which were either moderate or severe, then she may need further investigation (treat and refer immediately). If one of these symptoms was abnormal discharge, then present the colour discharge chart, and ask what colour her discharge is. This should be documented on any referral forms for further investigations.
- A pregnancy test should be conducted to know the patient’s pregnancy status.
- If you are unsure if the patient should be treated or referred, then please discuss with your supervisor.

DAY 2: SUGGESTED AGENDA

SESSION NUMBER	SESSION NAME	TIME	ACTIVITY	FGS TRAINING GUIDE PAGES	WHO WILL LEAD THE SESSION? <i>(Please complete)</i>	TOOLS NEEDED
2.0	Registration and review of knowledge from previous days	8.00-8.20am	Arrival & Registration	N/A		<ul style="list-style-type: none"> Registration form to add participant attendance for Day 2
		8.20-9.10am	Recap of Day 2 activities	N/A		<ul style="list-style-type: none"> Flip chart Pens
2.1	Stigma, Mental Wellbeing and FGS	9.10-9.40am	What is stigma?	23-27		<ul style="list-style-type: none"> The PowerPoint presentation/flip book called: Stigma, Mental Wellbeing and FGS - available at the end of this guide 3 case studies as printed out. These are available on page 14 Sticky notes or small pieces of paper
		9.40-10.00am	What are the causes and effects of stigma?	23-27		<ul style="list-style-type: none"> Flip chart Sticky notes Cards with the words: fear, values, beliefs, attitude of health workers
		10.00-10.30am	Who stigmatises?	23-27		<ul style="list-style-type: none"> Rope/tape Paper
		10.30-11.00am	What can we do about it?	23-27		<ul style="list-style-type: none"> Paper Felt pens
		11.00-11.30am	How can we communicate with patients to minimise stigma associated with FGS?	23-27		<ul style="list-style-type: none"> Blackboard Flip chart
		11.30am-12.00pm	Psychological Support and Gender Based Violence	23-27		<ul style="list-style-type: none"> Slides
		TEA BREAK 12.00-12.20PM				
2.2	Education and counselling	12.20-12.45pm	Discussion around health education and counselling in FGS	20-23		<ul style="list-style-type: none"> Table of counselling needed to manage clinical symptoms Counselling checklist to prevent re-infection Sticky notes
		12.45-12.50pm	Open discussion on communication skills	20-23		
		12.50-1.20pm	Explore key communication skills, both verbal and non-verbal	20-23		

SESSION NUMBER	SESSION NAME	TIME	ACTIVITY	FGS TRAINING GUIDE PAGES	WHO WILL LEAD THE SESSION? <i>(Please complete)</i>	TOOLS NEEDED
2.3	Communication skills and counselling practice	1.20-2.10pm	Role play on communication skills and counselling	N/A		
2.4		2.10-2.30pm	Questions and Answer (participants are to ask questions for clarification on anything learnt)	N/A		

LUNCH AND DEPARTURE 2.30-3.30PM

Notes:

DAY 2: TRAINING ACTIVITIES

SESSION 2.0: ARRIVAL AND REGISTRATION AND REVIEW OF KNOWLEDGE FROM PREVIOUS DAYS

AIM OF THE SESSION

This is an opportunity to review learning from yesterday and to assess learning from previous day and ask any remaining questions.



ACTIVITIES

Registration:

- Repeat registration process as per day 1.

Review of diagnosis pathway:

To begin the session, ask for a volunteer to present a brief report of the previous day training session to the general group. Then, using sticky notes, ask participants to write the major conclusions of diagnostic steps.

Give participants time to think and write and then go around the room so each person can read out what they wrote. Address comments as they emerge and if any aspect comes out as unclear, ask the group to clarify. If no one can help, the facilitator can re-visit the area of concern. When all participants have reflected on the day and are happy to proceed, give an overview of the agenda for the day.



SESSION 2.1: STIGMA, MENTAL WELLBEING AND FGS

AIM OF THE SESSION (SLIDES 27-43)

The aim of this session is to raise awareness about the causes, impact and types of stigma, and to apply this knowledge to FGS. This is quite a challenging session, and the facilitators should encourage short breaks or energising activities where appropriate to maximise attention and motivation. Facilitators need to be confident in the content and therefore take time to review and practice facilitating these activities. By the end of this session, health workers should be able to:

- ✓ Explain why stigma might exist in different forms (e.g. felt, feared, internalised and discrimination) and what these types of stigma may look like in relation to FGS.
- ✓ Understand what causes stigma related to FGS and the influence of societal judgements related to gender, religion, and health.
- ✓ Explore the effects of stigma, including the relationship between mental wellbeing and stigma.
- ✓ Develop skills that can support you to reduce stigma, particularly when supporting women and girls affected by FGS.
- ✓ Recognise when women and girls may need further support to improve their mental wellbeing or to seek support for gender-based violence.

Introduce the session learning objectives using PowerPoint/flipbook slides:

You should begin your session with an activity. It is a way to warm participants up and to get them thinking in their patient's shoes. Try not to be judgemental as participants work through the activities and discussion throughout the session - it's a joint learning process - there may be things about stigma in the health facility and community that you are unaware of.

ACTIVITY 1: WHAT IS STIGMA?

Prior to this session the case studies below should be printed out and then shared with the participants.

Case Study One: Experienced Stigma



Adeola is 20 years old. She works on the farm. She recently got married and she is experiencing bad smell and discharge from her private parts because she has FGS. The next time she returns from the farm, her husband tells her 'You are asewo, and you sleep around with other people on the farm'. This is a form of stigma often called **discrimination**, but also sometimes called **experienced or enacted stigma**.

Case Study Two: Anticipated Stigma



Chinyere is 18 years old. She is just finishing high school. She has just been diagnosed with FGS and was told that without treatment she might experience problems having a baby. She has been to the health centre for treatment, but she is worried that if people find out about this then no one will want to marry her. This is another form of stigma; it is called **anticipated stigma**, also called **felt or perceived stigma**.

Case Study Three: Internalised Stigma



Kadijat is 25 years old and was diagnosed with FGS a few months ago. She has received treatment and is trying to have a baby with her husband. People in her community believe that not having a child only happens when you are cursed by a witch. Kadijat starts believing this about herself. She stops talking to people in her family about her wish to have a child and keeps herself hidden from the community and her husband. She thinks she is a bad person. This is an example of **internalised stigma**.

Types of Stigma (Slide 31):

Guide the participants through the following steps:

1. Read out the case studies and give participants some time to re-read them.
2. Write on the blackboard or flip chart: 'STIGMA around HEALTH' and ask participants to shout out words that come up around stigma after reading the stories.
3. Write the words down as they are called so that they are all dotted around the blackboard or flip chart.
4. Ask participants to form groups (4 people max.) about how they encounter stigma in their own health centre. Ask them to think about this specifically in relation to FGS or symptoms of FGS.
5. Ask participants what other words can be added to the word cloud.
6. Together as a group you have now started to create a definition of stigma in this setting.



In the discussion, other forms of stigma may come up: disability, gender, religion, tribe etc. Do not discard this; use it for the word web, but let participants know that we are focusing on health-related stigma.

Once you have completed this activity, talk the participants through slide 30 and 31 in the PowerPoint to bring everyone together in understanding 'What is stigma?'

ACTIVITY 2: WHAT ARE THE CAUSES AND EFFECTS OF STIGMA? (SLIDES 32-34)

What you will need:

- Flip chart
- Sticky notes
- Cards with the words: fear, values, beliefs, attitude of health workers.

1. Draw a big ugly tree - this is the tree of stigma - make sure you leave enough space on the tree to write above and below it.
2. You are going to begin by considering the 'causes' of stigma: what makes the tree grow?
3. Ask participants to pick one card and explain what it means to them. As they explain ask them to place the card at the bottom of the tree.
4. Give participants time to write additional causes on the blank paper or sticky notes and place it at the bottom of the tree following explanation. Try to encourage them to think about this in relation to FGS.
5. Now break participants into small buzz groups (~4 people). Ask them to think about what stigma may lead to (5-10 minutes).
6. Ask participants to tell the rest of the group what their group thinks and add these with sticky notes to the top of the tree.
7. It is likely that mental wellbeing will come up in this discussion (words used may be: sadness, loneliness, open mole, sore heart, depression, anxiety etc.)
8. Circle these in a different colour and ask participants to discuss in small buzz groups why mental wellbeing is so important.



Once you have completed this activity, talk the participants through slides 33-34 in the PowerPoint to bring everyone together in understanding 'What are the causes and effects of stigma?'

ACTIVITY 3: WHO STIGMATISES?**What you will need:**

- Rope/tape
- Paper
- Marker

1. Draw a line on the floor and write agree at one end and disagree at the other or use colours such as green and red if this is preferred.
2. Read aloud the following statements, one at a time, and ask participants to take a position on the line:
 - a. A medical person will never stigmatise
 - b. You can stigmatise with good intentions
 - c. People suffering from FGS are always stigmatised
 - d. You cannot get more ill from stigmatisation
3. For each participant, ask them why they stand there. Do not judge, but you can ask for or add information where necessary.

Support for each statement during discussion:

- a) and b) Even with all our good intentions we tend to prejudice, stare, fear, give 'good' advice based on labels.
- c) It can be linked to a certain context, school, market, family etc.
- d) Your mental wellbeing can be seriously affected, resulting in depression or even suicide.

Once you have completed this activity, talk the participants through slides 36 and 37 in the PowerPoint to bring everyone together in understanding 'Who can stigmatise?'

ACTIVITY 4: WHAT CAN WE DO ABOUT IT?

1. Separate into buzz groups of 4 people per group
2. Ask participants to discuss the following question and write their answers on sticky notes:
 - a. What 3 actions could we take to reduce stigma linked to FGS?
3. Ask groups to feedback one action at a time until no new actions are identified

Once you have completed this activity, talk the participants through slides 39 to 42 to bring everyone together in understanding 'What actions we can take?'. This will lead you into the next section. Use the section in the Health Worker Training Guide on Stigma management and psychosocial support to support this. Take time to consider what gender-based violence is and how it can intersect with FGS. Use the Health Worker Training Guide to support you to facilitate this section. Make this an open discussion on these issues, you may want to discuss together different referral facilities that could be used within the local settings.

How can we communicate with patients to minimise stigma associated with FGS?

Materials:

- Blackboard
- Flip chart

Now we are going to guide participants through how they can improve their communication around diagnosis of FGS to reduce stigma and look for or identify other issues for which patients may need referral. The objective of this activity is to encourage health workers to be aware of their own behaviours in discussion with patients and to practice in a safe context.

1. Break participants into buzz groups and ask them to list what they think are the crucial skills a health worker needs during the 'golden hour' to reduce the chance of stigma?
2. Ask participants to feedback and list all suggestions on a blackboard/flip chart (e.g. showing empathy without pity, discussing disclosure/communication with others, plan for follow up)
3. From the list ask the group to pick the 3 or 4 that they feel are most crucial
4. Now do a role play:
 - a. Ask one person in the group to act like a women/girl presenting at the facility with FGS (ask them to react to the health worker as realistically as possible). If no one volunteers, the facilitator can be the patient.
 - b. Ask a learner to volunteer as the health worker. Give him/her the following instructions: *'You are a health worker. You have just explained to the patient that the screening shows she has FGS. Show how the discussion continues'*.
 - i. You can stop the simulation and start again. It is OK to start again.
 - ii. Here you can practice; it does not matter if it does not go well. It is not about an excellent performance; it is about trying out an approach in a safe manner (without a real patient).
5. After the exercise, ask the person who did the role play, *'Looking at the skills we are practising, what went well, and what can be done better?'*
6. Ask the group to give one piece of advice and one compliment. Make sure they reflect the skills you are practising and not acting skills or anything else.
7. You can repeat this activity as many times as you think necessary to support diagnostic communication during the **'golden hour'**.



SESSION 2.2: EDUCATION AND COUNSELLING

AIM OF THE SESSION (SLIDES 44-46)

The focus of this session will be to guide the health workers on how to counsel a woman or girl with suspected FGS and to reduce feelings of stigmatisation, prevent reinfection and understand what to expect with treatment and or referral. By the end of this session the health worker should be able to:

- ✓ Understand the difference between education and counselling.
- ✓ Understand why education and counselling are so vital in FGS case management.
- ✓ Be competent in a range of communication skills for education and counselling.
- ✓ Explain to the woman/girl the importance of each step along the care pathway for FGS Management.
- ✓ Know how to communicate effectively to remove fear from the woman/girl and reassure her of how treatment will help reduce symptoms.
- ✓ Understand the importance of maintaining confidentiality.
- ✓ Offer advice about preventive measures against re-infection.



ACTIVITIES

Discussion around health education and counselling in FGS:

To start the session, lead a discussion with the health worker around differences between health education and counselling, and discuss the importance of both in clinical practices. Ask the health workers for their opinions on why health education and counselling are important, and what is their experience of this. The facilitator should discuss the need to communicate well with the woman/girl about the importance of diagnosis, treatment, follow up and where appropriate referral for further investigations.

Have a discussion with health workers about health education and counselling. The following text can be used to help you.

Health education and counselling are closely linked. Both activities may take place at the same time. In health education, the aim is to make the patient (woman/girl) better informed, so that she can make an informed choice about behaviour and practices, for example, a young woman with FGS needs to know how she was exposed to the infection in order to decide if she can change her social behavioural practice, such as not interacting with infected water where feasible, or returning to the health facility if symptoms persist. The health worker should inform her about FGS and their prevention. Education and counselling are important for several reasons. Patients are more likely to comply with treatment if they understand why it is important to do so. A person with FGS has a high likelihood of being re-infected. Preventing reinfection requires sustained behaviour change. *(Adapted from WHO, 2007)*

Counselling relates more to issues of anxiety and coping with the infection or its consequences, biomedical as well as social. It is an interpersonal, dynamic communication process that requires empathy, genuineness and the absence of any moral or personal judgement. Counselling can be applied to any life situation, for example, when a nurse is listening and talking to grieving relatives. In FGS, the counselling process assesses and addresses the woman/girl's needs to enable the person to cope with any anxiety and stress brought about by the diagnosis. The counselling process should also evaluate the person's risk of Schistosomiasis transmission and explore current limitations in reducing re-infection. It is important here that the woman/girl understands it is not her fault that she has FGS, rather it is an issue with environment and is not related to any of her personal activities, only her contact with water. *(Adapted from WHO, 2007)*

Open discussion:

Ask the Health workers to read pages 20-22 of the Health Worker Training Guide, and ask them to think of more things that can be added to the mentioned concerns that are not captured in the training guide, and lead a brief discussion on the concerns.

Explore key communication skills, both verbal and non-verbal:

Explore with the health workers the use of open-ended questions by presenting some closed and leading questions and asking them to change them to open ended questions. The facilitator should ask 'Which type of question is it best to use when taking the patient's history, and why?'

Example closed:

- **Are you coming tomorrow?**
- **Did your symptoms start last week?**

Example leading:

- **You think the infection is an STI?**
- **Did you enjoy your visit to our health facility today?**
- **How has the pain affected your job?**

Example open:

- **Can you tell me what brings you to the health facility today?**
- **What do you think is causing the symptoms?**
- **How are your symptoms affecting you day to day?**

Ask the health workers the following questions and ask them to write their responses down on sticky-notes. Come back together and discuss responses.

QUESTIONS	ANTICIPATED RESPONSES
What qualities are needed to establish a good rapport with a client or patient?	<ul style="list-style-type: none"> • Verbal and non-verbal communication is important to build rapport • Being supportive and building trust • Maintaining confidentiality
List four non-verbal skills you can employ to gain the client's trust or confidence.	<ul style="list-style-type: none"> • Gestures • Facial expression • Tone of voice • Eye contact • Body language • Touch
What are the verbal skills that we need to effectively communicate with a client?	<ul style="list-style-type: none"> • Be friendly - People who communicate with a friendly tone and warm smile almost always have a better response • Think before you speak • Be clear - use the clearest way to communicate • Do not talk too much, be empathetic • Be your authentic self • Practice humility - having a modest view of one's importance • Speak with confidence: Self-assurance • Keep focused and watch your body language • Learn the art of listening • Keep an open mind and avoid inducing judgement about the event • Avoid distraction



SESSION 2.3: COMMUNICATION SKILLS AND COUNSELLING PRACTICE

AIM OF THE SESSION

The aim of this session is to reflect on the importance of communication skills to support education and counselling. By the end of this session, health workers should:

- ✓ Be able to demonstrate and reflect on effective communication and counselling skills.
- ✓ Be confident and competent to educate and counsel women on the FGS care pathway and recognise and reduce stigma related to FGS.



ACTIVITIES

Role play on communication skills and counselling:

Ask the health workers to work in pairs to imagine that a woman/girl with FGS symptoms is not eligible for treatment. One health worker should be the woman/girl and the other the health worker, ask the rest of the group to provide feedback. What advice will they give to the woman/girl and how will they communicate this? When observing the role play look out for the following things such as:

- ✓ Use of eye contact – it shows interest (if this is culturally acceptable in your setting)
- ✓ Use of open-ended questions, they allow woman/girl to express themselves.
- ✓ Checking their understanding by summarising (paraphrasing)
- ✓ Nodding and using acknowledgement sounds that convey interest.
- ✓ Keeping the conversation flowing, but avoiding unnecessarily interrupting the woman/girl (patient)
- ✓ Use of a tone of voice that shows interest.
- ✓ Listening for feelings as well as facts.

Make sure to watch out for the following habits which make for an unsatisfactory counselling session for health worker and woman/girl alike.

It is important for the health worker does not:

- Interrupt the woman/girl.
- Finish off the woman/girl's sentences.
- Appearing to be distracted.

**This section has been adapted from WHO (2007) Training Module for syndromic management of STI, 2nd Edition, Module 5: Education and Counselling.*

Question and answer:

Facilitators should ask health workers to ask any questions they have or ask for clarification on anything they are not yet clear on.

DAY 3: SUGGESTED AGENDA

SESSION NUMBER	SESSION NAME	TIME	ACTIVITY	FGS TRAINING GUIDE PAGES	WHO WILL LEAD THE SESSION? <i>(Please complete)</i>	TOOLS NEEDED
3.0	Registration and Review of knowledge from day 1	8.00am -9.00am	Arrival and registration	N/A		<ul style="list-style-type: none"> Registration sheet Training guide Sticky notes and pens
			Review of steps from day 1 and 2			
3.1	Eligibility criteria	9.00-9.30am	Facilitated discussion on inclusion and exclusion criteria	13-14		<ul style="list-style-type: none"> Inclusion and Exclusion Criteria PT Strips
		9.30-9.50am	Discussion on other exclusion criteria			
3.2	Treatment steps	9.50-10.45am	Facilitated discussion	15-16		<ul style="list-style-type: none"> Treatment pathway/flow diagram Standard dose pole Treatment guide FGS Register Praziquantel (PZQ) Question and answer sheet
		10.45-11.00am	Question and answer session	15-16		
TEA BREAK 11.00-11.15AM						
3.3	Side effects monitoring	11.15-11.30am	Facilitated discussion	16-17		<ul style="list-style-type: none"> Table of reactions and actions Severe Adverse Effects (SAE) Form Reading activity Question and answer sheet
		11.30-11.40am	Question and answer			
		11.40-12.00pm	Demonstration of SAE form			
3.4	Practical sessions for assessing criteria and administration of Praziquantel	12.00-12.20pm	Role play and feedbacks on eligibility criteria	N/A		
		12.20-1.00pm	Role play on treatment pathway to include monitoring side effects			

SESSION NUMBER	SESSION NAME	TIME	ACTIVITY	FGS TRAINING GUIDE PAGES	WHO WILL LEAD THE SESSION? <i>(Please complete)</i>	TOOLS NEEDED
3.5	Referral and follow up	1.00-1.20pm	Exploring the importance of follow up	18-19		<ul style="list-style-type: none"> Follow up questionnaire Red marker
		1.20-1.40pm	Exploring the importance of referral question and answer	18-19		
		1.40-2.10pm	Role play and feedbacks on follow up	N/A		<ul style="list-style-type: none"> Follow up questionnaire Referral guidance
3.6	Assessing learning on treatment and follow up	2.10-3.00pm	Question and answer session	13-19		

LUNCH AND DEPARTURE 3.00-4.00PM

Notes:

DAY 3: TRAINING ACTIVITIES

SESSION 3.0: ARRIVAL AND REGISTRATION AND REVIEW OF THE KNOWLEDGE OF PREVIOUS DAYS

AIM OF THE SESSION

The focus of this session is to ensure the participants understand the key points of the care package covered on day 1 and 2, identify gaps in learning and quickly address them. This will support understanding the content for today.



ACTIVITIES

Registration:

Repeat registration process as per day 2. Highlight any gaps in attendance to be followed up.

Review of learnings from day 1 and 2:

- To begin the session, ask for a volunteer to present a brief report of the previous days training session to the general group. Ask participants the questions in the table below and ask them to write their responses on sticky notes
- Give participants time to think and write and then go around the room so each person can read out what they wrote. Address comments as they emerge and if any aspect comes out as unclear ask the group to clarify, if no one can help, the facilitator can re-visit the area of concern. When all participants have reflected on the day and are happy to proceed. Give an overview of the agenda for the day.

QUESTIONS	ANTICIPATED RESPONSE
<p>What are the steps for diagnosis and what tools can be used to support this?</p>	<ol style="list-style-type: none"> 1. Collect bio-data to include vital signs. 2. Administer initial symptoms questionnaire. 3. Use discharge colour chart (to follow up on yes to vaginal discharge). 4. Conduct environmental risk assessment (if the score is below 4, refer for further investigation within routine practices, if above 4, treat for FGS). 5. Check Severity/other condition checklist (refer as appropriate). <p>Tools:</p> <ol style="list-style-type: none"> 1. Initial symptom questionnaire 2. Risk Assessment 3. Severity or other conditions checklist 4. Discharge colour chart
<p>What are the main symptoms of FGS?</p>	<ul style="list-style-type: none"> • Vaginal discharge • Bloody / cloudy discharge • Bleeding after intercourse or spotting • Genital itching or burning sensation • Pelvic pain or pain during or after intercourse



QUESTIONS	ANTICIPATED ANSWERS
What is the significance of environmental risk assessment in FGS diagnosis?	It indicates if someone has likely exposure to schistosomiasis/is at the risk of contracting FGS.
What types of stigma are there?	Internalised, anticipated, experienced
Why is education and counselling important in caring for women and girls with FGS?	To reduce stigma, to improve psycho-social wellbeing, to explain the importance of diagnosis, treatment, referral, further investigations, follow up and prevention of re-exposure.



SESSION 3.1: ELIGIBILITY CRITERIA

AIM OF THE SESSION (SLIDES 49-50)

The focus of this session is eligibility criteria for administering praziquantel to women and girls with FGS. By the end of this session, health workers should be able to:

- ✓ Understand the inclusion and exclusion criteria for treatment of FGS.
- ✓ Understand the importance of the eligibility criteria and why it is included.
- ✓ Apply the inclusion/exclusion criteria to decide who is eligible for treatment and what the next steps are.
- ✓ Apply the inclusion/exclusion criteria to identify who is not eligible for treatment, and what the next actions should be.
- ✓ Recognise the importance of communication and counselling to assess eligibility for treatment.



ACTIVITIES

Facilitated discussion on inclusion and exclusion criteria:

1. The facilitator should begin by asking the health workers what they understand by inclusion and exclusion criteria for administration of Praziquantel during MAM. Ask the health worker to write out the inclusion and exclusion criteria for MAM in their own words on sticky notes, then read out their answers and explore with them their understanding of why these criteria are important.
2. After this discussion, the facilitator should present the inclusion and exclusion criteria specified for the treatment within primary health care and provide a rationale for this, using slide 50. Ask the health workers to read page 14 in the Health Worker Training Guide or read from the Prompt Card pertaining to inclusion/exclusion criteria.

Pregnant girl/woman: An important exclusion criterion is pregnancy as this is in line with current national strategies for Praziquantel administration. *(Note: This may not apply in other countries in line with WHO guidance).*

1. The facilitator should introduce pregnancy as an exclusion criterion and ask the health workers to suggest actions they could do to know if the woman/girl is pregnant.
2. The facilitator should then lead a discussion around the importance of asking if the woman/girl is pregnant and when was their last menstruation.
3. A pregnancy test should be conducted for girls/women of childbearing age if available to confirm. The facilitator should check if health workers are confident in doing pregnancy test and check for availability of pregnancy test strips at the health facility.
4. Following this, the facilitator should ask the health workers 'What advice will you give to any women who are currently pregnant with symptoms of FGS and have previously had contact with infected water?'



Anticipated response: Women who are suspected to have FGS but are pregnant should be advised that currently they cannot receive Praziquantel treatment in line with FMOH guidance. Health workers should ask that they return to the health facility once they have given birth so that they can receive Praziquantel treatment. Details of the women should be taken so that the health facility can follow up. They should be advised to return earlier if symptoms become worse. However, if symptoms are already severe then they should be referred appropriately in line with health facility protocol (to a midwife or doctor). Alternative treatments for symptoms which are appropriate and in line with routine health facility protocols should be considered. Women should be advised about contact with infected water, and to reduce interaction and use alternative water source where possible. (See the session on referral in the Health Worker Training Guide for referral links for FGS related cases).

Discussion on other exclusion criteria:

The facilitator should explain the other exclusion criteria, the reasons why they should be excluded from treatment and what actions must be taken next.

Others excluded for treatment at primary health care level within Ogun (in line with FMOH guidance) include:

- Breastfeeding mothers.
- Girls and women unwell on day of visit (e.g. fever, vomiting etc).
- Girls and women taking medicine which are contra indicated (A list of such medicines is provided in the training guide, page 39).
- Girl/women with Central Nervous System disorders (e.g. history of seizures) or Sickle-Cell Anaemia.

Following this demonstration, the facilitator should ask the health workers 'What advice will you give to any woman who falls under the exclusion criteria listed above but are suspected for FGS?'



Key points for facilitator: If the patient is found eligible for Praziquantel treatment, the health worker should understand that they should proceed to the counselling step to give full counselling (and should include counselling about treatment steps) before the treatment step.

- In line with FMOH guidance, breastfeeding mothers should not be given Praziquantel but asked to return to the health facility when they are no longer breastfeeding. Details of the women should be recorded so she can be followed up by the health facility. Like pregnant women, alternative treatments for symptoms which are appropriate for breast feeding mothers and in line with routine health facility protocols should be considered. If symptoms are severe or become severe, she should be referred appropriately.
- Women/girls on medications which are contraindicated or who have comorbidities including central nervous system disorders, epilepsy or sickle cell anaemia, cannot be given Praziquantel at the primary health care level in case of adverse reactions, side effects, or affecting their other medication's ability to work well. They should be referred immediately to a specialist/appropriate health facility for further care. Counselling should be given on the importance of seeking further care and attending the referral.
- Women/girls who are very unwell (e.g high fever or vomiting) on the day of visiting the health facility should either be asked to return when they are feeling better or referred immediately for potential other conditions. Praziquantel administration should be delayed in case symptoms become worse and therefore it will be hard to ascertain the cause of this.
- Only girls 15-17 years who attend with parent or guardian should be offered treatment. If parent/guardian not present, ask them to return with parent/guardian so that the treatment can be adequately explained.
- Women/girls who do not accept Praziquantel but have no other exclusion criteria should be counselled on the importance of treatment.
- All women/girls should be advised about contact with infected water, and to reduce interaction and use alternative water source where possible.

Documentation should be recorded for all women and girls with symptoms of FGS but are not eligible for treatment at primary health care level.

SESSION 3.2: TREATMENT STEPS

AIM OF THE SESSION (SLIDES 51 AND 53)

The focus of this session will be on how to administer the Praziquantel and other treatment appropriately to the patients that were found eligible for treatment. Facilitator will follow the participatory steps and the activity outlined for this session. By the end of this session, the health worker should:

- ✓ Be able to know how to carry out treatment appropriately.
- ✓ Be able to follow the treatment guideline for Praziquantel administration.
- ✓ Understand how to measure height using the dose pole (or weighing scales) to determine the corresponding dosage to be administered.

ACTIVITIES

Facilitated Discussion:

The facilitator could start by first testing the knowledge of the participants on Praziquantel administration, since they have been involved in the schistosomiasis control programme (Mass Administration of Medicines). Ask the health workers to demonstrate how they would give Praziquantel, and what actions they need to take to determine the correct dose.



CAUTION! Health workers must ensure they use the correct dose pole with minimum calibration of 94cm.

Introduce the Treatment Pathway (slide 52), and go through it with the health workers, pointing out where other tools come into the Treatment Pathway. The facilitators should go through the treatment guide with the Health Workers and demonstrate how to use the dose pole and weight balance to measure a person and how to determine the dosage of praziquantel the woman/girl will be given. Now explain the importance of directly observed treatment (DOTs) of praziquantel and the need for a woman/girl to take an adequate meal before administration of treatment. Explain that eating food prior to treatment can reduce side effects. Stress the importance of treatment documentation in the FGS Register and lead a discussion about the importance of counselling around treatment.

Question and answer session:

The questions below and on slide 53 should be printed out without the answers and given to the health workers to answer. Facilitators should review their responses and correct where necessary.

QUESTIONS	ANSWERS
What do you understand by DOTs administration of PZQ?	DOT means that you observe the patient taking medication in front of you.
What will you do if a patient has not had a meal before presenting at the health facility/ not ready to take a meal in front of the health worker?	If the woman/girl has not eaten, ask her to get some food and then come back to the health facility to eat before the health worker and then take treatment. Communicate with her that this is to reduce any potential side effects.
How long will you observe the woman/girl after she has taken the praziquantel?	Advise that the woman/girl should be observed closely for about an hour after taking praziquantel in case she develops side effects, before she is allowed to leave the Health Facility.
What advice will you give the woman/girl after they have taken treatment?	Advise the woman/girl to return in 7 days for follow up appointment.
How will you document the dosage given?	Fill it in the FGS register and praziquantel accountability form.

SESSION 3.3: SIDE EFFECTS MONITORING

AIM OF THE SESSION (SLIDE 54)

The focus of this session will be to guide the health workers on how to monitor side effects that may occur after administration of praziquantel to the patients that were found eligible for treatment. By the end of this session, the health worker should be able to:

- ✓ Understand how to monitor treated patients for side effects, and what potential side effects they may be.
- ✓ Take the appropriate action for any noticed side effects.
- ✓ Take appropriate steps to address Severe Adverse Effects (SAE).
- ✓ Recognise how to document and report SAEs.

ACTIVITIES

Facilitated discussion:

Ask health workers to write at least one adverse drug reaction they have come across in the course of their duties and how they were managed. They can write these down on sticky notes. Ask for two volunteers to read out what they have written while the others stick theirs onto the flip chart. Then lead a discussion with the health workers about potential side effects which may occur with PZQ treatment, although they are unlikely. Be sure to explain the need to keep the patient under observation for about one hour after Praziquantel administration.

Question and answer:

Ask the health workers to read pages 16-17 of the Health Worker Training Guide and then ask them the following questions:

1. What should be done if a patient experiences shock, seizure or falls unconscious after PZQ administration?
2. What are two other types of SAEs, and what actions will you take?

The facilitator can refer to page 17 of the guide for advice. If side effects occur the health worker must seek help from a senior health professional and advise the patient to report back at the facility in case of any side effect.

Demonstration of SAE form:

The facilitator should explain that a SAE form needs to be completed if a SAE occurs. The facilitator should talk through the form explaining that it needs to be completed appropriately, endorsed and submitted to the Head of NTD division FMOH or the WHO NTD Desk Manager, as indicated at the bottom of the SAE form through the reverse cascade of reporting.

This section focuses on SAEs however, highlight to health workers that if patients have mild side effects (AEs) such as dizziness, then they should not discharge the woman/girl until the symptoms have resolved. Ask the health workers to check vital signs. Patients should be asked to return to or contact the health facility if they have concerns.

SESSION 3.4: PRACTICAL SESSIONS FOR ASSESSING CRITERIA AND ADMINISTRATION OF PRAZIQUANTEL

AIM OF THE SESSION

The aim of this session is to enable health workers to practice assessing criteria and following the treatment pathway. By the end of this session, health workers should:

- ✔ **Be confident and competent to assess if a woman or girl is eligible to receive Praziquantel, and what actions to take.**
- ✔ **Be confident and competent to use the treatment tools and guidelines provided.**



ACTIVITIES

Role play on assessing eligibility criteria:

Choose some health workers to role play how they will find out from the patient about the inclusion and exclusion criteria, using the tools, such as prompt cards or training guide provided, and what actions to take if the person is not eligible but has symptoms of FGS. The role plays should also reflect excluded patients from treatment (based on exclusion criteria) and how they will be managed. Then lead a discussion around the trainees' responses to the above activity.

Role play for administration of Praziquantel:

The facilitator should ask the health workers to work in pairs to determine each other's height using the dose pole and what corresponding dosage will be given, the health worker should also use the weight balance and the chart provided to determine Praziquantel dosage for patient, the health worker should then role play documenting dosage, time given and date in the FGS Register. The health workers should rotate the role play while others observe and give feedback.

SESSION 3.5: REFERRAL AND FOLLOW UP

AIM OF THE SESSION (SLIDES 55-57)

This session will guide the health workers on how to follow up with women and girls with symptoms of FGS who received treatment. It is important to know if symptoms have resolved, or if the woman or girl needs further investigations or a different type of treatment. The facilitator should also recap on who should be referred, where referral should be made and how they should be documented and followed up. By the end of this session, health workers should be able to:

- ✔ **Use the follow up questionnaire accurately.**
- ✔ **Determine if the woman or girl requires further investigation and or referral.**
- ✔ **Determine if the woman or girl may have an additional or concurrent conditions which require treatment in line with health facility protocol.**
- ✔ **Advise the woman or girl appropriately to reduce her chances of re-infection.**
- ✔ **Advise the woman or girl to come back again to the health facility if symptoms return.**



Caution: Remember that Praziquantel cannot be given more often than every 6 months.

ACTIVITIES

Exploring the importance of follow up :

Ask the health workers what they understand by follow up and how is the follow up done in routine practices. Lead a discussion about the importance of follow up in case management. The facilitator should take the trainees through the follow up questionnaire and should be guided to identify if symptoms have resolved or not, and to decide if there is a need for further investigation/referral.

Role play and feedback on follow up:

1. Ask for a volunteer to role play as a woman who has been treated with FGS and has returned for her follow up. The facilitator should take on the role of the health worker and administer the follow up questionnaire.
2. Ask the group to provide feedback, suggestions, and changes, then ask for another participant to come in and take the role of the health worker to test their new knowledge. Clarify that women and girls should be referred if symptoms persist as this suggests that the symptoms may not be due to FGS, while a resolved symptom suggests that the women or girl had FGS.
3. Ask the health workers the following questions (slide 56):

QUESTIONS	ANTICIPATED RESPONSE
How would you differentiate between a resolved or improved symptom?	Asking the questions on the follow up questionnaire and comparing to initial response to symptoms questionnaire.
What advice would you give a woman or girl whose symptoms had resolved?	I would give her advice about finding alternative water sources where possible to reduce contact with infected water, and to return to the health facility if symptoms return, to also take Praziquantel regularly during community drug distribution.
What advice would you give a woman or girl whose symptoms had not resolved?	I would refer her for further investigations and encourage her of the importance of attending this as her symptoms may indicate that she has another condition which needs treating, or that she has severe FGS which needs further investigation as it may be causing her to be unwell.



Exploring the importance of referral question and answer:

Facilitators should ask trainees to recap on who should be referred for either further investigations or to secondary care to see a doctor or specialist. The facilitator should ask the following questions.

- Who should be referred and why?
- When will you refer them?
- Who will you refer them to?
- How will you document this?
- How will you know the outcome of referral and who attended?

Facilitators please see pages 18-19 of the Health Worker Training Guide to support with this.

The facilitator should explain to the health workers that referral may differ for each health facilities depending on their capacity and resources. Therefore, for some women with symptoms (at initial assessment or follow up), they may be referred to a different health facility or hospital for further tests, whereas other health facilities may have the capacity to conduct further tests on site, to rule out other conditions. For women with severe symptoms of FGS or require specialist attention they should be referred to the Federal Medical Centre.



SESSION 3.6: ASSESSING LEARNING ON TREATMENT AND FOLLOW UP

AIM OF THE SESSION

The focus of this session is for facilitators to understand any gaps in knowledge and address them. By the end of this session, health workers should:

- ✔ **Be confident and competent to assess eligibility criteria, administer praziquantel appropriately, recognise and act upon side effects and follow up with the woman or girl.**



ACTIVITIES

Question and answer session:

Health workers will have the opportunity to ask questions about any aspects of the treatment pathway they are unsure of, while the facilitators will respond accordingly and make clarifications where applicable.

DAY 4: SUGGESTED AGENDA

SESSION NUMBER	SESSION NAME	TIME	ACTIVITY	FGS TRAINING GUIDE PAGES	WHO WILL LEAD THE SESSION? <i>(Please complete)</i>	TOOLS NEEDED
4.0	Registration and review of day 3	8:00-8:30am	Arrival & Registration	N/A		<ul style="list-style-type: none"> Registration form
4.1	Reporting and Documentation	8:30-9:30am	Review of care pathway	13-27		<ul style="list-style-type: none"> Sticky notes Flip chart
		9:30-10:30am	Describe the various data capturing tools that will be used for the FGS management at Health Facilities	28		<ul style="list-style-type: none"> Outpatients register FGS HF Data Collection form Referral forms FGS Appointment card Praziquantel accountability form/Level 0 Supervision checklist FGS Monthly reporting form
		10:30-11:00am	How to complete FGS register/ Role Play	N/A		<ul style="list-style-type: none"> FGS HF data collection form
BREAK 11.00-11.20AM						
4.2	Supervision and monitoring	11:20-11:35am	Discussion and familiarisation with supervision checklist	29-33		
4.3	Assessing on the care pathway and tools	11:35am-1:15pm	FGS scenarios (post test/training scenarios)	(See annex of this document)		<ul style="list-style-type: none"> Print out of the scenarios
		1:15-1:30pm	Question and answer	28-33		<ul style="list-style-type: none"> Group participants Sticky notes
4.4	Sensitisation strategy for FGS management to the intervention community	1:30-1:45pm	Discussion on sensitisation	34		<ul style="list-style-type: none"> Flip chart Sticky notes Pens
4.5	Closing remarks	1:45-2:00pm		N/A		N/A
LUNCH AND DEPARTURE 2.00-3.00PM						

DAY 4: TRAINING ACTIVITIES

SESSION 4.0: REGISTRATION AND REVIEW OF DAY 3

AIM OF THE SESSION

This is an opportunity to review learning from yesterday and to assess learning from previous days and ask any remaining questions.



ACTIVITIES

Arrival and Registration:

Repeat registration process as per previous days. Highlight any gaps in attendance to be followed up.

Review of care pathway:

To begin the session, ask for a volunteer to present a brief report of the previous days' training session to the general group.

1. Then using sticky notes, ask participants to write out the steps to follow accordingly from the first step to the last step in managing a girl or woman with FGS. The participants should read out what they have written, and facilitators should review appropriately.
2. Check the suggested steps against the 'Steps to FGS case management' prompt card.
3. When all participants have reflected on the day and are happy to proceed, give an overview of the agenda for the day.



SESSION 4.1: REPORTING AND DOCUMENTATION

AIM OF THE SESSION (SLIDES 59-60)

This session will guide the health workers on how to complete reporting and documentation appropriately. They will be taken through the various data capturing tools that will be used for the FGS management at Health Facilities. The importance of data integrity and completeness will be stressed.

By the end of the session the health worker should:

- ✔ Understand the importance of completing documentation accurately.
- ✔ Identify which forms to complete and how to complete them.



ACTIVITIES

Collecting data:

The facilitator should lead a discussion on the importance of accurate data collection and proper documentation and present all the data collection tools, identifying the sets of data to be collected for FGS management.

- FGS Register
- Referral forms
- FGS Appointment card
- Praziquantel accountability form/level zero form
- The woman or girl's details should be captured in OPD register and FGS register on first visit, but FGS register only at follow up visit.
- FGS monthly reporting form



How to complete FGS Register Role Play:

Hand out the FGS register and ask the health workers to practice in pairs completing the register. One health worker should role play as a woman/girl with suspected FGS. The health worker and “woman/girl” role should role play along the whole pathway from diagnosis through to follow up, and the health worker role should document on the FGS register. They should then change roles, and the other health worker will role play as patient and repeat the process. The registers should then be collected and reviewed. Feedback can be given individually where appropriate.



SESSION 4.2: SUPERVISION AND MONITORING

AIM OF THE SESSION (SLIDE 61)

This session will ensure health workers are aware of the types of supervision and guidance to support them, and who to contact for advice. By the end of this session, health workers should:

- ✓ **Understand what supervision mechanisms are in place.**
- ✓ **Know who to contact if they require advice about a woman or girl with suspected FGS.**
- ✓ **Know how often data will be reported and how.**

**ACTIVITIES****Discussion and familiarisation with supervision checklist:**

The facilitator should lead a discussion on supportive supervision, how frequently it will take place, and what health workers should expect from each visit. The health workers should also understand why FGS registers should be kept and who will monitor these. The following approach can be used to support health workers for the management of cases of FGS.

- **Remote supervision:** Health workers can be given supportive supervision remotely through a WhatsApp group created by the health system for this purpose, contact of all health workers trained on the FGS management will be included on the WhatsApp group along with the trainers and experts that will provide the supportive supervision. The FGS focal person at the State or LGA level has the responsibility of reminding the frontline health workers (on a weekly basis) of the need to sensitise and create awareness about FGS during their daily routine programmes and encounters with women in the health facility. Health workers can raise questions or issues of concerns regarding management of FGS on the platform and get a quick response and clarity from the trainer or experts on the platform. The platform can also be used to pass across general information about FGS management e.g. issues observed during onsite supervisory visit to one or more health facilities can be communicated on the WhatsApp platform for other frontline health workers to learn.
- **Monthly data validation:** There is a monthly data validation programme that takes place at the local government level, where one or two of the health workers from all the health facilities within a LGA go to their LGA secretariat or a specified venue with registers for all health intervention programmes they implement within their health facility. At this meeting, the registers for each of the health intervention programmes are reviewed one after the other and where there are issues of poor record keeping or documentation e.g. incompleteness of data, or error in filling of the registers, the health worker concern is corrected or re-trained, if there is need for re-training of the health workers on any of the recording tools, it will be determined at this meeting. FGS register will henceforth be included as part of the records that will be validated during the monthly validation meeting.
- **Monthly reporting form on FGS:** A monthly reporting tool developed will be used to capture information about services provided for women and girls with FGS related symptoms seeking care at the health facility or during an outreach. Each health facility is to send their monthly reporting form to the State through the LGA. The LNTD at the LGA will be responsible for collecting the FGS monthly reporting form from the health facilities implementing FGS services at an agreed date (e.g. 3rd Friday of the month) every month. Information gathered from the monthly reporting tool will help in monitoring FGS services at each of the health facility. See annex in the health worker training guide for a sample of the monthly reporting form. Trainers should train the frontline health workers how to correctly fill the FGS monthly reporting form.



SESSION 4.3: POST-TRAINING TEST/ROLE PLAY FOR FGS CASE MANAGEMENT

AIM OF THE SESSION

The aim of this session is to measure the understanding of the health workers' knowledge of the entire care package through the use of case studies in the appendix, they are the same case studies used during pre-test phase and facilitators should look for an improvement in the answers from the pre-test phase.



ACTIVITIES

FGS scenarios:

Print out the scenarios without answers from the table below or display them using the PowerPoint slide 63.

The participants will be divided into groups; each group attempts the question assigned to their group. The groups will discuss and identify all the steps to be taken to care for the patient according to FGS care pathway and will then choose representatives from their group to act as health worker and patient to role play the identified steps including proper documentation of the process. Feedback will be taken after the roleplay.



SESSION 4.4: SENSITISATION STRATEGY FOR FGS MANAGEMENT TO THE INTERVENTION COMMUNITY

AIM OF THE SESSION (SLIDE 64)

This session explores the importance of sensitisation and mobilisation of FGS patients to the health facility. By the end of this session, health workers should be able to:

- ✓ Identify what types of sensitisation may be used within their own health facilities.



ACTIVITIES

Discussion on sensitisation:

The facilitator should lead a discussion about sensitisation of patients to the health facility and its importance to the FGS care management. Using sticky notes and a pen, the health workers should write down possible ways of sensitisation and the participants should be asked to read out what they have written. This will then be reviewed and agreed upon for implementation. See page 34 on the training guide of suggested sensitisation strategies, you can add other platforms identified during the training which are not already there.



SESSION 4.5 QUESTION AND ANSWER SESSION

AIM OF THE SESSION (SLIDE 65)

This is an opportunity for the health workers to ask any questions they feel are still unanswered or they are not sure about.



ACTIVITIES

Ask for a volunteer to present a brief report of the training session to the general group. Then using sticky notes, ask participants to write:

- 3 key learnings of the training sessions
- 2 things they found very interesting.
- Anything that they are still not yet clear about

Encourage the health workers to freely ask any question.



ACKNOWLEDGEMENTS

The FGS trainer manual was developed by the FGS study team / Liverpool School of Tropical Medicine.

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We sincerely appreciate the management of the health facilities where this tool was piloted. A special thank you to the patients and health workers whose insights and perspectives have been invaluable in the finalisation of this tool. The front cover picture was created by Mr. Moses Gblayan at Liberia Arts Heritage.

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ANNEX

POST-TEST SCENARIOS

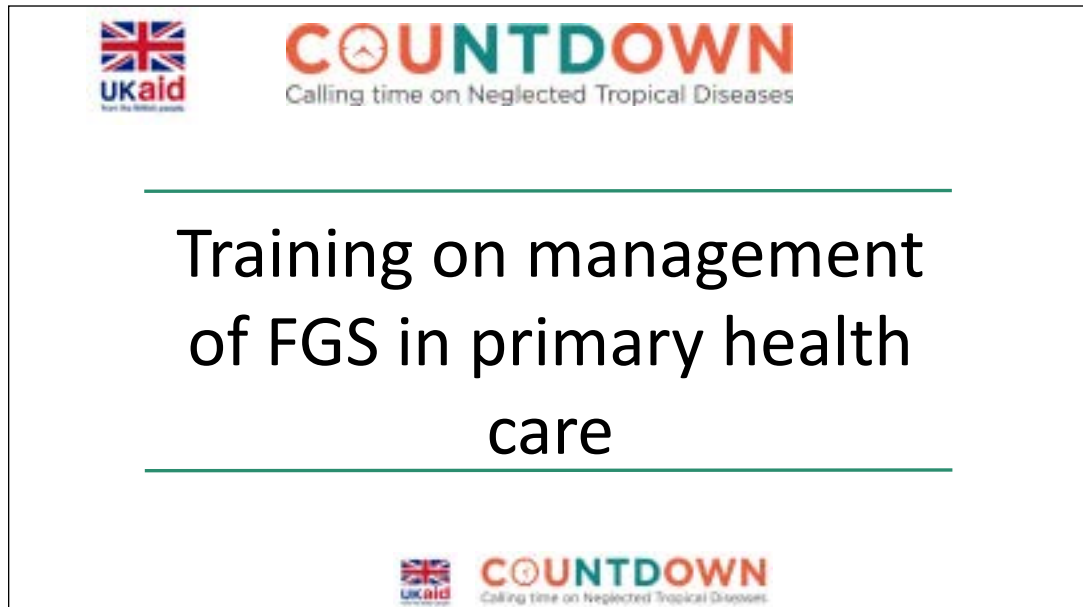
	SCENARIO QUESTIONS		ANSWERS
Q1	Taiwo is an adolescent girl of sixteen (16 years) who just came to town to stay with her aunt. She shyly opened up to the aunt that she is having itchy vaginal discharge which is always accompanied by painful urination and that she also has ulcers on her vulva. What steps will you follow to help the girl?	A1	<ul style="list-style-type: none"> • From the initial symptom questionnaire, Taiwo has symptoms of FGS. • I will classify her as multiple symptoms presentation on the symptom questionnaire and document this. • I will carry out risk assessment and understand if she has contact with infected water. • I will check her eligibility for treatment using the prompt card. • If she is eligible for praziquantel then I will treat her following the treatment pathway. • I will go through the severity checklist, I already know she has vulva ulcers and therefore has severe symptoms. I will check if she has any other severe symptoms, being careful of how I ask the question and communicate with her. I will also assess if she may potentially have another condition in addition or instead of FGS which may require further investigation and care. • I will need to refer her for FGS complications due to her multiple symptoms which are severe and will counsel her on the importance of this. • I will follow up to see if she attends referral.
Q2	Awero is a 34-year-old woman who has been married for 5 years now, she works in a fishpond and has been experiencing pain and bleeding during sex. What would you do to help her?	A2	<ul style="list-style-type: none"> • Using the diagnostic tools (initial checklist, discharge colour chart) to elicit her condition, I will assess that Awero has two symptoms of FGS plus a potential FGS risk factor as she has told me she works in a fishpond. • I will check for other risk factors using the environmental risk assessment. • I will check her eligibility for treatment and treat her if she is eligible using the treatment pathway • I will use the severity/other conditions checklist to identify her need for referral for FGS complications, or another condition which will determine her need for further investigation and care. • She should come back for follow up in 7 days where I will assess if her symptoms have improved. • I will counsel her about FGS and that her job may re-expose her to infection and that she may need further treatment yearly (or no earlier than 6 months).
Q3	25-year-old Afusat who lives in Atako village complains of a bloody discharge accompanied by painful urination. She has had this for two weeks and it is getting worse. She does not know whether her partner has penile discharge because she has not seen him for three months. She has no other symptom.	A3	<ul style="list-style-type: none"> • I will use the symptoms questionnaire to elicit other possible symptoms not mentioned • I will explore her water body contact history by asking the questions of the risk assessments • She has symptoms of FGS. If she has an environmental risk score above 4, she may be eligible for treatment. • I will go through the eligibility criteria and if appropriate treat with praziquantel. • I will go through the severity/other conditions checklist with her and if she has any of these then she should be referred straight away/have further investigations to explore other conditions. If she has no severe symptoms then she should be followed up after 7 days.

SCENARIO QUESTIONS		ANSWERS	
		A3	<ul style="list-style-type: none"> • If the woman however scores less than 4 on the environmental risk assessment, I will refer for potential other conditions/conduct investigations in line with my health facility policies. • I will counsel the woman throughout about reasons why I am asking her these questions, and how to prevent FGS.
Q4	A 22-year-old woman married for one month appeared at the clinic with history indicating pain during sex and vulvar pruritis (itching). How will you go about diagnosis and treatment?	A4	<ul style="list-style-type: none"> • I will sensitively ask her about the onset and duration of symptoms and check if there are any other symptoms. • I will use the environmental risk assessment to determine if she has likelihood of FGS. • If she has contact with water, I will check if she is eligible for treatment and if she is eligible, I will administer treatment. • I will check to see if she has any severe symptoms or potential other conditions and refer/investigate appropriately. • I will follow her up to see if she her symptoms have resolved, if not then I will refer.

Notes:

TRAINING ON MANAGEMENT OF FGS IN PRIMARY HEALTH CARE PRESENTATION

Slide 1

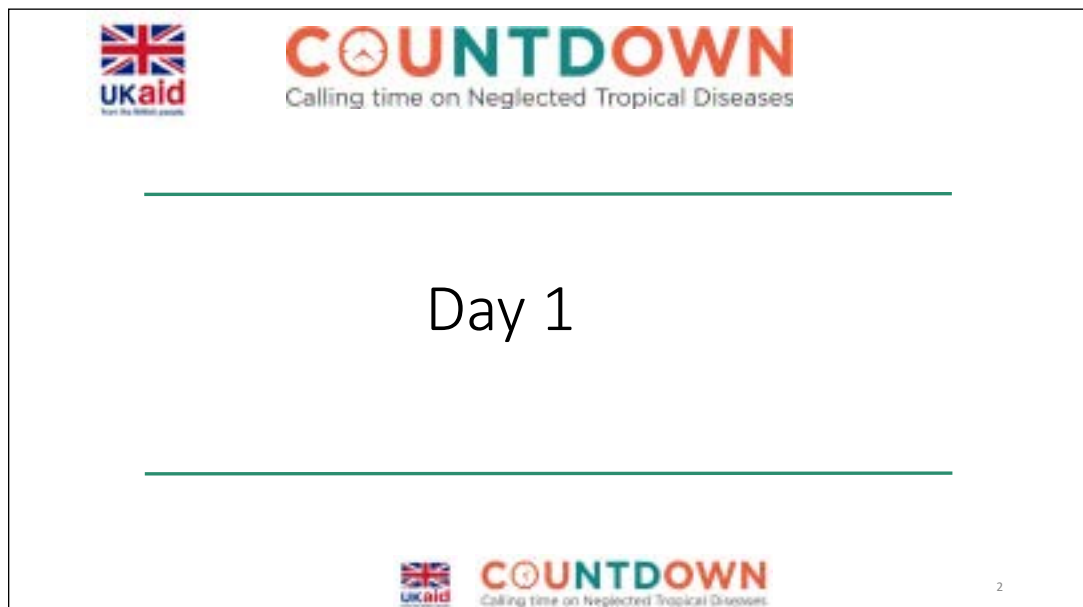


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Training on management
of FGS in primary health
care

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Slide 2



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Day 1

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2

Day 1 Overview

Introduction and agenda setting

Pre-test

Overview of FGS prevalence

Introduction to the care package for management of FGS

Diagnosis pathway



3

Presentation of FGS epidemiology, prevalence, transmission, treatment and tools

Aim of the session

- The aim of this session is to introduce health workers to the tools and the prevalence of FGS within Ogun and explain why the care pathway is important for women and girls with FGS, health workers and the community. By the end of this session, health workers should be able:
- To ensure that the participants can define and explain what FGS is, how it is transmitted and the prevalence in Ogun state.
- To recognise the value and benefits for women, girls and the community of treating FGS and the consequences of not treating.
- To recognise and understand the impact on women and girls of misdiagnosis.



4

Introduction: What is schistosomiasis?

- Schistosomiasis is a water-borne disease, caused by worms that live in infected water (such as lakes and rivers). People become infected when they come into contact with this water when the parasitic worm is present.
- The disease is present in 75 countries and over 200 million people are infected: 95% of infected persons are in Sub-Saharan Africa.
- Nigeria has the highest burden of the disease, with around 29 million cases across the country.
- It is typically prevalent among persons in rural environments where access to adequate sanitation and hygiene is poor
- Because there is often little attention given to this disease, it is considered a neglected tropical disease by the World Health Organisation



5

Slide 6

How schistosomiasis affects people: medical

- There are two forms of schistosomiasis: Intestinal (*S.mansoni*) and urogenital (*S. haematobium*) that can affect both males and females

Intestinal

Worms in blood vessels that surround the intestine

Symptoms include diarrhoea, abdominal pain and swelling, tiredness, and blood in faeces.

Urinary

Worms in blood vessels of the bladder, and cause inflammation

Typical symptom is often blood in urine

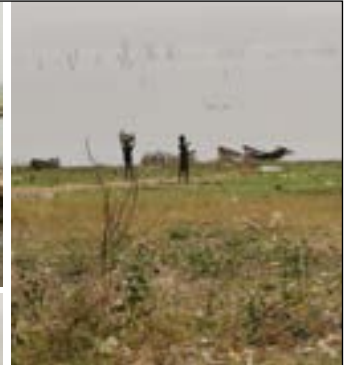


6

Slide 7

Gendered interactions with water

Fulani community, Ogun State, Nigeria



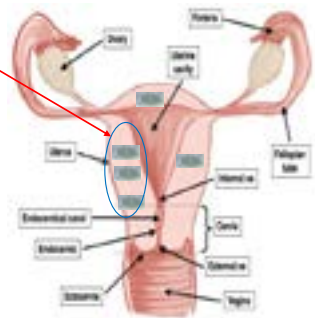
Slide 8

Female Genital Schistosomiasis (FGS): Overview

- Female Genital Schistosomiasis (FGS) is a common complication of schistosomiasis caused by the presence of eggs in genital tissue
- Left untreated, the damage that FGS causes include infertility, miscarriage, ectopic pregnancies, spontaneous abortions, social stigma, depression, and genital and cervical lesions
- In Nigeria it is estimated that 70% of female living in schistosomiasis endemic area have FGS



Schistosoma egg

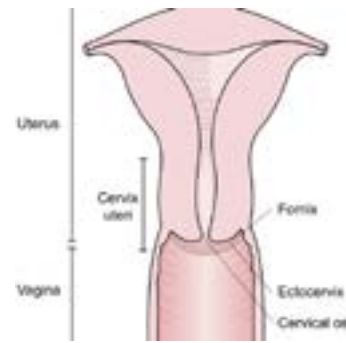


Female genital part



How does FGS present?

- Common symptoms of FGS can be quite general to other gynaecological diseases, including vaginal discharge, vaginal bleeding, vaginal discomfort and pain during sex
- Therefore, although FGS may be the most common gynecological condition in schistosomiasis-endemic areas, it remains undiagnosed in most cases



Most affected sites by schistosomiasis



Who is at risk of developing FGS?

- Women and girls living in areas with poor access to portable water coupled with poor sanitation and hygiene practices
- Women and girls living in fishing and agriculture communities



What are some of the consequences of FGS?

Medical

- Bleeding during intercourse (contact bleeding)
- Infertility
- Miscarriage or ectopic pregnancy
- Involuntary urination when coughing, laughing or jumping, etc.
- Genital ulcers
- Tumours or swelling (vulva, vagina, cervix)

Social

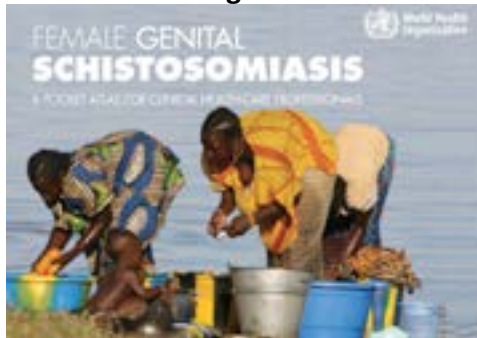
- Social stigma and embarrassment
- Isolation and fear of losing social network
- Depression and feelings of shame



Slide 12

How is FGS currently diagnosed and treated?

WHO guidelines



There is a WHO FGS pocket but most frontline health worker are not aware and do not have access to it

National guidelines

No national guideline on FGS diagnosis and treatment yet

- School-based treatment campaigns



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Slide 13

What are some of the challenges affecting early and effective diagnosis and treatment of FGS (facility)?

- General focus on MDA strategies in schools - girls not attending school may miss opportunity for treatment
- Current lack of evidence work exploring health workers understanding and management of the disease
- Challenge obtaining praziquantel outside on MDA
- Lack of awareness among health workers- misdiagnoses and stigmatization – STI
- Lack of diagnostic tools suitable for primary health care



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Slide 14

What are some of the challenges affecting early and effective diagnosis and treatment of FGS?

Girls and women affected by FGS have no idea of what is wrong with them

Many young girls affected go to chemist to do self medication instead of going to the health facility because of fear of stigmatization

Health implications of FGS such as Infertility and contact bleeding during intercourse result may affect women wellbeing and relationships



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What do we need to do?

We need to educate the health workers and Health professionals about the challenge of FGS

We have developed diagnostic algorithm and treatment care package and training guide for the management of FGS at the primary health care level

We need to train the Frontline health workers on the use of the diagnostic algorithm and treatment care package

We need to be evaluate the effectiveness of the diagnostic algorithm and treatment care package

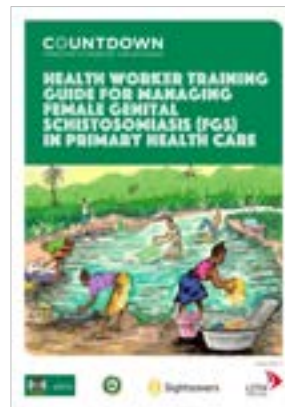


Overview of the training guide and tools

A package of care has been developed to support health workers to diagnose, treat, counsel, follow-up and refer women and girls with FGS.

This package includes:

- Four day participatory training
- Health worker Guide
 - Diagnosis pathway
 - Treatment pathway
 - Referral pathway
 - Counselling guidelines



OVERALL FLOW DIAGRAM OF THE CARE PATHWAY



Slide 18

Diagnosis steps

1. Collect bio-data, including weight and vital signs (blood pressure and temperature)
2. Administer the initial symptoms questionnaire and record symptoms in FGS register.
3. If patient answers yes to having vaginal discharge, use vaginal discharge colour chart
4. Conduct the environmental risk assessment
5. Use the severity / other condition checklist on all patients and document as appropriate.



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Slide 19

Initial symptom questionnaire

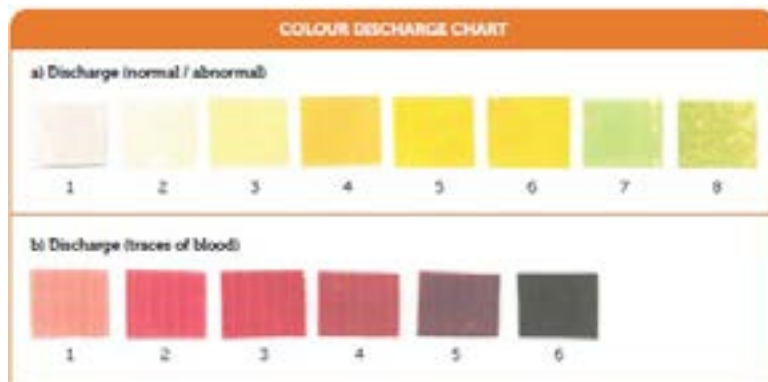
QUESTION	CIRCLE THE RESPONSE			
Do you have genital itching or burning?	Yes	No		
If yes, how severe is the itching / burning?	Mild	Moderate	Severe	
Do you have vaginal discharge?	Yes	No		
If yes, how heavy is the discharge?	Mild	Moderate	Severe	
Do you have pain during sex?	N/A	Rarely	Occasionally	All the time
Do you have spotting / bleeding during / after sex?	N/A	Rarely	Occasionally	All the time



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Slide 20

Discharge Colour Chart



20

Environmental Risk Assessment

FGS RISK ASSESSMENT QUESTIONS	YES	NOT SURE	NO
Have you had direct (active or indirect (passive) contact with river/ stream water now or in the past? <input type="checkbox"/> Fishing <input type="checkbox"/> Washing cloth <input type="checkbox"/> Bathing* <input type="checkbox"/> Wading through / crossing <input type="checkbox"/> Swimming <input type="checkbox"/> Defecating	4	2	0
Have you had painful urination or bloody / cloudy urine in the past?	2	1	0
Is there anybody in the family or anyone you lived with that has history of blood in urine or reported cloudy-urine?	2	1	0
Is there anybody in the community suffering from this?	2	1	0



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Severity/Other conditions checklist

1. Do you involuntarily pass urine?
2. Do you find it difficult to get pregnant?
3. Have you experienced any previous pregnancy loss?
4. Do you have any genital sores or genital ulcers?
5. If yes, do the ulcers/sores bleed?
6. Do you have any genital swelling?

***Confidential and sensitive questions require effective communication which is non stigmatising**



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Referral for severe FGS or potential other conditions



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Slide 24

Summary

- If the woman or girl scores 4 and above in the risk assessment and has any of the conditions in the symptoms checklist, the woman or girl has suspected FGS and will proceed to the treatment checklist to see if she is eligible for treatment. Pregnancy test should be conducted to know the patient’s pregnancy status.
- If she answered that she has one of her symptoms were severe then treat and observe, or if she had multiple symptoms which were either moderate or severe, then she may need further investigation (treat and refer immediately). If one of these symptoms was abnormal discharge, then present the colour discharge chart, and ask what colour her discharge is. This should be documented on any referral forms for further investigations.
- If you are unsure if the patient should be treated or referred, then please discuss with your supervisor.



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Slide 25



Day 2



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Slide 26

Day 2 Overview

Stigma management

Psychological distress

Gender-based violence

Health education and counselling

Communication skills



26

Slide 27

Stigma, Mental Wellbeing and Female Genital Schistosomiasis



Slide 28

Session Learning Objectives

- To be able to explain why stigma might exist in different forms (e.g. felt, feared, internalised and discrimination) and what these types of stigma may look like in relation to FGS.
- To understand what causes stigma related to FGS and the influence of societal judgements related to gender, religion, and health.
- To explore the effects of stigma, including the relationship between mental wellbeing and stigma.
- To develop skills that can support you to reduce stigma, particularly when supporting women and girls affected by FGS.
- To recognise when women and girls may need further support to improve their mental wellbeing or to seek support for gender-based violence



Slide 29



Activity One



Slide 30

What is Stigma?

- A negative response to our differences.
 - They can be obvious for example name calling or making someone sit somewhere else because of who they are
- OR
- They may be well meaning intentions but where we haven't thought through the potential negative impact of our response. For example, asking them why they look like that or why they don't have children.
 - When we do these things because someone has a health condition, like FGS, we call it **'health related stigma'**



Slide 31

Types of Stigma

WE OFTEN LABEL OR STEREOTYPE PEOPLE. THIS CAN MAKE US TREAT THEM DIFFERENTLY AS WE SEE THE LABEL NOT THE HUMAN BEING.

Experienced Stigma

Someone is treated differently because of their health condition. E.g. loses their job

Anticipated Stigma

When someone is scared that people will treat them differently because of their health condition

Internalised Stigma

When someone holds a negative belief about a health condition and diagnosed with it they apply these feelings to themselves.

Adeola's husband thinks she is not a virgin or is having an affair because of the symptoms of FGS and so shouts at her.

Chiyere is worried that people will think she can't have children because she has had FGS and no one will marry her.

Kadijat is hiding from people in her community because she thinks she has been cursed by a witch and can't have children.



Slide 32



Activity Two



Slide 33

What Causes Stigma?

- A social process that lead to a group being labelled or thought of as 'different' and can lead to social isolation or rejection. Society sees people as inferior based on their difference.
- Normally because of
 - physical appearance
 - Behaviours
 - Social characteristic



Slide 34

So why do we stigmatise?

- | | |
|---|--|
| Fear | • Catching the disease, physical impacts, of infecting others, disclosure |
| Unease | • People may not know how to react toward another person |
| Association | • Health condition perceived to be undesirable or linked to a specific job, for example, sex work, poverty. Often people are blamed for their condition. |
| Values and Beliefs | • Religious values related to sex and marriage may cause stigma if FGS perceived as a result of infidelity. These may be unconscious thoughts or ideas. |
| Policies or Legislation | • About where and how conditions are treated. Laws that are discriminatory e.g. allowing divorce as the result of a specific health condition. |
| Use of inappropriate pictures of language, comments from health workers | • The way in which diseases are presented visually, talked about in the community and or media is important. Labelling and negative language can lead to stigma. |



Slide 35



Activity Three



Slide 36

Who Stigmatises?


EVERYONE

Often we don't realise we are doing it.

We might use certain words to describe people or avoid talking to someone because of a specific health condition because we do not know how to respond.

Ask yourself:

- Would I accept a glass of water from someone who is HIV positive?
- Would I assume that someone who shows signs of FGS is not a virgin?
 - Would I go for dinner at someone's house who has leprosy?






Slide 37



Who Stigmatises?

Anthony is a health care worker who is based at the clinic. A young women comes to him and says she has just got married but is struggling to have child and she gets pain when she has man and women business. Anthony thinks he has seen this before and she must have been sleeping with other men. He believes that she has been involved in sinful behaviour. Anthony feels strongly about women who behave like this in his community and so decides not to offer her care but to ask one of his colleagues to do it instead.



- In this example, Anthony has a negative attitude toward women and girls who may be experiencing signs and symptoms of FGS.
- Anthony is stereotyping toward certain health conditions.
- Our own personal emotional reactions can compromise the type of care we provide.

Slide 38

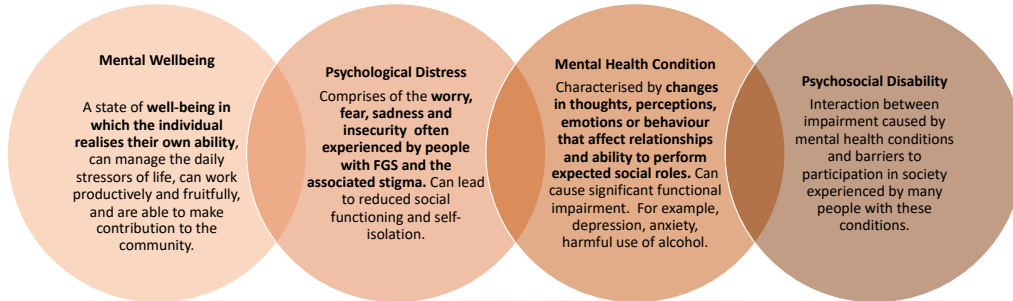
Activity Four

Slide 39

The Impacts of Stigma

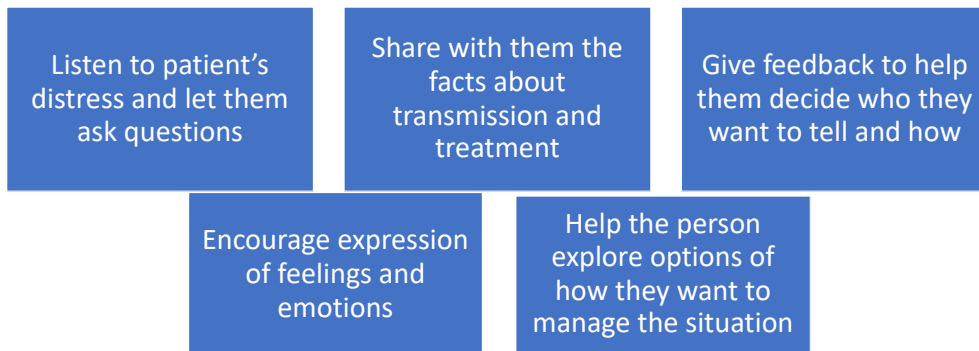
Every person will experience stigma differently but often it can lead to negative thoughts and feelings. These feelings may not be constant but will depend on the situation that we find ourselves in. Stigma can often affect a person's mental wellbeing and how we respond becomes really important.



Slide 40

How should we Respond?

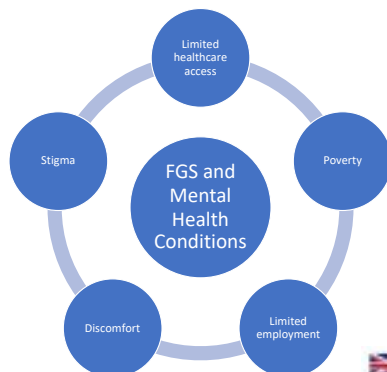
Think about the way that we communicate diagnosis



Slide 41

Psychosocial Support

People with FGS are at risk of developing mental health conditions; and people with mental health conditions are at risk of FGS. This is because many of the social factors that shape vulnerability are the same.



- Psychosocial support is a supportive relationship that involves allowing a person to address the feelings (emotions), thoughts and beliefs, behaviours and relationships that are associated with the diagnosis.
- We can provide this initial support by:
 - Listening: pay attention to words people use.
 - Watching: pay attention to non-verbal body language.
 - Empathising: be supportive and give hope.
- Sometimes you will identify people in psychological distress that need more support. In these cases you should refer.



Slide 42

Gender Based Violence: What is it?

Physical

Verbal

Emotional

Sexual

Based on
gender

All forms of violence and abuse can be harmful to a persons mental wellbeing



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Slide 43



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Questions?



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Slide 44

Health Education and Counselling



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Aim of the session

The focus of this session will be to guide the health workers on how to counsel a woman or girl with suspected FGS and to reduce feelings of stigmatisation, prevent reinfection and understand what to expect with treatment and or referral. By the end of this session the health worker should be able:

- To understand the difference between education and counselling.
- To understand why education and counselling are so vital in FGS case management.
- To be competent in a range of communication skills for education and counselling.
- To be able to explain to the woman/girl the importance of each step along the care pathway for FGS Management.
- To know how to communicate effectively to remove fear from the woman/girl and reassure her of how treatment will help reduce symptoms
- To understand the importance of maintaining confidentiality
- To be able to offer advice about preventive measures against re-infection.

Communication skills and counselling practice

Aim of the session

The aim of this session is to reflect on the importance of communication skills to support education and counselling. By the end of this session, health workers should be able:

- To demonstrate and reflect on effective communication and counselling skills
- Be confident and competent to educate and counsel women on the FGS care pathway and recognise and reduce stigma related to FGS.

Day 3

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Day 3 Overview

Review day 1 and 2

Treatment criteria

Treatment pathway

Side effects monitoring

Referral pathway

Follow-up procedures



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Eligibility criteria

Aim of the session

The focus of this session is eligibility criteria for administering praziquantel to women and girls with FGS. By the end of this session, health workers should be able:

- To understand the inclusion and exclusion criteria for treatment of FGS.
- To understand the importance of the eligibility criteria and why it is included.
- To apply the inclusion/exclusion criteria to decide who is eligible for treatment and what the next steps are.
- To apply the inclusion/exclusion criteria to identify who is not eligible for treatment, and what the next actions should be.
- To recognise the importance of communication and counselling to assess eligibility for treatment.



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Inclusion/Exclusion criteria

INCLUSION (TREAT):

- ✔ Woman / girl 15 years and older
- ✔ Consented to treatment
- ✔ Has not taken praziquantel during last 6 months
- ✔ Has symptoms of FGS and has FGS environmental risk assessment score of 4 and above
- ✔ Has recently eaten food

EXCLUSION (DO NOT TREAT):

- ✘ Is pregnant or currently breastfeeding
- ✘ Has a history of epilepsy, central nervous system disorders or sickle cell anaemia
- ✘ Is taking a medication which may interfere with treatment
*See FGS Training Guide Annex page 39
- ✘ Is currently unwell or sick
- ✘ Does not consent to treatment



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Treatment Steps

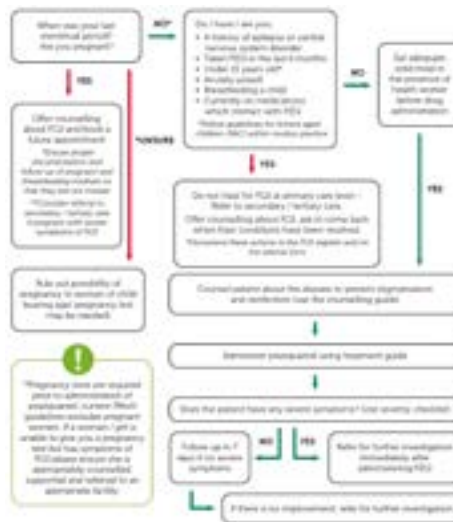
Aim of the session

The focus of this session will be on how to administer the praziquantel and other treatment appropriately to the patients that were found eligibly for treatment. Facilitator will follow the participatory steps and the activity outlined for this session. By the end of this session, the health worker should be able:

- To know how to carry out treatment appropriately.
- Be able to follow the treatment guideline for Praziquantel administration.
- Understand how to measure height using the dose pole (or weighing scales) to determine the corresponding dosage to be administered



Treatment pathway



Administering Praziquantel

- What do you understand by DOTs administration of PZQ?
- What will you do if a patient has not had a meal before presenting at the health facility/ not ready to take a meal in front of the health worker?
- How long will you observe the woman/girl after she has taken the praziquantel?
- What advice will you give the woman/girl after they have taken treatment?
- How will you document the dosage given?



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Side effect monitoring

Aim of the session

The focus of this session will be to guide the health workers on how to monitor side effects that may occur after administration of praziquantel to the patients that were found eligibly for treatment. By the end of this session, the health worker should be able to:

- Understand how to monitor treated patients for side effects, and what potential side effects they may be.
- Be able to take the appropriate action for any noticed side effects.
- Be able to take appropriate steps to address Severe Adverse Effects (SAE)
- Recognise how to document and report SAEs.



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Referral and Follow up

Aims of the session

This session will guide the health workers on how to follow up with women and girls with symptoms of FGS who received treatment. This is important to know if symptoms have resolved, or if the women or girl needs further investigations or a different type of treatment. The facilitator should also recap on who should be referred, where referral should be made and how they should be documented and followed up. By the end of this session, health workers should be able:

- To use the follow up questionnaire accurately.
- Determine if the women or girl requires further investigation and or referral.
- Determine if the women or girl may have an additional or concurrent condition which requires treatment in line with health facility protocol.
- Advise the women or girl appropriately to reduce her chances of re-infection.
- Advise the women or girl to come back again to the health facility if symptoms return.



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Follow up assessment questions

How would you differentiate between a resolved or improved symptom?


What advice would you give a woman or girl whose symptoms had resolved?

What advice would you give a woman or girl whose symptoms had not resolved?




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Questions?




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Day 4




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Slide 59


Day 4 Overview




REPORTING AND DOCUMENTATION



SUPERVISION AND MONITORING



SENSITIZING THE COMMUNITY



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Reporting and Documentation

Aim of the session

This session will guide the health workers on how to complete reporting and documentation appropriately. They will be taken through the various data capturing tools that will be used for the FGS management at Health Facilities. The importance of data integrity and completeness will be stressed. By the end of the session the health worker should:

- Understand the importance of completing documentation accurately.
- Identify which forms to complete and how to complete them.



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Supervision and monitoring

Aim of the session

This session will ensure health workers are aware of the types of supervision and guidance to support them, and who to contact for advice. By the end of this session, health works should:

- Understand what supervision mechanisms are in place.
- Who to contact if they require advice about a women or girl with suspected FGS
- How often data will be reported and how.



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Activity Post-test



Scenarios for pre and post test

Question	Scenario
1	Taiwo is an adolescent girl of sixteen (16 years) who just came to town to stay with her aunt. She shyly opened up to the aunt that she is having itchy vaginal discharge which is always accompanied by painful urination and that she also has ulcers on her vulva. What steps will you follow to help the girl?
2	Awero is a 34-year-old woman who has been married for 5 years now, she works in a fishpond and has been experiencing pain and bleeding during sex. What would you do to help her?
3	25-year-old Afusat who lives in Atako village complains of a bloody discharge accompanied by painful urination. She has had this for two weeks and it is getting worse. She does not know whether her partner has penile discharge because she has not seen him for three months. She has no other symptom.
4	A 22-year-old woman married for one month appeared at the clinic with history indicating pain during sex and vulvar pruritis (itching). How will you go about diagnosis and treatment?

Sensitisation strategies

Aim of the session

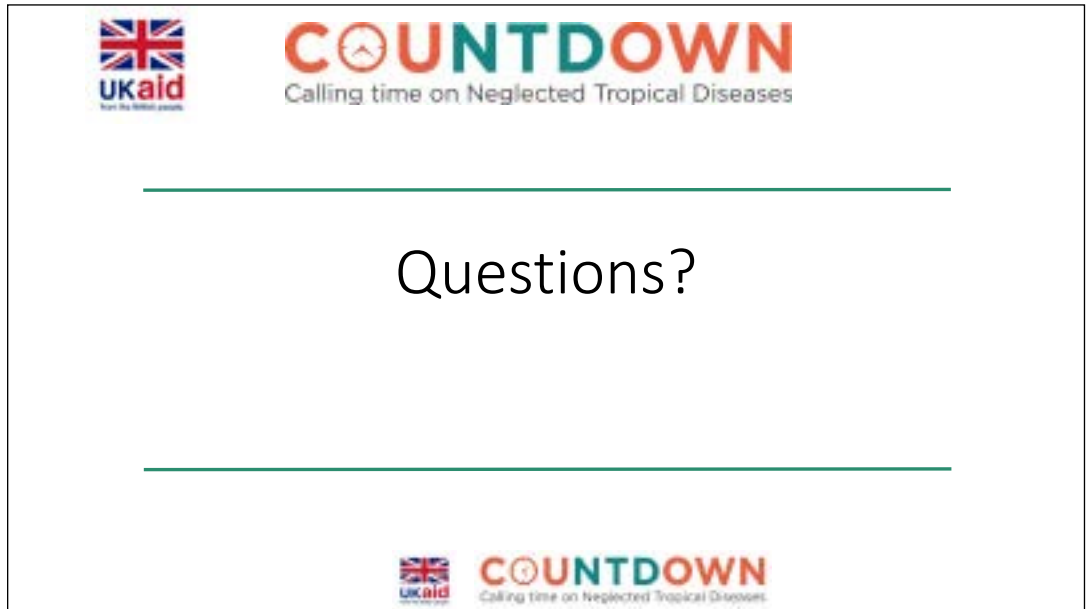
This session explores the importance of sensitization and mobilization of FGS patients to the health facility. By the end of this session, health workers should:

- Identify what types of sensitisation may be used within their own health facilities.

Question and answer session

- 3 key learnings of the training sessions
- 2 things you found very interesting
- Anything that you are still not yet clear about

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Questions?

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Slide 67



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NOTES

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Version 2: July 2021



The research is funded by the COUNTDOWN programme (Grant ID – PO 6407) which is a multi-disciplinary research consortium dedicated to investigating cost-effective, scaled-up and sustainable solutions, necessary to control and eliminate the seven most common NTDs. COUNTDOWN was formed in 2014 and is funded by UKAID, part of the Foreign, Commonwealth and Development Office (FCDO).