COUNTDOWN
Calling time on Neglected Tropical Diseases

FGS INTERVENTION MANUAL

MINISTRY OF HEALTH
Republic of Liberia

PIRE
Pacific Institute for Research and Evaluation

LSTM
LIVERPOOL SCHOOL OF TROPICAL MEDICINE

UKaid
from the British people

INTRODUCTION

BACKGROUND

Schistosomiasis is one of the neglected tropical diseases (NTDs) that is still a major problem in Liberia. It is caused by a group of parasitic worms - Schistosoma - transmitted through contact with water infested with freshwater snails. It contributes to hinder the socioeconomic development of Liberia, particularly in poor and rural communities who have a lack of access to clean water and where infection rate is high. Without addressing schistosomiasis, Liberia will face a challenge in achieving the sustainable development goals (SDGs) (1).

Repeated exposure of the female genital system to the eggs of Schistosoma may cause inflammation and damage and lead to female genital schistosomiasis (FGS). Women and girls are at risk of FGS from frequent exposure to infested water through bathing and household use. Manifestations of FGS mimics those of sexually transmitted infections (STIs) and access to diagnosis is limited, especially in poor and / or rural communities. If FGS is not treated early, it can lead to complications which may be irreversible. Therefore, early diagnosis and treatment is imperative.

Figure 1: *Women and girls using freshwater for washing and bathing (image credit: Ministry of Health, Liberia)*

Many healthcare workers and community members have limited knowledge and / or understanding of FGS and so many women and girls do not receive adequate / appropriate management for it. This guide has been developed by the COUNTDOWN consortium of the Liverpool School of Tropical Medicine, a seven-year multi-disciplinary implementation research consortium aimed at conducting health systems strengthening activities to support the equitable management and control of Neglected Tropical Diseases (NTDs); in collaboration with the national NTD programme of the Ministry of Health Liberia. This guide is designed to assist primary healthcare workers to diagnose, treat, and support women and girls with FGS.

THIS MANUAL AIMS TO:

- **Improve knowledge and awareness of healthcare workers and health system stakeholder on FGS and its consequences.**
- **Assist health system stakeholders in the training and implementation of a care package for women and girls with symptoms of FGS in their respective settings in Liberia.**
- **Assist primary healthcare workers to diagnose, treat and manage women and girls with symptoms of FGS appropriately and early; and refer complicated cases to higher-level healthcare facilities.**

This manual does not replace other guides used in your facilities, it should rather be used to compliment routine tools and practices.

HOW TO USE THIS GUIDE

This guide is for use by stakeholders in NTD control programmes throughout the health system (national, county, and district) and primary healthcare professionals who manage women and girls presenting with symptoms of FGS such as malodorous discharge, spotting, pain, and incontinence. It is equally meant for clinics for sexually transmitted infections, nurses / doctors doing speculum examinations, general practitioners and gynaecologists who are likely to see patients when the FGS lesions have not responded to other treatments.

This manual is divided into three sections called modules to ease understanding.

MODULE ONE

MODULE ONE is aimed at increasing awareness of healthcare workers on FGS; and will assist healthcare workers with guides to diagnose and manage women and girls with symptoms of FGS at primary healthcare level. Module one therefore details:

- **Key facts about Schistosomiasis and FGS**
- **Series of intervention materials that can be used within the health system to support the identification, diagnosis and management of FGS in women and girls**

MODULE TWO

MODULE TWO outlines how healthcare workers and stakeholders at different levels of the health system can be trained on the guides to diagnose and manage women and girls with symptoms of FGS. It details training agendas, intervention materials and knowledge assessment of participants to ensure understanding.

MODULE THREE

MODULE THREE describes how healthcare workers can be supervised and supported to effectively diagnose and manage FGS. It details supervision checklists and supporting activities to be carried out by stakeholders and higher level staff when supporting primary healthcare workers and community healthcare workers.

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MODULE ONE

THE FGS INTERVENTION

THE FGS INTERVENTION

GUIDES TO INCREASE AWARENESS, DIAGNOSE, TREAT, FOLLOW-UP, AND MANAGE WOMEN AND GIRLS WITH SYMPTOMS OF FGS

WHAT IS SCHISTOSOMIASIS?

Schistosomiasis, also known as "Bilharzia" or "snail fever" is a water-borne disease caused by a group of parasitic worms - Schistosoma - and carried by freshwater snails. Below are key facts healthcare workers need to know about Schistosomiasis.

1. LIFE CYCLE OF SCHISTOSOMIASIS

- Transmission occurs when eggs of Schistosoma eliminated through faeces or urine are deposited in fresh water.
- These eggs hatch in water, infect a specific fresh-water snail where they multiply into many small worms (called cercariae) and are released into water.
- These small worms (cercariae) infect humans through penetration of the skin when exposed during routine activities such as washing, bathing, and or agricultural work.
- In humans the small worms develop into adult worms, copulate and lays eggs which are released in faeces or urine and can also be trapped in other parts of the body such as the female genital tract.

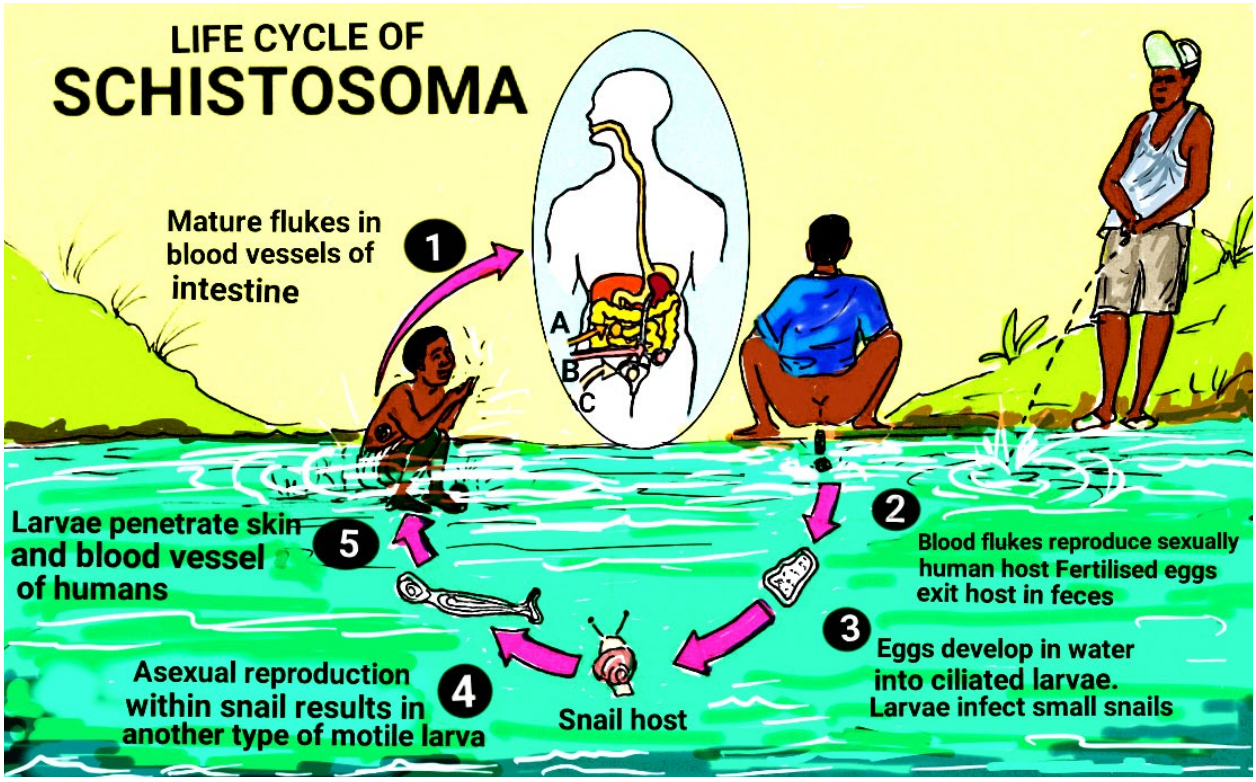


Figure 2: *Life cycle of Schistosoma*

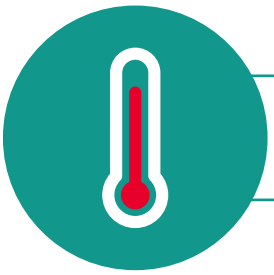
2. EPIDEMIOLOGY OF SCHISTOSOMIASIS

- Schistosomiasis remains the most prevalent neglected tropical diseases (NTDs) (2), affecting over 240 million people worldwide and estimated to cause 200,000 deaths annually. An estimated 82 million African women live with Schistosomiasis (3).
- There are two main forms of Schistosomiasis in sub-Saharan Africa:

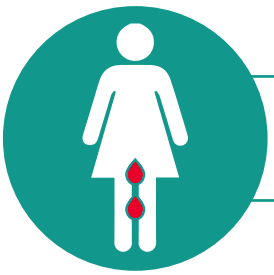
UROGENITAL SCHISTOSOMIASIS
caused by Schistosoma haematobium

INTESTINAL SCHISTOSOMIASIS
caused by Schistosoma mansoni

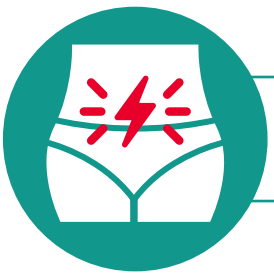
3. COMMON SYMPTOMS OF SCHISTOSOMIASIS:



FEVER
Observed during acute infections



URINARY SYMPTOMS
Including painful urination (dysuria) and blood in urine (haematuria)



ABDOMINAL SYMPTOMS
Such as pain and diarrhoea with or without blood in faeces

4. CONTROL OF SCHISTOSOMIASIS FOCUSES ON:

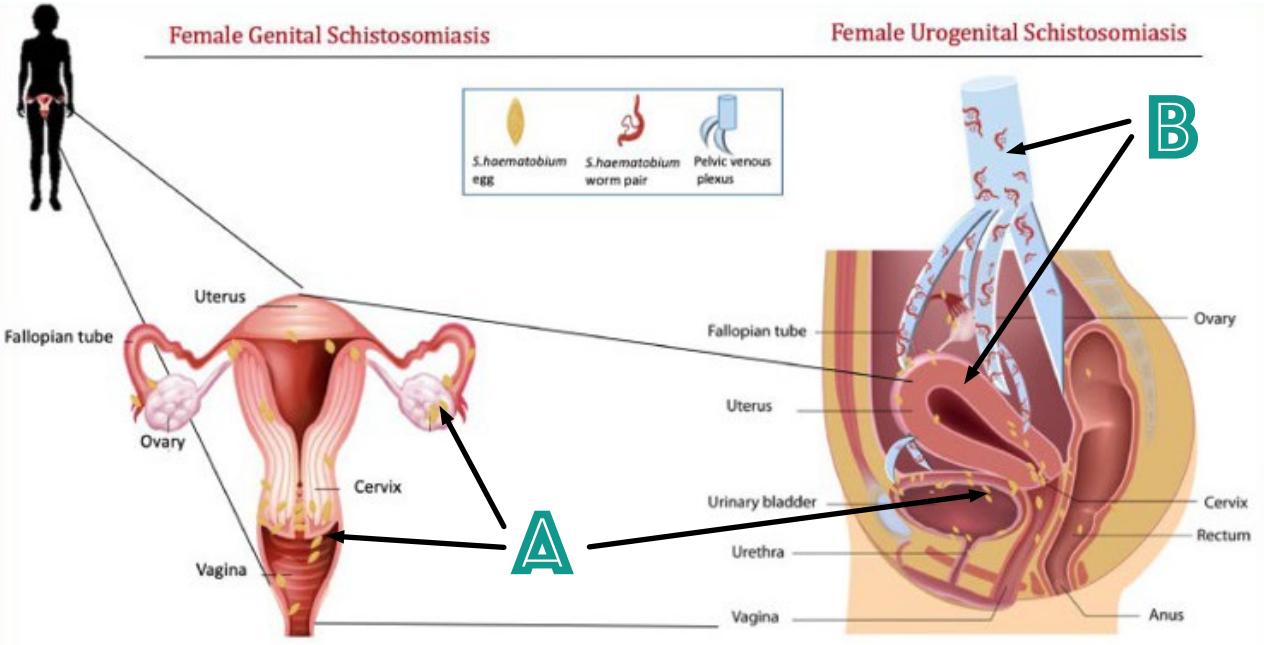
- Periodic large-scale population treatment with Praziquantel delivered with clean water, development of adequate sanitation, and snail control.
- In Liberia, the main preventative treatment strategies are community-based deworming targeting school aged children and adults in endemic counties (e.g. Bong and Nimba) and implementation of water, sanitation, and hygiene (WASH) activities.

WHAT IS FEMALE GENITAL SCHISTOSOMIASIS?

Female genital schistosomiasis (FGS) is a disease condition caused by the presence of eggs of the Schistosomes (Schistosoma haematobium) in the female genital tract (4). Below are 8 key facts about FGS.

1. FGS occurs when eggs trapped in the tissues of the vagina, cervix, uterus, and fallopian tubes cause inflammatory reactions which can lead to itches, pain, and ulcers (5). These are seen on figure 3 below:

Figure 3: *Showing female genital and urogenital Schistosomiasis (Sturt et al., 2020)*



A. Eggs are deposited in the tissues of the female genital track (vagina, cervix, uterus, fallopian tubes, and ovaries) where they cause inflammation.

B. Adult worms in the blood stream of the woman / girl

2. About 56 million women are estimated to be living with FGS in sub-Saharan Africa (6).

3. It is estimated that 33 – 75% of women living in Schistosomiasis endemic communities have FGS (7).

4. FGS, if left untreated can lead to complications such as:
   a. Local irreversible vaginal lesions
   b. Anaemia
   c. Menstrual disorders
   d. Subfertility or infertility
   e. Premature birth
   f. Increased risk for sexually transmitted infections (STIs) and the human immunodeficiency virus (HIV) (2).

5. FGS is often misunderstood by community members and misdiagnosed by healthcare practitioners as an STI, causing social problems of stigma, social isolation and broken relationships; and often psychological distress for affected persons (8).

6. The burden of FGS in Liberia is unknown. Liberia has one of the highest rates of schistosomiasis in sub-Saharan Africa, being present in at least 13 out of 15 counties. Bong and Nimba counties have the highest burden with the exception of Grand Kru and Rivercess.

In Bong county, the prevalence of Schistosoma haematobium was 56% and that of Schistosoma mansoni was 63%.

In Nimba, the prevalence was 20% and 38% for Schistosoma haematobium and Schistosoma mansoni respectively (9).

High prevalence of schistosomiasis is suggestive of a high likelihood of FGS being a major problem.

7. The recommended treatment for FGS is Praziquantel. It kills the adult worm preventing further deposition of eggs into the tissues of the female genital tract, and the development of new lesions (10). This significantly reduces the intensity of infection and alleviates symptoms.

8. Regular treatment of young girls is important to prevent FGS (10). In Liberia, periodic school- and community-based deworming (MDA with Praziquantel) has been adopted with targets on school-aged children and adults in endemic counties. However, there are pragmatic challenges to reach out-of-school children and adults, leaving some women and girls regularly untreated and at risk of FGS.

SIGNS AND SYMPTOMS OF FGS

SIGNS AND SYMPTOMS OF FGS INCLUDE (4,10):

- Vaginal discharge
- Bloody discharge
- Bleeding after intercourse or spotting
- Genital itching or burning sensation
- Pelvic pain
- Pain during or after intercourse
- Vaginal ulcers
- Blood in urine in some cases

LEFT UNTREATED, FGS CAN LEAD TO THE FOLLOWING COMPLICATIONS:

- Subfertility or infertility
- Miscarriage or ectopic pregnancy
- Anaemia
- Menstrual disorders
- Premature birth
- Low birth weight
- Stunted growth
- Tumours or swellings (vulva, vagina, cervix)
- Persistent abdominal cramps
- Increased risk of STIs and HIV

It is important to note that though symptoms of FGS sometimes mimics symptoms of an STI, FGS is not an STI as it cannot be transmitted, prevented, or treated in the same way as STIs.

DIAGNOSIS OF FGS

WHEN SHOULD I SUSPECT FGS?

The WHO recommends the diagnosis of FGS be considered in all women and girls who present with urogenital symptoms and history of recent contact with fresh water in endemic countries.

If one case of FGS is seen, there is likelihood of having many others in the same area, since many may have used the same source of water which have put them at risk (10).

HOW DO I DIAGNOSE FGS?

Diagnosis is by visual inspection of lesions in the female genital tract or with the use of an enhanced camera or a colposcope (10). A colposcope is a specialized instrument used to visualize the cervix, vagina, and vulva for signs of abnormal lesions.

WHAT WILL THIS MANUAL HELP ME DO?

Diagnosis in this manual will be based on thorough screening of symptoms and risk factors, and the use of visual aids to support the identification of lesions during vaginal and speculum examinations, with the use of an enhanced light source.

Colposcopes are not readily accessible in the primary healthcare system in Liberia; therefore, they have not been used in the development of intervention materials in this manual. Current laboratory techniques are also inadequate for the diagnosis of FGS (10).

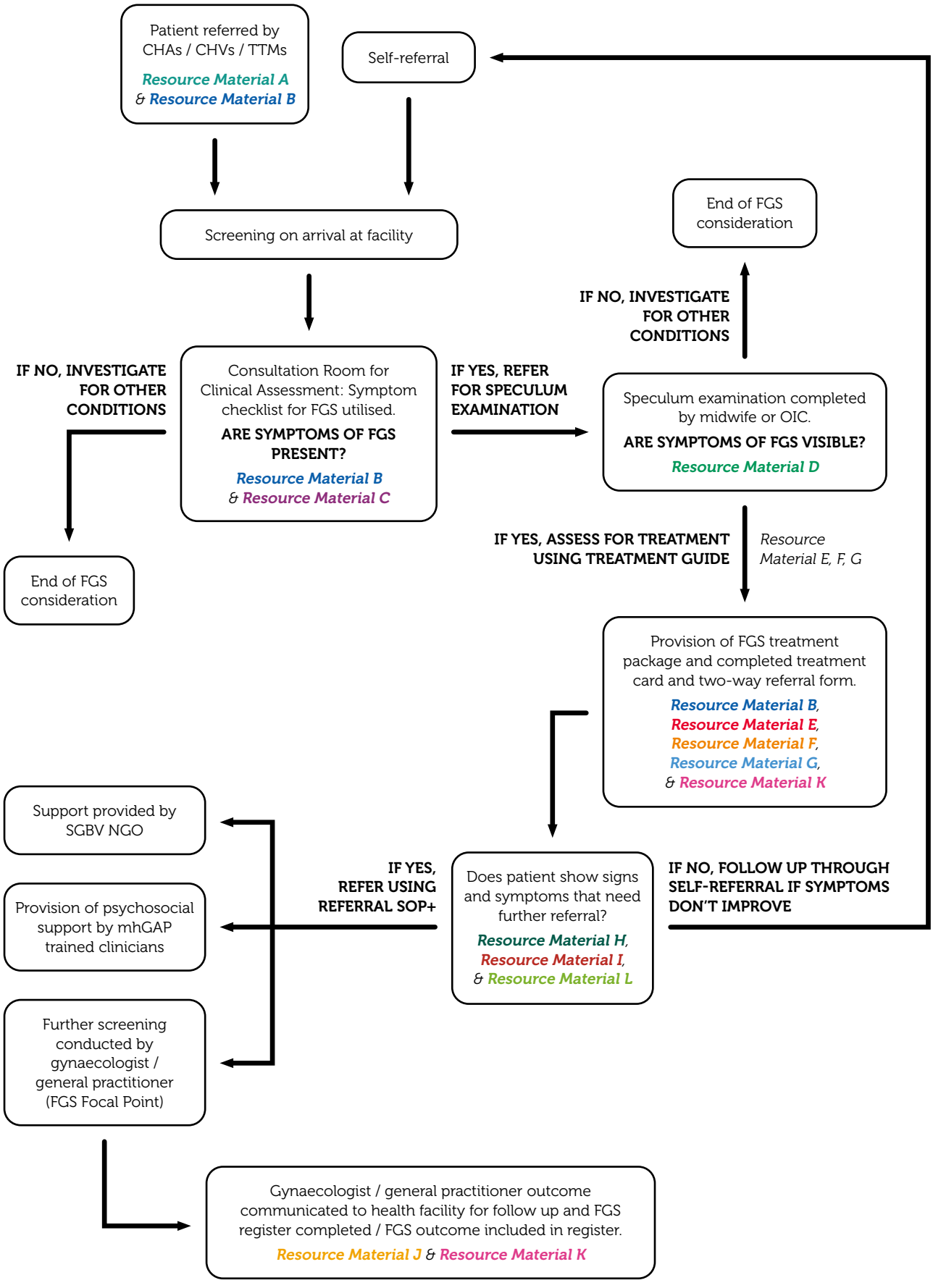
WHAT DOES FGS LOOK LIKE?

Characteristic lesions of FGS as shown in Annex 1 include:

- Grainy sandy patches
- Homogeneous yellow sandy patches
- Abnormal blood vessels and contact bleeding
- Rubbery papules

FGS INTERVENTION RESOURCE MATERIALS

Within this guide, we provide multiple resources that will support the integrated roll out of an intervention to detect, treat and refer FGS cases at the clinic level. Each of the resources supports the health care journey of women and girls with FGS as shown in the patient pathway below; from the community through clinical screening, diagnosis, treatment, and follow-up. Details of each of the resources to support each step on the pathway are listed below, and each resource can be found in the annex of this manual.



RESOURCE MATERIAL A: FGS JOB AID FOR COMMUNITY HEALTH ASSISTANTS (CHAs), COMMUNITY HEALTH VOLUNTEERS (CHVs), AND TRAINED TRADITIONAL MIDWIVES (TTMs)

The purpose of this job aid is to support CHAs / CHVs / TTMs to identify women and girls with symptoms of FGS and refer them to the health facility. The job aid is a fact sheet that defines FGS and gives cardinal symptoms and signs, complications, and expectations on diagnosis, treatment, and prevention. Health facility staff should talk this through with CHAs / CHVs / TTMs, check they have read and understood the document and a copy provided to each CHA / CHV / TTM to use in their work.

The Job Aid can be found in Annex 2.

RESOURCE MATERIAL B: FGS COMMUNITY TRIAGE AND TWO-WAY REFERRAL FORM

The purpose of this form is to track women and girls who are being referred by a CHA / CHV / TTM to the health facility with suspected symptoms and for the CHA / CHV / TTM to receive feedback from the health facility about the diagnosis and any support they should provide to the patient.

Side one of the referral card is to be used by the CHAs, CHVs, and TTMs to refer women and girls who present with symptoms of FGS. This card is to encourage the health facility to check for FGS in their patient screening process. The form contains the patient's name, age, and community; the health facility referred to, the name and contact of the CHA, CHV, or TTM and the date of referral. The CHA, CHV, and TTM should tick or make a cross on the symptoms described by the woman or girl.

Side two of the referral card is to be used by the healthcare workers to inform the CHAs, CHVs, or TTMs that the woman / girl was received at the health facility, what was done for the patient and most specially to give instructions on follow-up of the patient in the community.

The referral card can be found in annex 3.

RESOURCE MATERIAL C: HEALTH FACILITY SCREENING TOOL: FGS SYMPTOMS AND RISK FACTOR CHECKLIST

The purpose of this tool is to support the healthcare worker completing the patient consultation to screen for FGS. Following arrival at the health facility, vital signs including temperature and blood pressure should be taken by healthcare worker and send the patient to the consultation room. During the consultation, as well as listening to the patient to understand more about their presenting complaint, the healthcare worker should use the symptom checklist to consider risk factor / exposure to fresh water as well as the presence of other signs and symptoms which will determine whether FGS has to be considered for the diagnosis.

- Women and girls who score below 5 points on the symptom and risk factor checklist will be investigated for other diseases.
- Women and girls who score 5 - 6 points should be investigated for other diseases and re-evaluated for FGS after 2 weeks.
- Women and girls who score 7 points and above should be sent for speculum examination and for treatment with Praziquantel.

Patients that require treatment based on the scoring system above should be sent for further consultation with a healthcare provider who is trained in speculum examination (if this is different from the person doing the screening).

The FGS symptom and risk factor checklist can be found in annex 4.

RESOURCE MATERIAL D: SPECULUM EXAMINATION STANDARD OPERATING PROCEDURE & RESOURCE MATERIALS

The purpose of this standard operating procedure and resource materials are to guide the trained healthcare worker through speculum examination for FGS. Speculum examination will support the diagnosis of FGS, detect genital lesions that require local or specific treatment and identify signs of severity such as widespread sores and swellings. Speculum examination should be carried out on women who are likely or very likely to have FGS (women and girls who score 7 points and above on the symptom and risk factor checklist). The standard operating procedure for speculum examination includes characteristics lesions of FGS. A checklist of materials needed for speculum examination is also provided as well as a flow chart for speculum examination.

These materials can be found in annex 5a, 5b and 5c.

RESOURCE MATERIAL E: FGS TREATMENT GUIDELINES

The purpose of the FGS treatment guideline is to support healthcare workers who identify an FGS case to provide the accurate treatment and dosage. Praziquantel is the recommended treatment for FGS. It is safe, low-cost, and effective - killing the adult worm and stopping progression of the disease. This resource material will support the healthcare worker to assess the patient's for eligibility for treatment with Praziquantel, calculate the required dose and complete a treatment card.

The treatment guideline can be found in annex 6 of this manual.

RESOURCE MATERIAL F: FGS PATIENT TREATMENT CARD

The purpose of the patient treatment card is so that patients have a record of the treatment they have received as well as being provided with some basic information about FGS. The FGS patient treatment card records the date and treatment (and dosage) of the praziquantel given to the patient. They should be informed to keep it safe as it will be used for future references. Overleaf the treatment card are symptoms of FGS which the patient should be informed to refer to if symptoms resurge and aid discussions with peers in their communities.

The treatment card is provided in annex 7 of this manual.

RESOURCE MATERIAL G: FGS TREATMENT REGISTER

The purpose of the FGS treatment register is to ensure that the facility has a record of those who have been diagnosed and treated for FGS. The **FGS health facility treatment register** should be kept at the health facility for references. It details the patient's medical history on FGS and subsequent follow-ups. All patients diagnosed with, treated for FGS and referred for further investigation should be recorded in the FGS treatment register.

The treatment register is provided in annex 8 of this manual.

RESOURCE MATERIAL H: FGS HEALTHCARE WORKER JOB AID FOR REFERRALS AND COMPLEX CASES

The purpose of the healthcare worker job aid is to support healthcare workers who diagnose and treat women and girls with FGS to identify more complex cases and refer where necessary. Women and girls with severe signs and symptoms of FGS and with complications should be referred to secondary and tertiary health services.

Criteria for referrals is given in annex 9 of this manual.

RESOURCE MATERIAL I: FGS HEALTH FACILITY REFERRAL FORM

Referral forms should be used by healthcare workers to track women and girls who are being referred by a health facility healthcare worker with signs of severe and complicated FGS to secondary and tertiary health facilities. Referral forms will contain the patient's name and age, registration number, referring facility, date of referral, presenting complaints, diagnosis, investigations carried out and results, treatment received, reason for referral and counter signed by the health facility staff.

This is given in annex 10 of this manual.

RESOURCE MATERIAL J: FGS HEALTH FACILITY FEEDBACK FORM

The feedback form is for use by the physician or healthcare worker at the hospital to give feedback to the healthcare worker at the primary health facility on the final diagnosis, treatment, and evolution of the patient, as well as recommendations for support and follow-up at the primary health facility. This should be counter signed by the treating physician or healthcare worker.

This feedback form is given in annex 11 of this manual.

RESOURCE MATERIAL K: DIAGNOSIS JOB AID

Irrespective of the point at which a possible FGS diagnosis is communicated to women and girls, the way that this diagnosis is communicated is essential. Diagnosis is the time where you need to describe to the patient what you think might be wrong with them and your suggested treatment and referral. Prior to diagnosis, people may not feel they are particularly 'affected' by something. They may notice change in their body or experience pain, they may have even started to worry or become anxious but often they will not realise how they are impacted until they are told what is wrong. Communicating what we think is affecting someone in a careful and constructive way becomes critical in shaping how they manage the news. The job aid provided in annex 12 will help you to navigate this conversation.

Use this job aid along with that in annex 13 to understand if someone might need additional support.

RESOURCE MATERIAL L: PSYCHOLOGICAL DISTRESS AND GENDER-BASED VIOLENCE JOB AID

FGS is often associated with stigma and discrimination which can lead to psychological distress as a result of worry, fear, sadness and insecurity often experienced, sometimes leading to reduced social functioning and isolation. Without acknowledgement and support psychological distress associated with NTDs may lead to the development of mental health conditions, for example, depression or anxiety.

The job aid in annex 13 will help you understand more about psychological distress, how to identify when someone might be experiencing psychological distress and when to refer them for additional support.

Additionally, due to the intimate examination that an FGS diagnosis requires as well as the topics likely to be discussed with women and girls as part of the diagnostic process, they may reveal to you experiences of gender-based violence. Women and girls may also show signs or symptoms of this when you are conducting your physical examination. As with mental health conditions, people affected by gender-based violence should be managed by trained health staff.

The job aid in annex 13 will help you understand more about gender-based violence, how to identify when someone might be a victim of violence / how to have difficult conversations and when to refer them for additional support.

NOTES

COUNTDOWN

Calling time on Neglected Tropical Diseases

MODULE TWO

TRAINING

TRAINING

THIS MODULE IS TO BE USED BY NTD PROGRAMME MANAGERS, HEALTH SYSTEM STAKEHOLDERS AND HEALTHCARE WORKERS FOR TRAINING OF COLLABORATORS AT DIFFERENT LEVELS OF THE HEALTH SYSTEM ON HOW TO USE THE TOOLS AND RESOURCE MATERIALS PROVIDED IN MODULE 1 FOR DIAGNOSIS, TREATMENT AND MANAGEMENT OF WOMEN AND GIRLS WITH FGS. TRAINING SHOULD BE CASCADED ACCORDING TO HIERARCHICAL LEVELS OF THE HEALTH SYSTEM. RESOURCE MATERIALS FOR TRAINING ARE ALSO PROVIDED IN THIS MODULE AND THE ASSOCIATED ANNEXES.

TRAINING CASCADE – OVERVIEW OF WHO TO BE TRAINED ON WHAT ISSUES

The training cascade is the series of training processes that should be carried out to ensure effective implementation, monitoring and supervision of the FGS resource materials to diagnose, treat and manage women and girls with symptoms of FGS. Training should be carried out from national to community level dependent on the organising structure of the health system. For Liberia, this means following the below hierarchy of the health system in rolling out training for the FGS intervention.

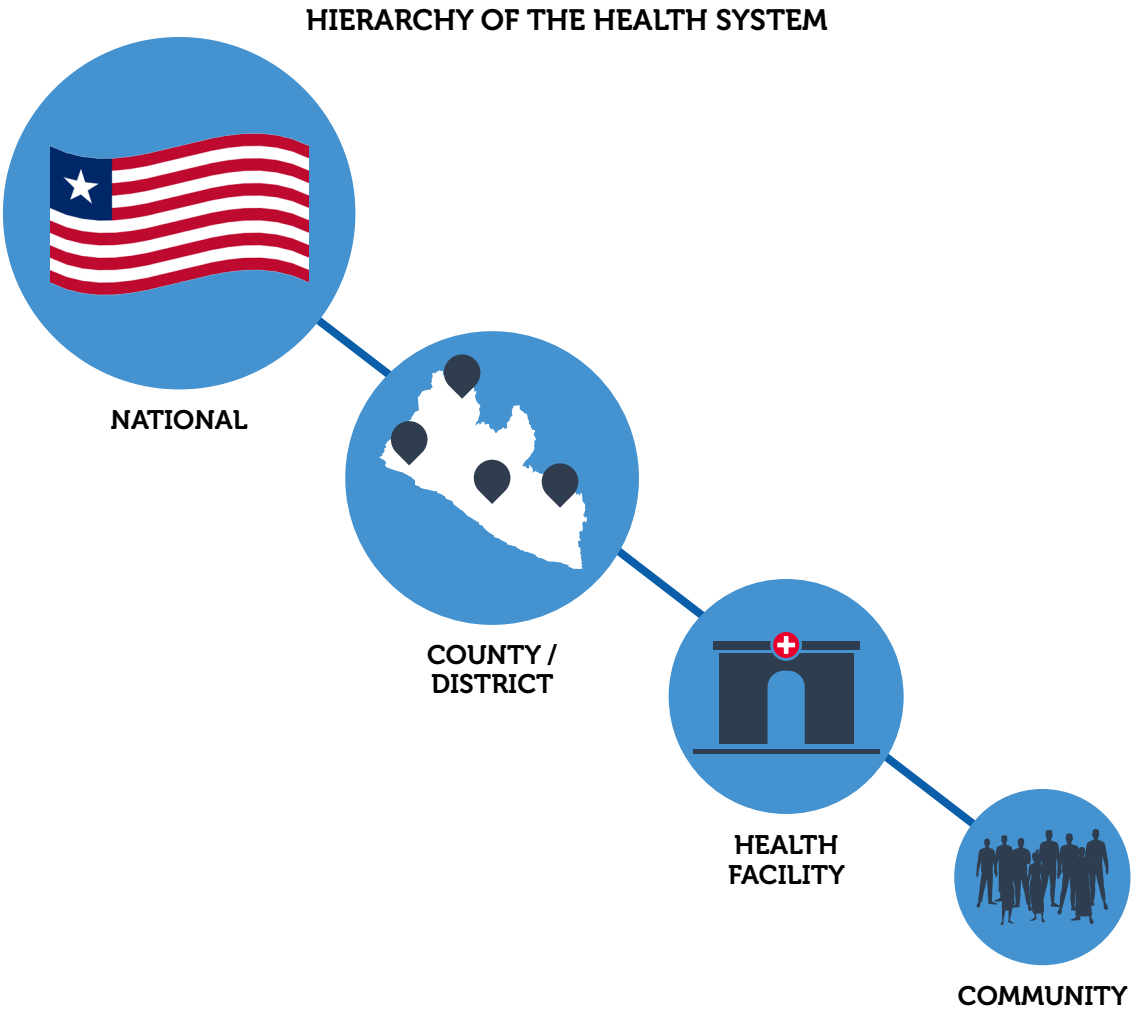


Table 2.1 details which health system stakeholders and healthcare workers need to be trained at each level and on what resource materials. The resource materials that they should be trained on are those to be utilised by a healthcare worker of their general training level within the health system. All training should include a general overview of FGS that is tailored to the communication needs of the specific level of health care.

TABLE 2.1: TRAINING CASCADE, OBJECTIVES, AND CONTENT

HEALTH SYSTEM LEVELS	TRAINEES	TRAINING OBJECTIVES	TRAINING CONTENT	TRAINER
NATIONAL	• **National NTD control programme staff** • **National reproductive health programme staff**	To have the requisite knowledge to train, mentor, and supervise the rest of the health team on FGS diagnosis, treatment, and management	The entire training manual (all intervention materials)	The QI team
COUNTY / DISTRICT	• **County NTD programme staff** • **County reproductive health service supervisors and staff**	To have the requisite knowledge to train, mentor, and supervise the rest of the health team on FGS diagnosis, treatment, and management	The entire training manual	National NTD programme
HEALTH FACILITY	• **District health officers** • **Gynaecologists from hospitals** • **Physician assistants from hospitals** • **Health facility officers in charge, nurses, physician assistants and midwives** • **Community health service supervisor**	• To create awareness / improve knowledge on FGS • To understand how to diagnose, counsel, treat, refer severe cases, follow-up and manage complications of FGS • To be able to report FGS cases to the NTD programme • To be able to train and supervise community health staff on community detection of FGS and referral to health facility	• Definition, risk factors, manifestation, and complications of FGS • FGS diagnosis, treatment, referral, follow-up, and management of complication • FGS reporting tools • FGS community job aids and tools • Stigma, mental wellbeing and FGS • Train the trainer skills and techniques	National and county team
COMMUNITY	**Community health assistants (CHAs), community health volunteers (CHVs), trained traditional midwives (TTMs)**	To identify women and girls with symptoms and risk factors in the community and refer to the health facility	• Symptoms, risk factors, and prevention of FGS • FGS community referral and counter-referral tools	District team, OICs, CHSS

TRAINING RESOURCES: AGENDA, GUIDES AND KNOWLEDGE ASSESSMENTS

HEALTHCARE WORKERS AND HEALTH SYSTEM STAKEHOLDERS

TRAINING AGENDA:

The training agenda and resources developed in Table 2.2 below should be adapted and used to train the national NTD programme staff, the county, district, and health facility teams. The training is previewed to last for 3 days, and to begin and end with a pre- and post-training knowledge assessment, respectively. For the purpose of this pilot, the national NTD programme staff will be trained by the quality improvement team who were involved in the design and development of this FGS intervention. Subsequently, the county health team should be trained by the national NTD programme, and the district and health facility health teams should be trained by the and county health teams.

TABLE 2.2: TRAINING AGENDA FOR NATIONAL, COUNTY, DISTRICT, AND HEALTH FACILITY TEAMS ON THE FGS INTERVENTION

DURATION	CONTENT	TRAINING METHOD	RESOURCES
DAY 1			
1 hour	**Pre-training knowledge assessment on FGS** *(Section A in training guide 1 - annex 21)*	• Questions	• Question sheets
30 minutes	**Break 1**		
30 minutes	**Introduction to the FGS Intervention and manual:** • **Content of the manual** • **When and how to use the manual** *(Section B in training guide 1 - annex 21)*	• PowerPoint presentation	• The FGS manual • Projector • Laptop • Electricity source • Didactic material
2 hours	**Overview of FGS (and Schistosomiasis):** • **Causes, epidemiology, risk factors** • **Signs and symptoms and complication** • **Diagnosis** • **Prevention and treatment** • **The patient pathway** *(Section C in training guide 1 - annex 21)*	• PowerPoint presentation • Discussion	• Projector • Laptop • Electricity source • Didactic material
1 hour	**Break 2**		
1 hour	**Community level resource materials:** • **Job aids for CHAs, CHVs and TTMs** • **FGS community triage and two-way referral form** *(Section D in training guide 1 - annex 21)*	• Discussion • Illustrations • Practical exercise	• Job aids • Two-way referral forms • Didactic material
2 hours	**Health facility screening tool: FGS symptoms and risk factor checklist** • **Practice session** *(Section E in training guide 1 - annex 21)*	• Discussion • Illustrations • Practical exercise	• Check lists • Didactic material

*Didactic materials include: Flip Chart, Marker, Pen, Notepad, Stick on pad.

DURATION	CONTENT	TRAINING METHOD	RESOURCES
DAY 2			
30 minutes	**Recap of day 1**	• Presentation from participants	• Didactic material
30 minutes	**Break 1**		
1 hour	**Speculum examination standard operating procedure and resource materials** *(Section F in training guide 1 - annex 21)*	• Discussion • Visual Illustrations	• SOP for speculum exam and other resources • Didactic material
1 hour	**FGS treatment guidelines: job aids, patient treatment card, treatment register** *(Section G in training guide 1 - annex 21)*	• Discussion • Illustrations • Practical exercises	• Treatment guidelines, job aids, card, and register • Didactic material
1 hour	**Guidelines for referrals and complex cases: job aids, referral forms, feedback forms** *(Section H in training guide 1 - annex 21)*	• Discussion • Illustrations	• Job aids, referral, and feedback forms • Didactic material
1 hour	**Break 2**		
3 hours	**Stigma, mental wellbeing and FGS diagnosis** *(See training guide 2 - annex 23)*	• PowerPoint presentation • Discussion • Practical Exercises	• Projector • Laptop • Electricity source • Didactic material
DAY 3			
30 minutes	**Recap of day 2**	• Presentation from participants	• Didactic material
30 minutes	**Break 1**		
1 hour 30 minutes	**Monitoring and supervision** *(See training guide 3 - annex 25)*	• PowerPoint presentation • Discussion	• Projector • Laptop • Electricity source • Didactic material
1 hour 30 minutes	**Train the trainer skills and techniques** *(See training guide 4 - annex 27)*	• Discussion • Illustrations • Practical exercises	
1 hour	**Break 2**		
1 hour 30 minutes	**Post-training knowledge assessment** *(Section A in training guide 1 - annex 21)*	• Multiple choice questions • Discussion	• Multiple choice question sheets
1 hour	**Plan of action for implementation of the FGS resource materials**	• Discussion	• Didactic material
	Closing remarks		

*Didactic materials include: Flip Chart, Marker, Pen, Notepad, Stick on pad.

TRAINING GUIDES:

These are directives and instructions provided to support health system stakeholders and healthcare workers in the delivery of the FGS training to collaborators. They contain presentation outlines, discussion outlines, case examples, role play activities and practical exercises. It is for use by national, county, district, and health facility teams in the delivery of the cascaded training. In this manual, training guides have been provided for:

- **Training Guide One: An Overview of the FGS Intervention** - annex 21
- **Training Guide Two: Stigma, Mental Health and FGS** - annex 23
- **Training Guide Three: Monitoring and Supervision** - annex 25
- **Training Guide Four: Train the Trainer Techniques** - annex 27

KNOWLEDGE ASSESSMENT:

The knowledge assessment should be used to assess the knowledge of training participants (national, county, district, and health facility health teams) on the training content. It will enable the trainer to assess whether the participants have understood and mastered the content of the training. The knowledge assessment in annex 14 in this manual has been developed for the purpose of this study, however, it can be adapted according to the training content prepared by the trainer.

COMMUNITY HEALTHCARE WORKERS

TRAINING AGENDA:

The agenda below should be used to train community healthcare workers such as community health volunteers, community health assistants and trained traditional midwives to effectively identify women and girls with symptoms of FGS and refer them to the health facility. This should be preferably a 1-day training focused on the resource material needed for this purpose. You should use training guide 4 on facilitation techniques to support you with this process.

TABLE 2.3: AGENDA FOR TRAINING OF CHAs, CHVs AND TTMs.

DURATION	CONTENT	TRAINING METHOD	RESOURCES
1 hour	**Overview of FGS:** • **Causes and risk factors** • **Signs and symptoms, and complication** • **Prevention and treatment** *(See section C in training guide 1 - annex 21)*	• Flip book • Discussion	• Flip books • Didactic material
	Break 1		
30 minutes	**Job aids for CHAs, CHVs and TTMs: Including when and how to use the job aids** *(See section D in training guide 1 - annex 21)*	• Discussion • Illustrations • Practical exercise	• Job aids • Didactic material
1 hour	**FGS community triage and two-way referral form including when and how to use the forms**	• Discussion • Illustrations • Practical exercises	• Two-way referral forms • Didactic material
2 hours	**Practical sessions AND Feedback from practical sessions** *(See section D in training guide 1 - annex 21)*		
1 hour	**Plan of action for implementation of the FGS community resource materials**	• Discussion	• Didactic material
	Closing remarks and refreshments		

*Didactic materials include: Flip Chart, Marker, Pen, Notepad, Stick on pad.

TRAINING GUIDES:

These are directives and instructions provided to support healthcare workers in the delivery of the FGS training to community health volunteers, community health assistants and trained traditional midwives. These contain discussion outlines, illustrations, and practical exercises. See training guide one.

KNOWLEDGE ASSESSMENT:

A post-training knowledge assessment should be used to assess understanding of CHAs, CHVs and TTMs on the training content. The knowledge assessment in annex 15 in this manual has been developed for the purpose of this study. It should be used as a guide to develop knowledge assessments for training of CHAs, CHVs, and TTMs according to the content of the training.

NOTES

COUNTDOWN
Calling time on Neglected Tropical Diseases

MODULE THREE

MONITORING AND SUPERVISION

MONITORING AND SUPERVISION

THIS MODULE DESCRIBES HOW HEALTHCARE WORKERS AND OTHER ACTORS OF THE HEALTH SYSTEM SHOULD BE SUPPORTED IN CARRYING OUT THEIR DUTIES PERTAINING TO THE DIAGNOSIS, TREATMENT AND MANAGEMENT OF WOMEN AND GIRLS WITH FGS. IT PROVIDES TOOLS TO AID HEALTH SYSTEM STAKEHOLDERS IN PLANNING AND PROVIDING SUPERVISION. SUPERVISION SHOULD BE SUPPORTIVE AND NOT PUNITIVE AND WE HAVE DEVELOPED REPORTING FORMS AND OR CHECKLISTS TO ASSIST IN THIS PROCESS.

TIPS TO PLANNING AND FACILITATING MONITORING AND SUPERVISION

Monitoring and supervision is described as the process of overseeing a person or activity to ensure safe and effective delivery of the activity. It includes sharing knowledge and experiences on what works well, the challenges faced by the person supervised, and support to help that person progress correctly and comfortably. In this section, we provide some tips to planning and providing a supportive monitoring and supervision process.

To plan for supervision, supervisors should understand the objectives of the supervision and prepare the tools necessary to carry out the supervision.

OBJECTIVES OF MONITORING AND SUPERVISION:

- **Understand why and when the supervision is important**
- **Identify what activities should be supervised**
- **Identify what strategies will be used to supervise each activity**
- **Identify and understand supervision tools and support for each person / activity supervised**

UNDERSTANDING WHY AND WHEN THE SUPERVISION IS IMPORTANT

The essence of supervision is for problem identification and solving, cross-learning, motivation, support (including logistical support), mentorship, and for monitoring of the progress of the activity towards the target outcomes. Supervision timing should be strategic to health system programmes so as to capture data at the right time and place while maintaining and protecting health system routine activities.

WHAT PERSONS / ACTIVITIES SHOULD BE SUPERVISED

Key activities to consider supervising include:

- The required staff (one OIC, midwife and screener per facility) have been trained for FGS
- The venue of the training was conducive and training was facilitated by skilled facilitators
- The language used for the training is understood by the trainees
- The specific tools for diagnosis, treatment, referral and recording of FGS cases are available at the health facility
- The specific tools are used correctly by the supervisee
- The specific reporting tools are filled correctly and archived appropriately by the supervisee.

STRATEGIES USED FOR SUPERVISION

Supervisors should prepare supervision strategies that will be beneficial to the supervisee and to the health system. Below are some supervision strategies (and methods). These should be used when and where appropriate. For example, you may want to do light touch supervision or remote supervision where you feel that there are no problems, or in cases where you feel that more needs to be understood you might need to use more interpersonal methods.

DIRECT OBSERVATIONS:

This is when the activity to be supervised is observed on the spot.

- It is usually considered best practice as it gives room for real-life problem identification and solving.
- It boosts the morale of the supervisee, implements respect to the supervisor and increases acceptability of the programme.
- It also requires a lot of logistics to capture activities in real-life practice which may be costly.
- When completing direct observations, supervisors should be positive and supportive toward the supervisee, particularly when in front of patients to avoid embarrassment of the healthcare worker.
- If undertaking a direct observation when a patient is present, be sure to take consent from the patient.

REVIEW OF RECORDS:

This involves going through the registers and files of the person / activity supervised.

- It is a more convenient strategy as it can be planned according the programme of both the supervisor and the supervisee.
- It provides room for support on data capturing and use.
- It is not time sensitive and may miss real-life practical problems.

DISCUSSIONS SESSIONS WITH PERSON SUPERVISED:

This involves sharing of experiences on different aspects of the activities supervised with the aim of learning from each other. It is a good opportunity for the voices of the supervisees to be heard and for them to participate in the decision making on what works best for them in the implementations of the FGS activities. It could be in the form of:

- Daily or routine debriefings
- Pairing of implementers

For example, you might encourage the different members of the health facility who are all involved in FGS care to discuss any cases that they have seen that day, what went well and what was difficult. You might also encourage them to observe each other and think about what they could do better.

PHONE CALLS AND THE SOCIAL MEDIA:

These are important strategies for quick troubleshooting and problem solving when the supervisor cannot be reached physically or where physical distancing is a preferred practice, such as during this COVID-19 pandemic. Telephone numbers and email address of the supervisor should be shared with the supervisee, and / or a social media group such as WhatsApp should be created between a group of supervisees and supervisors.

- Social media groups enable learning across settings and gives room for a problem shared by many to be solved at the same time.
- It could be difficult or impossible to use in areas of no network or bad network and with implementers who are not social media literate.

SUPERVISION AND SUPPORT TOOLS

These assist with the supervision process. They include the supervision rota, checklists, and reporting forms. Examples of each of these are provided in the annexes as described below.

SUPERVISION ROTA:

This is a list showing when each member of the supervision team will be carrying out the supervision process. This rota should be drawn up by NTD leads at every level of the health system in consultation with members of his / her supervision team. Supervisors should each have a copy which will serve as a reminder and a base for planning a supervision process. A sample supervision rota is given in annex 17 of this manual.

SUPERVISION CHECKLISTS:

Supervision checklists are to be used by health system stakeholders and healthcare workers during monitoring and supervision of collaborators across different levels of the health system. Checklists serve as a guide to which the supervisor will observe, review, or discuss details about activities carried out or persons carrying out activities in relation to FGS diagnosis, treatment, management, and recording. In this manual we have provided sample checklists for county / district, health facility and community supervision as described below.

- **COUNTY AND DISTRICT SUPERVISION CHECKLIST:**

  This is to be used by national level stakeholders to supervise FGS related activities at the county and district levels. This includes supervision of training of healthcare workers, and collating health facility data and reports pertaining to the diagnoses, treatment and management of women and girls with FGS. This checklist is given in annex 18 of this manual.

- **HEALTHCARE WORKERS SUPERVISION CHECKLIST:**

  This is to be used by the county and district health teams to monitor and supervise the activities of the healthcare workers at the health facilities. The checklist will include observation of training of CHAs, CHVs and TTMs; observation of diagnostic and treatment procedures of women and girls with symptoms of FGS; and data review and collation from health facility register and patient records. This checklist is given in annex 19 of this manual.

- **COMMUNITY-RELATED HEALTHCARE WORKERS SUPERVISION CHECKLIST:**

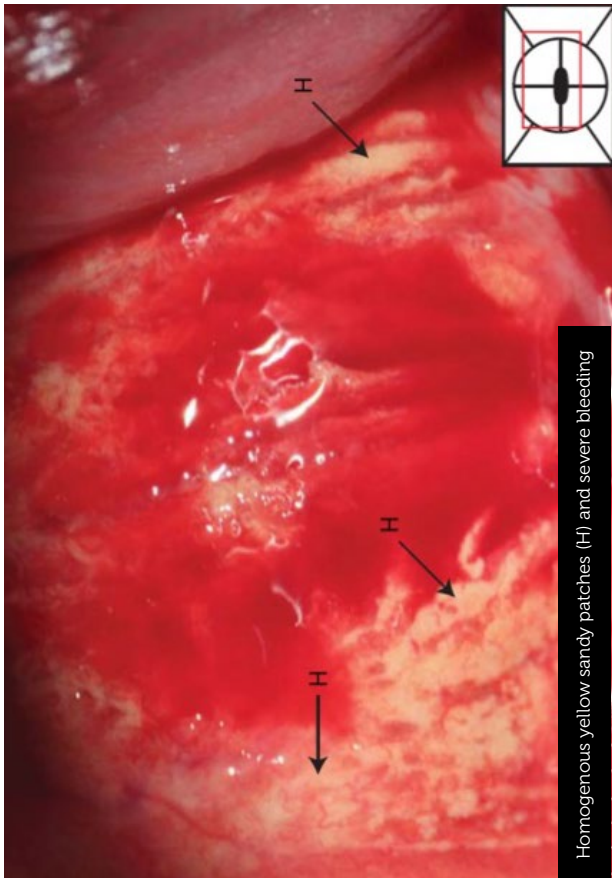
  This is to be used by healthcare workers to monitor and supervise the activities of CHAs, CHVs, and TTMs in their identification and referral of women and girls with symptoms of FGS to the health facility. This checklist is given in annex 20 of this manual.

COUNTDOWN

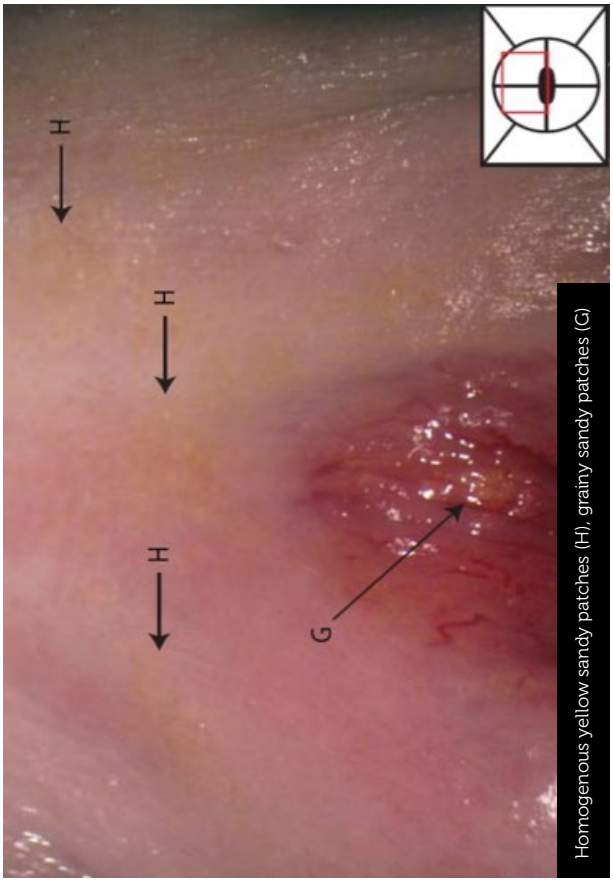
Calling time on Neglected Tropical Diseases

ANNEX

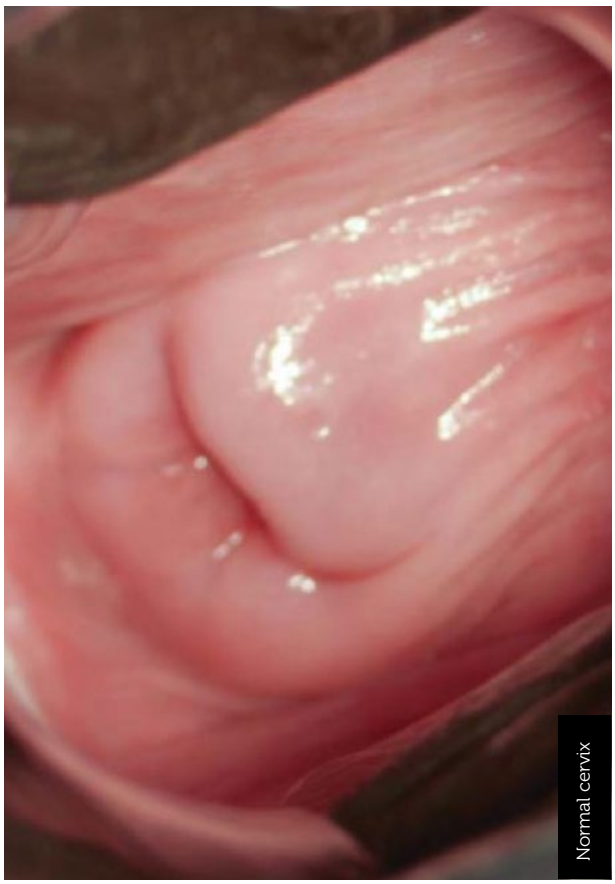
1. CHARACTERISTIC LESIONS OF FGS IN THE FEMALE GENITAL TRACT

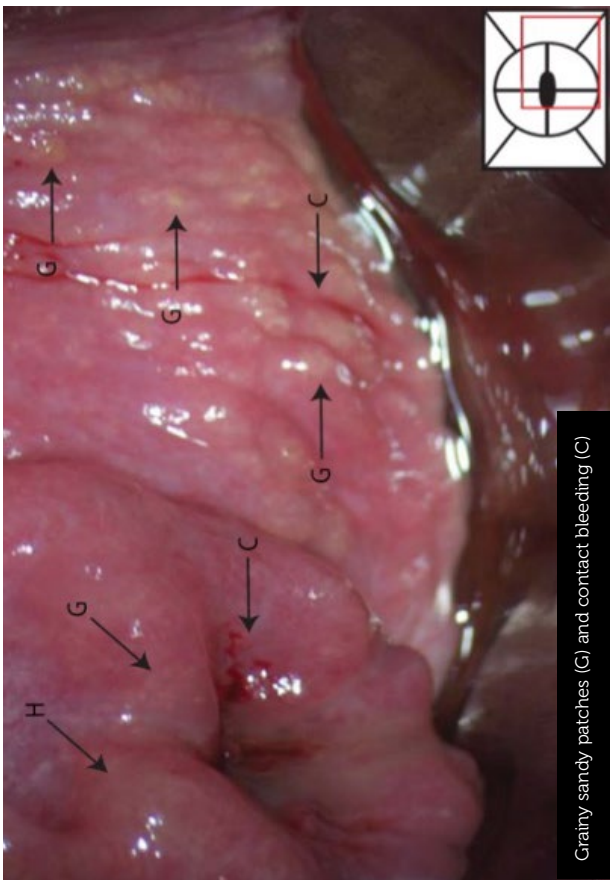


Homogenous yellow sandy patches (H) and severe bleeding



Homogenous yellow sandy patches (H), grainy sandy patches (G)


Normal cervix



Grainy sandy patches (G) and contact bleeding (C)

2. JOB AIDS

FOR COMMUNITY HEALTH ASSISTANTS (CHAs), COMMUNITY HEALTH VOLUNTEERS (CHVs), AND TRAINED TRADITIONAL MIDWIVES (TTMs)

WHAT YOU NEED TO KNOW ABOUT FEMALE GENITAL SCHISTOSOMIASIS (FGS)

DEFINITION: FGS is a disease of the woman private part that is caused by infection of fresh-water worm in a woman's private part. It is common in places where women use creeks and other running water a lot for bathing, swimming, fishing and washing and for other household use. Nimba, Bong, Maryland and Lofa are counties where this worm is common.

SIGNS & SYMPTOMS:

- Pee-pee with blood
- Small, small blood coming in woman private part
- Dirty water from woman private part
- Brown water from woman private part
- Seeing blood after doing man and woman business
- Itching of woman private part
- Pee-pee with pains
- Pee-pee coming out when woman does not know
- Pain under the stomach or pain under the belly
- Small sore wounds in and around the woman private part

COMPLICATIONS:

- Women cannot get belly or women cannot get children
- Belly can spoil
- Child dies before being born
- Blood coming from woman private part

DIAGNOSIS: Diagnosis is done at the health centres, so women and girls should go to the health centres. At the health centre, they will do the following:

- The woman or girl will be asked if they have been recently bathing or washing in water such as streams, rivers, and creeks.
- The woman or girl will be asked to describe her signs and symptoms again.
- The nurse or midwife will look at the woman private part for dirty water or sores.
- The woman or girl may be asked to do some urine tests, blood tests or test of dirty water or skin from the woman private part.

TREATMENT: If the woman or girl has FGS, she will be given the Schisto medicine (which the nurse calls Praziquantel) according to her height, except she is pregnant or breastfeeding during the first week after delivery. The nurse or midwife may also give the woman or girl other treatments like creams to apply on her sores.

PREVENTION: To avoid FGS, all women and girls should:

- Receive treatment with Schisto medicine every year that it is distributed.
- Avoid bathing, swimming, fishing or washing items in rivers, streams, and / or creeks.
- Avoid defecating or urinating in water.
- Talk about FGS to other women and girls at home and during social gatherings.

3. FGS COMMUNITY TRIAGE AND TWO-WAY REFERRAL FORM

SECTION A: REFERRAL (COMMUNITY TO HEALTH FACILITY)

Patient name: _____ Patient date of birth / age: _____

Sex: FEMALE Community: _____

Health Facility referred to: _____ CHA / CHV / TTM Name: _____

CHA / CHV / TTM Phone number: _____ Date of referral: _____

SECTION B: SYMPTOMS OF FGS

SIGNS AND SYMPTOMS *(Tick box if present)*

- ☐ Blood in the urine (pee-pee with blood)
- ☐ Light vagina bleeding (small, small blood coming in woman private part)
- ☐ Vaginal discharge (dirty water from woman private part)
- ☐ Bloody discharge (brown water from woman private part)
- ☐ Bleeding after sex (seeing blood after doing man and woman business)
- ☐ Itching of the vagina (itching of woman private part)
- ☐ Pain during urination (pee-pee with pains)
- ☐ Urine leaking (pee-pee coming out when woman does not know)
- ☐ Lower abdominal pain (pain under the stomach or pain under the belly)
- ☐ Sore (ulcer) in or around the vagina (small wounds in and around the woman private part)

SECTION C: COMMUNITY COUNTER-REFERRAL FORM (HEALTH FACILITY TO COMMUNITY)

Patient name: _____ Patient date of birth / age: _____

Sex: FEMALE Community: _____

Health Facility: _____ Healthcare worker name: _____

Healthcare worker position: _____ Phone number: _____

CHA / CHV / TTM Name: _____ Community: _____

Date of counter-referral: _____

Actions taken (tick all that apply): ☐ Treated with PZQ ☐ Referred to next level health facility

Others (specify): _____

SECTION D: FOLLOW-UP PLAN AND INSTRUCTIONS TO CHAs, CHVs AND TTMs

4. FGS SYMPTOMS AND RISK FACTOR CHECKLIST

This tool should be used by the healthcare worker during consultation of the woman / girl with symptoms of FGS. From the patient complaints, the healthcare worker should tick or circle the point(s) corresponding to the age group, risk factor and symptom of FGS as shown on the table below. The total points should be summed at the bottom of the table. **Table showing grading of FGS risk factors and symptoms.**

No.	RISK FACTOR / SYMPTOM	CLASSIFICATION	POINTS	COMMENTS
1.	**Exposure activities to fresh water**	Swimming	5	
		Playing	4	
		Washing	4	
		Bathing	4	
		Fishing	3	
		Swamp farming	5	
		Fetching water	3	
2.	**Distance to natural water source(s) e.g. lake, river, stream, creek**	<10Km	5	
		10 – 15Km	3	
		≥ 15Km	1	
3.	**Other sources of water e.g. well, borehole**	Yes	0	
		No	2	
4.	**Genital bleeding**	Yes	2	
		No	0	
5.	**Post-coital bleeding**	Yes	2	
		No	0	
6.	**Pelvic pain**	Yes	2	
		No	0	
7.	**Genital ulceration**	Yes	2	
		No	0	
8.	**Genital discharge**	Yes	2	
		No	0	
9.	**Irregular menses**	Yes	2	
		No	0	
10.	**Urinary symptoms:** **- Blood in urine** **- Pains during urination** **- Urine leaking**	Yes	2	
		No	0	
PATIENT SCORE POINTS				

DIAGNOSTIC INTERPRETATION: The WHO recommends the diagnosis of FGS be considered in all women and girls who present with urogenital symptoms and history of recent contact with fresh water in endemic countries. In this scoring, FGS should be considered in any women who presents with any 1 symptom and any 1 risk factor. Therefore, FGS is:

- **Likely if ≥7 points:** Send for speculum exam and treatment with Praziquantel
- **Unlikely if 5 - 6 points:** Investigate for other diseases and re-investigate for FGS after 2 weeks
- **Very unlikely if < 5 points:** Investigate for other diseases

5A. STANDARD OPERATING PROCEDURE FOR SPECULUM EXAMINATION

1. CRITERIA FOR SPECULUM EXAMINATION:

- Presence of symptoms of FGS, with a score of 7 points and above on the FGS symptom and risk factor checklist
- Presence of facilities for speculum examination

2. WHAT TO PREPARE:

- Put equipment together: gloves, lubricant, speculum, swabs, and smears (if available), and a good light source - see annex 5b.
- The patient:
  - Introduce yourself to the patient
  - Explain the procedures, give room for patient to answer them and obtain an informed consent from patient
  - Request for consent to take photographs when absolutely necessary with a good justification.
  - Ask patient to empty her bladder (to urinate)
  - Request a chaperone
  - Ask patient to remove all clothing from the waist down and any sanitary protection (e.g. pads)
  - Cover patient with sheet when appropriate

3. HOW TO CARRY OUT SPECULUM EXAM AND WHAT TO LOOK FOR:

- Place the patient in the lithotomy position: Patient laid back, legs bent to the hip (feet towards their buttocks), knees moved apart
- Engage with the patient using ice breakers and re-explaining the procedure.
- Wash your hands or use a hand sanitizer
- Put on a pair of sterile gloves
- Inspect the vulva (or external genitalia): Look for
  - Discharge, bleeding, swellings (tumours)
  - Ask patient to cough to observe any incontinence or prolapse
  - Palpate the labia for any swellings
- Lubricate speculum and inform the patient before inserting it
- Use your non-dominant hand to gently separate the labia
- Gently insert the speculum sideways (blades closed, angles downwards)
- Once inserted, rotate the speculum back 90 degrees so that the handle is faced upwards
- Slowly open the blades until an optimal view of the cervix is achieved.
- Tighten the locking knot (screw) to fix the position of the bladder
- Position your light source (and camera if available) and look for characteristic lesions of FGS - see annex 2:
  - Grainy sandy patch
  - Homogeneous yellow sandy patch
  - Abnormal blood vessels
  - Contact bleeding: mild, moderate, severe
  - Rubbery papules
  - Other lesions
- Rotate speculum to visualise both the anterior and posterior aspects
- Capture images of visible lesions (when absolutely necessary and if consent is given)
- Collect swabs or smears (if necessary)

4. ENDING THE EXAMINATION:

- Allow patient to dress in private
- Dispose gloves and any used items, document findings, send any specimen (with request form) to the laboratory

5. INTERPRETATION OF SPECULUM EXAMINATION:

- Women with no characteristic lesion of FGS should be investigated for other disease conditions
- Women with one or more characteristic lesions of FGS should be sent for treatment with Praziquantel.

A flow chart for Speculum examination is given in annex 5c.

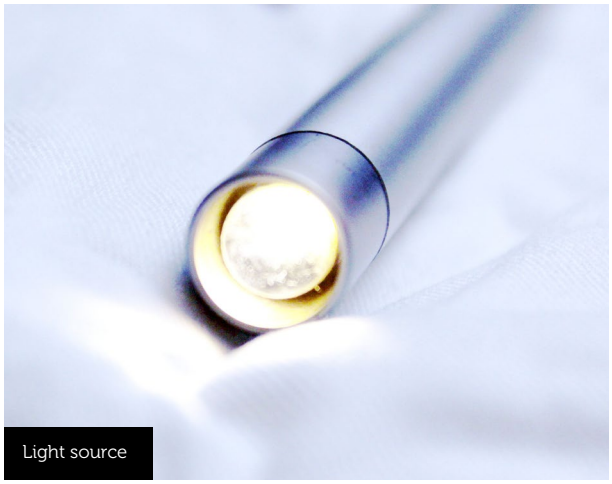
5B. MATERIAL NEEDED FOR SPECULUM EXAMINATION

Gloves

Lubricants

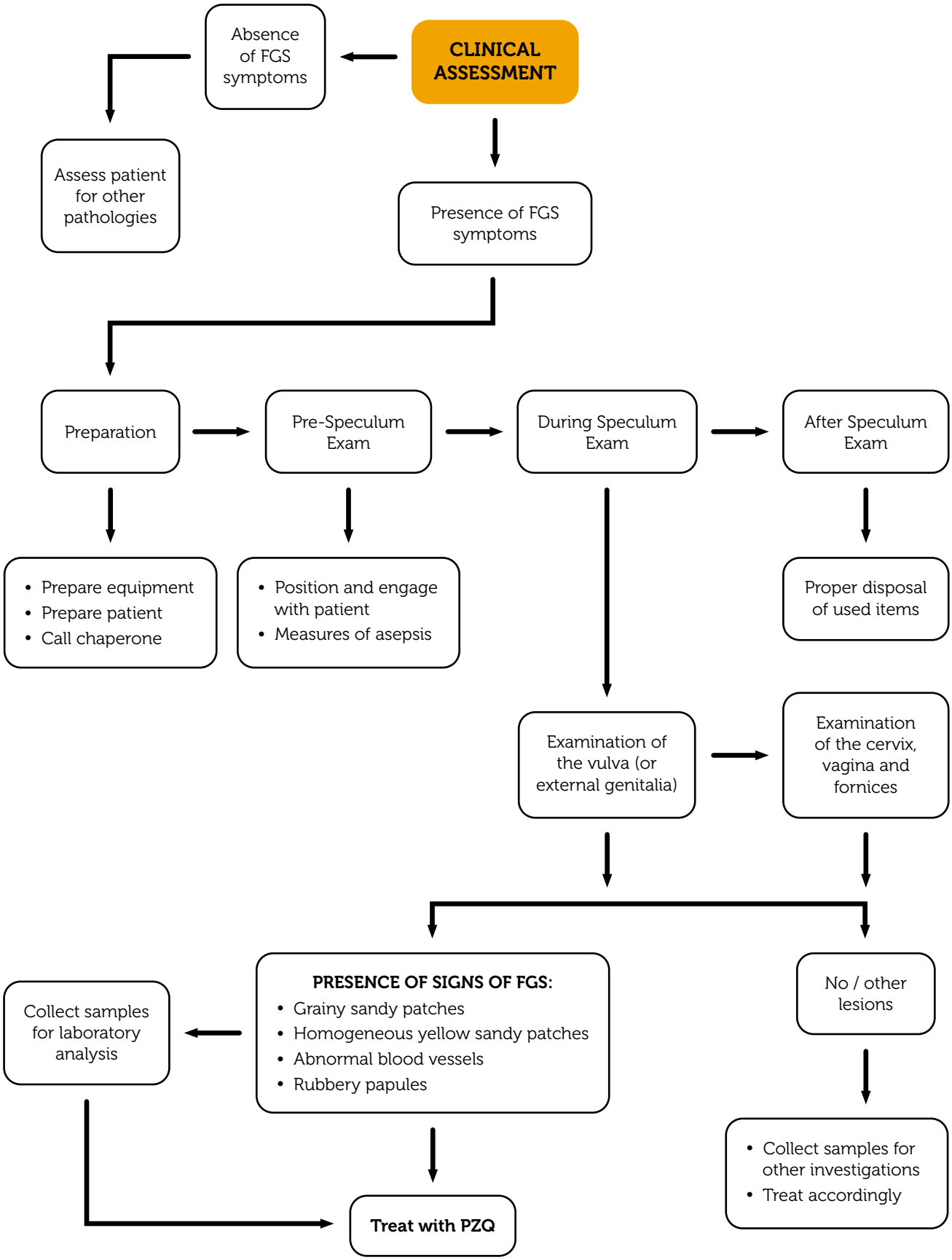
Speculums

Swabs



Light source

5C. FLOW CHART FOR SPECULUM EXAMINATION



6. FGS TREATMENT GUIDELINES

These guidelines should support healthcare workers to accurately treat women and girls with FGS and monitor side effects of treatment. A decision to treat should be taken when the woman / girl meets the criteria and indication for treatment given below. Women and girls with any exclusion criteria should not be treated but monitored accordingly. These guidelines also provide dosage and route of treatment, as well as side effects of Praziquantel which should be monitored during the first 2 hours post treatment.

INDICATIONS / CRITERIA FOR TREATMENT (TREATMENT JOB AID)

Women and girls presenting with any one or more of the criteria below will be treated for FGS.

Indications for treatment for FGS:

No.	SOURCE OF CRITERIA	CRITERIA
1.	**FGS Symptoms and risk factor checklist**	Likely to have FGS: ≥ 7 points
2.	**Speculum examination**	Presence of one or more characteristic lesions of FGS
3.	**Missed previous mass drug administration campaign**	If women or girls or CHA / CHV / TTM indicate that they missed previous MDA campaigns they should be offered treatment

ELIGIBILITY FOR TREATMENT WITH PRAZIQUANTEL

The following criteria either includes or exclude women and girls from treatment with Praziquantel. They should only be used if the woman or girl meets indications or criteria for treatment.

INCLUSION CRITERIA:

- ✅ Women and girls aged 15 and over
- ✅ Girls below legal adult age (15 – 17-year olds) must present with a parent or guardian.

EXCLUSION CRITERIA:

- ❌ Pregnant women / girls: To be confirmed with a last menstrual period and or pregnancy test if unsure
- ❌ Nursing mothers: Nursing mothers should not nurse on the day of treatment and during subsequent 72 hours.
- ❌ Women / girls who have received treatment for Praziquantel within the last six (06) months
- ❌ Girls below 15 years old (for the purpose of this study)
- ❌ Women / girls taking other medication that can interfere with Praziquantel such as rifampicin. Any patient on rifampicin should be treated 4 weeks after rifampicin treatment is over
- ❌ Women / girls who are unwell: these can be treated on a later date
- ❌ Women / girls who do not give consent to treatment.

THE DOSAGE OF PRAZIQUANTEL

The dosage of Praziquantel should be determined according to the height of the women / girl using a dose pole as shown on the height chart below.

For women / girls with physical disabilities who may not be able to stand and or dwarfism, the dosage of Praziquantel should be determined using the weight of the woman / girl at the rate of 40mg per Kg body weight.

Praziquantel should be administered as a single dose.

Figure 4: *Height chart for treatment with Praziquantel with the use of a dose pole*

HOW TO ADMINISTER PRAZIQUANTEL

- Woman / girl should have a meal before or during the administration of Praziquantel.
- Praziquantel tablets should be swallowed whole with clean and safe water. It should not be chewed.
- Woman / girl should avoid keeping tablets or segments of tablets in mouth as this can reveal a bitter taste and provoke gagging or vomiting.

SIDE EFFECTS OF PZQ

Praziquantel is generally tolerant, side effects are mild, transient (lasts for about one to two hours) and do not require treatment. Taking PZQ during or after meals will avoid many side effects.

The following side effects can be observed: malaise, headache, dizziness, abdominal discomfort with or without nausea, rise in temperature and rarely uticaria. Side effects may be more serious with patients with more schistosomiasis worms in them. This will be manifested by above side effects prolonged for more than two hours, or the occurrence of more serious symptoms including persistent malaise, shock, loss of consciousness, and seizures. Women and girls with severe side effects should be referred to secondary and tertiary health facilities. The table below describes management of side effects for Praziquantel.

LEVEL OF SIDE EFFECTS	DESCRIPTION OF SIDE EFFECTS	MANAGEMENT
Mild side effects	• **Malaise, headache, dizziness, abdominal discomfort with or without nausea or vomiting, rise in temperature and rarely uticaria** • **Side effects last for less than two hours**	• Keep patient at rest • Manage as per symptoms e.g., protect from excessive temperature rise, administer vomiting remedies • Observe for persistence of symptoms or the occurrence of severe side effects and manage as per severe side effects
Severe side effects	• **Above side effects lasting for more than two hours** • **Occurrence of shock, loss of consciousness, seizures**	• Refer patient to secondary or tertiary health facility according to local guidelines

7. FGS PATIENT TREATMENT CARD

SECTION A: PATIENT TREATMENT CARD

Name of Health Facility:		**Card No.:**	
Name of patient:			
Date of birth:	**Day:**	**Month:**	**Year:**
Sex:			

DATE (D/M/Y)	HEIGHT	NO. OF TABLETS	FOLLOW-UP

SYMPTOMS AND PREVENTION OF FGS

SYMPTOMS OF FGS	PREVENTION OF FGS
Blood in the urine (pee-pee with blood)	Wash your hands regularly, before and after meals
Light vagina bleeding (small, small blood coming in woman private part)	Avoid bathing or using dirty water for washing
Vaginal discharge (dirty water from woman private part)	Always defecate in a safe pit latrine or modern sewage system
Bloody discharge (brown water from woman private part)	Wash your hands using soap after using the toilet
Sore (ulcer) in or around the vagina (small wounds in and around the woman private part)	Advised to receive praziquantel during all community mass drug campaigns with Praziquantel
Itching of the vagina (itching of woman private part)	
Pain during urination (pee-pee with pains)	
Urine leaking (pee-pee coming out when woman does not know)	
Lower abdominal pain (pain under the stomach or pain under the belly)	
Bleeding after sex (seeing blood after doing man and woman business)	

8. FGS HEALTH FACILITY DATA COLLECTION FORMS

Name of Health Facility: _____ Date of Form Completion: _____

Name of Person Filling up the Form: _____ Qualification: _____ Date: _____

PATIENT INFORMATION									MEDICAL HISTORY					
SN	PATIENT REGISTRATION NO.	DATE OF VISIT	SEX FEMALE	AGE	COMMUNITY / TOWN	DISTRICT	COUNTY	SOURCE OF INFORMATION (REGISTER'S NAME)	DATE OF ONSET	SIGNS AND SYMPTOMS	EXPOSURE TO FRESH WATER	DIAGNOSIS	TREATMENT (INCLUDING PRAZIQUATEL AND OTHER TREATMENTS GIVEN)	OBSERVATION / COMMENTS

9. JOB AID FOR REFERRAL OF SEVERE AND COMPLICATED CASES OF FGS, FOR USE BY HEALTHCARE WORKERS

Any woman or girl who presents with any one of the following signs of severity / complications of FGS should be referred to a secondary or tertiary health facility.

SIGNS OF SEVERITY / COMPLICATIONS OF FGS:

No.	SIGNS OF SEVERITY / COMPLICATION (DESCRIPTION)	HEALTHCARE WORKER SHOULD DOCUMENT:
1.	**Involuntary urination (woman / girl is not aware of urinating or passes out urine when laughing, coughing, or carrying heavy objects)**	History: Frequency: Timing:
2.	**Widespread ulcers / sores or swellings in the genital region**	Site / location of lesions: Description of lesions:
3.	**Severe vaginal bleeding**	Pads used per day / hour: Signs of shock: • General weakness, dizziness or malaise • Pale and cold skin • Rapid / shallow breathing • Sweating • Feeling thirsty • Yawning and sighing
4.	**Voluminous vaginal discharge**	Colour: Odour:
5.	**History of miscarriage(s)**	Frequency: Timings:
6.	**History of ectopic pregnancy (pregnancy that occurred in an abnormal position that caused patient to be operated upon)**	Frequency: Timing:
7.	**History of still birth (woman gives birth to a dead baby)**	Frequency: Timings:
8.	**Infertility (woman unable to get pregnant despite many attempts)**	

NB: If any of the above signs and symptoms are observed the patient should be referred immediately and the signs and symptoms documented on the referral card.

10. FGS HEALTH FACILITY TO HOSPITAL REFERRAL FORMS

Referring facility:		**Facility referred to:**	
Name of patient:		**Patient ID No.:**	
Date of referral:		**Time of referral:**	

Patient complaints:

Patient Medical History:

Diagnosis:

Intervention:

Reasons for referral:

Referred by:

Signature	Name:	
	Contact No.:	

11. HOSPITAL TO HEALTH FACILITY FEEDBACK FORM

Counter-Referring facility		**Counter-referring to:**	
Name of patient:		**Patient ID No.:**	
Date of arrival:		**Time of arrival:**	

Diagnosis:

Investigations carried out and results:

Treatment / intervention received:

Recommendations:

Treating Physician:

Signature	Name:	
	Contact No.:	

12. DIAGNOSIS JOB AID

WHAT IS DIAGNOSIS?

This is the time where you need to describe to the patient what you think might be wrong with them and your suggested treatment and referral.

WHY IS DIAGNOSTIC COMMUNICATION IMPORTANT?

The way diagnosis is communicated to people is really important. Prior to diagnosis, people may not feel they are particularly 'affected' by something. They may notice change in their body or experience pain, they may have even started to worry or become anxious but often they will not realise how they are impacted until they are told what is wrong.

Communicating what we think is affecting someone in a careful and constructive way becomes critical in shaping how they manage the news.

THE GOLDEN HOUR

- This is the time when someone receives their diagnosis or understands what may be causing them pain or discomfort. Often, they will want to be 'cured' straight away.
- FGS (and its symptoms) may be stigmatised, so receiving such a diagnosis could be thought of as bad news.
- A feeling of 'bad news' may be particularly the case for women and girls who have been diagnosed and or referred multiple times for treatment but who are still experiencing discomfort and pain or who are struggling to conceive.
- Some women and girls may reject or believe the diagnosis is wrong or they may isolate themselves, run away, or seem in a state of despair.

This **'golden hour'** then becomes very important- it is your opportunity to support the patient through a sense of anticipated loss- how much they feel this loss will depend on how they are treated during this **'golden hour'.**

The moment of first diagnosis is really important, but remember for FGS women and girls may have received this diagnosis before, or have sought care and support several times- and stigmatisation may develop through time.

SHARING THE DIAGNOSIS

It is very important to keep an open door of communication for the patient and family member to come back as needed, but you should make every effort to provide all the key information at the golden hour because there might not be a second chance to do it. Think about the following things:

COMMUNICATING: The way you communicate the diagnosis is very important:

- **Listen to the patient's distress and address her questions with warmth and empathy that you feel appropriate.**
- **Some topics must be addressed immediately:**
  - Transmissibility: FGS is not transmitted from person to person - it is transmitted through bathing, washing, swimming in contaminated water.
  - Progress of symptoms and the treatment regimen:
    - If you take praziquantel each time it is offered in your community symptoms of FGS may never appear.
    - If treated early with praziquantel lesions associated with FGS are curable
  - Taking praziquantel right away instead of a few days or months later is extremely important to alleviate the fears in the mind of the patient. This is the case even where you think you need to refer the patient for follow up support.
- **When you explain the diagnosis to the person, keep the following in mind:**
  - Take the time the person needs. Do not rush this stage.
  - Find out what the person already knows and suspects.
  - Assess the gap between the person's knowledge and reality.

- Provide just the necessary information.
- Allow the person to absorb the information.
- Encourage the person to express their feelings.
- Clarify doubts, misconceptions and fears.
- Briefly state the treatment plan in simple language, using the patient treatment card provide (see Annex 6).
- Assure the person that you are available for further clarification.

DISCLOSING: The person affected must be given freedom to decide if they want to disclose their condition to others. Their decision must be respected. To come to this decision, they should be encouraged to talk about their fears of disclosure.

Useful questions to ask include:

- Have you talked about your disease to anyone?
- Would you like any of your family or friends to know about your disease?
- If so, to whom do you want to disclose it?
- Would you want me to talk to them about it in your presence?
- What and how much would you want me to disclose?
- If you do not wish to disclose, do you want to discuss any issues related to keeping it secret?

When the person is ready to disclose their condition, you should:

- Offer help and assurance to talk to family members. Ask the person affected if they prefer to be alone or with a family member when the diagnosis is discussed.
- Sometimes in-laws, husbands or sexual partners, may force themselves to be present in the room, it can help to tell them that it is policy to talk to the affected person alone. If it is not appropriate for a male healthcare worker to be left alone with a female patient, you may need to source a female healthcare worker or ask for a chaperone.
- Avoid unnecessary and involuntary disclosure. Do not conduct home visits without the patient's prior informed consent.
- The connection to the disease name should be carefully thought out in order to avoid involuntary disclosure or linkage of the disease to the patient and the family. With FGS, it is particularly important that the distinction is made from FGM - you might want to think about the best way to describe each of these conditions in your community so the explanation is very different.

COMMUNICATION WITH HOUSEHOLD MEMBERS: Even if the individual allows you to disclose to those who are living in the same household, you should be cautious in what to tell family members. For example, in some situations if the individual fears that someone may react negatively it may be better to talk about the disease in more general terms and not mention its name, at least in the initial stages.

MANAGING PATIENT REACTIONS

You need to be prepared as a healthcare worker to manage the different emotions that someone may express when you share a new disease diagnosis with them. In managing and supporting emotional interactions, you should ensure that you:

- Acknowledge and accept the reactions of the person, however strong they may be. For example, you might reply, '*I can see that you are upset*'.
- Encourage expression of feelings. If people are crying or are angry, convey to them that they can feel free to express themselves and that they have reasons to feel the way they feel. Assure them of your understanding presence.
- After they settle down, help explore the reasons for their feelings, for example by asking questions such as '*What makes you feel this way?*' and '*What is upsetting you?*'
- Encourage the person to discuss the situation in detail.
- Help the person to explore options to manage the situation.

The golden hour is crucial in the course of the treatment as a key moment to promote adherence to treatment, promote contact examination, and prevent mental health problems.

Also see the job aid on psychosocial distress and gender-based violence.

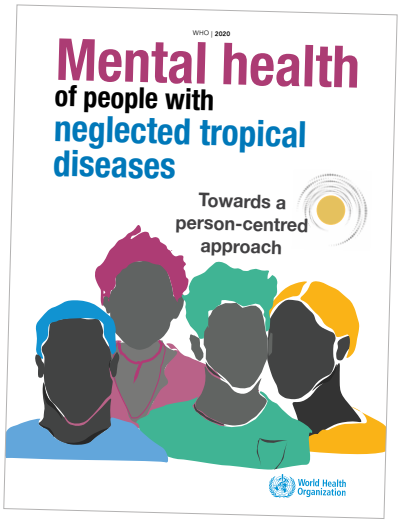
13. PSYCHOLOGICAL DISTRESS AND SEXUAL AND GENDER-BASED VIOLENCE JOB AID

WHAT IS PSYCHOLOGICAL DISTRESS?

This is shaped by the worry, fear, sadness and insecurity often experienced by people with FGS and the associated stigma. Can lead to reduced social functioning and isolation.

Without acknowledgement and support psychological distress associated with NTDs may lead to the development of mental health conditions, for example, depression or anxiety. Mental health conditions are characterised by changes in thoughts, perceptions, emotions and behaviours that affect relationships and ability to perform social roles.

For more information, you could look at WHOs guidance document: Mental Health and Neglected Tropical Disease available here: **https://www.who.int/publications/i/item/9789240004528**



WHY IS IT IMPORTANT?

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. These include:

- **Poor access to healthcare**
- **Poverty**
- **Poor employment or loss of earnings**
- **Discomfort**
- **Unstable livelihoods**

Stigma reinforces the relationship between FGS and mental health conditions and we therefore need to address stigma and provide psychosocial support where necessary to ensure that our health services respond to people's needs.

PROVIDING PSYCHOSOCIAL SUPPORT

Psychosocial support, sometimes referred to as counselling is a supportive relationship that involves working with a person to address the feelings (emotions), thoughts and beliefs, behaviours and relationships that are associated with the diagnosis.

Providing this support relies on key skills, particularly those related to listening. These are similar to those you need when communicating the diagnosis, but you now need to be much more responsive to what the patient is telling you. These skills are essential throughout your whole consultation. To be an initial psychological support, good listening requires use of your heart, mind, eyes and ears.

THE HEART AND MIND:

Your attitude is important. Respect, empathy, acceptance and genuine listening are the beginning of the journey toward good health and wellbeing. Try to see potential, create value and give hope to the patient. You can create a supportive environment by:

- **Providing a warm greeting**
- **Organising respectful seating arrangements: try to ensure a confidential space, focus on minimising interruptions, make the person feel valued.**

THE EARS:

Pay close attention to the words people use. Listen to indications for feelings and emotions. Emotions may be expressed physically through tears or anger. Try to listen to what they think about themselves.

THE EYES:

Pay attention to non-verbal body language. Think about observing body language, gestures, posture, eye contact, breathing etc. If you are worried about someone's behaviour - try to check what it means with them before assuming.

Sometimes you will identify issues that you cannot manage yourself, and in these cases, you need to refer women and girls to services better placed to support their needs. As well as referring women and girls with complex cases of FGS you may also need to refer those who express signs of psychological distress.

An important decision when deciding to refer a person is whether or not this is an urgent problem that needs quick attention because something bad can or did happen. This is called an emergency referral. Some of the times to make an emergency referral are when the person:

- **Has had a very long convulsion or seizure (longer than 5 minutes)**
- **Has tried or threatened to kill him / herself**
- **Has plans to hurt others or him / herself**
- **Is experiencing domestic violence or physical, sexual or emotional abuse**
- **Suffers from severe depression, delusions or panic attacks.**

If you are in any doubt, it's always safest to refer people for support. Diagnosing a mental health condition should be done by a mental health professional; the role of general health staff is to recommend an evaluation and to inform the person affected and their family about the need for referral. Table X below will support you in knowing where to refer.

GENDER-BASED VIOLENCE: WHAT GENDER-BASED VIOLENCE?

Gender-based violence refers to harmful acts directed at an individual based on their gender.

Violence and abuse can be:

- **Physical** - e.g. punching and kicking
- **Emotional** - e.g. blaming or belittling
- **Verbal** - e.g. threatening or shouting
- **Sexual** - e.g. rape or assault

All these types of abuse have a damaging effect on mental wellbeing.

WHY IS IT IMPORTANT?

Gender-based violence is often a very overlooked issue, but it is estimated that one in three women and girls will experience gender-based violence in their lifetime. It is both a manifestation of stigma and can severely affect mental wellbeing. The examinations you will complete and questions you will ask as part of your FGS screening process may reveal signs of sexual and gender-based violence. This job aid will support you to know what to do in those instances.

WHAT SHOULD WE DO?

Supporting people affected by gender-based violence should be completed by trained health staff. As with mental health conditions, it is your job to recommend a referral (unless you have received specialist SGBV training). In both cases, it is important that the purpose of referral is made clear to the individual who is referred and that there is follow-up after the referral.

USEFUL QUESTIONS ON SEXUAL AND GENDER-BASED VIOLENCE:

Some may not even realise they are in an abusive situation. It is important to be gentle when asking about abuse. Avoid direct questions such as 'Have you been abused by your spouse or anyone?'; instead, ask behaviour-specific questions, such as:

Have you been injured in a conflict at home?

Does anyone shout at you?

What hinders you from coming to the hospital?

It is important to acknowledge and to help the person affected air the following feelings:

- **Feelings of shame or embarrassment about these experiences**
- **Self-blame and guilt, thinking they are responsible for the abuse**
- **Fear of recurrent abuse**
- **Fear of being judged and hesitation to ask for help.**

The following can be done to help people who experience or have experienced violence or abuse:

- **Encourage them to find friends with whom they can share their experiences**
- **Ask them to include 'supporters' (e.g. children, siblings, parents) in psychosocial support**
- **Ask them to invite the victimisers for counselling if they are willing**
- **Train them on assertiveness skills.**

You do not need to provide these services as part of this intervention unless you have been trained to do so, but you should refer where possible if you identify possible situations of violence.

REFERRAL AND FOLLOW-UP

List of Referral Sources

Mental Health Professional	
Sexual and Gender-Based Violence Services	

Referring someone does not guarantee that the person or their family will go to get an evaluation or more advanced care. It is important to check after a few days. If a person has not sought care yet:

- **They may need additional information or explanation of how to go for an evaluation.**
- **They may be afraid of what will happen if they go. People may be afraid of being stigmatised if they seek care.**

People may also be afraid that going to get care means that they will be forced to get an injection or be locked up in a 'crazy home' or that someone who they care about could get into trouble. More education and reassurance about the process can address misconceptions and fears.

14. FGS PRE- AND POST-TRAINING KNOWLEDGE ASSESSMENT

FOR NATIONAL, COUNTY, DISTRICT AND HEALTH FACILITY TEAMS

SECTION A: MULTIPLE CHOICE QUESTIONS

Instructions: Answer all questions. Please tick all answers that apply to the questions below.

DISEASE KNOWLEDGE:

1. SCHISTOSOMIASIS CAN BE TRANSMITTED OR SPREAD THROUGH:

- [ ] a. Contact with lake water while bathing and washing
- [ ] b. Defecating in rivers and streams
- [ ] c. Urinating in the lakes and streams
- [ ] d. Sexual transmission

2. FEMALE GENITAL SCHISTOSOMIASIS OCCURS WHEN EGGS OF SCHISTOSOMA BECOME TRAPPED IN:

- [ ] a. The female genital track
- [ ] b. The vagina and cervix
- [ ] c. The legs and toes that touch water
- [ ] d. The uterus and the fallopian tubes

3. WHY IS FEMALE GENITAL SCHISTOSOMIASIS A GENDER ISSUE:

- [ ] a. It affects men more than women
- [ ] b. It does not affect women
- [ ] c. Women are more exposed to risk factors during household washing
- [ ] d. Women can be stigmatized and accused of sexually transmitted infections

4. FEMALE GENITAL SCHISTOSOMIASIS CAN BE SUSPECTED WITH THE FOLLOWING SYMPTOMS:

- [ ] a. Vaginal itches and discharge
- [ ] b. Bloody discharge and blood in urine
- [ ] c. Bleeding after intercourse or spotting
- [ ] d. Ulcers in the vaginal wall which can cause pain during or after intercourse

5. HOW CAN FEMALE GENITAL SCHISTOSOMIASIS BE DIAGNOSED?

- [ ] a. Diagnosis of female genital schistosomiasis should be considered in all women and girls who present with urogenital symptoms and history of recent contact with fresh water in endemic countries
- [ ] b. Lesions of female genital schistosomiasis can be seen through visual inspection
- [ ] c. Lesions of female genital schistosomiasis can be seen through vaginal ultrasound
- [ ] d. Colposcopy is available in all primary health facilities in Liberia

6. THE FOLLOWING ARE POSSIBLE COMPLICATIONS OF FEMALE GENITAL SCHISTOSOMIASIS:

- [ ] a. Menstrual disorders
- [ ] b. Miscarriage, ectopic pregnancy, subfertility, infertility
- [ ] c. Increased risk of HIV infection and sexually transmitted infections
- [ ] d. Tumours or swellings in the vulva, vagina, and cervix

7. WHY IS FEMALE GENITAL SCHISTOSOMIASIS IMPORTANT IN LIBERIA?

- [ ] a. Liberia is highly endemic for Schistosomiasis
- [ ] b. High prevalence of Schistosomiasis is suggestive of a high likelihood of Female Genital Schistosomiasis being a problem
- [ ] c. It can cause persistent pain in the stomach of women in Liberia
- [ ] d. Its complications can cause stigma to Liberian women and cause broken marriages

8. SYMPTOMS OF SCHISTOSOMIASIS ARE CAUSED BY:

- [ ] a. The body's reaction to worms
- [ ] b. The body's reaction to worm eggs
- [ ] c. The body's reaction to freshwater
- [ ] d. The body's reaction to warm water

9. PEOPLE BECOME INFECTED WHEN LARVAL FORMS OF THE SCHISTOSOMA PARASITE:

- [ ] a. Penetrate the skin from mosquito bites
- [ ] b. Penetrate the skin during contact with infected freshwater
- [ ] c. Penetrate the skin when eating freshwater snails
- [ ] d. All the above

10. FEMALE GENITAL SCHISTOSOMIASIS IS A COMPLICATION OF THE FEMALE GENITAL TRACK THAT IS CAUSED BY:

- [ ] a. Infection due to miscarriage
- [ ] b. Infection due to kidney stones
- [ ] c. Infection due to infection from infertility
- [ ] d. None of the above

TREATMENT:

11. WHY SHOULD FEMALE GENITAL SCHISTOSOMIASIS BE TREATED EARLY?

- [ ] a. Female Genital Schistosomiasis cannot be treated early
- [ ] b. It helps the use of close-to-expired drugs
- [ ] c. Treatment is always available
- [ ] d. It can lead to lesions that are irreversible

12. CONCERNING THE TREATMENT OF FEMALE GENITAL SCHISTOSOMIASIS:

- [ ] a. All women or girls who have missed the previous MDA campaign should be offered treatment
- [ ] b. Praziquantel is the drug of choice
- [ ] c. The height chart or dose pole should be used for people who are disabled and cannot stand
- [ ] d. Treat all pregnant women and girls

13. THE FOLLOWING IS TRUE ABOUT PRAZIQUANTEL:

- [ ] a. It should be taken with or after a meal
- [ ] b. It should be swallowed whole with clean and safe water
- [ ] c. It can cause malaise, headache, dizziness, abdominal discomfort, and nausea
- [ ] d. Mild side effects generally last for more than 2 hours

14. TREATMENT OF FGS CAN BE GIVEN ACCORDING TO:

- [ ] a. Height
- [ ] b. Dose pole
- [ ] c. Weight
- [ ] d. None of the above

15. TREATMENT WITH PRAZIQUANTEL:

- [ ] a. Kills the adult worms
- [ ] b. Provides relief of symptoms
- [ ] c. Stops progression of the disease
- [ ] d. A & B only

SECTION B: TRUE OR FALSE

Tick True or False in the box corresponding to the following statements about Schistosomiasis and Female Genital Schistosomiasis (FGS).

16. SCHISTOSOMIASIS HAS BEEN ELIMINATED AND ERADICATED FROM LIBERIA

- [ ] True
- [ ] False

17. FEMALE GENITAL SCHISTOSOMIASIS IS A SEXUALLY TRANSMITTED INFECTION

- [ ] True
- [ ] False

18. FGS SHOULD BE TREATED BY CHAs, CHVs, AND TTMs AT HOME

- [ ] True
- [ ] False

19. LARGE SCALE POPULATION TREATMENT WITH PRAZIQUANTEL CAN REDUCE FGS INFECTIONS

- [ ] True
- [ ] False

20 FGS CAN ONLY BE DIAGNOSED IN A LABORATORY

- [ ] True
- [ ] False

15. KNOWLEDGE ASSESSMENT

FOR COMMUNITY HEALTHCARE WORKERS (CHAs, CHVs, TTMs)

Instructions: Answer all 5 questions.

1. YOU CAN SUSPECT FGS IN A WOMAN OR GIRL WHEN:

- [ ] a. She has blood in urine or private part
- [ ] b. She has itches and pains in her private part especially when doing man and woman thing
- [ ] c. She complaints of stomach-ache every now and then
- [ ] d. Her husband does not like to do man and woman thing with her because her woman part is smelling bad
- [ ] e. She likes to sleep

2. IF YOU SEE A WOMAN OR GIRL WHO CRIES OF PAIN IN HER STOMACH, DIRTY WATER IN HER PRIVATE OR URINATING BLOOD, WHAT DO YOU DO?

- [ ] a. Calm her down and tell her to go to the health centre for possible treatment
- [ ] b. Get angry with her because she likes to disturb, it's not the first time
- [ ] c. Fill a referral form and give her to take to the health centre with her
- [ ] d. Ask her if she took Praziquantel during the last campaign and write it in the referral form
- [ ] e. Ask her to come see you when she finishes in the health centre so you can help her through her treatment

3. HOW CAN YOU PREVENT SCHISTOSOMIASIS AND FEMALE GENITAL SCHISTOSOMIASIS?

- [ ] a. Do not pee-pee (urinate) in river, streams, lakes, and any water that people can go in
- [ ] b. Avoid bathing or washing in dirty water
- [ ] c. Always take treatments given during drug campaigns
- [ ] d. Schistosomiasis and FGS cannot be prevented
- [ ] e. You don't know

4. WHY IS IT IMPORTANT TO FIND WOMEN AND GIRLS WITH POSSIBLE FGS AND SEND THEM TO THE HEALTH CENTRE FOR TREATMENT?

- [ ] a. Because FGS can cause pain every now and then to them
- [ ] b. Because girls may not be able to bear children if they have FGS that is not treated
- [ ] c. Because FGS can remove their stomach (pregnancy) if they get infected
- [ ] d. Because women and girls private part can have rash and smell badly
- [ ] e. So that they can be clean from worm infection and their husbands will be happy with them

5. WHAT SHOULD YOU DO WHEN A WOMAN COMES BACK TO YOU AFTER HAVEN BEEN DIAGNOSED AND TREATED FOR FGS?

- [ ] a. Make sure they drink the drugs and apply any cream as they were told to do in the health centre
- [ ] b. Visit them after 2 weeks to know if their symptoms have reduced, increased, or stayed the same
- [ ] c. Advise them on how to prevent infection with the worms
- [ ] d. Advise them to spread how to prevent infection with worms to their families, friends, and women group
- [ ] e. Ask them to pay you for your services, it's not free

16. FGS PRE- AND POST-TRAINING KNOWLEDGE ASSESSMENT ANSWER SHEETS

A) NATIONAL, COUNTY, DISTRICT AND HEALTH FACILITY TEAMS

SECTION A: MULTIPLE CHOICE QUESTIONS.

Please tick all answers that apply to the questions below.

DISEASE KNOWLEDGE:

1. A, B, C
2. A, B, D
3. C, D
4. A, B, C, D
5. A, B
6. A, B, C, D
7. A, B, C, D
8. B
9. B
10. D

TREATMENT:

11. D
12. A, B
13. A, B, C
14. A, B, C
15. A, B, C

SECTION B: TRUE OR FALSE:

16. FALSE
17. FALSE
18. FALSE
19. TRUE
20. FALSE

B) COMMUNITY HEALTH VOLUNTEERS, COMMUNITY HEALTH ASSISTANTS AND TRAINED TRADITIONAL MIDWIVES

1. A, B, C, D
2. A, C, D, E
3. A, B, C,
4. A, B, C, D, E
5. A, B, C, D

17. FGS SUPERVISION ROTA

FEMALE GENITAL SCHISTOSOMIASIS (FGS) | NEGLECTED TROPICAL DISEASES (NTDs)

No.	NAME OF COUNTY / HEALTH FACILITY / COMMUNITY	SUPERVISOR RESPONSIBLE	SUPERVISION STRATEGIES (E.G. PHONE CALL, SITE VISITS)	DATE PREVIEWED FOR SUPERVISION	RESOURCES NEEDED	COMMENTS / ACTIONS
1.						
2.						

18. COUNTY DISTRICT SUPERVISION CHECKLIST

NATIONAL-LEVEL SUPERVISION TOOL FOR FGS
NTDs FP AND KEY COUNTY- LEVEL STAFF SUPERVISION CHECKLIST
NEGLECTED TROPICAL DISEASES PROGRAM, MINISTRY OF HEALTH, LIBERIA

Name of county:		**Day:**		**Month:**		**Year:**	
Supervisee's name:		**Sex:**	**M** ☐ **F** ☐	**Position:**			
Supervisor's name:		**Sex:**	**M** ☐ **F** ☐	**Position:**			
Supervision:	**Start time:**		**End time:**		**Venue:**		

SUPERVISORY METHODS: Direct Observation, Discussion with County / District staff, and Records Review.

INSTRUCTIONS FOR SUPERVISORS: The inquiries in this checklist should be observed and discussed with the county and district level supervisors during the supervision process, where necessary, records should be reviewed. The outcome of the process should be recorded under "findings", and when possible, actions should be taken to manage any arising problem and recorded under the "actions taken" column of this checklist. At the end of the process, the supervisor should summarise findings and actions taken in the "comment / brief narratives" section at the bottom of the checklist.

No.	INQUIRY	FINDING	ACTION TAKEN / ACTION POINT
SECTION 1: PERSONNEL CAPACITY			
1.1	County / District Level supervisors (NTDs FP, other Key County / District Level Supervisors) have completed supervision reports for the last quarter *Review completed reports for each visit*		
1.2	Number of Facilities supervised by County / District-Level supervisor over the last quarter		
1.3	Number of Health facilities staff trained in FGS in the implementing district / health facility *Confirm training attendances*		
SECTION 2: FGS DIAGNOSIS AND TREATMENT			
2.1	Number of Health facility with FGS diagnostic and treatment guideline		
2.2	Numbers of suspected FGS cases identified and screened over the last quarter *Review facility listing and confirm cases identified*		
2.3	Number of Pregnant women diagnosed of FGS during the quarter *Confirm with supervision report*		
2.4	Number of FGS cases treated with Praziquantel 600mg during the quarter		
2.5	Number of FGS cases referred by health facilities during the quarter for (Stock-out of treatment / other Complications of FGS) *Confirm with supervision report*		
2.6	Number of relapse cases of FGS during the quarter		
2.7	Is there availability of Praziquantel at County / District Drugs Depot? If YES; Ask to Review stock ledger for quantity		
2.8	Number of health facilities with zero report for FGS over the last quarter visited by Key County-Level supervisor *Confirm with supervision report*		

No.	INQUIRY	FINDING	ACTION TAKEN / ACTION POINT
SECTION 3: DOCUMENTS AND RECORDS			
3.1	County / District-Level supervisor has identified issues with CHSS report and that of the CHAs / CHVs / TTMs and have taken actions to correct them		
3.2	County / District-Level supervisor has reviewed all reports from NTD FPs and has confirmed for completeness and accuracy		
3.3	Number of FGS supervision reports that match the reports from the Health facilities		
3.4	County / District-Level Supervisors regularly checks in with the Health Facility FGS focal persons to identify and address any issue		

Supervisor's comment / brief narrative:

19. HEALTH FACILITY SUPERVISION CHECKLIST

County:		**H. District:**		**Health facility:**	
Day:		**Month:**	**Year:**	**Licence No.:**	
Supervisee's name:		**Sex:** M ☐ F ☐		**Position:**	
Supervisor's name:		**Sex:** M ☐ F ☐		**Position:**	
Supervision:	**Start time:**		**End time:**		

SUPERVISORY METHODS: Direct Observation, Discussion with CHA / CHV / TTM, and Records Review.

INSTRUCTIONS FOR SUPERVISORS: The inquiries in this checklist should be observed and discussed with the healthcare worker during the supervision process, where necessary, records should be reviewed. The outcome of the process should be recorded under "findings", and when possible, actions should be taken to manage any arising problem and recorded under the "actions taken" column of this checklist. At the end of the process, the supervisor should summarize findings and actions taken in the "comment / brief narratives" section at the bottom of the checklist.

No.	INQUIRY	FINDING	ACTION TAKEN / ACTION POINT
SECTION 1: PERSONNEL CAPACITY			
1.1	Number of staff trained for FGS management (see training attendance sheet) List cadre of staff trained for FGS management		
1.2	Are clinicians knowledgeable on signs & symptoms of FGS?		
1.3	Are there FGS posters in the HCF?		
1.4	Were health talks conducted at the facility on FGS during the last month? Observe		
SECTION 2: DIAGNOSIS, TREATMENT AND REFERRALS			
2.1	Total number of suspected FGS cases referred from community to facility (review CHSS records)		
2.2	Total number of FGS cases screened using the symptom and risk factor checklist during the past month		
2.3	Number of feedbacks from facility to community (review referral forms)		
2.4	Number of FGS cases diagnosed using speculum		
2.5	Number of functional speculums at facility		
2.6	Does the facility have gloves and other supplies to facilitate safe examination?		
2.7	Is the speculum examination conducted in an environment that ensures patient privacy?		
2.8	Are there records indicating patients consent prior to speculum examination?		
2.9	Number of pregnant women diagnosed with FGS		
2.10	Number of FGS cases treated using treatment protocol (review treatment register) Is counselling on FGS done with patients? (observe a counselling session)		

No.	INQUIRY	FINDING	ACTION TAKEN / ACTION POINT
SECTION 2: DIAGNOSIS, TREATMENT AND REFERRALS			
2.11	Does the facility currently have Praziquantel used to treat FGS cases? Is the number of Praziquantel sufficient to treat more than the number? of patients treated for the last month?		
2.12	Are there available treatment cards for this number of women / girls?		
2.13	Number of cases referred from facility to next level (review referral ledger)		
2.14	Number of feedbacks received from cases referred to next level		
2.15	Number of relapse cases of FGS		
SECTION 3: DOCUMENT & RECORDS			
3.1	Is there diagnosis and treatment registry available at facility?		
3.2	Are FGS cases properly recorded into the diagnosis & treatment registry?		
3.3	Does monthly report correlate with information in facility registry?		
3.4	Are FGS records kept in a secured and clean environment?		

Supervisor's comment / brief narrative:

20. CHAs / CHVs / TTMs COMMUNITY SUPERVISION FORM

County:		**District:**		**Health facility:**	
Community:		**CHA / CHV / TTM name:**		**Contact:**	
Supervisor's name:		**Position:**		**Contact:**	
Date:		**Start time:**		**End time:**	

SUPERVISORY METHODS: Direct Observation, Discussion with CHA / CHV / TTM, and Records Review.

INSTRUCTIONS FOR SUPERVISORS: The inquiries in this checklist should be observed and discussed with the CHA / CHV / TTM during the supervision process, where necessary, records should be reviewed. The outcome of the process should be recorded under "findings", and when possible, actions should be taken to manage any arising problem and recorded under the "actions taken" column of this checklist. At the end of the process, the supervisor should summarize findings and actions taken in the "comment / brief narratives" section at the bottom.

No.	INQUIRY	FINDING	ACTION TAKEN / ACTION POINT
SECTION 1: CHA / CHV / TTM's CAPACITY			
1.1	Was the CHA / CHV / TTM trained in FGS case identification?		
1.2	Does the CHA / CHV / TTM have basic knowledge on signs & symptoms of FGS?		
1.3	Does the CHA / CHV / TTM have job aid?		
1.4	Does the CHA / CHV / TTM refer FGS cases using referral forms?		
SECTION 2: CHA / CHV / TTM's ACTIVITIES			
2.1	Number of suspected FGS cases identified and referred by CHA / CHV / TTM		
2.2	How many cases referred did not go to health facility? What did the CHA / CHV / TTM do about that?		
2.3	Number of follow-ups done by CHA / CHV / TTM on confirmed FGS cases that were treated		
2.4	How many cases did not get well and needed to be referred to the health facility?		

Supervisor's comment / brief narrative:

21. TRAINING GUIDE ONE: OVERVIEW TO FGS INTERVENTION

CONTENTS

PURPOSE

This training guide outlines how to facilitate training sessions for the FGS intervention manual. It details directives on how to facilitate an introduction to the use of the FGS manual, on the various intervention components of the manual, and on assessing knowledge pre- and post-training.

SECTION A: PRE- AND POST-TRAINING KNOWLEDGE ASSESSMENT

This section seeks to assess understanding of healthcare workers, health system stakeholders and community healthcare workers on FGS and how to diagnose, treat and manage women and girls with symptoms of FGS before and after training. It is not an activity to be enforced but to help the trainer and trainees understand sections of the training tools that need further emphasis and or follow-up training. The questions have been set in the likes of multiple-choice questions and or requiring a true or false response and reflect content of the training. The same questions will be used for both the pre-and post-training assessments. It is expected that community healthcare workers will have little or no knowledge on FGS. Therefore, the pre-training assessment should be reserved for healthcare workers and health system stakeholders.

MATERIALS NEEDED:

- Question-and-answer sheets
- Resources to facilitate programme activities such as flip books, felt pens, sticky notes, or papers

THE PRE-TRAINING KNOWLEDGE ASSESSMENT:

- Question sheets should be handed to participants on arrival at the training and given 1 hour to respond.
- Encourage participants to read the instructions carefully and to attempt all questions. Explain to participants that there is no right or wrong answer.
- At the end of the 1-hour session, collect all question-and-answer sheets, and mark them.

THE POST-TRAINING KNOWLEDGE ASSESSMENT:

- Questions should be handed to participants at the end of the training and given 1 hour to respond.
- Encourage participants to read the instructions carefully and to attempt all questions.
- At the end of the 1-hour session, collect question-and-answer sheets and mark them.
- Hand out both pre- and post-training sheets to participants.
- Discuss all questions with participants, with particular attention with questions participants did not have a correct answer in the post-training assessment.
- Encourage participants to use their job aids and instruction sheets to keep updating themselves on what they have been trained on.

SECTION B: INTRODUCTION TO THE FGS MANUAL (30 MINUTES)

MATERIALS NEEDED:

To facilitate this section, you will need the following resource material:

- This resource pack
- The PowerPoint presentation section on "Training guide one: an overview of the FGS Intervention" - also available at the end of this training guide
- Resources to facilitate programme activities such as flip books, felt pens, sticky notes, or papers

LEARNING OBJECTIVES:

- **To understand how to use this manual for an FGS intervention**
- **To understand the causes, transmission, and risk factors of Schistosomiasis**
- **To understand how FGS develops from Schistosomiasis**
- **To understand the probable burden of FGS in Liberia**
- **To recognise signs and symptoms of FGS, including signs of severity**
- **To be able to orientate patients with signs and symptoms of FGS at the health facility**

THE SESSION:

You should use an icebreaker activity to warm participants up and get them thinking of FGS and why they were invited for this training. This should last for about 10 minutes.

For example, ask participants to stand in a line across the room. Ask them to take one step forward if they think the answer to the following questions are yes:

- Schistosomiasis can be transmitted through bathing in lakes and rivers
- Female Genital Schistosomiasis can only affect women and girls
- Female Genital Schistosomiasis is caused by witch
- Female Genital Schistosomiasis is fully reversible if diagnosed and treated early.

After each question ask a few participants to tell you why they answered yes or no to specific questions.

Introduction to the FGS manual:

- Use slides 4 - 9 to introduce this manual, giving its content and how to use it. This should last for about 10 minutes
- Give room for questions and discuss them with participants accordingly. This should also last for about 10 minutes.

SECTION C: OVERVIEW OF FGS AND SCHISTOSOMIASIS (2 HOURS)

MATERIALS NEEDED:

To facilitate this section, you will need the following resource material:

- This resource pack
- The PowerPoint presentation section on "Training guide one: an overview of the FGS intervention" - also available at the end of this guide
- Characteristic lesions of FGS (annex 1)
- Resources to facilitate programme activities such as flip books, felt pens, sticky notes, or papers

THE SESSION:

Use the slides on "Training guide one: an overview of the FGS intervention" for this session. Start with an activity (activity 1) to warm participants and get them thinking about FGS. This should last for about 30 minutes.

- **Activity 1 (30 minutes):** Participants should answer the following questions on sticky notes and paste them on a board / wall or flip chart:
  - What do you understand by Schistosomiasis? How is it transmitted?
  - What do you understand by FGS?
  - What are possible symptoms of FGS
- Use slides 11 - 31 to discuss overview of Schistosomiasis and FGS with participants. Make the discussion sessions participatory and give room for questions. This should last for about 1 hour 30 minutes.

SECTION D: COMMUNITY LEVEL RESOURCE MATERIALS (1 HOUR)

MATERIALS NEEDED:

To facilitate this section, you will need the following resource material:

- This resource pack
- Job aids and FGS triage and two-way referral forms for CHAs, CHVs and TTMs (annex 2 and 3)
- Resources to facilitate programme activities such as flip books, felt pens, sticky notes, or papers

LEARNING OBJECTIVES:

- **To understand how women and girls presenting with symptoms of FGS will be identified by CHAs / CHVs / TTMs in the community**
- **To be able to interpret the FGS community triage and two-way referral form for tracking of women and girls with symptoms of FGS at the health facility and community**

THE SESSION:

- Distribute a copy of the job aids and FGS triage and two-way referral form for CHAs, CHVs and TTMs to each participant.
- Go through the job aids and the two-way triage forms.
- End the session with a practical exercise (activity 2) on the feedback section of the referral form using the case scenario given below.

CASE SCENARIO 1:

Georgina is 18 years old. She comes to you as the CHA / CHV / TTM in her community and complains of blood in her pee-pee and pain after she has completed man and women business. You think she might have FGS and want to encourage her to go to the health facility.

- **In pairs, please fill in the referral form for the facility.**
- **One of you should act as the CHA / CHV / TTM and one of you should act as Georgina. If you are the CHA / CHV / TTM, using your job aid, please provide advice and guidance to Georgina.**

As the facilitator, you should observe this activity and give the training participants feedback as required on their work. Close the activity by asking the participants to talk you through their experiences of the activity - what was easy and what was difficult?

SECTION E: HEALTH FACILITY SCREENING TOOL: FGS RISK FACTOR AND SYMPTOM CHECKLIST (2 HOURS)

MATERIALS NEEDED:

To facilitate this section, you will need the following resource material:

- This resource pack
- Copies of the FGS risk factor and symptom checklist (annex 4)
- Resources to facilitate programme activities such as flip books, felt pens, sticky notes, or papers

LEARNING OBJECTIVES:

- **To understand use of the FGS risk factor and symptom checklist to diagnose women and girls with symptoms and at risk of FGS**
- **To orientate patients diagnosed with FGS based on the diagnostic score points provided in the FGS risk factor and symptom checklist**

THE SESSION:

- Distribute a copy of the checklist to each participant.
- Discuss all the sections of the checklist with participants. This should last for about 30 minutes.
- Carry out a practical exercise (activity 3) using the case scenarios presented below:
- **Activity 3 - Group work (1 hour):**
  - Organise participants in groups (approximately 4 per group).
  - Randomly distribute a copy of any of the case scenarios to each group.
  - Ask participants to read and fill in an FGS risk factor and symptom checklist based on the case scenario provided to them. This should take about 20 minutes.
  - Ask participants to give feedback to the entire team, with each group reading out their case scenario, giving the score points the patient had and the patient's orientation. Allow for other groups with the same case scenario to make inputs where necessary and have a discussion with the entire team. This should take about 10 minutes per group, with the last 10 minutes of the activity to be used to discuss any issues that rise with respect to the checklist.
- **Case scenarios:** Participants should read the following case scenarios in their groups and answer the questions that follow:

CASE SCENARIO 1:

Gartee is 20 years old and recently got married. She works in a rice farm and has the habit of bathing in the nearby river after farming. A few weeks ago, she started experiencing bad smelling discharge from her woman private part and pains in her lower belly.

Using your checklist:

- **How many score points does Gartee have?**
- **What would be your next steps based on the score points Gartee has?**

CASE SCENARIO 2:

Georgina is 18 years old. She just finished high school. She lives with her mother just over 200 meters from the lake where she fetches water to help her mother with household chores such as washing cloths and dishes. She tells you she does not bath in the lake because her mother told her never to do so, but she likes to enter the lake and wet her feet each time she goes there. In her complaints, she has a fever and headache. When you talk to her, she confides in you that she has wounds in her private part.

Using your checklist:

- **How many score points does Georgina have?**
- **What would be your next steps based on the score points Georgina has?**

CASE SCENARIO 3:

Princess is 25 years old. She has been married for 4 years but unable to get pregnant with her husband despite many attempts. As a young girl, she used to play in the lakes with her friends after school. From time to time, she sees blood in her pee-pee, but her friends told her she must be a strong girl because only boys see blood in their pee-pee. She also tells you her menses come anytime it wants and her husband is tired because sometimes when he wants to do man-and-woman thing, there is blood.

Using your checklist:

- **How many score points does Princess have?**
- **What would be your next steps based on the score points Princess has?**

SECTION F: SPECULUM EXAMINATION (1 HOUR)

MATERIALS NEEDED:

To facilitate this section, you will need the following resource material:

- This resource pack
- Standard operating procedure for speculum examination (annex 5a)
- Materials needed for speculum examination (annex 5b)
- Characteristic lesions of FGS (annex 1)
- Flow chart for speculum examination (annex 5c)
- Illustrative video for speculum examination - memory stick
- Resources to facilitate programme activities such as flip books, felt pens, sticky notes, or papers

LEARNING OBJECTIVES:

- **To identify possible genital lesions of FGS to support diagnosis**
- **To detect signs of severity of FGS**
- **To aid in the orientation of patients**

NB: The speculum examination does not serve as a bases for a decision to treat the patient. This decision should be taken based on the risk factor and symptom checklist. Therefore, the absence of speculum examination in a heath facility does not influence treatment of women and girls with suspected FGS. If you feel women and girls require a speculum examination but you do not have capacity to do that within your health facility, then you should refer.

THE SESSION:

- Distribute a copy of SoP for speculum examination (Annex 5a), materials needed for speculum examination (Annex 5b), characteristic lesions of FGS (Annex 1) and flow chart for speculum examination (Annex 5c).
- Discuss the procedure starting with preparations and the procedure. Use the materials needed to support where necessary.
- Discuss possible findings from the speculum examination, using the characteristic lesions of FGS (Annex 1). Allow time for participants to understand these characteristic lesions as it is key to next steps in the management of FGS.
- Play the visual illustration of the speculum exam procedure.
- Allow time for discussions and clarifications.

SECTION G: FGS TREATMENT GUIDELINES (1 HOUR, 30 MINUTES)

MATERIALS NEEDED:

To facilitate this section, you will need the following resource material:

- This resource pack
- Treatment guidelines (job aid) for healthcare workers and stakeholders (annex 6)
- Patient treatment card (annex 7)
- Health facility treatment register (annex 8)
- A height chart or dose pole
- An adult weighing scale
- Resources to facilitate programme activities such as flip books, felt pens, sticky notes, or papers

LEARNING OBJECTIVES:

- **To understand indicators for treatment for FGS**
- **To accurately select women and girls eligible for treatment for FGS**
- **To accurately measure or calculate the dosage of praziquantel**
- **To appropriately administer praziquantel to the woman / girl**
- **To monitor side effects of praziquantel and manage them**

THE SESSION:

Begin this session with an activity (activity 4) which should last for 15 minutes. Encourage participants to use the resource materials you have distributed to help them answer these questions.

- **Activity 4 (15 minutes):** Ask the following questions to participants and use the felt pens to write the responses on a flip chart.
  - What is the drug of choice for treatment of FGS?
  - List various reasons why a woman / girl should not be treated with praziquantel immediately when diagnosed
  - How do you measure or calculate the dosage of Praziquantel in women / girls?
  - What are the possible side effects of Praziquantel?
- Discuss the treatment guidelines with the participants, using participants' responses in activity 4 to illustrate sources of possible errors (30 minutes).
- Go through the patient treatment card and the health facility treatment register (10 minutes).
- **Activity 5 (35 minutes):** Use the case scenarios below and answer the questions that follow. You should organise participants in groups and randomly hand in the scenarios. This should last 15 minutes should be used to discuss answers.

CASE SCENARIO 1:

Gartee is 20 years old and recently got married. She works in a rice farm and has the habit of bathing in the nearby river after farming. A few weeks ago, she started experiencing bad smelling discharge from her woman private part and pains in her lower belly. Using the checklist, you diagnosed her with FGS. She weighs 70kg and has the same height as your group leader.

- **How many tablets of Praziquantel will you give to Gartee?**
- **How will you advise Gartee to take the tablets?**
- **Use the above information to fill the patient treatment card and the health facility register.**

CASE SCENARIO 2:

Georgina is 18 years old. She just finished high school. She lives with her mother just over 200 meters from the lake where she fetches water to help her mother with household chores such as washing cloths and dishes. She tells you she does not bath in the lake because her mother told her never to do so, but she likes to enter the lake and wet her feet each time she goes there. In her complaints, she has a fever and headache. When you talk to her, she confides in you that she has wounds in her private part. You decide to give her Praziquantel and she goes home immediately. 30 minutes later, she is brought back to the health centre because she started vomiting and feeling dizzy.

- **What do you think is happening to Georgina?**
- **What will you do to help Georgina?**
- **After 2 hours in the health centre, Georgina keeps vomiting and feeling weak. What else will you do?**

NB: Begin feedbacks with scenario 1 before scenario 2, as scenario 2 will serve as a link to the next session on guidelines for referral and complex cases.

SECTION H: GUIDELINES FOR REFERRALS AND COMPLEX CASES (30 MINUTES)

MATERIALS NEEDED:

To facilitate this section, you will need the following resource material:

- This resource pack
- Job aid for referral and complex cases (annex 9)
- FGS health facility to hospital referral forms (annex 10)
- FGS hospital to health facility feedback form (annex 11)
- Resources to facilitate programme activities such as flip books, felt pens, sticky notes, or papers

LEARNING OBJECTIVES:

- **To understand criteria for referral of complex cases relating to FGS**
- **To accurately use the referral (and counter referral) forms to refer and monitor women and girls with FGS to hospitals.**

THE SESSION:

- Distribute copies of the guidelines for referral and complex cases, the referral and the feedback forms.
- Discuss these criteria with participants and move to activity 6.
- **Activity 6:** Use the case scenario below and answer the questions that follow. This could be an open oral answer session.

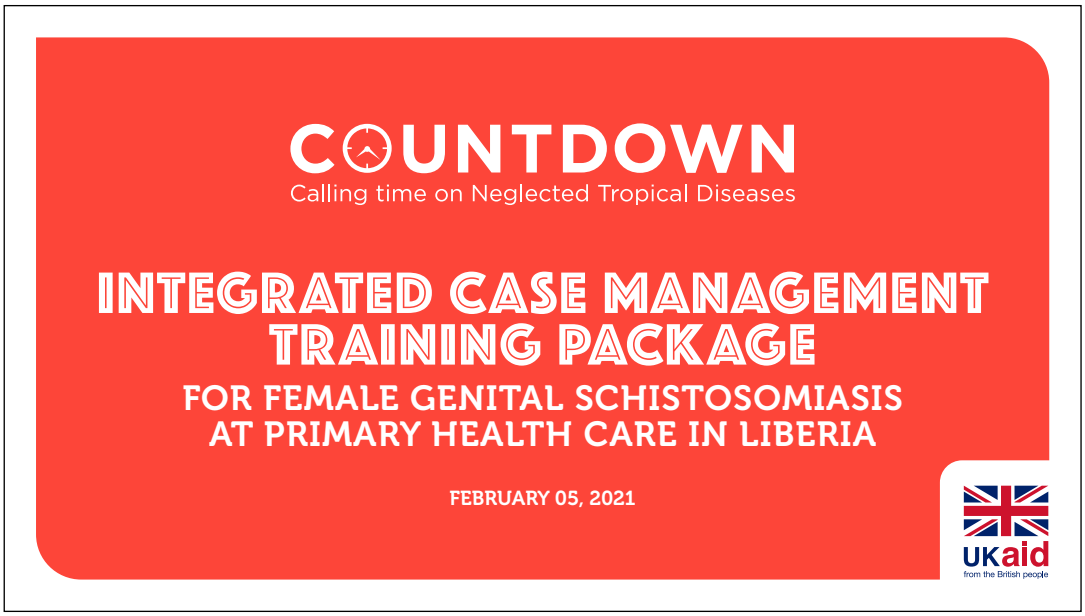
CASE SCENARIO 3:

Princess is 25 years old. She has been married for 4 years but unable to get pregnant for her husband despite many attempts. As a young girl, she used to play in the lakes with her friends after school. From time to time, she sees blood in her pee-pee, but her friends told her she must be a strong girl because only boys see blood in their pee-pee. She also tells you her menses come anytime it wants and her husband is tired because sometimes when he wants to do man-and-woman thing, the is blood. You diagnose her with FGS using the symptom checklist. Considering you work at the Panta health and the nearest hospital is the Bong hospital.

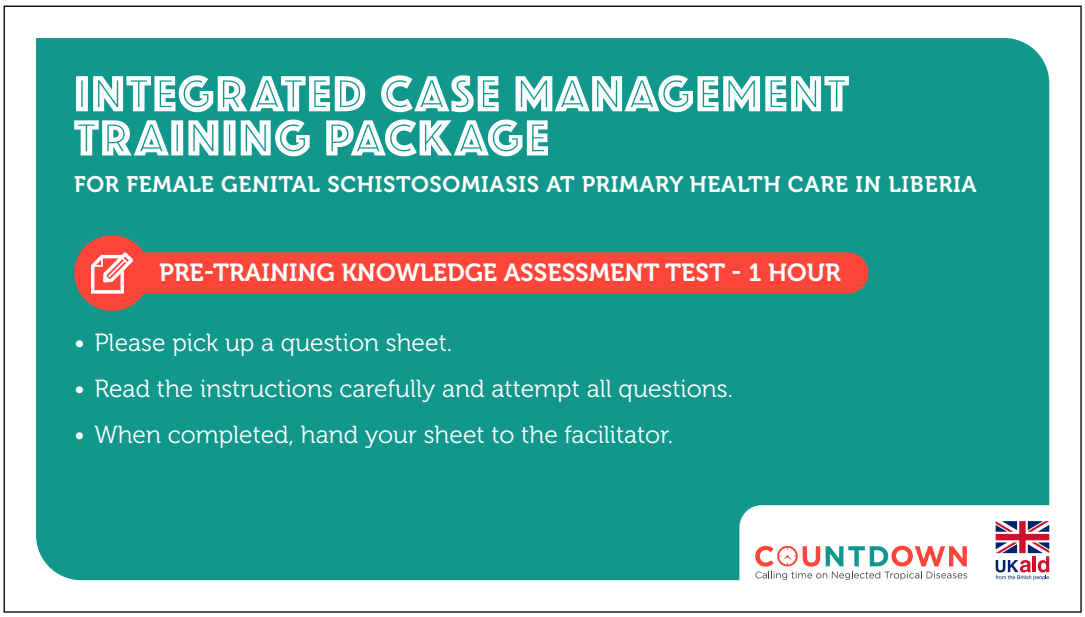
- **What will you do next to help Princess?**
- **What are possible complications that Princess might be having due to FGS?**
- **What will you do next to help Princess with her complications?**
- **Use the information provided to fill the health facility to hospital referral form.**

22. TRAINING GUIDE ONE: POWERPOINT PRESENTATION

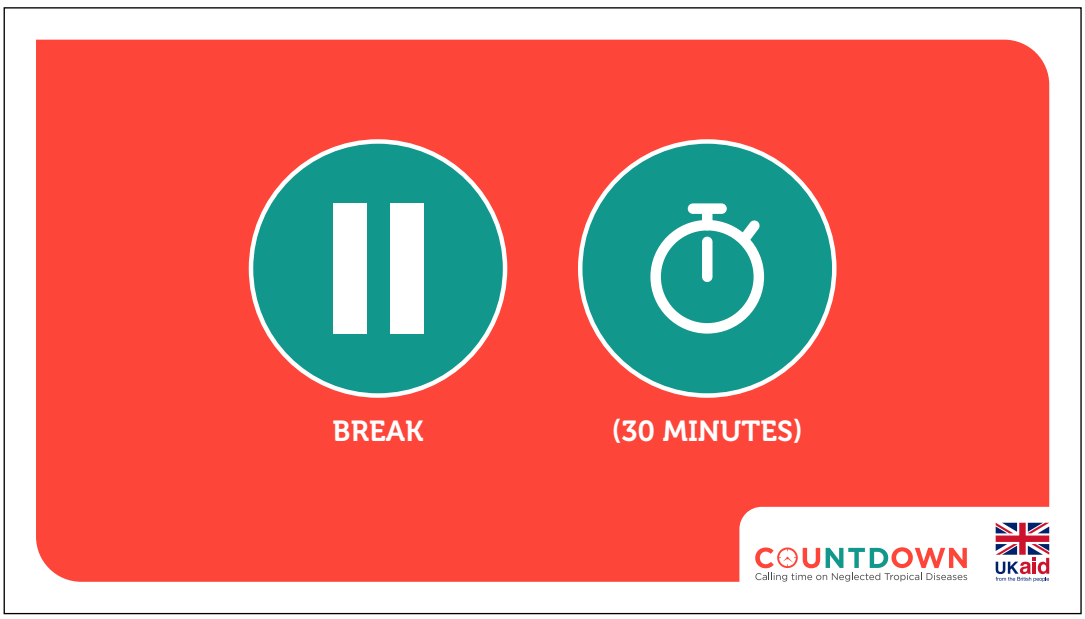
Slide 1



Slide 2



Slide 3



Slide 4

INTRODUCTION TO THE FGS MANUAL

Objectives:

- **To understand how to use this manual for an FGS intervention**
- **To understand the causes, transmission, and risk factors of Schistosomiasis**
- **To understand how FGS develops from Schistosomiasis**
- **To understand the probable burden of FGS in Liberia**
- **To recognise signs and symptoms of FGS, including signs of severity**
- **To be able to orientate patients with signs and symptoms of FGS at the health facility**

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Slide 5

INTRODUCTION TO THE FGS MANUAL

INTRODUCTORY EXERCISE

Take a step forward if you think the following statements are true and say why or why not:

1. **Schistosomiasis can be transmitted through bathing in lakes and rivers.**
2. **Female Genital Schistosomiasis can only affect women and girls.**
3. **Female Genital Schistosomiasis is caused by witch.**
4. **Female Genital Schistosomiasis is fully reversible if diagnosed and treated early.**

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Slide 6

WHY IS THIS TRAINING IMPORTANT?

- Schistosomiasis is still a major problem in Liberia.
- It is caused by a group of parasitic worms - **Schistosoma**.
- Transmitted through contact with infested freshwater.
- Common in poor rural communities who lack access to clean water and where infection rate is high.
- Repeated exposure of the female genital system to the eggs of Schistosoma may cause inflammation and damage and lead to **Female Genital Schistosomiasis (FGS)**.

Women and girls are at risk of FGS from frequent exposure to infested water through bathing and household use

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Slide 7

WHY IS THIS TRAINING IMPORTANT?

- Women and girls are at risk of FGS from frequent exposure to infested water through bathing and household use.
- Manifestations of FGS mimics those of sexually transmitted infections (STIs) whereas **FGS is not STI**.
- Access to diagnosis is limited, especially in poor and or rural communities.
- If not treated early, FGS can lead to **irreversible complications**. Therefore, early diagnosis and treatment is imperative.
- Many health workers and community members have limited knowledge and or understanding of FGS and so many women and girls do not receive adequate / appropriate management for it.

Women and girls are at risk of FGS from frequent exposure to infested water through bathing and household use

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Slide 8

AIM OF THE TRAINING

- Improve knowledge and awareness of healthcare workers (and health system stakeholders) on FGS and its consequences.
- Assist health system stakeholders in the training and implementation of a care package for women and girls with symptoms of FGS in their respective settings in Liberia.
- Assist primary health workers to diagnose, treat and manage women and girls with symptoms of FGS appropriately and early; and refer complicated cases to higher-level healthcare facilities.

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Slide 9

WHAT THIS TRAINING CONTAINS

- **Key facts about Schistosomiasis and FGS**
- **Resource materials for CHAs, CHVs and TTMs:**
  - Job aids to detect women and girls with symptoms of FGS in the communities; and
  - Referral guidelines and forms to support them when referring women and girls to the health facility.
- **Resource materials for health workers and health system stakeholders:**
  - Diagnostic, treatment, counselling and referral guides (and forms) and
  - Case record sheets for use by health workers at the health facility and how.
  - Training guides and techniques for health workers / stakeholders to train peers and collaborators on FGS.
  - Supervision checklists and supporting activities for FGS for use by health workers and stakeholders.

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Slide 10

OVERVIEW OF FGS AND SCHISTOSOMIASIS

ACTIVITY 1

Answer the following questions on sticky notes and paste them on the board / wall / flip chart:

1. What do you understand by Schistosomiasis?
2. What do you understand by FGS?
3. What are the possible symptoms of FGS?

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Slide 11

WHAT IS SCHISTOSOMIASIS?

- Schistosomiasis, also known as "Bilharzia" or "snail fever".
- Water-borne disease caused by a group of parasitic worms – Schistosoma.
- Carried by freshwater snails.
- Next are 4 key facts health workers need to know about Schistosomiasis.

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Slide 12

KEY FACT 1: LIFE CYCLE OF SCHISTOSOMIASIS

- Transmission occurs when eggs of Schistosoma eliminated through faeces or urine are deposited in fresh water.
- These eggs hatch in water, infect a specific fresh-water snail where they multiply into many small worms (called cercariae) and are released into water.
- These small worms (cercariae) infect humans through penetration of the skin when exposed during routine activities such as washing, bathing, and or agricultural work.
- In humans the small worms develop into adult worms, copulate and lays eggs which are released in faeces or urine and can also be trapped in other parts of the body such as the female genital track.

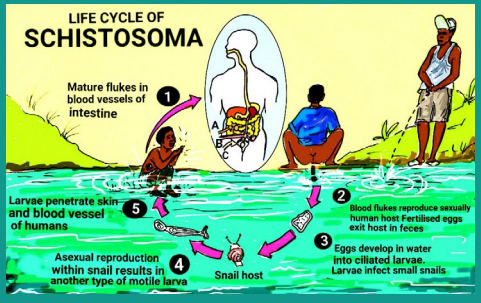

Figure 2: Life cycle of Schistosomiasis (image credit: Ministry of Health, Liberia)

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Slide 13

KEY FACT 2: EPIDEMIOLOGY OF SCHISTOSOMIASIS

- **Schistosomiasis affects over 240 million people worldwide**
- **Causes 200,000 deaths every year**
- **Affects about 82 million women in Africa**
- **Two main forms of Schistosomiasis in sub-Saharan Africa:**

Urogenital Schistosomiasis caused by Schistosoma haematobium.

Intestinal schistosomiasis caused by Schistosoma mansoni.

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Slide 14

KEY FACT 3: COMMON SYMPTOMS OF SCHISTOSOMIASIS

Fever observed during acute infections.

Urinary symptoms including painful urination (dysuria) and blood in urine (haematuria).

Abdominal symptoms such pains and diarrhoea with or without blood in faeces.

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KEY FACT 4: CONTROL OF SCHISTOSOMIASIS

- **Periodic large-scale population treatment with Praziquantel +:**
  - Portable water
  - Adequate sanitation
  - Snail control
- **In Liberia:**
  - Community-based deworming campaigns targeting school aged children.
  - Implementation of water, sanitation, and hygiene (WASH) activities.

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Slide 16

FEMALE GENITAL SCHISTOSOMIASIS

COUNTDOWN
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Slide 17

WHAT IS FEMALE GENITAL SCHISTOSOMIASIS?

- FGS is a disease condition caused by the presence of eggs of the Schistosomes (Schistosoma haematobium) in the female genital tract.
- Next are 8 key facts about FGS.

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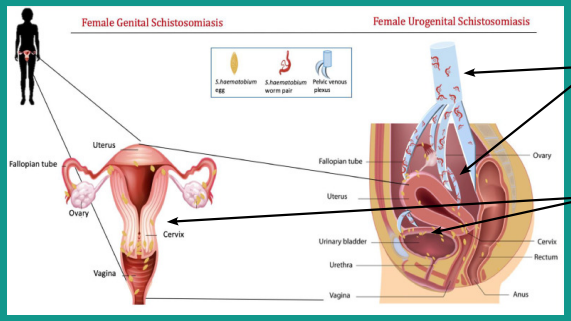
Slide 18

KEY FACT 1

FGS occurs when eggs trapped in the tissues of the vagina, cervix, uterus, and fallopian tubes cause inflammatory reactions which can lead to itches, pain, and ulcers.



(Sturt et al., 2020)

Adult worms in the blood stream of the woman / girl.

Eggs are deposited in the tissues of the female genital track (vagina, cervix, uterus, fallopian tubes, and ovaries) where they cause inflammation.

COUNTDOWN
Calling time on Neglected Tropical Diseases
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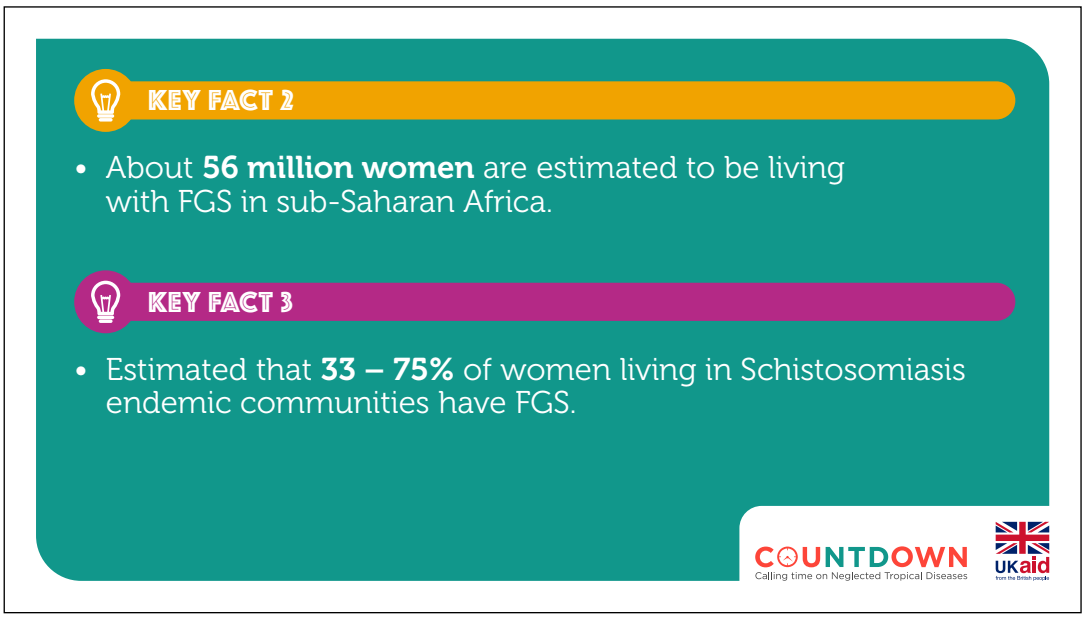
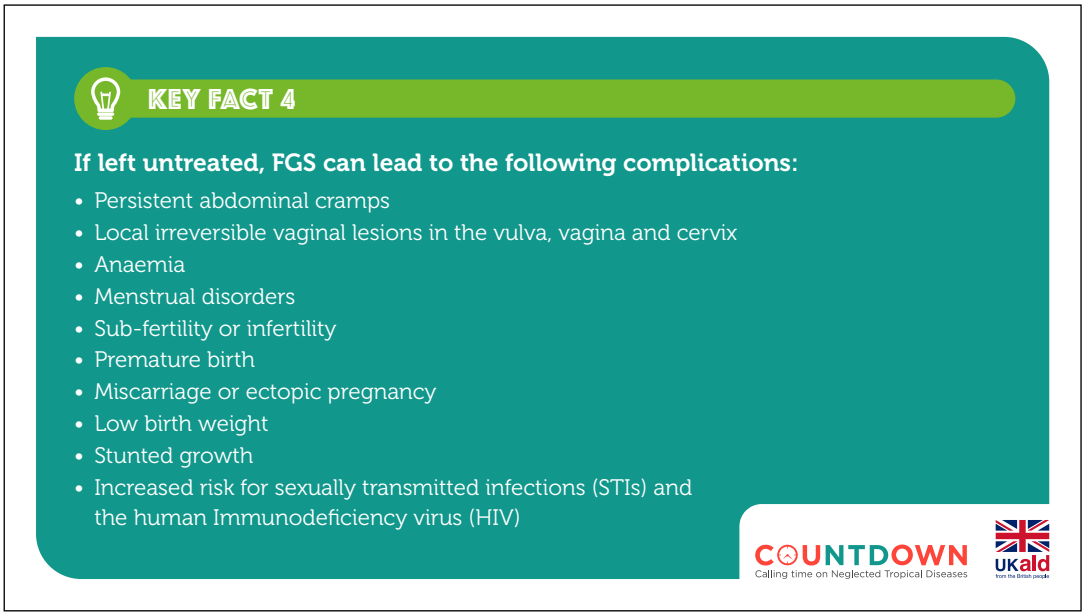
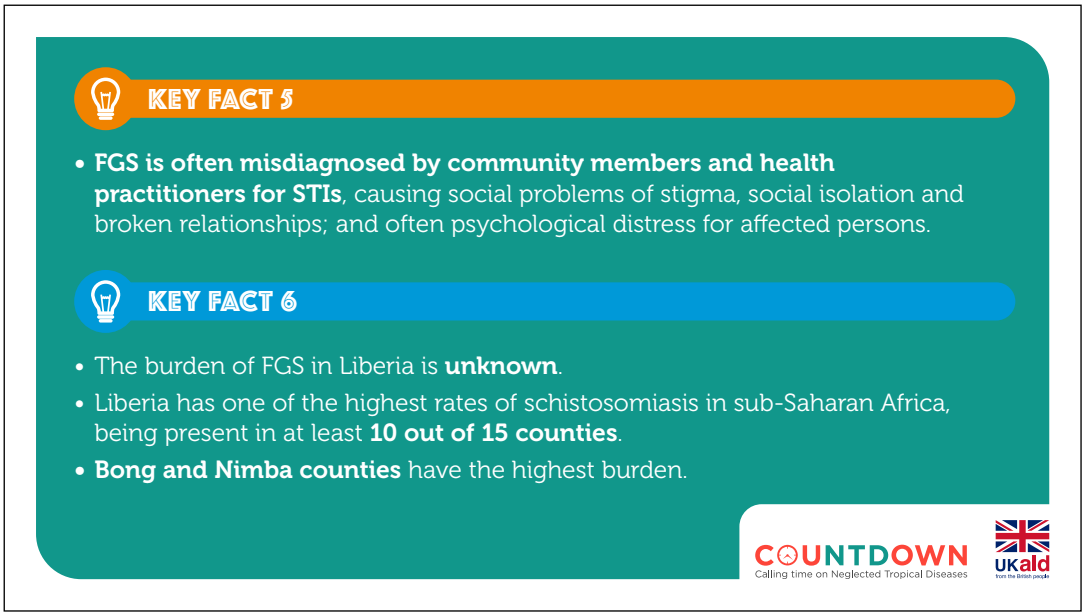
Slide 19



Slide 20



Slide 21



Slide 22

KEY FACT 7

Praziquantel is the drug of choice to treat FGS:

- It kills the adult worm.
- Prevents further deposition of eggs into the tissues of the female genital tract.
- Prevents development of new lesions.
- Significantly reduces the intensity of infection.
- Alleviates symptoms.

KEY FACT 8

- **Regular treatment of young girls is important to prevent FGS.**

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BREAK (5 MINUTES)

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SIGNS AND SYMPTOMS OF FGS

- Pelvic pain
- Vaginal discharge
- Bloody discharge
- Bleeding after intercourse or spotting
- Genital itching or burning sensation
- Pain during or after intercourse
- Vaginal ulcers
- Blood in urine in some cases

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DIAGNOSIS OF FGS

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DIAGNOSIS OF FGS

When should I suspect FGS?

- The WHO recommends the diagnosis of FGS be considered in all women and girls who present with urogenital symptoms and history of recent contact with fresh water in endemic countries.
- If one case of FGS is seen, there is likelihood of having many others in the same area, since many may have used the same source of water which have put them at risk.

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DIAGNOSIS OF FGS

How do I diagnose FGS?

- Thorough screening of symptoms and risk factors.
- Visual inspection of lesions in the female genital tract or with the use of an enhanced camera or a colposcope.
- A colposcope is a specialized instrument used to visualise the cervix, vagina, and vulva for signs of abnormal lesions.
- NB:
  - Colposcopes are not readily accessible in the primary healthcare system in Liberia
  - Current laboratory techniques are also inadequate for the diagnosis of FGS.

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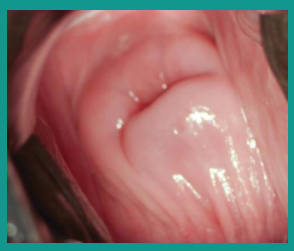
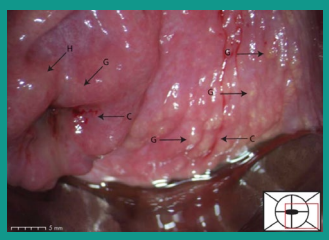
DIAGNOSIS OF FGS

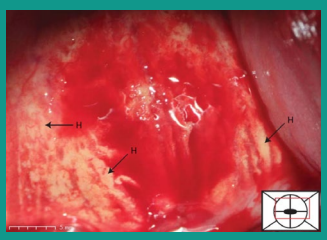
What does FGS look like in the female genital track?

- Grainy sandy patches (G)
- Homogenous yellow sandy patches (H)
- Abnormal blood vessels and contact bleeding (C)
- Rubbery papules



Normal cervix





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DIAGNOSIS OF FGS

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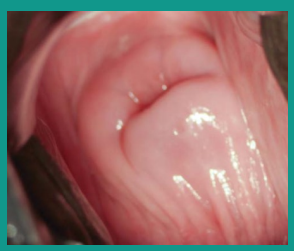
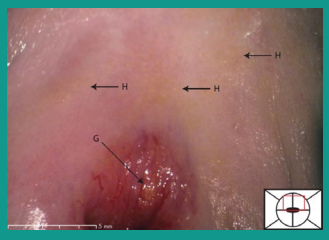
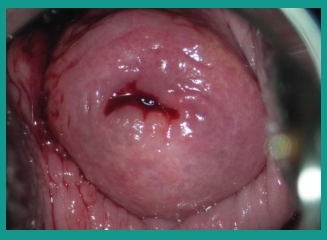


Normal cervix





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DIAGNOSIS OF FGS

What does FGS look like in the female genital track?

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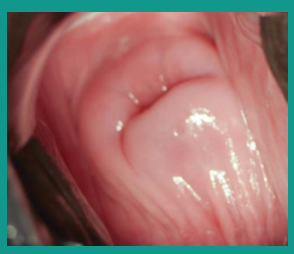
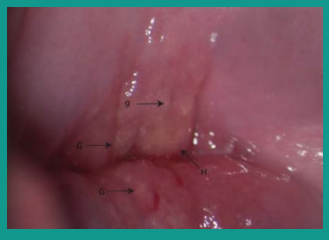
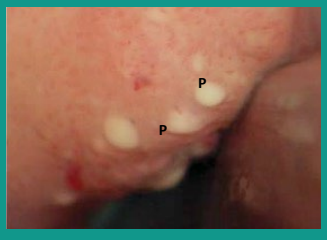


Normal cervix





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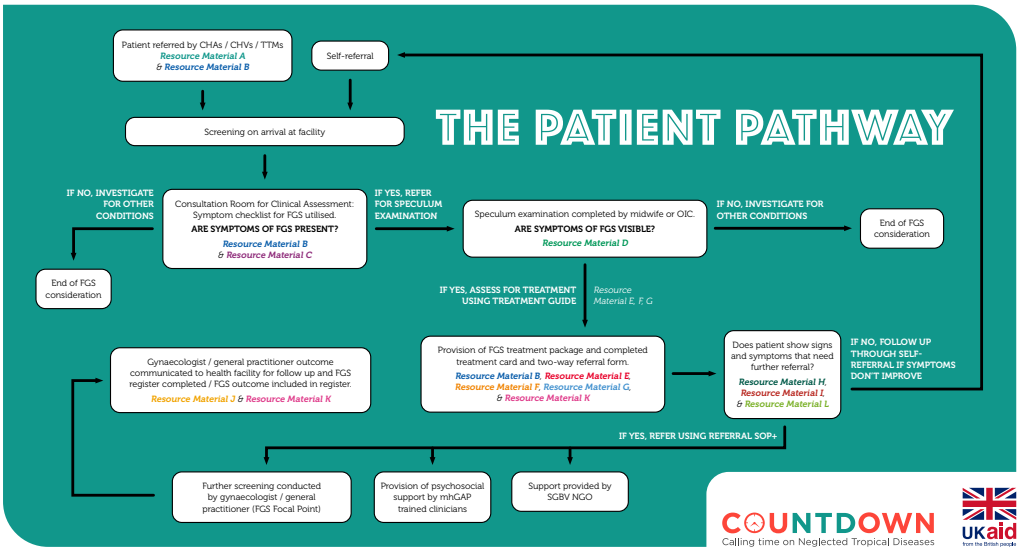

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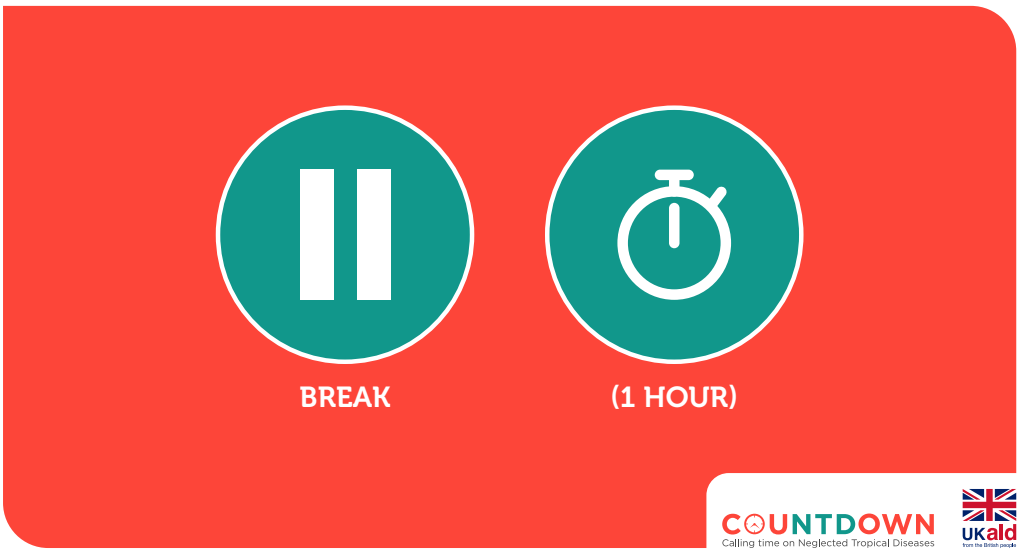

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COMMUNITY LEVEL RESOURCE MATERIALS

1. FGS Job aid for CHAs, CHVs and TTMs

- To support CHAs / CHVs / TTMs to identify women and girls with symptoms of FGS and refer them to the health facility.

2. FGS Community Triage and two-way referral form

- To track women and girls who are being referred by a CHA / CHV / TTM to the health facility with suspected symptoms and for the CHA / CHV / TTM to receive feedback from the health facility about the diagnosis and any support they should provide to the patient.

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FGS JOB AID FOR CHAs, CHVs AND TTMs

Health facility staff should:

- Talk this through with CHAs / CHVs / TTMs.
- Check they have read and understood the document.
- Provide a copy to each CHA / CHV / TTM to use in their work.

In pairs, read through the job aid - and prepare any questions.

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FGS COMMUNITY TRIAGE AND TWO-WAY REFERRAL FORM

- Side one of the referral card is to be used by the CHAs, CHVs, and TTMs to refer to health centre.
- Side two of the referral card is to be used by the health workers to inform the CHAs, CHVs, or TTMs that the woman / girl was received at the health facility, what was done for the patient and most specially to give instructions on follow-up of the patient in the community.

Health facility staff should:

- Talk this through with CHAs / CHVs / TTMs
- Check they have read and understood the document
- Provide a copy to each CHA / CHV / TTM to use in their work

In pairs, read through the community triage and two-way referral form - and prepare any questions.

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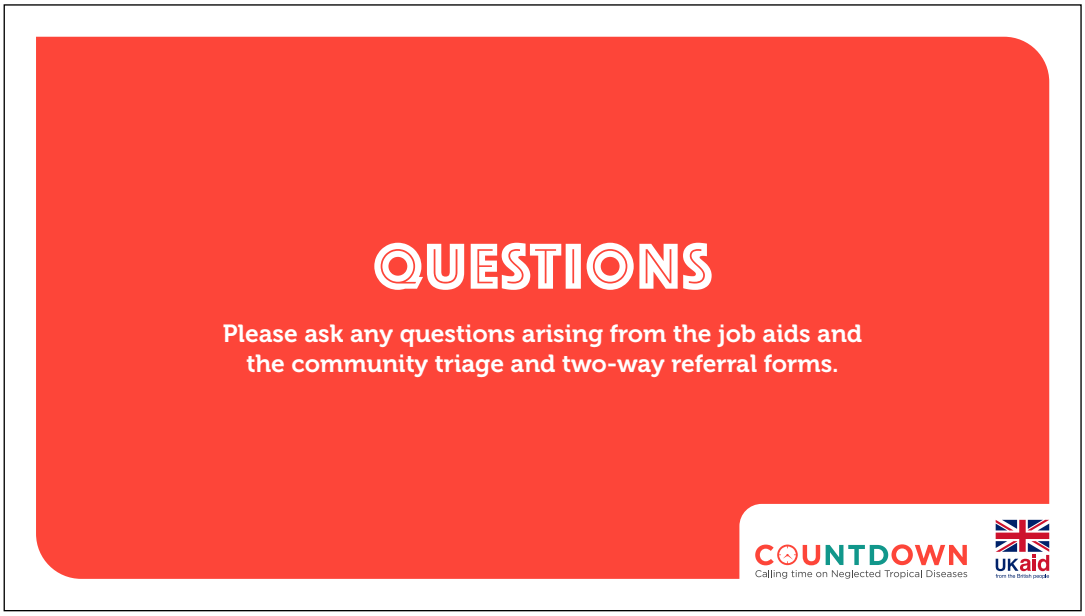

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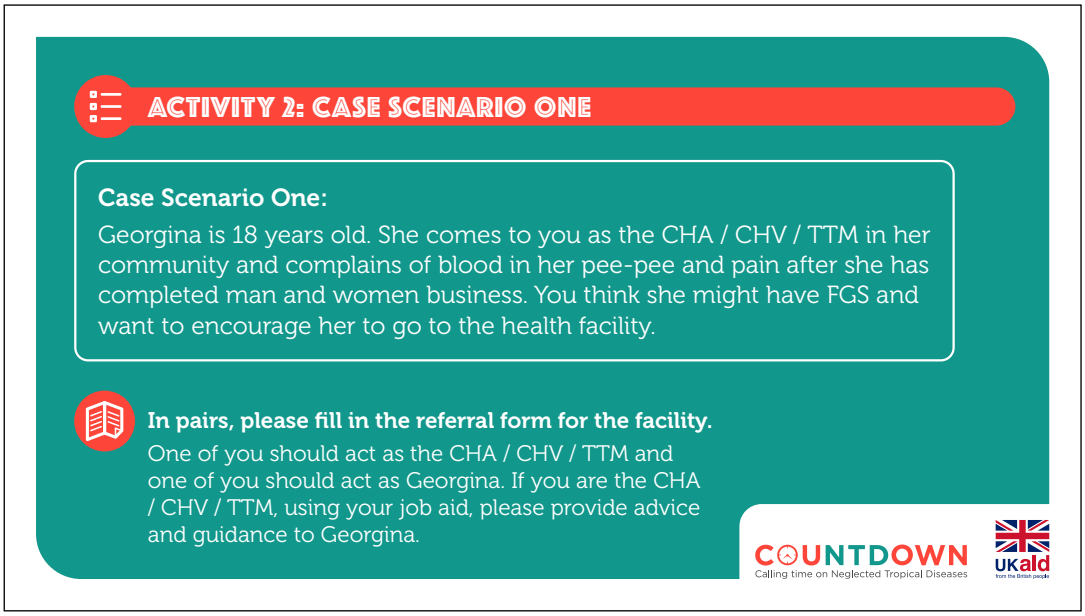

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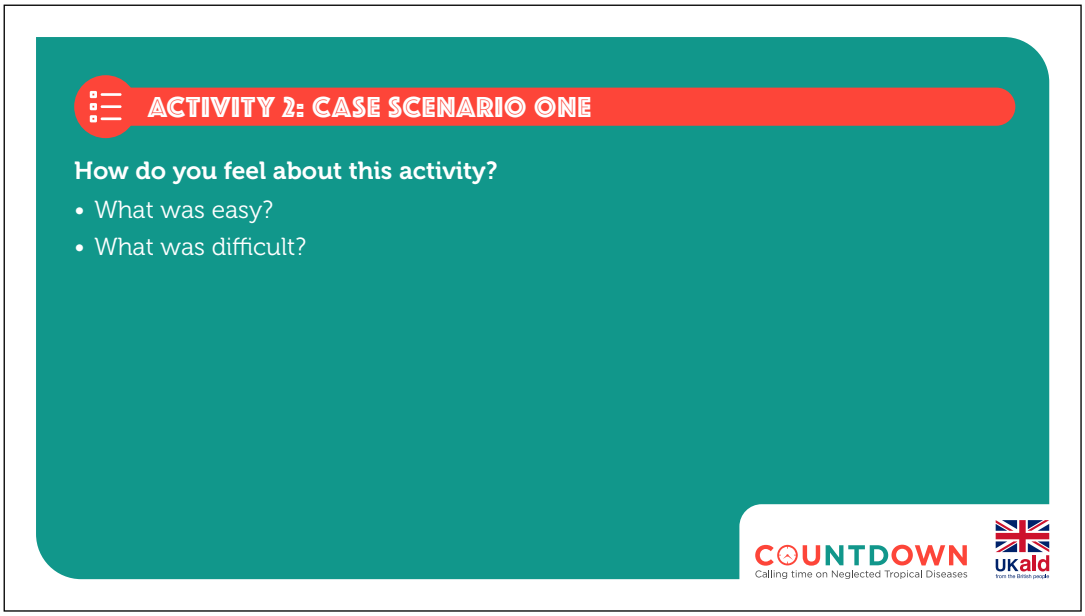

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HEALTH FACILITY RISK FACTOR AND SYMPTOMS CHECKLIST

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HEALTH FACILITY RISK FACTOR AND SYMPTOMS CHECKLIST

Purpose:

- To support the health worker completing the patient consultation to screen for FGS.
- Key step to treatment for women and girls with suspected FGS.

Health worker should use this during screening of patients:

- To consider risk factor / exposure to fresh water.
- To detect the presence of signs and symptoms relating to FGS.
- Make a score for each patient to determine treatment and or further investigation.

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HEALTH FACILITY RISK FACTOR AND SYMPTOMS CHECKLIST

Checklist:

No.	RISK FACTOR / SYMPTOM	CLASSIFICATION	POINTS	COMMENTS
1.	Exposure activities to fresh water	Swimming	5	
		Playing	4	
		Washing	4	
		Bathing	4	
		Fishing	3	
		Swamp farming	5	
		Fetching water	3	
2.	Distance to natural water source(s) e.g. lake, river, stream, creek	<10Km	5	
		10 – 15Km	3	
		≥ 15Km	1	
3.	Other sources of water e.g. well, borehole	Yes	0	
		No	2	
4.	Genital bleeding	Yes	2	
		No	0	
5.	Post-coital bleeding	Yes	2	
		No	0	
6.	Pelvic pain	Yes	2	
		No	0	
7.	Genital ulceration	Yes	2	
		No	0	
8.	Genital discharge	Yes	2	
		No	0	
9.	Irregular menses	Yes	2	
		No	0	
10.	Urinary symptoms: - Blood in urine - Pains during urination - Urine leaking	Yes	2	
		No	0	
PATIENT SCORE POINTS				

Interpretation:

SCORE POINT	INTERPRETATION	WHAT TO DO
≥ 7	FGS is likely	- Send for speculum exam (where possible) - Treat with Praziquantel
5 – 6	FGS is unlikely	- Investigate for other disease - Re-investigate for FGS after 2 weeks
< 5	FGS is very unlikely	- Investigate for other diseases

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ACTIVITY 3: GROUP WORK

- Organise yourselves in groups (approximately 4 persons per group).
- Read the case scenario provided and fill the risk factor and symptom checklist - 15 minutes.
- Provide feedback to the entire team - 10 minutes per scenario.

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Case Scenario One: Gartee is 20 years old and recently got married. She works in a rice farm and has the habit of bathing in the nearby river after farming. A few weeks ago, she started experiencing bad smelling discharge from her woman private part and pains in her lower belly.

Using your checklist:

- How many score points does Gartee have?
- What would be your next steps based on the score points Gartee has?

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Case Scenario Two: Georgina is 18 years old. She just finished high school. She lives with her mother just over 200 meters from the lake where she fetches water to help her mother with household chores such as washing cloths and dishes. She tells you she does not bath in the lake because her mother told her never to do so, but she likes to enter the lake and wet her feet each time she goes there. In her complaints, she has a fever and headache. When you talk to her, she confides in you that she has wounds in her private part.

Using your checklist:

- How many score points does Georgina have?
- What would be your next steps based on the score points Georgina has?

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Case Scenario Three: Princess is 25 years old. She has been married for 4 years but unable to get pregnant with her husband despite many attempts. As a young girl, she used to play in the lakes with her friends after school. From time to time, she sees blood in her pee-pee, but her friends told her she must be a strong girl because only boys see blood in their pee-pee. She also tells you her menses come anytime it wants and her husband is tired because sometimes when he wants to do man-and-woman thing, there is blood.

Using your checklist:

- How many score points does Princess have?
- What would be your next steps based on the score points Princess has?

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CLOSING REMARKS

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DAY 2: RECAP OF DAY 1

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SPECULUM EXAMINATION

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SPECULUM EXAMINATION

The Speculum examination should be used to:

- Identify possible genital lesions of FGS to support diagnosis.
- Detect signs of severity of FGS.
- Aid in the orientation of patients.

NB:

- Speculum exam does not serve as a basis for decision to treat, the decision should be taken from the risk factor and symptom checklist.
- If you feel a woman or girl needs speculum exam and your facility has no capacity for it, you should refer the woman / girl.

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CRITERIA FOR SPECULUM EXAMINATION

- Score point ≥ 7 (on the risk factor and symptom checklist).
- Presence of facilities for speculum examination.

Exercise: List all the items needed to do a speculum examination.

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WHAT TO PREPARE

1. The patient:

- Introduce yourself
- Explain the procedure, give room for questions and obtain consent
- Request consent to take photos (only in absolute necessity)
- Ask patient to empty bladder (urinate)
- Request a chaperone
- Ask patient to remove all clothing waist down and any sanitary protection (e.g. pads)
- Cover patient with sheets where appropriate

2. Put equipment together: gloves, lubricant, speculum, swabs, smears

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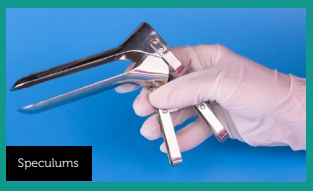
EQUIPMENT FOR SPECULUM EXAMINATION


Gloves


Lubricants


Speculums


Swabs


Light source

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PROCEDURE

- Place the patient in the lithotomy position: Patient laid back, legs bent to the hip (feet towards their buttocks), knees moved apart
- Engage with the patient using ice breakers and re-explaining the procedure.
- Wash your hands or use a hand sanitizer
- Put on a pair of gloves
- Inspect the vulva (or external genitalia). Look for:
  - Discharge, bleeding, swellings (tumours)
  - Ask patient to cough to observe any incontinence or prolapse
  - Palpate the labia for any swellings
- Lubricate speculum and inform the patient before inserting it
- Use your non-dominant hand to gently separate the labia
- Gently insert the speculum sideways (blades closed, angles downwards)
- Once inserted, rotate the speculum back 90 degrees so that the handle is faced upwards
- Slowly open the blades until an optimal view of the cervix is achieved.
- Tighten the locking knot (screw) to fix the position of the bladder
- Position your light source (and camera if available) and look for characteristic lesions of FGS - see next slide
- Rotate speculum to visualize both the anterior and posterior aspects
- Capture images of visible lesions (when absolutely necessary and if consent is given)
- Collect swabs or smears (if necessary)

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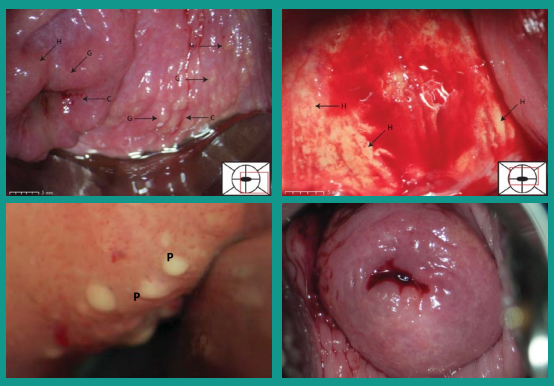
FINDINGS - CHARACTERISTIC LESIONS OF FGS



Key:

- Grainy sandy patches (G)
- Homogenous yellow sandy patches (H)
- Abnormal blood vessels and contact bleeding (C)
- Rubbery papules (P)

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AT THE END OF THE EXAMINATION

- Allow patient to dress in private
- Dispose gloves and any used items
- Document findings
- Send any specimen (with request form) to the laboratory.

Interpretation:

- Women with ≥ 1 lesion: **Treat with Praziquantel**
- Women with no lesion: Investigate for other disease conditions.

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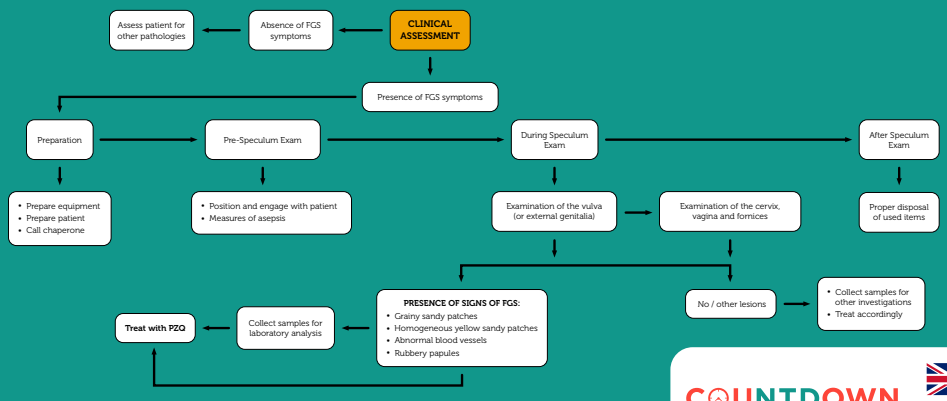
FLOW CHART FOR SPECULUM EXAMINATION

The chart below helps understanding on the various steps a patient will take during a speculum examination:



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Slide 59

Slide 60

FGS TREATMENT GUIDELINES

Purpose:

- To support health workers who identify an FGS case to provide the accurate treatment and dosage.

Praziquantel:

- Is the recommended treatment for FGS
- Is safe, low-cost and effective
- Kills adult worm and stops progression of disease.

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ACTIVITY 4

Use the felt pens to write on the flip chart - 15 minutes.

- How can you measure or calculate dosage of Praziquantel in women / girls?
- List various reasons why a women / girl should not be treated with Praziquantel immediately when diagnosed.
- List possible side effects of Praziquantel.

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INDICATIONS / CRITERIA FOR TREATMENT

Treat women / girls who present 1 or more of the criteria below:

No.	Source of criteria	Criteria
1.	**FGS Symptoms and risk factor checklist**	Likely to have FGS: ≥ 7 points
2.	**Speculum examination**	Presence of one or more characteristic lesions of FGS
3.	**Missed previous mass drug administration campaign**	If women or girls or CHA / CHV / TTM indicate that they missed previous MDA campaigns they should be offered treatment

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ELIGIBILITY FOR TREATMENT WITH PRAZIQUANTEL

Exclusion criteria:

- Pregnant women / girls: ask last menstrual period and confirm with pregnancy test if not sure
- Breastfeeding mothers: If given Praziquantel, they should not breastfeed for 3 days
- Women / girls who have received treatment with PZQ within the last 6 months
- Women / girls on Tuberculosis treatment: treat then 4 weeks after their TB treatment
- Women / girls who are unwell
- Women / girls who refuse treatment

Inclusion criteria:

- ≥ 15 years
- Girls < 15 must present with a parent or guardian

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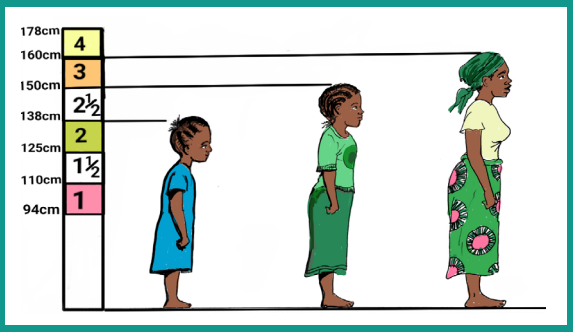
DOSAGE OF PRAZIQUANTEL

Height: Dosage to be determined according to height using a dose pole in the height chart below:



Weight:

- 40mg per kilogram body weight.

Weight should be used for women / girls with:

- Physical disabilities e.g. unable to stand, shortened legs
- Dwarfism

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HOW TO ADMINISTER PRAZIQUANTEL

- Administer before or during a meal.
- Tablets should be swallowed whole with clean and safe water.
- Do not chew tablets.
- Do not keep tablets or segments of tablets in mouth as it can reveal a bitter taste and provoke gagging or vomiting.

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SIDE EFFECTS OF PRAZIQUANTEL

- **Mild side effects** should be managed at the health facility.
- **Severe side effects** should be referred.
- Side effects may be more serious with people with more Schistosomiasis worms in them.

Level of side effects	Description of side effects	Management
Mild side effects	• Malaise, headache, dizziness, abdominal discomfort with or without nausea or vomiting, rise in temperature and rarely uticaria • Side effects last for less than two hours	• Keep patient at rest • Manage as per symptoms e.g. protect from excessive temperature rise, administer vomiting remedies • Observe for persistence of symptoms or the occurrence of severe side effects and manage as per severe side effects
Severe side effects	• Above side effects lasting for more than two hours • Occurrence of shock, loss of consciousness, seizures	• Refer patient to secondary or tertiary health facility according to local guidelines

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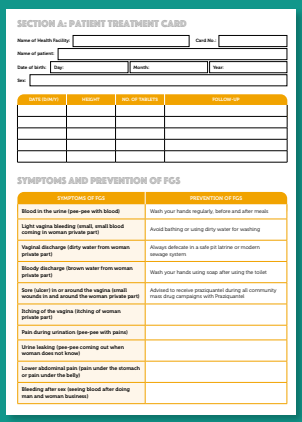
PATIENT TREATMENT CARD



SECTION A: PATIENT TREATMENT CARD

Name of Health Facility: Card No.:

Name of patient:

Date of birth: Day: Month: Year:

Sex:

DATE (D/M/Y)	WEIGHT	NO. OF TABLETS	FOLLOW-UP

SYMPTOMS AND PREVENTION OF FGS

SYMPTOMS OF FGS	PREVENTION OF FGS
Blood in the urine (pee-pee with blood)	Wash your hands regularly, before and after meals
Light vagina bleeding (small, small blood coming in woman private part)	Avoid bathing or using dirty water for washing
Vaginal discharge (dirty water from woman private part)	Always defecate in a safe pit latrine or modern sewage system
Bloody discharge (brown water from woman private part)	Wash your hands using soap after using the toilet
Sore (ulcer) in or around the vagina (small wounds in and around the woman private part)	Advised to receive praziquantel during all community mass drug campaigns with Praziquantel
Itching of the vagina (Itching of woman private part)	
Pain during urination (pee-pee with pains)	
Urine leaking (pee-pee coming out when woman does not know)	
Lower abdominal pain (pain under the stomach or pain under the belly)	
Bleeding after sex (seeing blood after doing man and woman business)	

Purpose:

- Patient should have a record of the treatment they have received.
- Patients should be provided with some basic information on FGS.
- Section A - patient information and treatment; section B - Basic information on FGS.

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FGS TREATMENT REGISTER

Purpose:

- To ensure the health facility has a record of women / girls diagnosed and treated for FGS.
- Should be kept in the health facility for references.

PATIENT INFORMATION									MEDICAL HISTORY					
SN	PATIENT REGISTRATION NO.	DATE OF VISIT	SEX	AGE	COMMUNITY /TOWN	DISTRICT	COUNTY	SOURCE OF INFORMATION (REGISTER'S NAME)	DATE OF ONSET	SIGNS AND SYMPTOMS	EXPOSURE TO FRESH WATER	DIAGNOSIS	TREATMENT (INCLUDING PRAZIQUATEL AND OTHER TREATMENTS GIVEN)	OBSERVATION / COMMENTS
			FEMALE											

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ACTIVITY 5: 35 MINUTES

- Participants should get back into their groups of 4.
- Read the case scenarios on the following slides and answer the questions that follow.

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Case Scenario One: Gartee is 20 years old and recently got married. She works in a rice farm and has the habit of bathing in the nearby river after farming. A few weeks ago, she started experiencing bad smelling discharge from her woman private part and pains in her lower belly.

Using the checklist, you diagnosed her with FGS. She weighs 70Kg and has the same height as your group leader.

- How many tablets of Praziquantel will you give to Gartee?
- How will you advise Gartee to take the tablets?
- Use the above information to fill the patient treatment card and the health facility register.

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Case Scenario Two: Georgina is 18 years old. She just finished high school. She lives with her mother just over 200 meters from the lake where she fetches water to help her mother with household chores such as washing cloths and dishes. She tells you she does not bath in the lake because her mother told her never to do so, but she likes to enter the lake and wet her feet each time she goes there. In her complaints, she has a fever and headache.

When you talk to her, she confides in you that she has wounds in her private part. You decide to give her Praziquantel and she goes home immediately. 30 minutes later, she is brought back to the health centre because she started vomiting and feeling dizzy.

- What do you think is happening to Georgina?
- What will you do to help Georgina?
- After 2 hours in the health centre, Georgina keeps vomiting and feeling weak, what else will you do?

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Slide 72

GROUP FEEDBACK

- Feedback from case scenario one
- Feedback from case scenario two

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Slide 73

GUIDELINES FOR REFERRAL AND COMPLEX CASES

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GUIDELINES FOR REFERRAL AND COMPLEX CASES

No.	SIGNS OF SEVERITY / COMPLICATION (DESCRIPTION)	HEALTHCARE WORKER SHOULD DOCUMENT:
1.	**Involuntary urination (woman / girl is not aware of urinating or passes out urine when laughing, coughing, or carrying heavy objects)**	History: Frequency: Timing:
2.	**Widespread ulcers / sores or swellings in the genital region**	Site / location of lesions: Description of lesions:
3.	**Severe vaginal bleeding**	Pads used per day / hour: Signs of shock: • General weakness, dizziness or malaise • Pale and cold skin • Rapid / shallow breathing • Sweating • Feeling thirsty • Yawning and sighing
4.	**Voluminous vaginal discharge**	Colour: Odour:
5.	**History of miscarriage(s)**	Frequency: Timings:
6.	**History of ectopic pregnancy (pregnancy that occurred in an abnormal position that caused patient to be operated upon)**	Frequency: Timing:
7.	**History of still birth (woman gives birth to a dead baby)**	Frequency: Timings.
8.	**Infertility (woman unable to get pregnant despite many attempts)**	

Purpose:

- To support health workers who diagnose and treat women / girls with FGS to identify complex cases and refer where necessary.
- Women / girls with any one or more signs of severity should be referred.

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HEALTH FACILITY REFERRAL AND FEEDBACK FORMS

Referral form:

- To track women / girls referred from health facility to hospital.

Feedback form:

- To inform health facility on the final diagnosis, treatment and evolution of patient.
- To recommend support and follow-up of woman / girl at health facility level.

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ACTIVITY 6

Case Scenario: Princess is 25 years old. She has been married for 4 years but unable to get pregnant for her husband despite many attempts. As a young girl, she used to play in the lakes with her friends after school. From time to time, she sees blood in her pee-pee, but her friends told her she must be a strong girl because only boys see blood in their pee-pee. She also tells you her menses come anytime it wants and her husband is tired because sometimes when he wants to do man-and-woman thing, the is blood.

You diagnose her with FGS using the symptom checklist. Considering you work at the Panta health and the nearest hospital is the Bong hospital.

- What will you do next to help Princess?
- What are the possible complications that Princess might be having due to FGS?
- What will you do next to help Princess with her complications?
- Use the information provided to fill the health facility to hospital referral form.

Participants should discuss their answers to the entire team, giving reasons for every answer.

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Slide 77

BREAK (1 HOUR)

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23. TRAINING GUIDE TWO: STIGMA, MENTAL HEALTH AND FGS

PURPOSE

The following document outlines how to facilitate a training session in relation to stigma, mental wellbeing and FGS. The session should last somewhere between 2 and 2.5 hours.

The content of this training has been adapted from the International Federation of Anti-Leprosy Associations (ILEP)/ Neglected Tropical Disease NGO Network (NNN) Guides on Stigma and Mental Wellbeing to be relevant to FGS. The full guides are available here: ***https://www.infontd.org/toolkits/stigma-guides/stigmaguides***

MATERIALS NEEDED:

To facilitate this section of the training agenda, you will need:

- This resource pack
- The PowerPoint presentation / flip book called: Stigma, Mental Wellbeing and FGS - available at the end of this guide.
- Resources to facilitate participatory activities including: felt pens and some sticky notes or small pieces of paper. Each participatory activity also has other key resource materials associated with it that are listed at the relevant points.

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**

THE SESSION:

Introduce the session learning objectives using PowerPoint / flipbook slide 2 at the end of this guide.

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 ONE: WHAT IS STIGMA? (~20 MINUTES)

WHAT WILL YOU NEED:

- 3 case studies as printed out. These are available below.
- Post it notes or small pieces of paper

CASE STUDIES:

CASE STUDY ONE: EXPERIENCED STIGMA

Gartee is 20 years old. She works on the farm. She recently got married and she is experiencing bad smell and discharge from her woman private parts because she has FGS. The next time she returns from the farm, her husband tells her 'You are not virgin and you sleep 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

Georgina is 18 years old. She is just finishing high school. She has just been diagnosed with FGS and 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

Princess 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 witch. Princess 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**.

STEPS:

Guide the participants through the following steps:

1. Read out the case studies and give participants some time to re-look at them and think
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 buzz 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.

NB: 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 focus on health-related stigma.

Once you have completed this activity, talk the participants through slides 4-5 in the PowerPoint to bring everyone together in understanding 'What is stigma?'.

ACTIVITY TWO: WHAT ARE THE CAUSES AND EFFECTS OF STIGMA? (~20 MINUTES)

WHAT WILL YOU NEED:

- Flip chart
- Post it notes
- Cards with the words: fear, values, beliefs, attitude of healthcare workers

STEPS:

Guide the participants through the following steps:

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 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 group what their group think 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 7-8 in the PowerPoint to bring everyone together in understanding 'What are the causes and effects of stigma?'.

ACTIVITY THREE: WHO STIGMATISES? (~20 MINUTES)

WHAT WILL YOU NEED:

- Rope / Tape
- Paper

STEPS:

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, ask for or add information where necessary.

SUPPORT FOR EACH STATEMENT DURING DISCUSSION:

- A&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 10-11 in the PowerPoint to bring everyone together in understanding 'Who can stigmatise?'.

ACTIVITY FOUR: WHAT CAN WE DO ABOUT IT? (~30 MINUTES)

WHAT WILL YOU NEED:

- Paper
- Felt pens

STEPS:

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 13-14 in the PowerPoint to bring everyone together in understanding 'What actions we can take?'. This will lead you into the next section. Use the diagnosis job aid in Annex 12 to support discussion up to the end of the section 'managing patient reactions.'

THINKING ABOUT COMMUNICATION OF DIAGNOSIS:

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.

ACTIVITY FIVE: HOW CAN WE COMMUNICATE WITH PATIENTS TO MINIMISE STIGMA ASSOCIATED WITH FGS? (~20 MINUTES)

The objective of this activity is to encourage healthcare workers to be aware of their own behaviours in discussion with patients and to practice in a safe context.

WHAT WILL YOU NEED:

- Blackboard
- Flip chart

STEPS:

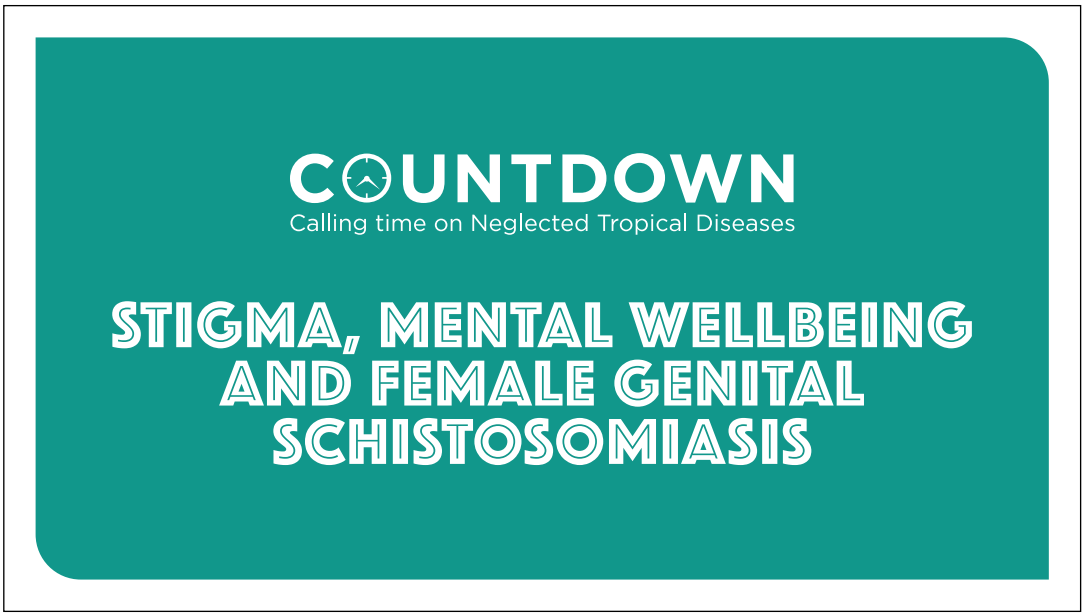
1. Break participants into buzz groups and ask them to list what they think are the crucial skills a healthcare worker needs during the 'golden hour' to reduce the chance of stigma?
2. Ask participants to feedback and list all suggestions on a blackboard / flip chart (e.g. showing empathy without pity, 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 woman / girl presenting at the facility with FGS (ask them to react to the healthcare worker as realistically as possible). If no one volunteers, the facilitator can be the patient.
   b. Ask a learner to volunteer as the healthcare worker. Give him / her the following instructions: '*You are a healthcare 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 roleplay, '*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. Use the section 'managing patient reactions in the job aid to support with session feedback.
7. You can repeat this activity as many times as you think necessary to support diagnostic communication during the '**golden hour**'.

PSYCHOLOGICAL SUPPORT AND GENDER-BASED VIOLENCE:

Use the PowerPoint slides 17-18 and the job aid in annex 13 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 and encourage participants to update the referral table accordingly.

24. TRAINING GUIDE TWO: POWERPOINT PRESENTATION

Slide 1



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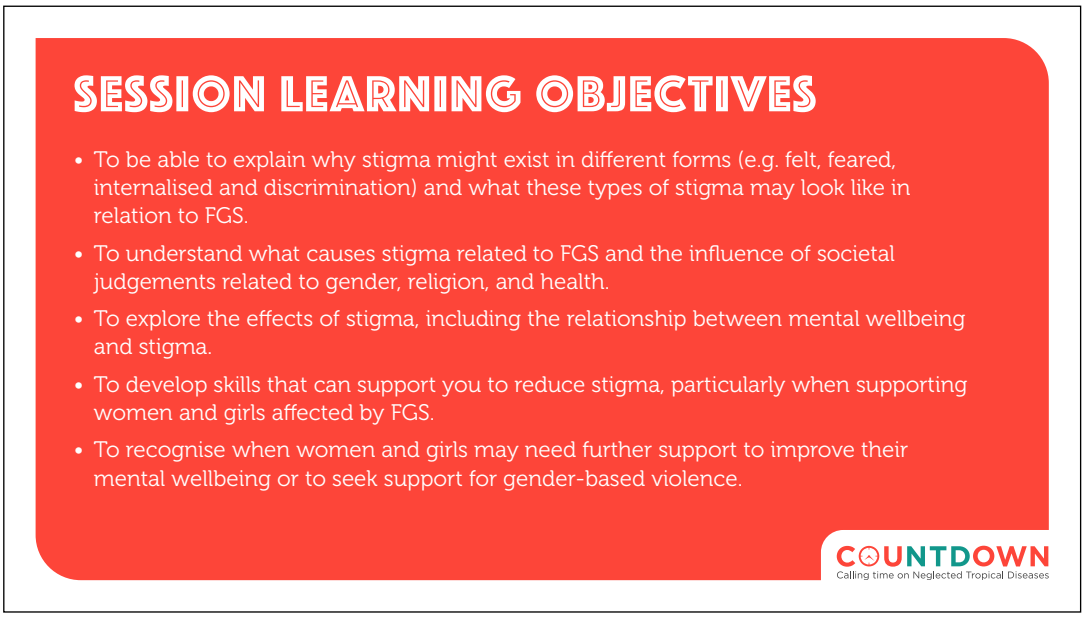

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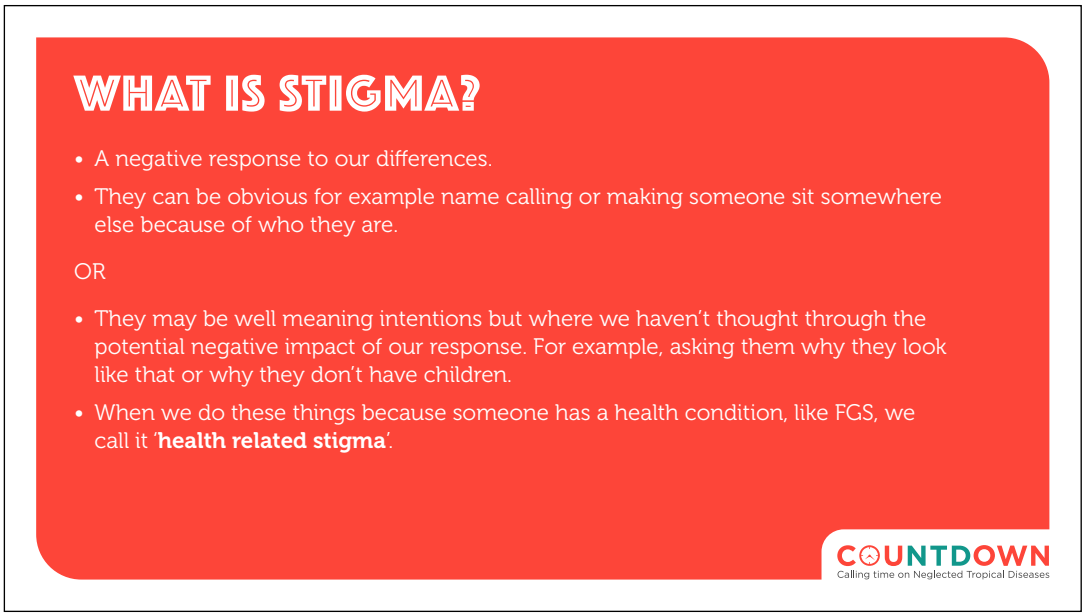

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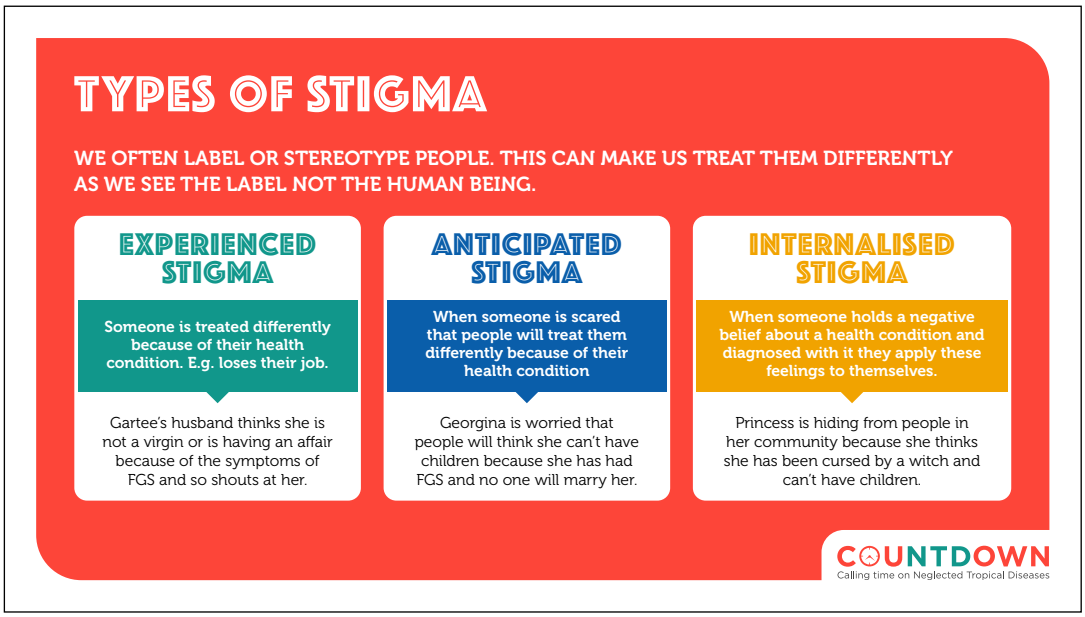

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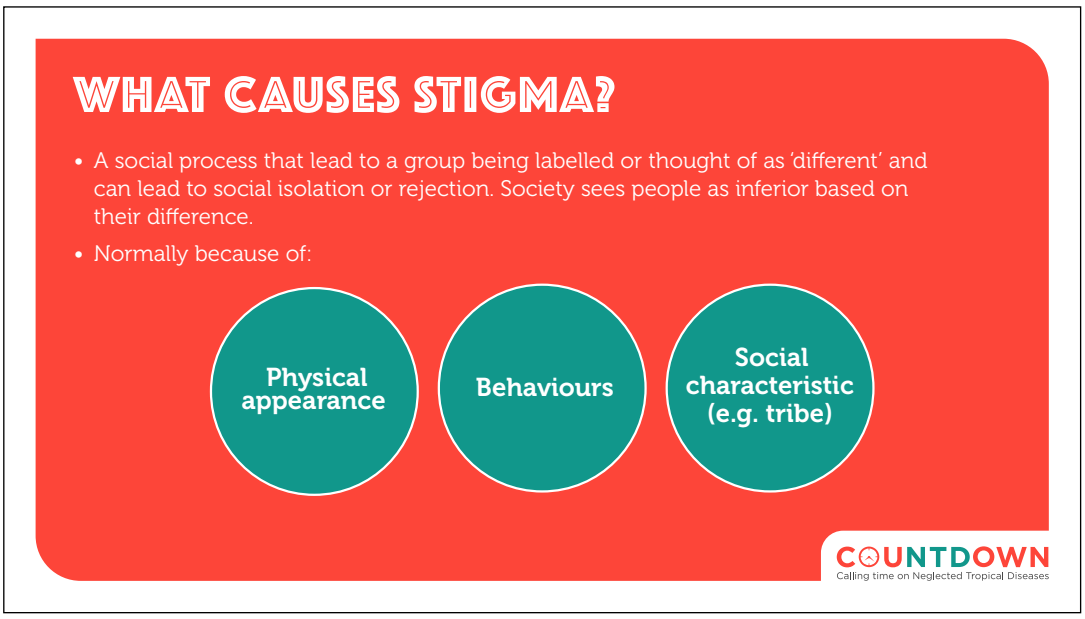
Slide 7



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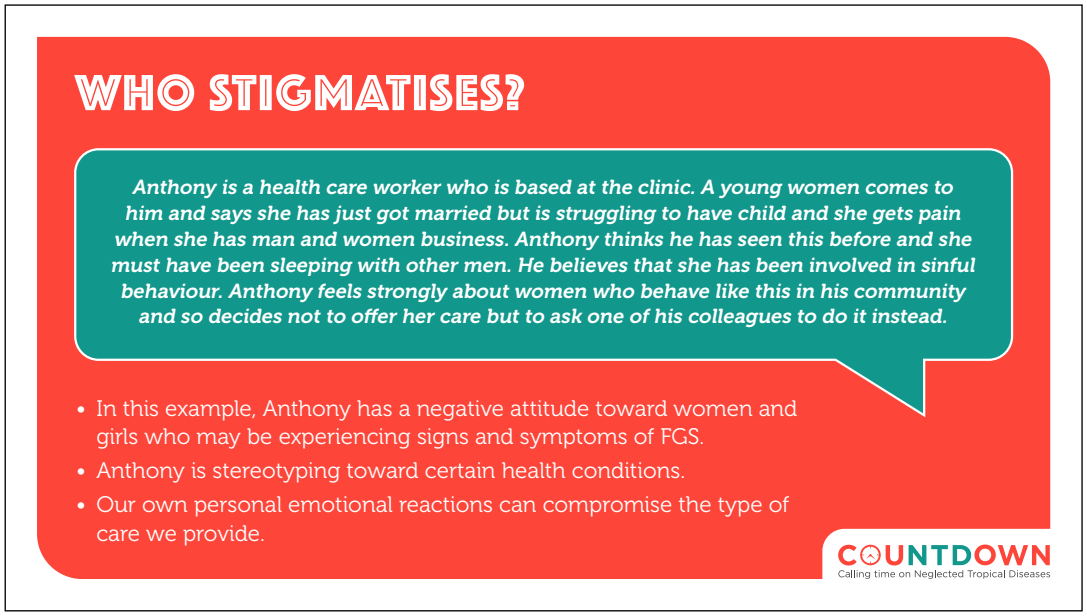
Slide 10

Slide 11



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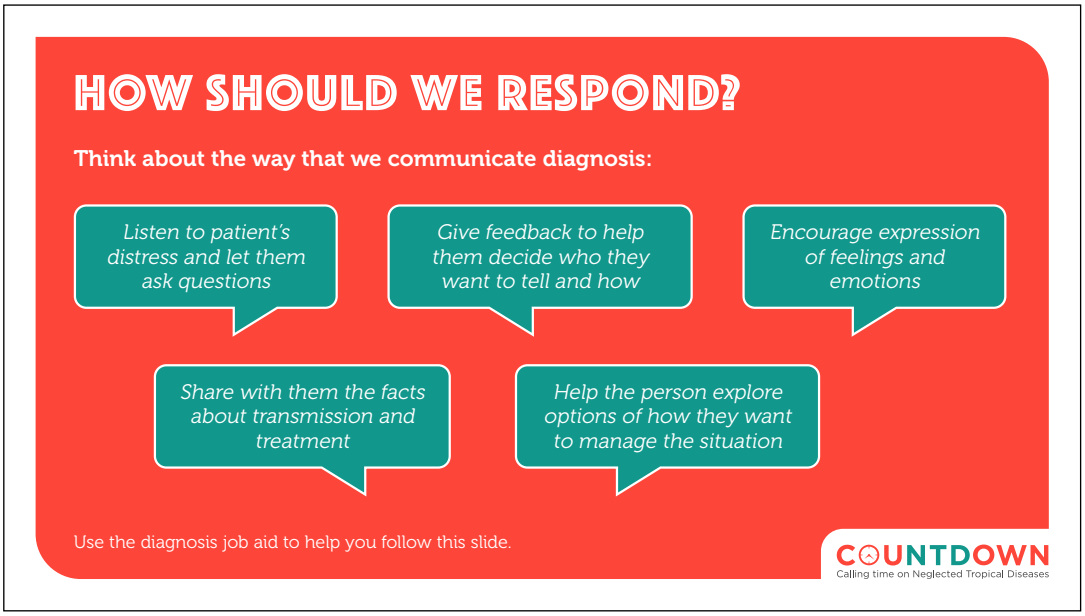
Slide 13

Slide 14



Slide 15

Slide 16

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.

Talk through the Psychological support job aid to help you follow this slide.

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Slide 17

GENDER-BASED VIOLENCE: WHAT IS IT?

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

Physical
Verbal
Emotional
Sexual
Based on gender

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Slide 18

GENDER-BASED VIOLENCE AND FGS

- **The examinations you will complete and questions you will ask as part of your FGS screening process may reveal signs of sexual and gender-based violence. This reveals an opportunity to refer women and girls who may be experiencing violence to the support they need.**
- **Supporting people affected by gender-based violence should be completed by trained health staff. As with mental health conditions, it is your job to recommend a referral (unless you have received specialist SGBV training).**
- **Talk through the Gender-Based Violence Job Aid to help you know what to do in these situations.**

1 IN 3
Women and girls will experience violence in their lifetime.

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Slide 19


QUESTIONS?
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25. TRAINING GUIDE THREE: FGS MONITORING AND SUPERVISION

CONTENTS

PURPOSE

This guide outlines how to facilitate training on the monitoring and supervision sections of the FGS manual. It is to be used by health system stakeholders across all levels of the health system and healthcare workers who design and implement monitoring and supervision activities for peers and collaborators. It contains tips on facilitating and planning a monitoring and supervision process, what to supervise as well as the tools necessary to implement and support the supervision process.

OBJECTIVES OF THIS GUIDE

At the end of this guide, participants should be able to:

- **Understand how and when to use this training guide**
- **Develop skills in planning a monitoring and supervision activity for FGS**
- **Understand strategies used for supervision**
- **Effectively use the various tools needed for monitoring and supervision of FGS activities**

TIPS TO PLANNING AND FACILITATING MONITORING AND SUPERVISION

MATERIALS NEEDED:

- This resource pack
- The PowerPoint presentation on FGS Monitoring and supervision
- Resources to facilitate programme activities such as flip books, felt pens, sticky notes, or papers

THE SESSION:

Ice Brakers: Use an ice breaker to warm participants and get them thinking on how monitoring and supervision for FGS implementation activities should be carried out. This should last for 15 minutes.

Ask participants to write the responses to the following questions on sticky notes and stick them on the flip chart:

- **What do you understand by monitoring?**
- **What do you understand by supervision?**
- **Why is supervision important for the FGS intervention?**

Select responses randomly and ask the participants who wrote the responses to talk through them, giving reasons for their responses.

INTRODUCTION TO MONITORING AND SUPERVISION:

Discuss the introduction to monitoring and supervision on slide 2.

OBJECTIVES OF MONITORING AND SUPERVISION:

Discuss the following objectives of monitoring and supervision shown on slide 6:

- **Understand why and when the supervision is important**
- **Identify what activities should be supervised**
- **Identify what strategies will be used to supervise each activity**
- **Identify and understand tools necessary to provide support for each activity supervised**

WHY AND WHEN SUPERVISION IS IMPORTANT:

Discuss slide 7 on why and when supervision is important.

- **Quality assurance**
- **Mentorship**
- **Motivation**
- **Appropriate timing**
- **Problem identification and solving**
- **Logistical support**
- **Monitoring progress and outcomes**
- **Support service delivery**

PERSONS / ACTIVITIES TO BE SUPERVISED:

Discuss slide 8 on the various activities and persons to be supervised. You may also want to review the safeguarding checklists provided in annex 18, 19 and 20 to help participants understand the types of activities they will be expected to supervise.

- **Staff training: quality, number, venue, and language of training**
- **Tools used for diagnosis, treatment, referral, and data collection.**

STRATEGIES USED FOR SUPERVISION:

ACTIVITY 1:

- Ask participants to list various strategies or ways in which supervision of FGS activities in Liberia can be carried out. Write the strategies on a flip chart.
- Discuss the strategies on slides 9 – 13 of the flip chart with participants, relating each strategy with the examples or ways listed by participants.
- For each strategy, ask participants to list possible advantages and disadvantages.

SUPERVISION AND SUPPORT TOOLS:

Supervision rota: Discuss slide 14 on supervision rota with participants.

ACTIVITY 2:

Ask participants to voluntarily discuss how they would like to draw up their supervision rota for their counties / districts / health facilities / communities e.g. ask a district stakeholder to list the number of potential supervisors they have in their institution, and the number of health facilities they have. Considering they have a four-month period of implementation of FGS activities, they should draw up a supervision rota using the sample rota sheet provided.

Supervision checklists: Discuss slide 16 on supervision checklists with participants.

ACTIVITY 3:

Group participants into 3 or 6 groups (depending on the number of persons present), ensuring each group contains at least 1 person from the different levels of the health system (health facility level, district/county level and national level- people should act the level of the health system they represent). Distribute checklists to be used by all three (annex 18, 19 and 20) levels and ask participants to go through them in their various groups.

Feedback session: ask participants to designate 1 person per group to discuss the following questions:

- How do you feel about using each of the checklists?
- How long does / will it take to go through?
- What went well?
- What did not go well?

Use slide 18 to present some final top tips people should think about when considering supervision.

26. TRAINING GUIDE THREE: POWERPOINT PRESENTATION

Slide 1

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TRAINING PACKAGE FOR FGS MONITORING AND SUPERVISION

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Slide 2

PURPOSE OF THIS GUIDE

- Outlines how to facilitate training on the monitoring and supervision sections of the FGS manual
- To be used by health system stakeholders across all levels of the health system and healthcare workers who design and implement monitoring and supervision activities for peers and collaborators
- Contains tips on facilitating and planning a monitoring and supervision process, what to supervise as well as the tools necessary to implement and support the supervision process

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Slide 3

OBJECTIVES OF THIS GUIDE

- To understand how and when to use this training guide
- To develop skills in planning a monitoring and supervision activity for FGS
- To understand strategies used for supervision
- To effectively use the various tools needed for monitoring and supervision of FGS activities

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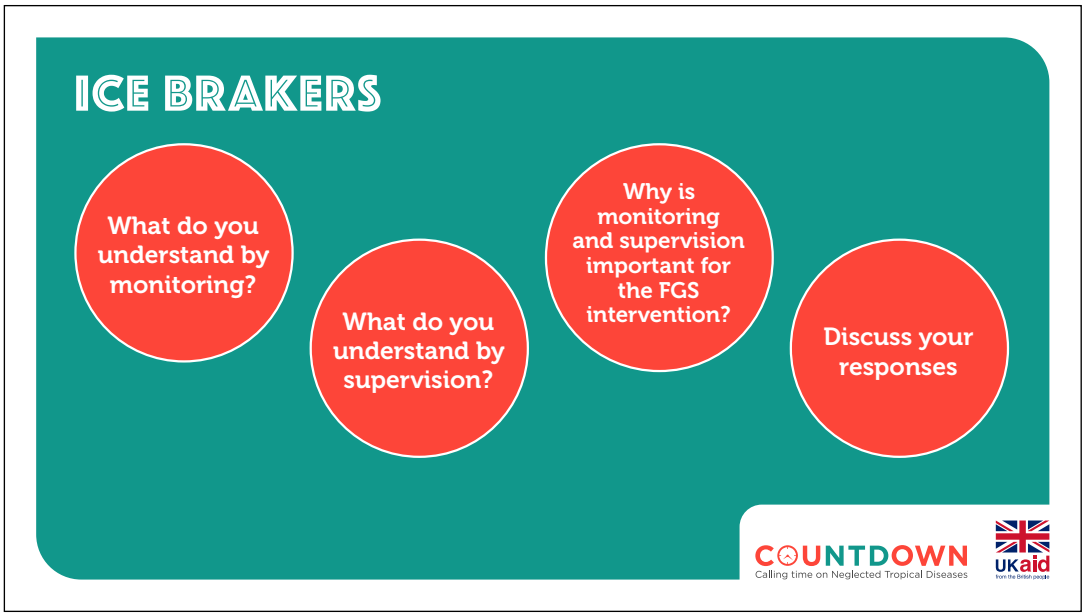
Slide 4



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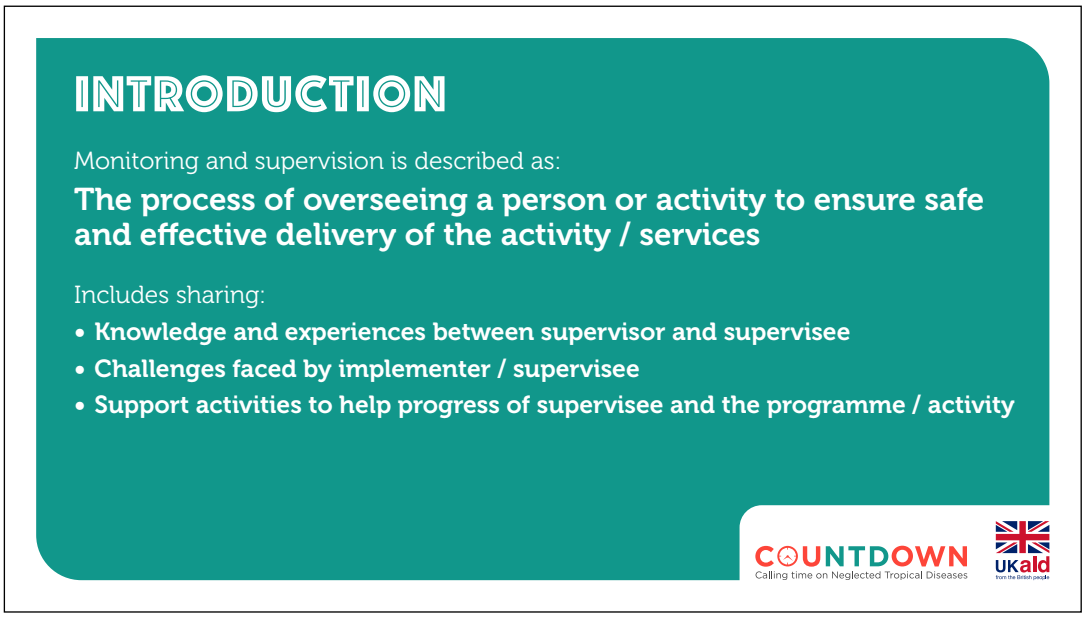

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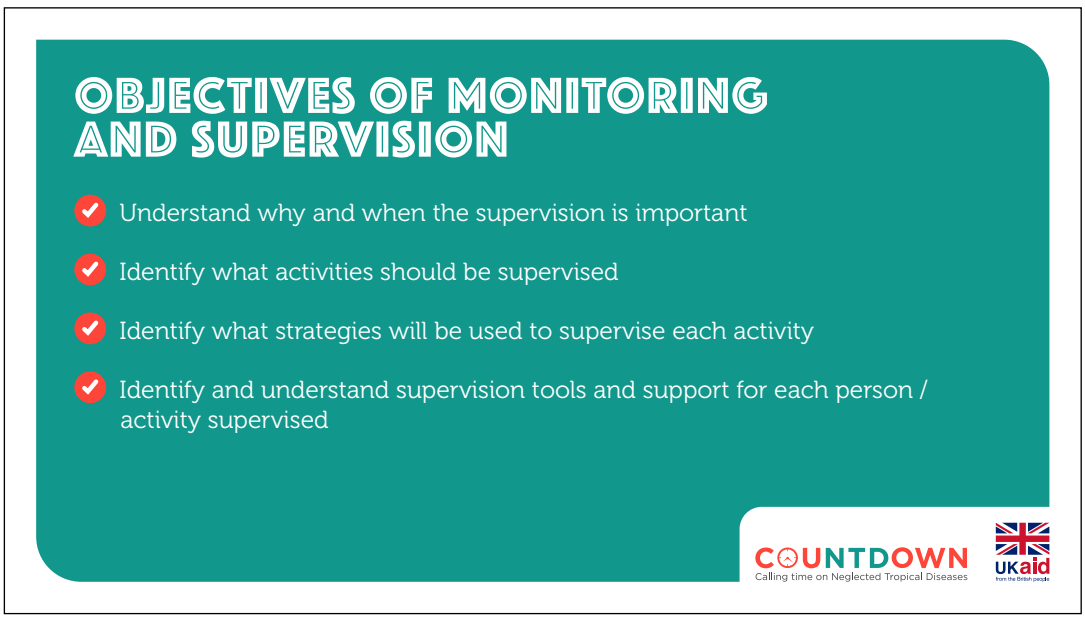

Slide 7

WHY AND WHEN SUPERVISION IS IMPORTANT

- Problem identification and solving
- Cross-learnings
- Motivation
- Support including logistical support
- Mentorship
- Monitoring of progress of activities
- Monitoring of outcomes
- Timing of intervention
- Maintain / protect health system routine activities

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Slide 8

PERSONS / ACTIVITIES TO BE SUPERVISED

TRAINING

- Are the required staff cadres present?
- Are the right number of staff per cadre in attendance?
- Is the venue appropriate and conducive for training?
- Is the facilitator trained on FGS?
- Training language according to cadre

AVAILABILITY OF TOOLS

- Job aids and guides are available for all healthcare workers
- Report and referral forms are available for all healthcare workers
- Medicines are available for treatment

USAGE OF TOOLS

- Guides are applied appropriately
- Tools are used correctly

DATA COLLECTION

- Tools filled correctly
- Tools are kept safely and securely

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Slide 9

STRATEGIES USED FOR SUPERVISION

ACTIVITY 1

List various strategies or ways in which supervision of FGS activities can be carried out in Liberia primary care.

For each strategy:

- Where can it be applied
- What are the advantages?
- What are the disadvantages?

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Slide 10

1. DIRECT OBSERVATION

Person / activity supervised is observed on the spot

Advantages	Disadvantages
Gives room for real-life problem identification and solving	Requires a lot of logistics to capture activities in real-life practice
Boosts moral of person supervised	May be costly
Implements respect to the supervisor	
Increases acceptability of the programme or activity	
Usually considered best practice	

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Slide 11

2. REVIEW OF RECORDS

Involved going through the registers and files of the person / activity supervised

Advantages	Disadvantages
More convenient, can be planned to fit programmes of supervisor and supervisee	Not time-sensitive, may miss real-life practical problems
Provides room for support on data capture and use	

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Slide 12

3. DISCUSSION SESSIONS OR INTERVIEWS

- **Involves sharing of experience on different aspects of the person / activity supervised**
- **It could be in the question and answer format or an open discussion**
- **Common strategy during daily debriefings and collaborative working sessions**

Advantages	Disadvantages
Gives room for real-life problem identification and solving	May require a lot of planning and logistics
Good opportunity for voices of persons supervised to be heard and for then to participate in the decision making on what works best for them	May be costly
Boosts moral of person supervised	
Implements respect to the supervisor	
Increases acceptability of the programme or activity	
Could be used between peers	

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Slide 13

4. PHONE CALLS AND SOCIAL MEDIA

Involves the use of modern facilities and / or the internet

Advantages	Disadvantages
Quick troubleshooting and problem solving even when the supervisor cannot be physically reached	Impossible with no network or bad network
Has many ways: phones calls, text messages, radio signals, WhatsApp and other social media	Difficult with lower levels literacy
Gives room for learning across settings	
Saves time as many can benefit from a single solution at the same time	

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Slide 14

SUPERVISION AND SUPPORT TOOLS

SUPERVISION ROTA:

List showing when each member of the supervision team will be carrying out the supervision process.

No.	Name of County / District / Health Facility / Community	Supervisor responsible	Supervision strategies *e.g. phones calls, site visits*	Date previewed for supervision	Comments / actions
1.					
2.					
3.					

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ACTIVITY 2

Ask 2 volunteers to draw and discuss a potential supervision rota for their counties / districts / health facilities / communities.

In your institution, considering your facility:

- List all potential supervisors
- List all the health structures you are planning to supervise
- Considering you have four months for implementation of FGS activities, draw up a supervision rota for your institution

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SUPERVISION AND SUPPORT TOOLS

SUPERVISION CHECKLISTS:

- Serve as a guide to which the supervisor will observe, review, or discuss details about activities carried out or persons carrying out activities in relation to FGS diagnosis, treatment, management and recording.

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ACTIVITY 3

- Group participants into 3 (or 6) groups.
- Each group should have at least 1 representative from the health facility level, district / county level and national level
- Distribute all 3 checklists to each groups and participants should discuss each checklist separately

Feedback: Designate 1 person per group to discuss 1 checklist using the following questions

- How do you feel about using each of the checklists?
- How long does / will it take to go through?
- What went well?
- What did not go well?

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KEY THINGS TO REMEMBER

- **Supervision should be a supportive activity** - try not to shout or belittle healthcare workers in front of their colleagues or patients.
- **Supervision does not always have to be done by someone with more skills or seniority**. By discussing ideas and challenges with our peers we can learn new things and adapt our practice.
- Making supervision participatory can make it a **more rewarding experience** for all involved.
- **There are many methods of supervision that don't require travel to the health facility**. These can be trialed when resources are limited.

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27. TRAINING GUIDE FOUR: FACILITATION TECHNIQUES

TIPS TO THINK ABOUT IN FACILITATION

This resource document is to help you think through key things that you can do to make your training session run smoothly and be more engaging:

TIP ONE: SETTING GROUND RULES

Establishing initial rapport with training participants can be really helpful in shaping how interactive your session becomes. One way to support people to feel comfortable is through having a collaborative discussion about setting ground rules. To do this, you could use a flip chart at the front of the room and ask participants to share things with you that they think would be important to allow participation from everyone. For example:

- Keep things that are shared about others within the training to ourselves.
- Listen to and respect each other's ideas, there are no wrong or right answers.

TIP TWO: USING ENERGISERS

Sometimes training can be long and drag on for participants. After group activities or breaks, it can sometimes be useful to bring participants back together as a whole with the use of energisers. Some example energisers that might be useful to you are as follows:

TIP THREE: THINK ABOUT YOUR GROUP SIZE AND TAKING BREAKS

Always think about your group size. The maximum size of the whole training should be no more than 30 people. When you are in small buzz groups, groups of 4 normally increases participation and can decrease feedback time from group activities.

Taking regular breaks is also important, even if these are only mini-breaks. Try to take at least a five minute break every 60-90 minutes.

TIP FOUR: CREATING A PARTICIPATORY ENVIRONMENT

Learning is unlikely to happen solely based on lectures or PowerPoint slides. We need to create a space where individuals can go on their own personal learning journey. This requires the use of a variety of methods including more participatory techniques such as role play, discussion and other interactive activities. There are examples of these in your facilitation guides but try to think about the use of:

Role Play: This type of activities allow you to demonstrate different situations to the group. For example, acting out how someone might be treated in the community who has symptoms of FGS. By asking participants to discuss what they see is wrong or right about a situation, you can begin to share new ideas and understand the situation more.

Scenario: This activity can be helpful in helping you to assess how much people have learned or understood from specific aspects of the training. For example, asking participants to act out or describe what they would do in a particular situation.

Skills Practice: This type of activity is useful to ensure learning is taken on by participants, for example, giving participants time to practice filling in reporting forms and providing feedback; or asking participants how much of a specific medicine they would provide to people.

Try to also think about what resource materials you might need to make your sessions interactive, and to facilitate the exercise types described above, some examples are provided in your training tool kits. But try to think about making sure you have:

- **Something on which you can write or draw big enough for the group to read**
- **Papers for participants to write on**
- **Something to allow the group to choose sides** (e.g. tape to divide the room or green and red cards).

TIP FIVE: MANAGING YOUR RESPONSES

Remember when facilitating training sessions and participatory activities it's important to think about shaping the session to make sure that you:

- **Do not judge what is right or wrong, discuss points that come up.**
- **Write and talk (local language preferred) so that all participants feel included.**
- **Try to use a speaking volume, as if you were talking to one or two other people. This might involve projecting your voice a little to make sure those at the back can hear you. But try your best not to shout.**

One thing that might be good to do as a facilitator before a session is think about what might trigger you to respond negatively or lose patience. These can be thought of as your red flags - note them down on a piece of paper. If these issues come up in your training session try to actively think about responding in a positive and non-confrontational way.

TIP SIX: THINK ABOUT POWER DYNAMICS

Power (when someone has influence or control over someone else) can exist for many different reasons e.g. a person's gender, age, level of experience in a job. Different power relationships are likely to exist in your training session. You need to think about these carefully.

POWER RELATION ONE: YOUR POWER 'OVER' YOUR PARTICIPANTS

- It is common in a teacher-pupil relationship that people will see you as powerful and the person who knows best.
- It is important to recognise that this isn't always the case and there is much you can learn from your group participants. Try to be aware of this in how you facilitate.
- The skills above will help you with this (e.g. the tone of your voice, how you engage with questions and answers in a non-judgemental way).
- Power dynamics can also be influenced by other things such as your age and gender. For example, it might not be appropriate for a young female trainee to challenge the opinion of you as an older male facilitator or vice versa.
- Try to be honest and open about this when setting ground rules. Encourage participants to recognise that norms and customs that may exist outside the training venue do not apply here. They should feel free to engage in debate and discussion.

POWER RELATION TWO: BETWEEN YOUR PARTICIPANTS

- In training sessions where people come from a range of backgrounds and genders, it may be apparent that some people have more say in certain situations than others. For example, healthcare workers may attend training in pairs and one may supervise another; one healthcare worker might have more experience than another and so expect that their opinion should be more counted; you may notice the majority of female participants are not talking freely around their male colleagues.
- Try to think about or recognise why different power dynamics might exist amongst your group of trainees. You can support to manage these dynamics by thinking about how you divide people for group activities e.g. put all women in one group and all men in another; try to mix participants up so they are from separate health facilities.
- You can also have an open discussion about how power might exist and why it should not matter in this training session. On the next page is an exercise to help you think about this.

POWER EXERCISE:

- **Step One:** Provide participants with 5-10 pieces of paper.
- **Step Two:** Ask participants to write on the paper any title they are known by - e.g. mum, dad, boss, Dr, Mr, Mrs etc.
- **Step Three:** Place a rubbish bin in the middle of the room
- **Step Four:** Ask participants to gather around the rubbish bin
- **Step Five:** One by one ask participants to read out their different titles, telling you what they mean to them. (NB things about status or power will likely come up, particularly in relation to titles such as Dr etc.).
- **Step Six:** Ask participants to scrunch up their titles and throw them into the waste paper basket.
- **Step Seven:** Make the point that we have tried to remove hierarchy and titles for this training session and that everyone should feel able to participate equally.

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NOTES

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