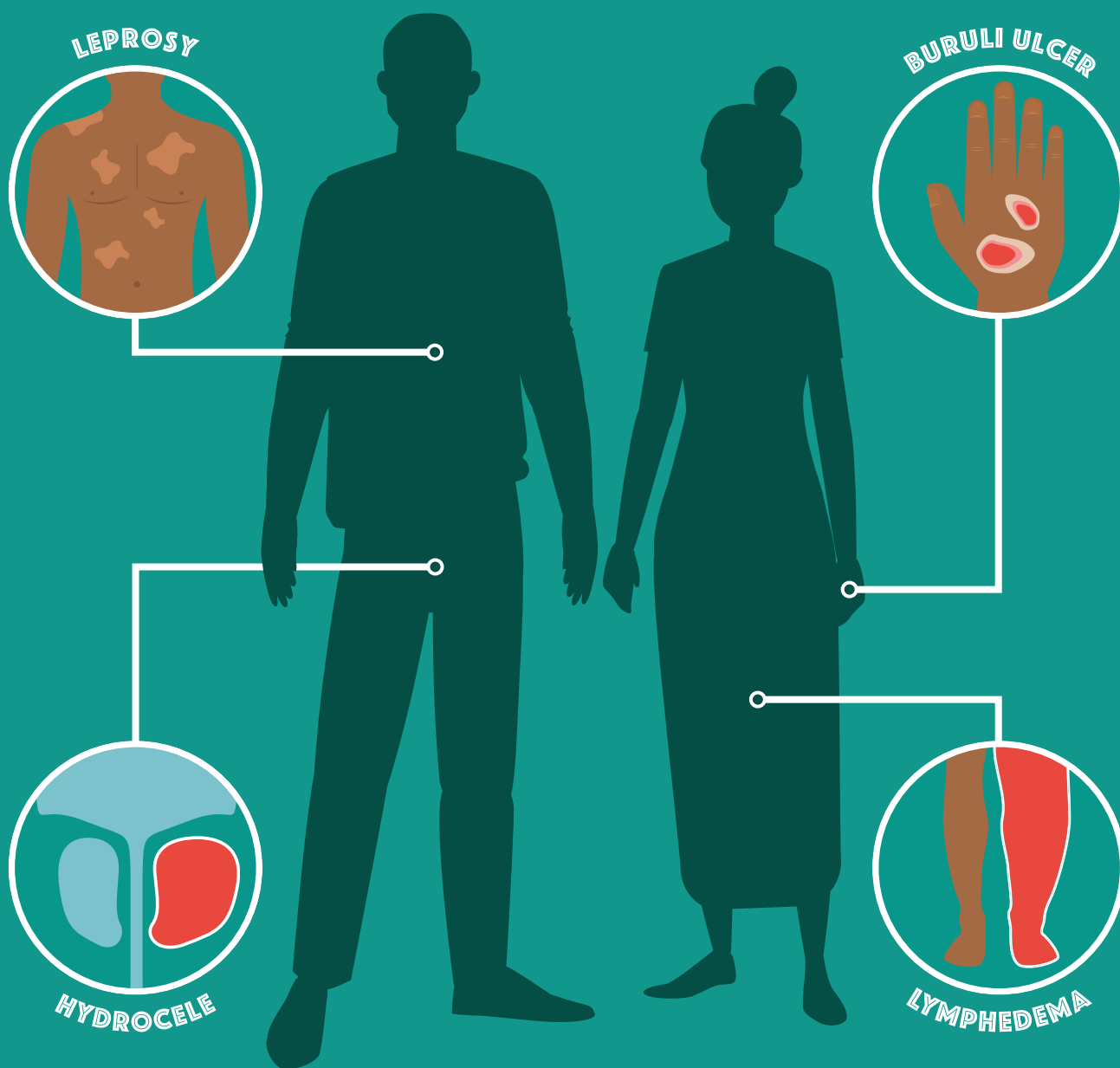


INTERVENTION MANUAL

FOR THE INTEGRATED MANAGEMENT
OF SKIN NEGLECTED TROPICAL DISEASES



COUNTDOWN

Calling time on Neglected Tropical Diseases

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INTRODUCTION TO THE MANUAL

BACKGROUND

Many neglected tropical diseases (NTDs) significantly affect the skin, which can lead to long term disability and stigma if left untreated. Affected people often attend for treatment at health facilities at the later stages of disease once symptoms become severe. Many cases of NTDs are hidden in communities, often due to lack of awareness of the conditions and their associated stigma. Early case detection of skin NTDs is important to minimise the negative health impacts that delays in diagnosis can cause.

The World Health Organisation (WHO) Department for the Control of NTDs has proposed integrating programme implementation for more effective and efficient management of skin NTDs by focusing on multiple diseases simultaneously. Buruli ulcer, Leprosy, and clinical manifestations of lymphatic filariasis, specifically lymphedema and hydrocele, are four skin NTDs being prioritised for integrated case management in Kaduna and Ogun States in Nigeria. This means providing services for all diseases through one programme and delivering activities within existing health systems infrastructure as far as possible.

This manual details a collaboratively developed intervention to detect and refer Buruli ulcer, Hydrocele, Leprosy and Lymphedema cases through the use of integrated approaches at community levels. This intervention has been developed as part of the **CO-UNT-DOWN** consortium in partnership with the Nigerian Federal Ministry of Health, and Ogun and Kaduna State Ministries of Health. This manual is designed to assist community and primary level health workers to identify, refer, diagnose and treat people affected by Buruli ulcer, Hydrocele, Leprosy and Lymphedema, within the existing patient care pathway.

THIS MANUAL AIMS TO:

- ✓ Assist State and local government area (LGA) stakeholders in the training and implementation of an integrated case detection and referral system for skin NTDs.
- ✓ To improve knowledge and awareness of community and primary healthcare workers on NTDs affecting the skin.
- ✓ Community health volunteers to identify the signs and symptoms of Buruli ulcer, Hydrocele, Leprosy and Lymphedema through their visible characteristics, refer suspected cases to the primary healthcare centre and provide basic management.
- ✓ Support State and LGA stakeholders to assist primary healthcare workers to diagnose, treat and manage NTDs affecting the skin and refer complicated cases to secondary or tertiary healthcare facilities.
- ✓ Assist State and LGA stakeholders to carry out supervision and monitoring of training, referral, monitoring and reporting.

HOW TO USE THIS GUIDE

This guide is for use by stakeholders in NTD control programmes at the State and LGA who support the training of health workers to improve the management and support available to people affected by Buruli ulcer, Hydrocele, Leprosy and Lymphedema.

This manual is divided into three modules:

MODULE ONE

MODULE ONE provides an overview of the four skin NTDs (Buruli ulcer, Hydrocele, Leprosy and Lymphedema) to orientate users to the manual. This module also details a series of intervention resource materials, which include job aids, referral forms and registers and area available in the annex. These materials are designed to be used with frontline health workers to increase knowledge and awareness on the identification, diagnosis, referral and treatment of suspected cases.

MODULE TWO

MODULE TWO outlines how health workers and stakeholders at different levels of the health system can be trained on the resource materials to refer, diagnose and manage people with symptoms of the four skin NTDs. This includes:

- ✓ **Training guides**
- ✓ **Training agendas**
- ✓ **Pre- and post-assessments**

MODULE THREE

MODULE THREE details how health workers and LGA stakeholders can be supervised and supported to effectively identify, refer, diagnose and manage Buruli ulcer, Hydrocele, Leprosy and Lymphedema. It includes supervision checklists and supporting activities to be carried out by State and LGA stakeholders and primary healthcare staff when supporting health workers at the primary and community levels.

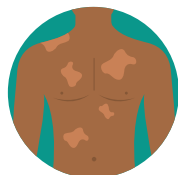
COUNTDOWN
Calling time on Neglected Tropical Diseases

MODULE ONE

**THE INTERVENTION FOR THE INTEGRATED
CASE DETECTION AND REFERRAL OF SKIN
NEGLECTED TROPICAL DISEASES**

CASE DEFINITIONS - SIGNS AND SYMPTOMS

(ADAPTED FROM WHO SKIN NTDs MANUAL AND EXISTING GUIDES ON LEPROSY, BURULI ULCER, LYMPHEDEMA AND HYDROCELE)



1.1 LEPROSY

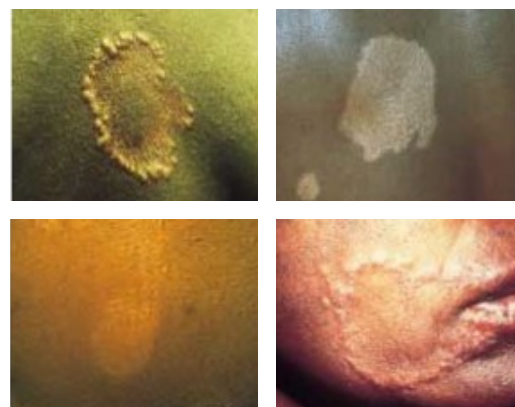
CASE DEFINITION:

- ✓ Leprosy is a chronic infectious disease that mainly affects the skin, peripheral nerves and mucous membrane of the upper respiratory tract. It is caused by bacteria, *Mycobacterium leprae*.
- ✓ The skin is affected early in the time of the infection. The first signs are usually skin patches of different sizes that are often dry and the colour may be a little bit paler than the rest of the skin.
- ✓ Leprosy can also manifest in the form of multiple lumps of varied sizes.
- ✓ Affected person(s) become insensitive to hot objects or rubbing shoes and ulcers may form around these areas.
- ✓ If leprosy is left untreated, these ulcers (usually on the hands or on the feet), which are known as neuropathic ulcers, may lead to the destruction of other structures in the area including bone. If the nerves are affected and damaged, loss of sensation on skin, weakness or paralysis of muscles or loss of sweating may occur. Damage to nerves can cause disabilities and physical impairments in Leprosy affected persons (WHO, 2018; ILEP 2007).



SIGNS AND SYMPTOMS:

- Painless skin lesions, ulcers or patches, with definite loss of sensation.
- Spots on the skin that may be slightly red, darker or lighter than other normal parts of the skin.
- Patches can be flat or raised.
- Do not itch.
- Usually do not hurt.
- Painless ulcers on the soles of feet.
- Painless swelling or lumps on the face or earlobes, loss of eyebrows or eyelashes.
- Touch sensation reduced.
- Pins and needles sensations.
- Numbness in a finger or toe.
- Clawing of fingers and toes.
- Nerve injury.
- Eye damage such as dryness and reduced blinking.
- Loss of extremities (ends of fingers or nose) due to repetitive injuries, wounds or infections.



Patches on skin (Source: ILEP, 2019)



HOW IS IT TRANSMITTED?

- The disease is transmitted through droplets, from the nose and mouth, during close and frequent contact with untreated cases. Infection can occur at any age.
- Patients under treatment do not spread the disease. Disease does not spread by touch.



1.2 BURULI ULCER

CASE DEFINITION:

- ✓ Buruli Ulcer (BU) is a disease caused by a germ (bacteria: *Mycobacterium ulcerans*) which affects mainly the skin. BU can also affect the bones, which can cause lifelong disability.
- ✓ It starts as a painless nodule (swelling / lump) at the beginning which develops into hardened skin (plaque) and then swelling (oedema).
- ✓ Sores (ulcers) with undermined edges develop, with infections of the bone at the later stage of the disease. However, this can be managed and early diagnosis is important to prevent disability (WHO, 2015).



SIGNS AND SYMPTOMS:

The different stages of BU are as follows:

1. NODULE

- Painless nodule (swelling / lump) at the beginning.
- Raised lumps on the skin that subsequently ulcerate.

2. PLAQUE

- A plaque is a large painless swelling of more than 3 centimetres in diameter with clearly marked borders.
- The skin feels hard like cardboard.

3. OEDEMA (SWELLING)

- Oedema is a large painless swelling.
- It often involves the arms and the legs.

4. ULCER (SORE)

- Typical ulcers are not very painful.
- Have undermined edges and
- Whitish-yellowish appearance.
- Underlying red moist base.

5. OSTEOMYELITIS (INFECTION OF BONE)

- Infection can affect bones and joints at later, more severe stage of illness.

HOW IS IT TRANSMITTED?

- The means of transmission is not known, however in many cases it is attributed to exposure to rivers, streams or wetlands.
- BU occurs most frequently among people who live or work close to rivers and slow-moving bodies of water.
- The incubation period is 1-9 months (average 4.5 months).
- Children under 15 years are most at risk.
- BU is not transmissible from one person to another.



(Credit: WHO)



(Credit: WHO)



(Credit: WHO)



(Credit: Rebuild Ghana, WHO)



(Credit: WHO)



1.3 LYMPHEDEMA

CASE DEFINITION:

- ✓ Lymphedema usually presents in the legs, but may occur in the arms or breasts. Lymphedema causes swelling and enlargement of body tissues.
- ✓ Lymphedema may be caused by lymphatic filariasis, which is a disease transmitted by mosquitoes.
- ✓ Hygiene and skin care are important to prevent secondary bacterial infections which cause “acute attacks” which are an acute inflammation of the skin, lymph vessels and lymph glands accompanied by debilitating pain, fever and swelling.
- ✓ Lymphedema can sometimes be reversed in early stages. In later stages, improvements can be made if well managed.
- ✓ Long term disability can be prevented through early diagnosis and treatment.



SIGNS AND SYMPTOMS:

- Swelling of the leg.
- Unilateral swelling of limb (e.g. one leg enlarged).
- The affected area is often warm, reddish and painful.
- Gradually, the skin may become thickened, covered in small lumps giving a cobbled appearance and the possibility of recurrent infections.
- Extreme pain of the affected areas.
- Hardening and thickening of the skin.
- Fever, chills, headache and weakness.
- Acute attacks (swelling, warmth, redness, and extreme pain of the affected area).

HOW IS IT TRANSMITTED?

- Lymphedema caused by lymphatic filariasis occurs when filarial parasites (worms) are transmitted to humans through mosquito bites.
- The mosquito takes up the microfilariae and can spread lymphatic filariasis to other people.
- The adult worms live in human lymph vessels. They release millions of very small worms (microfilariae), which live in the blood and can only be seen with a microscope.



Swollen leg, cobbled oedema (WHO, 2001)



Lymph obstruction (WHO, 2018)



1.4 HYDROCELE

CASE DEFINITION:

- ✓ Hydrocele presents as a swelling of the scrotum. It is commonly caused by lymphatic filariasis which is transmitted by mosquitoes.



SIGNS AND SYMPTOMS:

- Swelling of the scrotum.
- The fluid can collect on only one side (or on both sides).
- Accumulation of fluid in the sac covering the testes.

HOW IS IT TRANSMITTED?

- Hydrocele caused by lymphatic filariasis occurs when filarial parasites (worms) are transmitted to humans through mosquito bites.
- When a mosquito bites a person with microfilariae in his blood, the mosquito takes up the microfilariae and can spread lymphatic filariasis to other people.
- The adult worms live in human lymph vessels. They release millions of very small worms (microfilariae), which live in the blood and can only be seen with a microscope.



Swollen scrotum (Source: WHO, 2018)

INTERVENTION RESOURCE MATERIALS

Within this guide, we provide resources that will support the roll-out of an integrated intervention to detect, treat and refer skin NTD cases at the community and primary level. Each of the resources supports the health care journey of people affected by Buruli ulcer, Hydrocele, Leprosy and Lymphodema as shown in the case detection pathway below (Fig. 1). 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.

IMPROVING EARLY CASE DETECTION AND REFERRAL AT COMMUNITY LEVEL (WITHIN EXISTING HEALTH CARE SYSTEM):

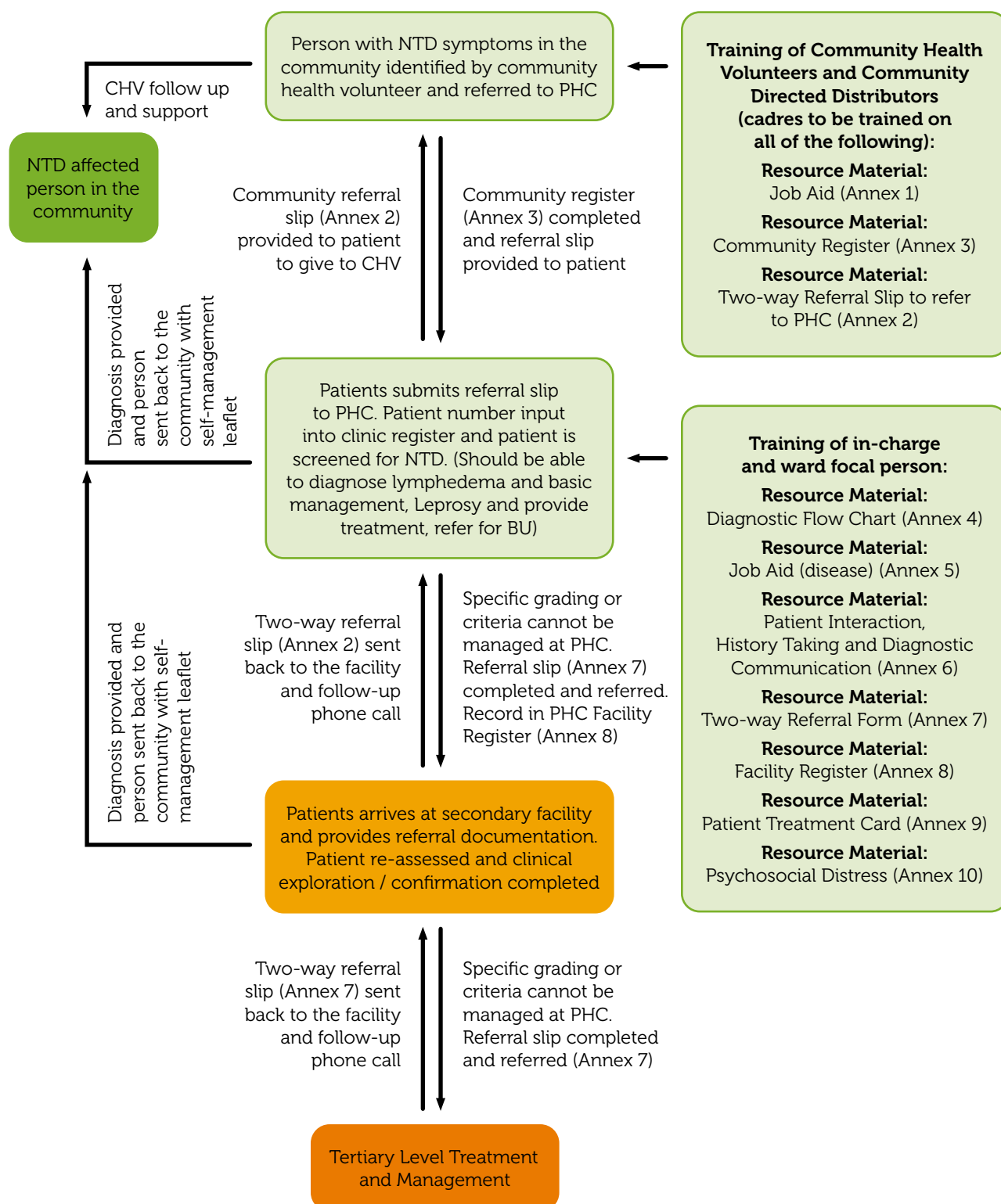


Figure 1: The Intervention

ANNEX 1: A JOB AID FOR SIGNS AND SYMPTOMS OF BURULI ULCER, HYDROCELE, LEPROSY AND LYMPHEDEMA FOR COMMUNITY HEALTH VOLUNTEERS (CHVs) AND COMMUNITY DIRECTED DISTRIBUTORS (CDDs)

The purpose of these job aids is to support community volunteers (CDDs and CHVs) to identify persons with suspected symptoms of Buruli Ulcer, Hydrocele, Leprosy and Lymphedema and refer them to the health facility. The job aids are disease-specific, detailing case definitions, signs and symptoms, transmission and when to refer to the primary health facility for further management.

ANNEX 2: COMMUNITY TWO-WAY REFERRAL SLIP

The two-way community referral slip is used:

- To document the referral of affected persons with suspected symptoms from the community to the primary healthcare facility (PHC).
- For community level staff to receive feedback from the PHC about the diagnosis and any follow up / support they are advised to provide to the patient.

This slip is in two parts:

- **The first part** is to be filled by CDDs and CHVs for referring persons with suspected symptoms to the PHC at the community level. This form details the patient's name, date of birth, address, date of referral, the health facility to be referred to and the name and contact details of the referring person at the community level, as well as details of the symptoms. This is provided to the patient who will present it at the PHC; this slip notifies the PHC to screen for Buruli ulcer, Hydrocele, Leprosy or Lymphedema.
- **The second part** (slip for referral back to the community) is to be filled by the referring person (In-charge or Ward Focal Person) at the PHC Facility once the patient has been screened for Buruli Ulcer, Hydrocele, Leprosy or Lymphedema. This is provided to the patient to give to the CHV to inform them of the diagnosis and treatment they received at the PHC and any advice for follow up of the patient in the community.

ANNEX 3: INTEGRATED COMMUNITY REGISTER FOR BURULI ULCER, HYDROCELE, LEPROSY AND LYMPHEDEMA

The purpose of the Integrated Community Register is to record details of patients referred to the primary health care facility from the community level. This register should be used by Community Drug Distributors (CDDs) and Community Health Volunteers (CHVs).

This will include the patient reference number (a three-digit serial number followed by the year that the entry was made; for instance, 001/2020, 002/2020), the date at the time of referral, the patient's name, gender, address, contact details, and date of birth. If the patient is being recorded in the register for the first time, it will be recorded under 'new'. If the patient's details have previously been captured in the register, it will be recorded under the column, 'revisit'.

ANNEX 4: INTEGRATED DIAGNOSTIC FLOW CHART

This integrated diagnostic flow chart is for use by primary healthcare workers to help them diagnose skin NTD conditions (Buruli Ulcer, Hydrocele, Leprosy and Lymphedema).

It involves a series of step-by-step questions to differentiate between different skin conditions according to symptoms, such as a patch, lump or ulcer.

It includes diagnostic photos and links to disease-specific job aids. This flow chart could be placed on the wall of the health facility to support health workers in regularly referring to it as a diagnostic tool.

ANNEX 5: JOB AID - PHC LEVEL ON SIGNS, SYMPTOMS, DIAGNOSIS AND MANAGEMENT OF BURULI ULCER, HYDROCELE, LEPROSY AND LYMPHEDEMA

The purpose of these job aids is to support PHC staff to examine patients who have been referred from the community with suspected symptoms of Buruli Ulcer, Hydrocele, Leprosy or Lymphedema. The job aids are disease-specific, detailing case definitions, signs and symptoms, how to perform examinations and advice on diagnosis, treatment, prevention and when to refer for further management.

ANNEX 6: JOB AID - PATIENT INTERACTION, DIAGNOSTIC COMMUNICATION AND HISTORY TAKING FOR BURULI ULCER, LEPROSY, LYMPHEDEMA AND HYDROCELE

The way a diagnosis is communicated is essential. Diagnosis is the time where a health worker will need to explain to the patient what condition they may have and then discuss the possible treatment options available to them.

The Patient Interaction and Diagnostic Communication job aid will help primary healthcare workers to navigate this conversation. This job aid may be used along with the job aid on Psychological Distress and Gender-Based Violence in Annex 10 to understand if patients might need additional support. This also includes a section on history taking. Talking to affected persons with skin infections and communicating with people about their skin condition can help diagnose the disease correctly, to understand how it began and has developed. This goes through a step-by-step guide on questions to ask regarding ulcers, lumps, patches and swellings.

ANNEX 7: INTEGRATED HEALTH FACILITY-TO-HOSPITAL REFERRAL FORM FOR BURULI ULCER, HYDROCELE, LEPROSY AND LYMPHEDEMA

Referral forms should be used by health workers to keep a record of patients whose conditions cannot be managed at the PHC and need to be referred for secondary or tertiary treatment and management.

This form is to be used across all three tiers of the health system – the primary, secondary and tertiary levels. When any PHC facility is referring to the secondary or tertiary level, the referring healthcare worker at the PHC will fill Forms 1 and 2.

Form 1 will be kept in the PHC facility, and the patient will provide the referral documentation (filled Form 2 and unfilled Form 3) to the facility they are referred to.

After diagnosis, treatment, or management at the facility, the health worker will fill out Form 3, which will be given to the patient to take back to the initial referring facility for further feedback.

ANNEX 8: INTEGRATED PHC FACILITY REGISTER FOR BURULI ULCER, HYDROCELE, LEPROSY AND LYMPHEDEMA

The purpose of the Integrated PHC Register for Buruli ulcer, Hydrocele, Leprosy and Lymphedema is to record details of patients diagnosed and treated for skin NTDs at the primary health care facility. This register should be used by facility in-charges, ward focal persons, and any other assigned facility staff who will record the required information of patients.

The **patient reference number** will be the **three-digit serial number** followed by the year that the entry was made; for instance, 001/2020, 002/2020. Fill in the **date** at the time of assessment, the **patient name**, **gender**, **address**, **contact details**, and **date of birth**. If the patient is being recorded in the register for the first time, it will be recorded under '**new**'. If the patient's details have previously been captured in the register, it will be recorded under the column, '**revisit**'.

The **diagnosis and the grade / stage of the condition** at the point of clinical confirmation should be recorded using the guide on WHO NTD grading.

ANNEX 9: INTEGRATED PATIENT TREATMENT CARD FOR BURULI ULCER, HYDROCELE, LEPROSY AND LYMPHEDEMA

The purpose of the patient treatment card is for patients to have a record of the treatment they have received as well as being provided with some basic information about their condition. The patient treatment card records the date and treatment (and dosage) of any medication given to the patient. They should be informed to keep it safe as it will be used for future references. On the other side of the treatment card are messages for stigma and basic management of Buruli Ulcer, Hydrocele, Leprosy and Lymphedema which the patient should be informed to refer to.

ANNEX 10: JOB AID PSYCHOLOGICAL DISTRESS AND GENDER BASED VIOLENCE

Skin NTDs are 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 skin NTDs may lead to the development of mental health conditions, for example, depression or anxiety. The job aid 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, many people affected by skin NTDs are often vulnerable to gender-based violence. During examination, women or men may reveal to you experiences of gender-based violence. As with mental health conditions, people affected by gender-based violence should be supported by trained health staff. The job aid will help you understand more about gender-based violence, how to identify when someone might be a survivor of violence / how to have difficult conversations and when to refer them for additional support.

ANNEX 11: SUPERVISION CASCADE AND TOOLS

Monitoring and supervision is the process of overseeing the effective delivery of a task or activity. The purpose is to enable supportive learning, knowledge sharing, address challenges, problem solve and support activities to help progress of the supervisee. This Annex is for use by NTD programme managers, health system stakeholders and primary health workers. It details how to facilitate monitoring and supervision for training, referral and monitoring and reporting. It provides tools such as timelines and checklists to guide supervisors at each level of the health system in planning and providing supportive supervision.

MODULE TWO

TRAINING

TRAINING

This module is for use by NTD programme managers, health system stakeholders and health workers to guide training at different levels of the health system. Training should focus on how to use the tools and resource materials provided in Module 1 for diagnosis, treatment and management of Buruli ulcer, Hydrocele, Leprosy and Lymphedema cases. Training should be cascaded according to levels of the health system. Resource materials for training are also provided in this module and the associated annexes.

TRAINING CASCADE

The training cascade is the series of training processes that should be carried out to ensure effective implementation, monitoring and supervision of the resource materials to diagnose, treat and manage persons with symptoms of Buruli Ulcer, Hydrocele, Leprosy and Lymphedema. Training should be carried out from State and LGA to primary and community level as per the structure below:

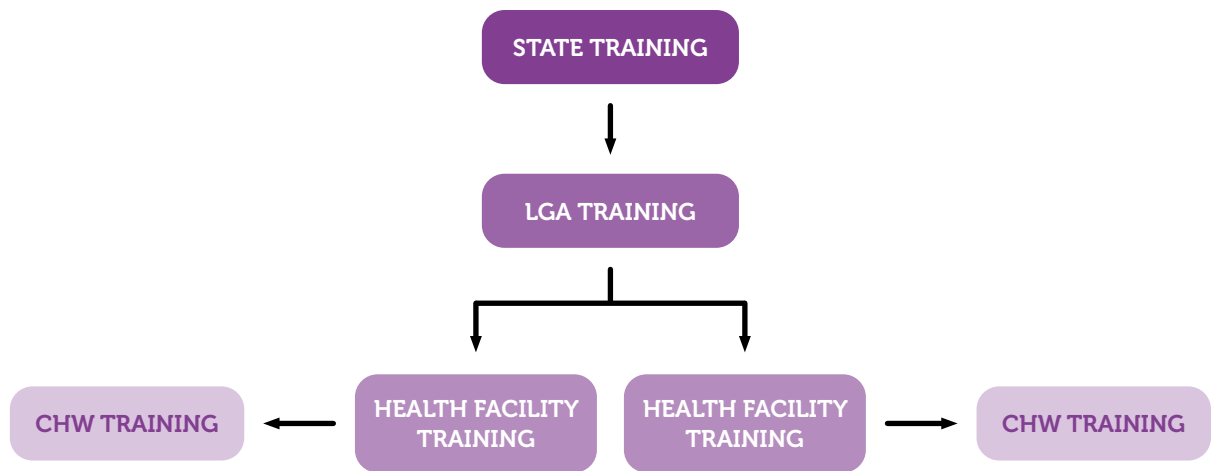


Figure 2: Training Cascade

Table 1 provides details of the training cascade. It identifies the health system stakeholders and health workers that should be trained, the trainees and the resource materials to be used at each level.

All training should include a general overview of Buruli Ulcer, Hydrocele, Leprosy and Lymphedema that is tailored to the communication needs of the specific level of health cadre.

TABLE 1: TRAINING CASCADE, OBJECTIVES, AND CONTENT

HEALTH SYSTEM LEVELS	TRAINEES	TRAINING OBJECTIVES	TRAINING CONTENT	TRAINER
State	<ul style="list-style-type: none"> State Neglected Tropical Diseases (NTDs) control programme staff including: SNTD Coordinator, Deputy SNTD Coordinator State Tuberculosis Buruli ulcer and Leprosy Control Programme (STBLCP) including: Focal Person (FP) BU / Leprosy for Ogun and FP-STBLCP for Kaduna 	<ul style="list-style-type: none"> To possess the requisite knowledge needed to train, mentor, and supervise the rest of the health team on the integrated community-based case detection and referral system for NTDs affecting the skin 	<ul style="list-style-type: none"> The entire intervention manual (all intervention materials) 	<ul style="list-style-type: none"> Federal Ministry of Health representative Director of Public Health (DPH) (Ogun) Director of Public Health (Kaduna) STBLCP Programme Manager (PM) for Ogun FP Leprosy Referral Hospital, Zaria Sightsavers' Morbidity Mortality and Disability Prevention (MMDP) Coordinator for Kaduna
LGA	<ul style="list-style-type: none"> Local Government Neglected Tropical Diseases (LNTD) team including: the LNTD Coordinator and assistant Tuberculosis and Leprosy Supervisor (TBLS) and assistant Medical Officers on Health Health Educators 	<ul style="list-style-type: none"> To possess the requisite knowledge needed to carry out early case detection, diagnosis, treatment and referral of skin NTDs To train, mentor, and supervise the rest of the health team on integrated community-based case detection and referral system for NTDs affecting the skin 	<ul style="list-style-type: none"> The entire training manual (all intervention materials) 	<ul style="list-style-type: none"> State Neglected Tropical Diseases (NTDs) control programme staff State Tuberculosis Buruli ulcer and Leprosy Control Programme (STBLCP) staff
Primary Healthcare Centre (PHC)	<ul style="list-style-type: none"> Frontline Health Facility staff (FLHFs) including: FLHFs in-charges and ward focal person 	<ul style="list-style-type: none"> To possess the requisite knowledge needed to carry out early case detection, clinical diagnosis of skin NTDs, diagnostic communication and counselling for affected persons To understand how to diagnose NTDs and when to refer for further management To understand which skin NTDs to treat and manage 	<ul style="list-style-type: none"> The training manual and job aids at the PHC level and referral documentation (community referral slips, two-way referral forms, PHC register) 	<ul style="list-style-type: none"> Local Government Neglected Tropical Diseases (LNTD) team Tuberculosis and Leprosy Supervisors (TBLS) and assistants Medical Officers on Health for Ogun Health Educators for Kaduna

Continued...

HEALTH SYSTEM LEVELS	TRAINEES	TRAINING OBJECTIVES	TRAINING CONTENT	TRAINER
Primary Healthcare Centre (PHC)		<ul style="list-style-type: none"> To understand how and when to use referral forms, slips and registers To possess the requisite knowledge needed to train, mentor, and supervise the rest of the health team on integrated community-based case detection and referral system for NTDs affecting the skin 		
Community	<ul style="list-style-type: none"> 16 Community Health Volunteers (CHVs) 	<ul style="list-style-type: none"> To possess the requisite knowledge needed to detect suspected cases of skin NTDs early in the community To possess the requisite knowledge needed to refer suspected cases of NTDs affecting the skin in the community To understand basic management of skin NTDs 	<ul style="list-style-type: none"> The training guide for community level, CHV level job aids, referral documentation (referral slips, community register) 	<ul style="list-style-type: none"> Frontline Health Facility staff (FLHFs)

TRAINING RESOURCES: AGENDA, GUIDES AND KNOWLEDGE ASSESSMENTS

The training agenda and resources developed in Table 2 should be adapted and used to train the State Neglected Tropical Disease (NTD) programme staff, the State Tuberculosis and Leprosy Control Programme (STBLCP) staff and local government health teams. The training is previewed to last for 2 days, and to begin and end with a pre- and post-training knowledge assessment, respectively.

The State NTD programme staff and the STBLCP staff will be trained by the Federal Ministry of Health representative, Director Public Health (DPH), STBLCP Programme Manager (Ogun), focal person Leprosy Referral Hospital, Zaria and Sightsavers' Morbidity Management and Disability Prevention Coordinator, who were involved in the design and development of the integrated case detection intervention. Subsequently, the local government health team will be trained by the State NTD Programme staff and STBLCP staff.

TABLE 2: TRAINING AGENDA FOR STATE AND LOCAL GOVERNMENT LEVELS

DURATION	CONTENT	TRAINING METHOD	RESOURCES
DAY 1			
10 minutes	Welcome and introduction of the training		<ul style="list-style-type: none"> Resource person
30 - 45 minutes	Pre-training knowledge assessment on case detection, diagnosis and referral of skin neglected tropical diseases (NTDs)	<ul style="list-style-type: none"> Questions 	<ul style="list-style-type: none"> Question sheets Pen Training guide Section A
30 minutes	Introduction to the integrated case detection manual <ul style="list-style-type: none"> When and how to use the manual 	<ul style="list-style-type: none"> PowerPoint presentation A 	<ul style="list-style-type: none"> The integrated case detection manual PowerPoint presentation A Training guide 1 Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed)
20 minutes	Tea break		
2 hours	Presentation on case definition, signs and symptoms and management of leprosy, Buruli ulcer, lymphedema and hydrocele	<ul style="list-style-type: none"> PowerPoint presentation B Demonstration Expert patients (optional) 	<ul style="list-style-type: none"> Annex 4 and 5 Training guide 2 Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed)
1 hour	Lunch break		
1 hour 30 minutes	Overview of Diagnosis and Management Skin NTDs at PHC Level: History Taking and Making a Diagnosis	<ul style="list-style-type: none"> Questions PowerPoint presentation C Case Studies Roleplay 	<ul style="list-style-type: none"> Annex 4 and 5: Diagnostic Flow Chart and PHC Job Aids Annex 6: Job Aid: Diagnosis and Management of Skin NTDs at PHC Level and History Taking Training guide 3 Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed)
1 hour	Referral of affected persons <ul style="list-style-type: none"> When to refer Where to refer How to refer: forms and slips to use for referral 	<ul style="list-style-type: none"> PowerPoint presentation D Practical, real-time exercise on how to fill in forms 	<ul style="list-style-type: none"> Annex 2 and 7: Referral forms Annex 8: Primary Healthcare Register Annex 9: Patient Treatment Card Training guide 4 Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed) Resource person
15 minutes	Questions and comments	<ul style="list-style-type: none"> Questions Peer questions and answers where trainees ask questions from co-trainees which are further clarified by the resource person 	<ul style="list-style-type: none"> The integrated case detection manual Resource person

DURATION	CONTENT	TRAINING METHOD	RESOURCES
DAY 2			
1 hour 15 minutes	Basic Management and Wound Care	<ul style="list-style-type: none"> • PowerPoint presentation E • Demonstration on wound washing and exercise • Discussions 	<ul style="list-style-type: none"> • Training guide 5 • Water • Bucket • Soap • Gauze
20 minutes	Tea break		
45 minutes	Monitoring and supervision: <ul style="list-style-type: none"> • Who to train and training objectives Relevant sections within the intervention manual	<ul style="list-style-type: none"> • PowerPoint presentation F • Practical, real-time exercise on filling in forms 	<ul style="list-style-type: none"> • The integrated case detection manual • Annex 11: Supervision forms • Training guide 6 • Projector • Laptop • Electricity source (Generator sets, fuel and extension wires where needed) • Resource person
2 hours	Counselling for affected persons and addressing stigma	<ul style="list-style-type: none"> • PowerPoint presentation G • Practical exercise / demonstration • Roleplay 	<ul style="list-style-type: none"> • Annex 10 • Training guide 7 • Projector • Laptop • Electricity source (Generator sets, fuel and extension wires where needed) • Resource person
1 hour	Lunch break		
45 minutes	Facilitation and Training Techniques	<ul style="list-style-type: none"> • PowerPoint presentation H • Practical, real-time exercise on filling in forms 	<ul style="list-style-type: none"> • The integrated case detection manual • Annex 11 • Training guide 8 • Projector • Laptop • Electricity source (Generator sets, fuel and extension wires where needed) • Resource person
30 - 45 minutes	Post-training knowledge assessment on case detection, diagnosis and referral of skin NTDs	<ul style="list-style-type: none"> • Questions 	<ul style="list-style-type: none"> • Question sheets • Pen • Pencil • Eraser
15 minutes	Questions, comments and feedback	<ul style="list-style-type: none"> • Questions • Participatory method of writing questions on post-it notes and pasting on a flip chart • Discussion 	<ul style="list-style-type: none"> • The integrated case detection manual • Resource person
5 minutes	Closing remarks		

The training agenda and resources developed in Table 3 below should be adapted and used to train the frontline healthcare facility staff / teams. The training is previewed to last for 2 days, and to begin and end with a pre- and post-training knowledge assessment, respectively.

The primary health care team will be trained by the local government health team. You should use Training Guide 8 on facilitation techniques to support you with this process.

TABLE 3: TRAINING AGENDA FOR PRIMARY HEALTH CARE-LEVEL TRAINING

DURATION	CONTENT	TRAINING METHOD	RESOURCES
DAY 1			
10 minutes	Welcome and introduction of the training		<ul style="list-style-type: none"> Resource person
30 minutes - 1 hour	Pre-training knowledge assessment on case detection, diagnosis and basic treatment of skin neglected tropical diseases (NTDs)	<ul style="list-style-type: none"> Questions 	<ul style="list-style-type: none"> Question sheets Training guide: Section A Pen Pencil Eraser
30 minutes	Overview of integrated case detection and management of skin NTDs and purpose of intervention	<ul style="list-style-type: none"> PowerPoint presentation A Demonstration 	<ul style="list-style-type: none"> Training guide 1 Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed) The integrated case detection manual
15 minutes	Questions and comments	<ul style="list-style-type: none"> Questions Trainees ask questions and the resource person responds 	<ul style="list-style-type: none"> Resource person
30 minutes	Tea break		
1 hour 30 minutes	Presentation on case definition, signs and symptoms and management of skin NTDs	<ul style="list-style-type: none"> PowerPoint presentation B Expert patients 	<ul style="list-style-type: none"> Training guide 2 Annex 4 and 5 Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed)
1 hour	Lunch break		
1 hour 30 minutes	Presentation on case definition, signs and symptoms and management of skin NTDs	<ul style="list-style-type: none"> PowerPoint presentation B Demonstration Expert patients 	<ul style="list-style-type: none"> Training guide 2 Annex 4 and 5 Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed)
1 hour	Referral of affected persons <ul style="list-style-type: none"> When to refer Where to refer How to refer: forms and slips to use for referral 	<ul style="list-style-type: none"> PowerPoint presentation D Practical, real-time exercise on how to fill in forms 	<ul style="list-style-type: none"> Training guide 4 Annex 2 and 7: Referral forms Annex 8: Primary Healthcare Register Annex 9: Patient Treatment Card Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed) Resource person

DURATION	CONTENT	TRAINING METHOD	RESOURCES
DAY 2			
2 hours	Overview of Diagnosis and Management Skin NTDs at PHC Level: History Taking and Making A Diagnosis	<ul style="list-style-type: none"> • Questions • PowerPoint presentation C • Case Studies • Roleplay 	<ul style="list-style-type: none"> • Training guide 3 • Annex 4 and 5: Diagnostic Flow Chart and PHC Job Aids • Annex 6: Job Aid: Diagnosis and Management of Skin NTDs at PHC Level and History Taking • Projector • Laptop • Electricity source (Generator sets, fuel and extension wires where needed)
15 minutes	Break		
1 hour	Basic Management and Wound Care	<ul style="list-style-type: none"> • PowerPoint presentation E • Demonstration on wound washing and exercise • Discussions 	<ul style="list-style-type: none"> • Training guide 5 • Water • Bucket • Soap • Gauze
1 hour	Lunch break		
45 minutes	Monitoring and supervision: <ul style="list-style-type: none"> • Who to train and training objectives Relevant sections within the intervention manual	<ul style="list-style-type: none"> • PowerPoint presentation F • Practical, real-time exercise on filling in forms 	<ul style="list-style-type: none"> • Training guide 6 • Annex 11 • Projector • Laptop • Electricity source (Generator sets, fuel and extension wires where needed) • Resource person
2 hours	Counselling for affected persons and addressing stigma	<ul style="list-style-type: none"> • PowerPoint presentation G • Practical exercise / demonstration 	<ul style="list-style-type: none"> • Training guide 7 • Annex 10 • Projector • Laptop • Electricity source (Generator sets, fuel and extension wires where needed) • Resource person
45 minutes	Facilitation and Training Techniques	<ul style="list-style-type: none"> • PowerPoint presentation H • Practical, real-time exercise on filling in forms 	<ul style="list-style-type: none"> • Training guide 8 • Projector • Laptop • Electricity source (Generator sets, fuel and extension wires where needed) • Resource person
30 minutes - 1 hour	Post-training knowledge assessment on case detection, diagnosis and basic treatment of skin NTDs	<ul style="list-style-type: none"> • Questions 	<ul style="list-style-type: none"> • Training guide: Section B • Pens • Pencils • Eraser
15 minutes	Feedback and closing remarks	<ul style="list-style-type: none"> • Questions 	<ul style="list-style-type: none"> • Flip chart • Copies of the evaluation form

The training agenda and resources developed in Table 4 below should be used to train community health volunteers (CHVs) and Community Directed Distributors (CDDs) to effectively identify people with symptoms of Buruli ulcer, Hydrocele, Leprosy and Lymphedema, and refer them to the health facility.

This should be a one-day training focused on the resource material needed for this purpose, and to begin and end with a pre- and post-training knowledge assessment.

The primary healthcare centre team (mainly consisting of frontline health facility staff) will be responsible for this training. Training guide 8 on facilitation techniques should be used to support the delivery of this training.

TABLE 4: TRAINING AGENDA FOR COMMUNITY-LEVEL TRAINING

DURATION	CONTENT	TRAINING METHOD	RESOURCES
10 minutes	Welcome and introduction of the training		<ul style="list-style-type: none"> Resource person
30 minutes - 1 hour	Pre-training knowledge assessment on case detection, diagnosis and referral of skin neglected tropical diseases (NTDs)	<ul style="list-style-type: none"> Questions 	<ul style="list-style-type: none"> Training Guide Section B Question sheets Pens
1 hour	Overview of skin NTDs (causes, transmission, symptoms, basic treatment and management)	<ul style="list-style-type: none"> PowerPoint presentation I Demonstration 	<ul style="list-style-type: none"> Training guide 9 Annex 1 Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed) Flip book - if no projector
	Tea break		
1 hour	Overview of skin NTDs (causes, transmission, symptoms, basic treatment and management) Practice of job aids	<ul style="list-style-type: none"> PowerPoint presentation I Demonstration 	<ul style="list-style-type: none"> Training guide 9 Annex 1 Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed) Flip book - if no projector
1 hour	Lunch break		
1 hour	Referral of affected persons <ul style="list-style-type: none"> When to refer Where to refer How to refer: forms and slips to use for referral 	<ul style="list-style-type: none"> PowerPoint presentation J Practical, real-time exercise on how to fill in forms 	<ul style="list-style-type: none"> Training guide 10 Annex 2: Community Two Way Referral Slip Annex 3: Community Register Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed) Resource person
2 hours 30 minutes	Counselling for affected persons and addressing stigma	<ul style="list-style-type: none"> PowerPoint presentation G Demonstration Discussions / role play 	<ul style="list-style-type: none"> Training guide 7 Annex 10 Projector Laptop Electricity source (Generator sets, fuel and extension wires where needed)

DURATION	CONTENT	TRAINING METHOD	RESOURCES
1 hour	Basic Management and Wound Care	<ul style="list-style-type: none"> • PowerPoint presentation E • Demonstration on wound washing and exercise • Discussions 	<ul style="list-style-type: none"> • Training guide 5 • Water • Bucket • Soap • Gauze
1 hour	Post-training knowledge assessment on case detection, diagnosis and referral of skin NTDs	<ul style="list-style-type: none"> • Questions 	<ul style="list-style-type: none"> • Flip chart • Training Guide Section B • Pens • Pencils • Erasers
15 minutes	Feedback and closing remarks		

TRAINING GUIDES

These are instructions and guidelines provided to support health system stakeholders and health workers in the delivery of the Integrated Skin NTD Case Detection (with focus on Buruli ulcer, hydroceles, Leprosy and Lymphedema) training to frontline health providers. They contain presentation outlines, discussion outlines, case examples, role-play activities and practical exercises.

It is for use by State, LGA, health facility and community teams in the delivery of the cascaded training. In this manual, training guides have been provided for:

- Training Guide One: An Overview of the Integrated Management of skin NTDs Intervention - *PowerPoint A*
- Training Guide Two: Case Definition, Signs & Symptoms and Management of Neglected Tropical Diseases Affecting the Skin: Primary Health Care (Buruli Ulcer, Leprosy, Lymphedema & Hydrocele) - *PowerPoint B*
- Training Guide Three: Overview of Diagnosis and Management of Buruli Ulcer, Hydrocele, Leprosy and Lymphedema at PHC Level: History Taking and Making A Diagnosis - *PowerPoint C*
- Training Guide Four: Guidelines for Referral for PHC - *PowerPoint D*
- Training Guide Five: Basic Management and Wound Care - *PowerPoint E*
- Training Guide Six: Monitoring and Supervision - *PowerPoint F*
- Training Guide Seven: Stigma, Mental Health and Skin NTDs - *PowerPoint G*
- Training Guide Eight: Training and Facilitation Techniques - *PowerPoint H*
- Training Guide Nine: Signs and Symptoms of Buruli Ulcer, Hydrocele, Leprosy and Lymphedema - Community Level - *PowerPoint I*
- Training Guide Ten: Guidelines for Community Referral - *PowerPoint J*
- Training Guide Eleven: Feedback and Closing for Community Level Training

KNOWLEDGE ASSESSMENT

The knowledge assessments should be used to assess the knowledge of training participants on the training content. It will enable the trainer to assess whether the participants have understood the content of the training.

- **Knowledge assessments for the State, LGA and Primary Health Facility level** can be found in **Section A** in the training manual.
- **Knowledge assessments for the Community level** can be found in **Section B** in this manual.

MODULE THREE

MONITORING AND SUPERVISION

MONITORING AND SUPERVISION

This module is for use by NTD programme managers, health system stakeholders at State and LGA level and primary health workers. It details how to facilitate monitoring and supervision. It provides tools to guide supervisors at each level of the health system in planning and providing supportive supervision. The tools for supervision were developed from existing supervisory checklist for NTD programme implementation in Kaduna and Ogun States, Nigeria. Different registers will be used at various levels, due to some modifications to questions being asked at the primary, secondary and tertiary levels of healthcare delivery.

WHAT IS SUPERVISION?

Supervision refers to the provision of constructive feedback by the supervisor to the supervisee in a supportive manner on assigned tasks. It is the process of overseeing the effective delivery of a task or activity. It involves:

- ✓ **Supportive learning**
- ✓ **Knowledge sharing**
- ✓ **Support activities to help progress of activities and of supervisees**
- ✓ **Address challenges**
- ✓ **Problem solving**
- ✓ **Monitoring delivery of activities**

Annex 11 contains supervision tools and checklists for the following:

- ✓ **Training:** One checklist and timelines across all levels.
- ✓ **Referral:** Checklists and timelines at 1. Community level, 2. Primary health facility level and 3. Secondary and Tertiary levels.

SUPERVISION CASCADE AND STRUCTURE

The supervision tools and structure is as follows:

TRAINING (ANNUALLY)

INTEGRATED SUPERVISORY CHECKLIST FOR SKIN NTDs AT:



LOCAL GOVERNMENT AREA (LGA) LEVEL TRAINING

- Supervisee: State NTD or STBLCP Staff
- Supervisor: Director of Public Health or Primary Healthcare



PRIMARY HEALTH CARE FACILITY LEVEL TRAINING

- Supervisee: LGA NTD Staff
- Supervisor: The SNTD / PM STBLCP for supervision at the facility level



COMMUNITY LEVEL TRAINING

- Supervisee: Health facility staff
- Supervisor: LGA NTD Staff / MOH

REFERRAL (BI-MONTHLY)

INTEGRATED SUPERVISORY CHECKLIST FOR SKIN NTDs AT:



COMMUNITY LEVEL

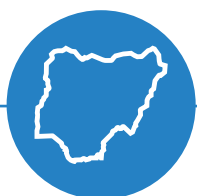
- Supervisee: Community Health Volunteers, Community-directed distributors
- Supervisor: FLFH in-charge or ward focal person



PRIMARY HEALTH CARE FACILITY LEVEL

- Supervisee: Frontline Health Facility (FLHF) staff
- Supervisor: LNTD / TBLS / Medical officer of health (MOH)

SUPERVISION CASCADE FOR TRAINING



LOCAL GOVERNMENT AREA (LGA)

SUPERVISOR:

Director of Public Health or
Primary Healthcare (DPH)



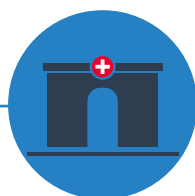
SUPERVISEE:

State NTD or STBLCP Staff



TIMELINE:

Annually



PRIMARY HEALTH FACILITY

SUPERVISOR:

State NTD Coordinator or
Program Manager STBLCP



SUPERVISEE:

LGA NTD Staff



TIMELINE:

Annually



COMMUNITY

SUPERVISOR:

LGA NTD Coordinator or
Assistant or MOH



SUPERVISEE:

Health Facility staff



TIMELINE:

Annually

HOW TO USE THE INTEGRATED SUPERVISORY CHECKLIST FOR TRAINING (ANNEX 11A)

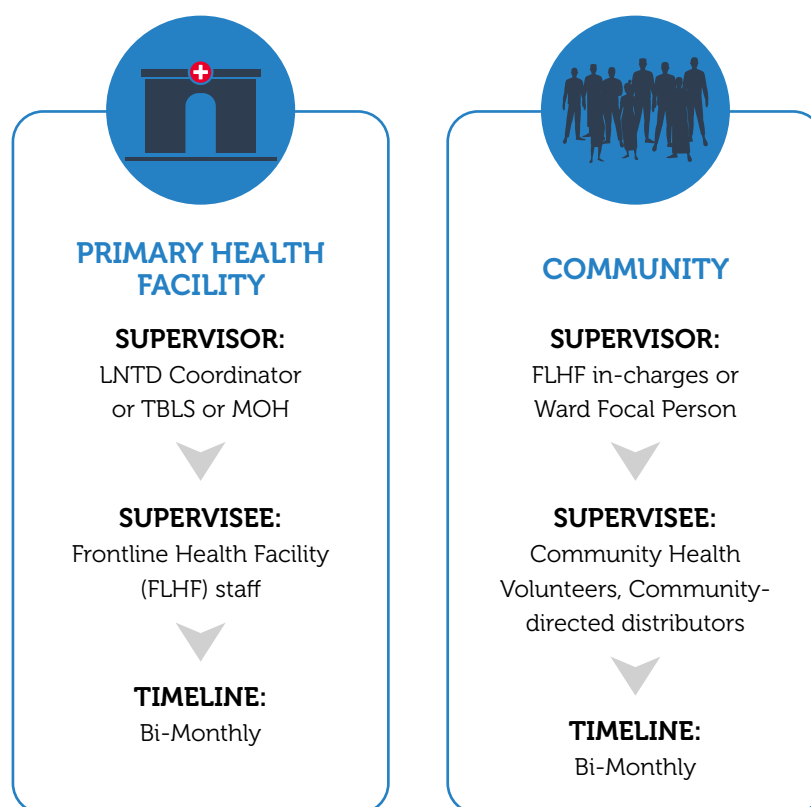
The same integrated checklist will be used for supervision at the state, LGA and facility levels. It is to be used by:

1. The DPH for supervision at the State level annually.
2. The SNTD / PM STBLCP for supervision at the LGA level annually.
3. The LNTD / TBLS / MOH for supervision at the health facility level.

Annex 11b provides a template that can be used to develop a timeline for this supervision.



SUPERVISION CASCADE FOR REFERRAL



HOW TO USE THE SUPERVISORY CHECKLIST FOR REFERRAL AT COMMUNITY LEVEL (ANNEX 11C)

The community supervisory checklist was developed to be used by Frontline Health Facility staff (FLHF) in-charges from the Primary Health Care Facility or Ward Focal Person.

The FLHF in-charges from the Primary Health Care Facility or Ward Focal Person will use the supervisory checklist to supervise Community Drug Distributors (CDDs), Community Health Volunteers (CHV) at the community level Bi-Monthly.

The questions which are in two parts (**records** and **intervention supplies**) are to be asked by the supervising officer who will record answers as either **Yes** or **No**; the answers given, the challenges and suggestions for improvement mentioned will form the action points to be taken under **summary**, including the person responsible to take the action and when the action will be taken.

The name and signature of the supervisor is to be provided, the name and signature of CDD, CHV or PA supervised, date of the supervision, name, and **supervisor of designated health facility staff** with the signature and date. Methods used in supervision can include observation, discussions and review of records.

Annex 11d provides a template that can be used to develop a timeline for this supervision.

HOW TO USE THE SUPERVISORY CHECKLIST FOR REFERRAL AT PRIMARY HEALTH FACILITY LEVEL (ANNEX 11E)

The checklist has 3 sections; records, supplies and indicators. The supervisor is to go through the supervision questions and record responses accordingly on the Yes (Y) and No (N) section, the comment / action section is to be filled where more details are required. The action points refer to specific measures to be taken to assist the supervisee in areas they have challenges. Responsible persons refer to the individual who will take the stated action, while when refers to the timeline for completing the action. Methods used in supervision can include observation, discussions and review of records.

Annex 11f provides a template that can be used to develop a timeline for this supervision.

REVIEW MEETINGS

Review meetings will be held to cover for the four identified items of training, referral, monitoring and supervision for each level and to address any challenges and actions to take.

Timeline: Review meeting should hold not later three (3) months after the roll out of the integrated intervention package.

PROCESS

The Supervisor from FMOH will reach-out to trainers at the state and Local government level / DPH, NTD Coordinator, PM STBLCP, BU / Leprosy focal person, Data Manager (NTD), LNTD Coordinator, MOH, TBLS, in-charges / ward focals to agree on a date for the review meeting.



A venue, preferably at the state ministry of health complex or the state Ministry for Local Government chambers will be selected for the meeting.



Copies of the signed supervisory checklist must be made available for all trainers / medical officers and facility health workers responsible for referral at the tertiary health care facility level during the meeting.



All participants should arrive early for the meeting.



The agenda should guide the meeting.



Action points, those responsible and the timeline for deliverables should be decided and agreed during the meeting.



Supervisor should follow-up after the meeting.

REVIEW AND FEEDBACK MEETINGS (AGENDA, PROCESS / TIMELINE FOR MEETING TO ADDRESS ACTIONS)

STATE AND LGA REVIEW AND FEEDBACK MEETING

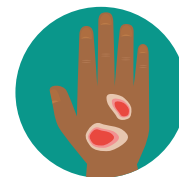
AGENDA			
ACTIVITY	TIME	ACTIVITY	FACILITATOR(S)
Day 1	8:30am - 9:00am	Participants arrival and registration	All
	9:00am - 9:05am	Opening prayer	All
	9:05am - 9:45am	Presentation of signed supervisory checklist used during previous training	FMoH and / or SMoH
	9:45am - 10:00am	Tea Break	All
	10:00am - 11:30am	Discussion around action points, by whom and timeline for deliverables	All
	11:30am - 12:10pm	Presentation of signed supervisory checklist used during previous referral supervision	FMoH and / or SMoH
	12:10pm - 1:40pm	Discussion around action points, by whom and timeline for deliverables	All
	1:40pm - 2:00pm	Lunch	All
	2:00pm - 3:00pm	Question & Answers	All
	3:00pm - 3:10pm	Closing remarks	FMoH and / or SMoH

COUNTDOWN
Calling time on Neglected Tropical Diseases

ANNEX

1. JOB AID FOR SIGNS AND SYMPTOMS OF BURULI ULCER

COMMUNITY LEVEL



DISEASE NAME: BURULI ULCER (BU)

CASE DEFINITION:

- ✓ BU is a disease caused by a germ which affects mainly the skin, but it can also affect the bones.
- ✓ It is also known as “egbò àdààjíná” and “gebo” in Yoruba and Hausa languages respectively.
- ✓ The stages of the disease are shown in the images below.
- ✓ If you suspect that anyone may have Buruli Ulcer, it is your job to refer them to the nearest health facility as soon as possible.



SIGNS AND SYMPTOMS:

The stages of the disease are shown in the images below:

1. NODULE (STAGE ONE)

- Painless swelling or lump.
- Raised lump on the skin
- Later becomes an ulcer.



(Credit: WHO)

1. Nodule

2. PLAQUE (STAGE TWO)

- Large, painless swelling
- More than 3 centimetres in diameter
- Clearly marked borders
- The skin feels hard like cardboard



(Credit: WHO)

2. Plaque

3. OEDEMA (SWELLING) (STAGE THREE)

- Oedema is a large painless swelling.
- It often involves the arms and the legs.



(Credit: WHO)

3. Oedema (Swelling)

4. ULCER (SORE) (STAGE FOUR)

- Typical ulcers are not very painful.
- Have rough edges
- Have whitish-yellowish appearance and red moist base.
- With good treatment, small ulcers can heal.
- Large ulcers can be managed.



(Credit: Rebuild Ghana, WHO)

5. OSTEOMYELITIS (INFECTION OF BONE) (STAGE FIVE)

- Infection can affect bones and joints.



(Credit: WHO)

WE SHOULD KNOW THAT:

- ✓ Buruli ulcer is a disease caused by a germ.
- ✓ The exact mode of transmission is still unknown.
- ✓ Buruli ulcer **IS NOT** caused by witchcraft, a curse or punishment.
- ✓ You **CANNOT** get Buruli ulcer through contact with an affected person.
- ✓ People that live or work close to rivers and slow-moving water bodies are more likely to be affected.
- ✓ Children under 15 are more likely to be affected.
- ✓ Buruli ulcer can lead to lifelong disabilities but **early diagnosis and treatment can prevent disability**.
- ✓ Surgery and physiotherapy are treatment options for Stage 5 symptoms.



REFER SUSPECTED CASES TO THE PRIMARY HEALTH CARE CENTRE FOR DIAGNOSIS AND TREATMENT USING THE INTEGRATED COMMUNITY LEVEL REFERRAL SLIP.

WHAT TO DO WHEN YOU REFER:

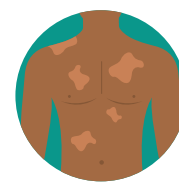
- ✓ **Complete the Community Referral Slip and give this to the patient to take to the health centre.**
- ✓ **Complete the Community Register.**

Explain to the affected person what to expect during Buruli ulcer diagnosis at the health centre:

- The skin will be examined by a health worker.
- The health worker will provide instructions for any treatment or refer the patient to another health facility.
- Sometimes they might need to do a laboratory test or take a sample to check for a certain disease.

1. JOB AID FOR SIGNS AND SYMPTOMS OF LEPROSY

COMMUNITY LEVEL



DISEASE NAME: LEPROSY

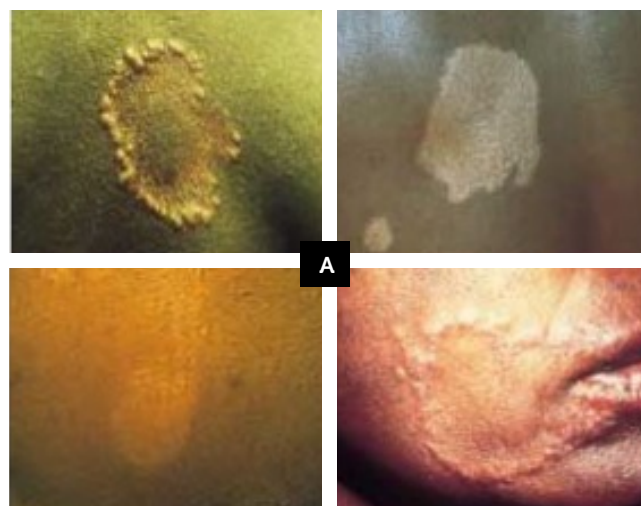
CASE DEFINITION:

- ✓ Leprosy is a disease caused by a germ (bacteria), which destroys nerves, and damages the skin.
- ✓ The stages of the disease are shown in the images below.
- ✓ If you suspect that anyone may have leprosy, it is your job to refer them to the nearest health facility as soon as possible.



SIGNS AND SYMPTOMS:

- Painless skin lesions, ulcers or patches, with loss of feeling (a).
- Spots on the skin that may be slightly red, darker or lighter than normal (a).
- Spots can be flat or raised (a).
- Do not itch (a).
- Usually do not hurt (a).
- Painless ulcers on the soles of feet (b).
- Painless swelling or lumps on the face or earlobes, loss of eyebrows or eyelashes.
- Touch sensation reduced.
- Pins and needles sensations.
- Numbness in a finger or toe.
- Clawing of fingers and toes (c).
- Loss of extremities (ends of fingers or nose) due to repetitive injuries, wounds or infections (c).
- Nerve injury.
- Eye damage such as dryness and reduced blinking.



Patches on skin (Source: ILEP, 2019)



(Source: ILEP, WHO, Guardian Nigeria)

WE SHOULD KNOW THAT:

- ✓ Leprosy is a disease caused by a germ.
- ✓ Leprosy **IS NOT** caused by witchcraft, a curse, or a punishment.
- ✓ Leprosy can spread from droplets of the nose and mouth, during close contact with untreated patients for a long period.
- ✓ Infection can occur at any age.
- ✓ Patients under treatment do not spread the disease.
- ✓ Leprosy is curable with multidrug therapy (MDT).
- ✓ Untreated, leprosy can cause progressive and permanent damage to the skin, nerves, limbs, and eyes and long-term disability.
- ✓ **Long term disability can be prevented through early diagnosis and treatment.**



REFER SUSPECTED CASES TO THE PRIMARY HEALTH CARE CENTRE FOR DIAGNOSIS AND TREATMENT USING THE INTEGRATED COMMUNITY LEVEL REFERRAL SLIP.

WHAT TO DO WHEN YOU REFER:

- ✓ **Complete the Community Referral Slip and give this to the patient to take to the health centre.**
- ✓ **Complete the Community Register.**

Explain to the affected person what to expect during diagnosis of leprosy at the health centre:

- The patient will be checked for skin patches by the health worker.
- The health worker will complete a test using a pen, feather or cotton wool to check how much you can feel.
- The health worker will provide instructions for treatment or refer the patient to another health facility for further diagnosis and treatment.

1. JOB AID FOR SIGNS AND SYMPTOMS OF LYMPHEDEMA

COMMUNITY LEVEL



DISEASE NAME: LYMPHEDEMA

CASE DEFINITION:

- ✓ Lymphedema may be caused by lymphatic filariasis.
- ✓ Lymphedema causes swelling and enlargement and usually occurs in the legs, but may also affect arms or breasts.
- ✓ The stages of the disease are shown in the images below.
- ✓ If you suspect that anyone may have lymphedema, it is your job to refer them to the nearest health facility as soon as possible.



SIGNS AND SYMPTOMS:

- Swelling of limb (usually one leg is affected).
- Swelling may be pressed in by a finger or not.
- Redness of the affected part.
- Warmth of the affected part.
- Extreme pain of the affected areas.
- Hardening and thickening of the skin.
- Fever, shivering, headache and weakness.



(Source: WHO, 2001)



(Source: WHO, 2011, 2018)

WE SHOULD KNOW THAT:

- ✓ Infection through lymphatic filariasis is caused by worms which are spread from person to person through mosquitoes.
- ✓ The adult worms live in human lymph vessels. They release many small worms (microfilariae), which live in the blood and can only be seen with a microscope.
- ✓ Lymphedema **IS NOT** caused by witchcraft, a curse or punishment.
- ✓ You **CANNOT** get lymphedema through contact with an affected person.
- ✓ Lymphedema can sometimes heal in early stages and in later stages, improvements can be made if well managed.
- ✓ Hygiene and skin care are important to prevent infections, swelling and redness of the skin which causes serious pain, fever and swelling.



REFER SUSPECTED CASES TO THE PRIMARY HEALTH CARE CENTRE FOR DIAGNOSIS AND TREATMENT USING THE INTEGRATED COMMUNITY LEVEL REFERRAL SLIP.

WHAT TO DO WHEN YOU REFER:

- ✓ **Complete the Community Referral Slip and give this to the patient to take to the health centre.**
- ✓ **Complete the Community Register.**

Explain to the affected person what to expect during diagnosis of lymphedema at the health centre:

- The health worker will check the patient for different types of swelling.
- Questions will be asked on symptoms experienced such as pain, fever, chills, headache and weakness.
- The health worker will provide instructions for treatment or refer the patient to another health facility for further diagnosis and treatment.

1. JOB AID FOR SIGNS AND SYMPTOMS OF HYDROCELE

COMMUNITY LEVEL



DISEASE NAME: HYDROCELE

CASE DEFINITION:

- ✓ Hydrocele may be caused by lymphatic filariasis. Collection of fluid inside the scrotal sac is the most common genital problem caused by filariasis. The scrotum becomes enlarged because there is excess liquid inside the scrotal sac, around the testicles.



SIGNS AND SYMPTOMS:

- Swollen scrotum.
- The fluid can collect on only one side (or on both sides).
- Build-up of fluid in the sac covering the testes.
- Swelling, inflammation, hardened skin, and infection can occur.



(WHO, 2018)

WE SHOULD KNOW THAT:

- ✓ Infection through lymphatic filariasis is caused by worms which are spread from person to person through mosquitoes.
- ✓ The adult worms live in human lymph vessels. They release many small worms (microfilariae), which live in the blood and can only be seen with a microscope.
- ✓ Hydrocele **IS NOT** caused by witchcraft, a curse or punishment.
- ✓ You **CANNOT** get hydrocele through contact with an affected person.



REFER SUSPECTED CASES TO THE PRIMARY HEALTH CARE CENTRE FOR DIAGNOSIS AND TREATMENT USING THE INTEGRATED COMMUNITY LEVEL REFERRAL SLIP.

WHAT TO DO WHEN YOU REFER:

- ✓ Complete the Community Referral Slip and give this to the patient to take to the health centre.
- ✓ Complete the Community Register.

Explain to the affected person what to expect during diagnosis at the health centre:

- The patient will be checked for scrotal swelling.
- They will be asked to explain other symptoms experienced.
- The health worker will provide instructions for treatment or refer the patient to another health facility for further diagnosis and treatment.
- Treatment options include a quick simple surgery or painkillers to relieve pain.

HYDROCELE SURGERY RESULTS:



BEFORE



AFTER

(WHO, 2008)

REFERENCES:

The content of these job aids have been adapted from the WHO Manuals on Recognising neglected tropical diseases through changes on the skin: a training guide for frontline health workers, Buruli Ulcer: Pocket Book, LF Morbidity Management and Disability Prevention (MMDP) and the ILEP (International Federation of Anti-Leprosy Associations) Guide on How to Diagnose and Treat Leprosy.

The full guides are available here:

https://www.who.int/neglected_diseases/resources/9789241513531/en/

https://ilepfederation.org/wp-content/uploads/2020/02/LG1_V2-.pdf

<https://www.who.int/buruli/resources/CDcommunity-EN.pdf>

https://www.who.int/neglected_diseases/training/Session_2.3.pdf

2. COMMUNITY TWO-WAY REFERRAL SLIP

INTEGRATED COMMUNITY LEVEL BURULI ULCER, HYDROCELE, LEPROSY AND LYMPHEDEMA REFERRAL SLIP

SECTION ONE: REFERRAL (COMMUNITY TO PRIMARY HEALTH FACILITY)

Date (dd/mm/yy): Affected person's name:

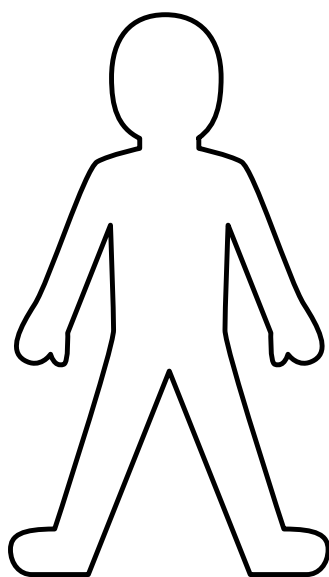
Community: Affected person's reference number from community register:

Age (years): Phone number:

Gender: ☐ Male ☐ Female ☐ Others (Please specify):

Address (to the nearest landmark):

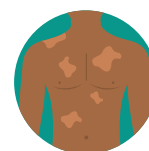
Description of the skin complaint (please mark where symptoms are on the patient's body using the outline below. Please tick the presenting signs and symptoms using the list aside):



Please describe the condition of the affected person and why you are referring:

LEPROSY:

- ☐ Painless skin wound, ulcers or patches
- ☐ Spots on the skin that may be slightly red, darker or lighter than normal
- ☐ Painless ulcers on the soles of feet
- ☐ Painless swelling or lumps on the face or earlobes
- ☐ Loss of eyebrows or eyelashes
- ☐ Numbness in a finger or toe
- ☐ Curved fingers and toes



LYMPHEDEMA:

- ☐ Swelling of limb
- ☐ Redness of the affected part
- ☐ Differential warmth of the affected person
- ☐ Extreme pain of the affected areas
- ☐ Hardening and thickening of the skin
- ☐ Fever, shivering, headache and weakness



HYDROCELE:

- ☐ Swollen scrotum
- ☐ Collection of fluid on one or both scrotum
- ☐ Inflammation
- ☐ Hardened skin



BURULI ULCER:

- ☐ Nodule
- ☐ Painless swelling
- ☐ Ulcer / sore
- ☐ Infection of bones



Health facility referred to: Name of referring person:

Role of referring person (Community Drug Distributor, Community Health Volunteer, Community leader, others) Please specify:

Phone number of referring person:

Signature or thumbprint of referring person:

**SECTION TWO: REFERRAL BACK TO THE COMMUNITY
(PRIMARY HEALTH FACILITY TO COMMUNITY)**

Date:			
Patient Name:			
Date of Birth:		Gender:	
Health facility:			
Health worker name:			
Health worker role:			
Phone number:			
CHV Name:			
Community:			
Signature or thumbprint of referring person:			
Affected person's reference number:			
Diagnosis / action taken:			
Referred to the community for:			
Follow-up guidance for CHVs / CDDs:			

3. INTEGRATED COMMUNITY REGISTER





FOR BURULI ULCER, HYDROCELE, LEPROSY AND LYMPHEDEMA

Serial number:

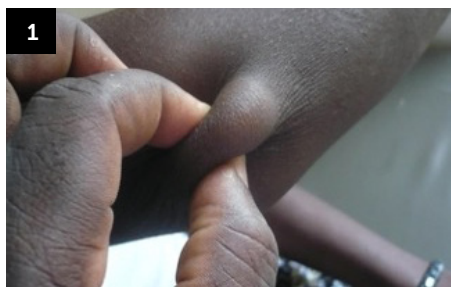
Name of affected person:

Affected person's
reference number:

INTEGRATED COMMUNITY REGISTER

DATE	TIME (12 HOURLY)	NEW	REVISIT / FOLLOW-UP VISIT	GENDER (MALE / FEMALE / OTHERS [SPECIFY])	AGE (YEARS)	SOURCE OF INFORMATION (GHV / CDD, COMMUNITY LEADERS [SPECIFY])	RELIGION	OCCUPATION	NAME OF COMMUNITY	PHONE NUMBER	EMAIL ADDRESS	 BURULI ULCER	 HYDROCELE	 LEPROSY	 LYMPHEDEMA

4. INTEGRATED DIAGNOSTIC FLOW CHART



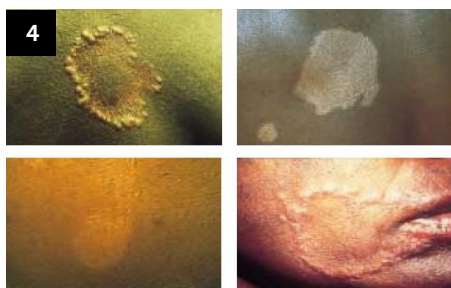
Source: German Leprosy and Relief Association Nigeria, 2015.



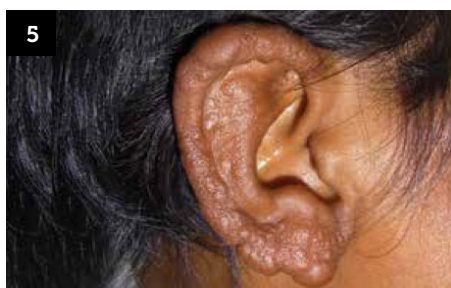
Source: Boleira et al. (2010). Buruli ulcer. *Anais brasileiros de dermatologia* 85(3):281-298.



Source: Rawson and Rao (2014). Leprosy and lymphatic filariasis comorbidity: the case for an integrated functional limitation grading system. *Leprosy review* 85(1):63-7.



Source: ILEP.



Source: WHO, Recognizing Neglected Tropical Diseases on the Skin, A Training Guide for Frontline Health Workers. 2018 pg 21.



Source: WHO, <https://www.who.int/health-topics/lymphatic-filariasis>. 2018 pg 21.



Source: Boleira et al. (2010). Buruli ulcer. *Anais brasileiros de dermatologia* 85(3): 281-298.



Source: WHO, Recognizing Neglected Tropical Diseases on the Skin, A Training Guide for Frontline Health Workers. 2018 pg 25.



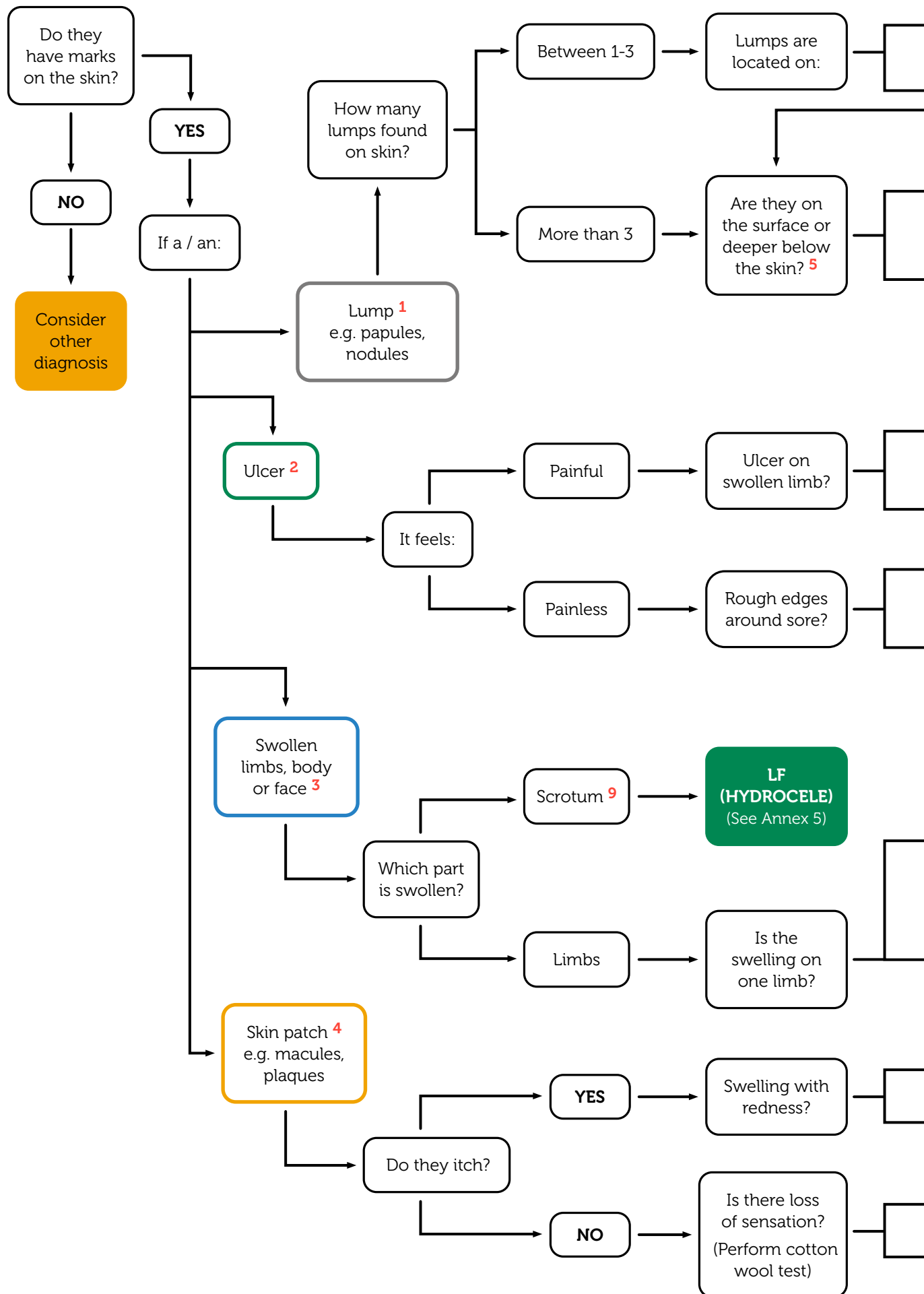
Source: WHO, Recognizing Neglected Tropical Diseases on the Skin, A Training Guide for Frontline Health Workers. 2018 Pg 27.

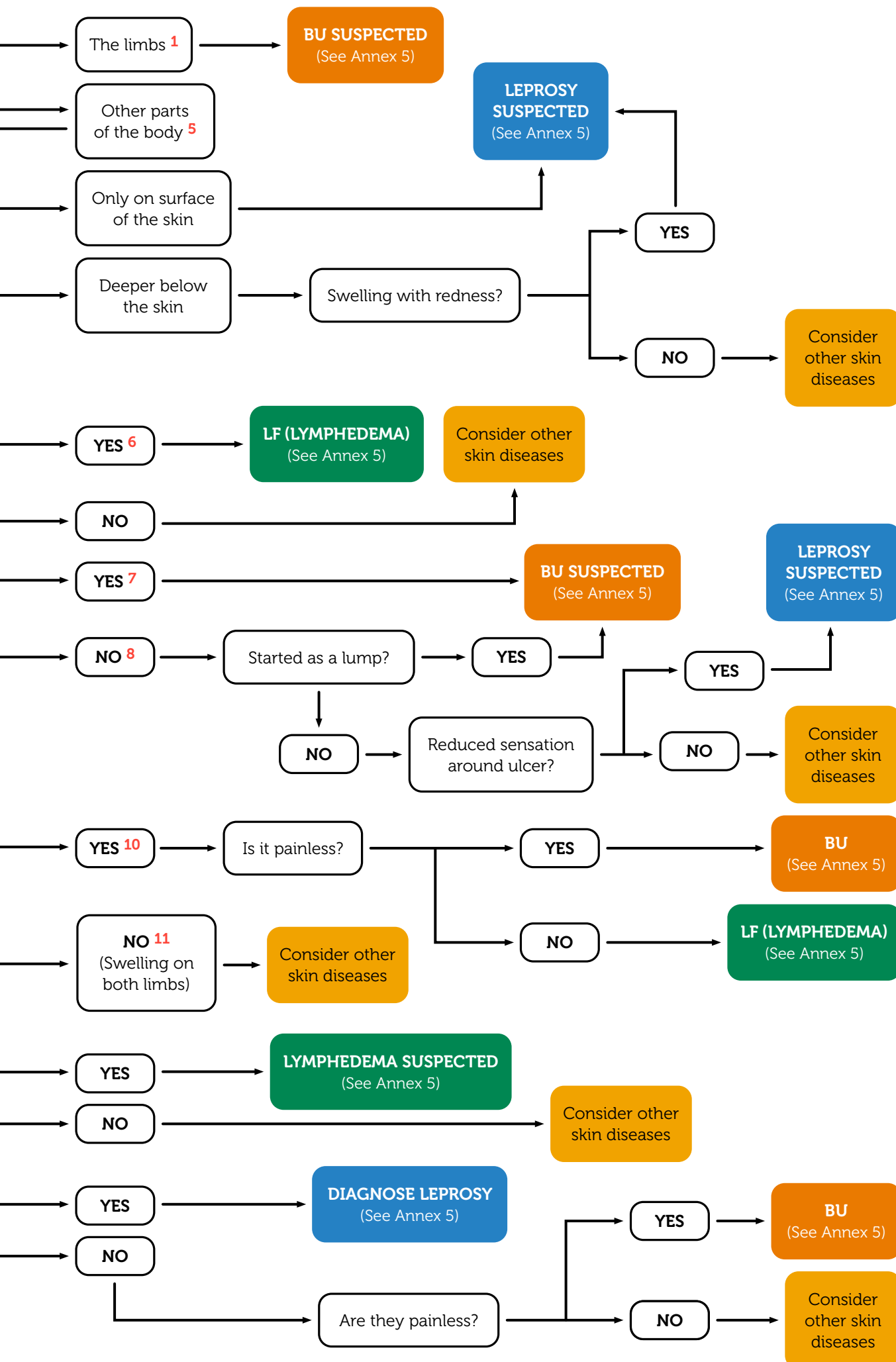


Source: WHO, Recognizing Neglected Tropical Diseases on the Skin, A Training Guide for Frontline Health Workers. 2018 Pg 27.



Source: Yordanos and Gail (2012). Podoconiosis control in rural Ethiopia: the roles of expert patients, appropriate treatment and community mobilisation. *Community dermatology*.





5. JOB AID PHC LEVEL ON SIGNS, SYMPTOMS, DIAGNOSIS AND MANAGEMENT OF BURULI ULCER



DISEASE NAME: BURULI ULCER (BU)

CASE DEFINITION:

- ✓ BU is a disease caused by a germ (bacteria: *Mycobacterium Ulcerans*) which affects mainly the skin, but it can also affect the bones.
- ✓ It is also known as "egbò àdààjíná" and "gebo" in Yoruba and Hausa languages respectively.
- ✓ The stages of the disease are shown in the images below.
- ✓ If you suspect that anyone may have Buruli Ulcer, it is your job to refer them to the nearest health facility as soon as possible.



SIGNS AND SYMPTOMS:

The different stages of BU are as follows:

1. NODULE

- Painless nodule (swelling / lump).
- Raised lumps on the skin.
- Later becomes an ulcerate.



(Credit: WHO)

1. Nodule

2. PLAQUE

- A plaque is a large painless swelling of more than 3 centimetres in diameter.
- Clearly marked borders.
- The skin feels hard like cardboard.



(Credit: WHO)

2. Plaque

3. OEDEMA (SWELLING)

- Oedema is a large painless swelling.
- It often involves the arms and the legs.



(Credit: WHO)

3. Oedema (Swelling)

4. ULCER (SORE)

- Typical ulcers are not very painful.
- Have rough edges and often have whitish-yellowish appearance and underlying red moist base.



(Credit: Rebuild Ghana, WHO)

5. OSTEOMYELITIS (INFECTION OF BONE)

- Infection can affect bones and joints at later, more severe stage of illness.



(Credit: WHO)

WE SHOULD KNOW THAT:

- ✓ Buruli ulcer is a disease caused by a germ.
- ✓ The exact mode of transmission is still unknown.
- ✓ Buruli ulcer **IS NOT** caused by witchcraft, a curse or punishment.
- ✓ You **CANNOT** get Buruli ulcer through contact with an affected person.
- ✓ People that live or work close to rivers and slow-moving water bodies are more likely to be affected.
- ✓ Children under 15 are more likely to be affected.
- ✓ Buruli ulcer can lead to lifelong disabilities but **early diagnosis and treatment can prevent disability**.
- ✓ Surgery and physiotherapy are treatment options for Stage 5 symptoms.

DIAGNOSIS:

- Take history of affected person (ask specifically if they reside or work close to rivers or slow-moving water body for example, farming in swamps).
- Check affected person for the presence of nodule, swelling of the leg or arms and ulcer with rough edges.

REFERRAL:

- Refer all suspected cases of BU to the TBLS using the Integrated Health Facility-to-Hospital referral form. The TBLS will see the patient and refer them if needed to the Leprosy Hospital, Zaria or Sacred Heart Hospital, Abeokuta.
- Give the form to the patient to take to the TBLS.
- Complete the PHC register and record patient details and the grading of the condition as below.

DISABILITY GRADING:

The Buruli ulcer category of the affected person should be written in the Integrated Primary Health Care Facility Register for Buruli ulcer, Hydrocele, Leprosy and Lymphedema. The category I, II or III should be written under the column for BU for each affected person.

BU categories lesions:

- **Category I** single small lesion.
- **Category II** non-ulcerative and ulcerative plaque and oedematous forms.
- **Category III** disseminated and mixed forms such as osteitis, osteomyelitis and joint involvement.

([https://www.who.int/news-room/fact-sheets/detail/buruli-ulcer-\(mycobacterium-ulcerans-infection\)](https://www.who.int/news-room/fact-sheets/detail/buruli-ulcer-(mycobacterium-ulcerans-infection)))

MANAGEMENT:

- Educate the affected person on regular hygiene, such as washing of body, clothes, and hands.
- Teach affected person to soak the wound in water with salt for 15 minutes and gently remove cracks and hardened skin. Dry and apply vaseline or moisturiser to soften the hard skin.
- Dress with clean cloths, avoiding tight bandages, and encouraging movement.
- Explain that movement and exercise should be conducted regularly as soon as BU is diagnosed.
- Teach the affected person how to position the limb to stretch the wound or scar especially when resting or sleeping and position to allow swelling to drain on daily basis.
- To manage swelling explain that the affected limb should be raised and bandaged from the end of the limb and up to where there is no more swelling.
- Encourage the affected person to take the prescribed drugs (rifampicin and clarithromycin) regularly.
- Educate the affected person on the need for good nutrition to help the body to heal faster.



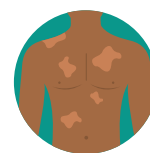
(Source: Lehman and Saunderson, 2009; WHO, 2008)

Once patients are referred and a diagnosis is confirmed, they may be referred back to the PHC for treatment with the WHO recommended combination of rifampicin and streptomycin or rifampicin plus another oral therapy under direct observation for 8 weeks as follows:

WEIGHT OF PATIENT (kg)	BURULI ULCER			
	RIFAMPICIN (300mg / TABLETS)		CLARITHROMYCIN (500mg / TABLETS)	
	DOSES (mg)	NO. OF TABLETS (ONCE DAILY)	DOSES (mg)	NO. OF TABLETS (DAILY DOSE)
5-10	75	0.25	125	0.25 or 5ml
11-20	150	0.50	250	0.50 or 10ml
21-39	300	1.00	500	1.00
40-54	450	1.50	750	1.50
>54	600 (maximum)	2.00	1000 (maximum)	2.00

Fill out the patient card and record any follow up visits.

5. JOB AID PHC LEVEL ON SIGNS, SYMPTOMS, DIAGNOSIS AND MANAGEMENT OF LEPROSY



DISEASE NAME: LEPROSY

CASE DEFINITION:

- ✓ Leprosy is a disease caused by a germ (bacteria), *Mycobacterium leprae*. This is manifested as skin lesions or patches with loss of sensation. The disease mainly affects the skin, the nerves, mucosa of the upper respiratory tract, and the eyes.

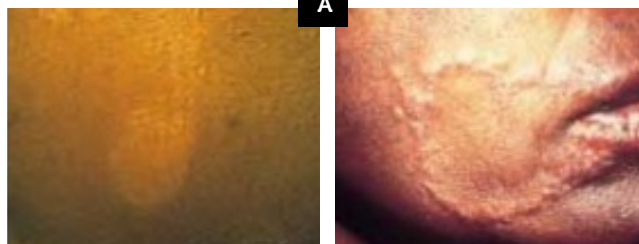


SIGNS AND SYMPTOMS:

- Painless skin lesions, ulcers or patches, with definite loss of sensation.
- Spots on the skin that may be slightly red, darker or lighter than normal (a).
- Spots can be flat or raised (a).
- Do not itch.
- Usually do not hurt.
- Painless swelling or lumps on the face or earlobes, loss of eyebrows or eyelashes (b).
- Painless ulcers on the soles of feet (c).
- Touch sensation reduced.
- Pins and needles sensations.
- Numbness in a finger or toe.
- Clawing of fingers and toes (d).
- Loss of extremities (ends of fingers or nose) due to repetitive injuries, wounds or infections (d).
- Nerve injury.
- Eye damage such as dryness and reduced blinking.



A



B



D





C

(Source: ILEP, WHO, Guardian Nigeria)

WE SHOULD KNOW THAT:

- ✓ Leprosy is a disease caused by a germ.
- ✓ Leprosy **IS NOT** caused by witchcraft, a curse, or a punishment.
- ✓ Leprosy can spread from droplets of the nose and mouth, during close contact with untreated patients for a long period.
- ✓ Infection can occur at any age.
- ✓ Patients under treatment do not spread the disease.
- ✓ Leprosy is curable with multidrug therapy (MDT).
- ✓ Untreated, leprosy can cause progressive and permanent damage to the skin, nerves, limbs, and eyes and long-term disability.
- ✓ **Long term disability can be prevented through early diagnosis and treatment.**

HOW TO EXAMINE THE PATIENT:

- **Examine the skin** in daylight or in a well-lit room, in a private place.
- **Examine the whole body**, taking care to respect the patient's privacy.
- **Ask the patient if the patch itches.** If so, it cannot be leprosy.
-  **Test** only one or two skin patches **for sensory loss.**
 - If there is a definite loss of sensation, it is leprosy.
- **Ask about treatment received in the past.**
- Look for any visible disability of eyes, face, hands and feet.
-  **When in doubt about the diagnosis, always send the patient to the nearest referral centre for a possible smear test.**

HOW TO TEST FOR SENSORY LOSS:

- Take a pointed object such as a pen.
- **Show the person** what you are going to do.
- Ask the person to close their eyes so that they cannot see what you are doing.
- Lightly touch the skin with the pen.
- Ask the person to point to where they felt the pen.
- **Lightly touch the centre of the most prominent (largest) skin patch and ask them to point to where they felt the pen.**
- Repeat the procedure on 'normal' skin and on the same patch again.
- **If the person feels nothing on the skin patch, it is likely to be leprosy.**



*Sensitivity test performed
by health worker
(Source: Leprosy Mission)*




REFERRAL:

- Refer all suspected cases of leprosy to the TBLS using the Integrated Health Facility-to-Hospital referral form. The TBLS will see the patient and refer them if needed to the Leprosy Hospital, Zaria or Hansen's Disease Centre, Abeokuta.
- Give the form to the patient to take to the TBLS.
- Complete the PHC register and record patient details and the grading of the condition (see next page).

DISABILITY GRADING:

The leprosy category of the affected person should be written in the Integrated Primary Health Care Facility Register. The grades 0, 1 or 2 should be written under the column for leprosy for each affected person.

It is very useful to assess the disability that a person has at the start of treatment and then later during treatment. The most widely used grading system (the WHO Disability Grade) appears in the following table:

WHO GRADE	0	1	2
Eyes 	Normal	-	Reduced vision (unable to count fingers at 6 metres). Lagophthalmos (eyes not closing properly).
Hands 	Normal	Loss of feeling in the palm of the hand.	Visible damage to the hands, such as wounds, claw hand, or loss of tissue.
Feet 	Normal	Loss of feeling in the sole of the foot.	Visible damage to the foot, such as wounds, loss of tissue, or foot drop.

Eyes, hands and feet (both sides) are graded separately and receive a score of 0, 1 or 2. It is useful to record all six scores, but the grade for the person as a whole is the highest score in any of the six places. Over the course of treatment, the sum of the six grades, known as the Eye, Hand and Foot (EHF) score, may be more useful than the maximum grade, as it is more sensitive to change.

MANAGEMENT:

Explain to the patient that in order to diagnose their condition, the health worker will need to find what type of leprosy the patient may have and this will then determine the type of treatment they will need. This will be done by:

How to decide which treatment a patient needs:

- Some patients have a mild infection called paucibacillary or PB leprosy (with five patches or less).
- This can be cured by treating the patient for six months.
- Other patients may have a more serious infection called multibacillary or MB leprosy (more than five patches).
- This can be cured by treating the patient for twelve months.

Once patients are referred and a diagnosis is confirmed, they may be referred back to the PHC for treatment:

- Inform patient about leprosy and its treatment.
- Fill out the patient card and record any follow up visits.

TREATMENT:

Leprosy patients must be treated with a combination of drugs, known as Multi-Drug Therapy or MDT. The treatment duration varies according to whether the patient is PB or MB. New Guidelines from WHO in 2018 recommend the same three drugs for all cases, to be given for 6 months to PB cases and for 12 months to MB cases.

LEPROSY				
AGE GROUP	DRUG	DOSAGE AND FREQUENCY	DURATION	
			Multibacillary Leprosy	Paucibacillary Leprosy
Adult	Rifampicin	600mg once a month	12 months	6 months
	Clofazimine	300mg once a month and 50mg daily		
	Dapsone	100mg daily		
Children (10-14 years)	Rifampicin	450mg once a month	12 months	6 months
	Clofazimine	150mg once a month, 50mg on alternate days		
	Dapsone	50mg daily		
Children <10 years or <40kg	Rifampicin	10mg/kg once a month	12 months	6 months
	Clofazimine	100mg once a month, 50mg twice weekly		
	Dapsone	2mg/kg daily		

GENERAL MANAGEMENT:

- Educate affected persons on the need to avoid direct skin contact with hot objects.
- They should use cloths or gloves for protection.
- While working, pressure should be reduced on hands to prevent injuries.
- Teach affected persons how to clean and soak feet in salt water for 15 minutes, rub off hard skin with water.
- Rest the swollen foot by elevation.
- Regular dressing to heal simple ulcer.
- Use multicellular rubber foot wares to prevent injuries.
- Check daily for any injuries.

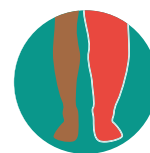


Bandage tools that are frequently used or cover the hands (Source: Leprosy Mission, 2020)



Clean and soak feet (Source: ILEP, 2020)

5. JOB AID PHC LEVEL ON SIGNS, SYMPTOMS, DIAGNOSIS AND MANAGEMENT OF LYMPHEDEMA



DISEASE NAME: LYMPHEDEMA

CASE DEFINITION:

- ✓ Lymphedema may be caused by lymphatic filariasis.
- ✓ Lymphedema causes swelling and enlargement and usually occurs in the legs, but may also affect arms or breasts.
- ✓ The stages of the disease are shown in the images below.



SIGNS AND SYMPTOMS:

- Swelling of the leg, arms or other body parts.
- Unilateral swelling of limb (e.g. one leg enlarged)
- The affected area is often warm, reddish and painful.
- Pitting (falls inwards when pressed with a finger) or non-pitting (does not fall inwards when pressed with a finger) swelling of the affected part.
- Skin may have thickened and hardened or become covered in small lumps giving a cobbled appearance and the possibility of recurrent infections.
- Extreme pain of the affected areas.
- Fever, shivering, headache and weakness.



WE SHOULD KNOW THAT:

- ✓ Lymphedema **IS NOT** caused by witchcraft, a curse or punishment.
- ✓ You **CANNOT** get lymphedema through contact with an affected person.
- ✓ Lymphedema can sometimes heal in early stages and in later stages, improvements can be made if well managed.
- ✓ Infection through lymphatic filariasis is caused by worms which are spread from person to person through mosquitoes.
- ✓ Hygiene and skin care are important to prevent infections, swelling and redness of the skin which causes serious pain, fever and swelling.
- ✓ **Long term disability can be prevented through early diagnosis and treatment.**

(WHO, 2001)

HOW TO EXAMINE THE PATIENT:

It is important to know the stage of the lymphedema in order to provide the correct treatment and to tell your patient how their disease may progress. With correct treatment, patients will improve. The following classification for lymphedema uses 4 stages (WHO, 2001).

Features to be checked:

- Check affected person for swollen limbs.
- Confirm if swelling is pitting (falls in with a finger pressing) or non-pitting (does not fall in with a finger pressing).
- Is the swelling reversible overnight? (i.e. disappears spontaneously overnight).
- Are there any shallow skin folds? (i.e. the base of the fold is visible with patient's own movement).
- Are there any deep skin folds? (i.e. the base is visible only when the edges of the fold are separated by hand).
- Are knobs present? (i.e. small bumps, lumps or protrusions of the skin).
- Is mossy foot present? (i.e. clusters of small knobs on the surface of the foot with a wart-like appearance).
- Is the patient's mobility reduced? (i.e. unable to adequately or independently perform routine daily activities).

In addition to using these features, each lymphedema patient should be assessed for the following conditions:

- Entry lesions in the skin folds or between the toes and fingers.
- Wounds of any kind on the surface of the leg or foot.
- Bad odour.

RECORD DIAGNOSIS IN REGISTER:



Complete the PHC register (Annex 8) and record patient details and the grading of the condition as below.

Stages / Grades:

The lymphedema category of the affected person should be written in Integrated Primary Health Care Facility Register (Annex 8). The grades I, II, III or IV should be written under the column for lymphedema for each affected person.

- **Grade I lymphedema:** mostly pitting oedema (swelling); spontaneously reversible on elevation.
- **Grade II lymphedema:** mostly non-pitting oedema (swelling); not spontaneously reversible on elevation.
- **Grade III lymphedema (elephantiasis):** gross increase in volume in a grade II lymphedema, with dermatosclerosis (thickening of the skin) and papillomatous lesions (swellings with fluid).
- **Grade IV lymphedema:** There is presence of knobs and irreversible swellings overnight. Some patients have smelly toes due to the presence of entry lesions. (WHO, 2001).

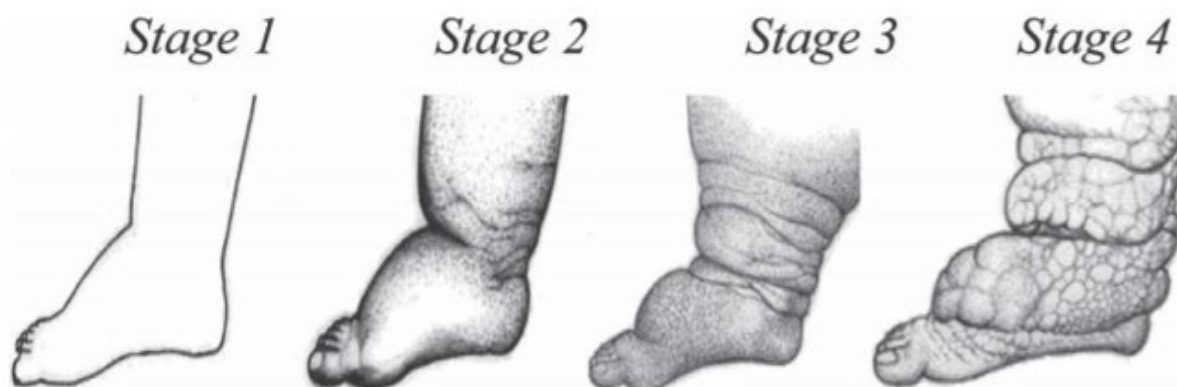


FIGURE 3. Staging of lymphedema.

(Mathieu et al., 2008)

REFERRAL:

- If the condition is at Grade 3 or above, refer the patient to the LNTD using the Integrated Health Facility-to-Hospital referral form.
- Give the form to the patient to take to the LNTD.
- Fill out the patient card and record any follow up visits.

TREATMENT AND MANAGEMENT:

- Limb cleaning, exercise, wound care, anti-bacterial / anti-fungal creams when needed.
- Oral antibiotics and antipyretics during acute attacks.
- Keeping the nails and spaces between the toes clean.
- Teach the affected person washing of legs with clean water regularly (to prevent acute attacks) and the importance of drying the leg and foot after washing.
- Teach them how to prevent and cure lesions by applying medication cream to heal the entry lesions.
- Explain the need to elevate the affected limb regularly.
- Teach the affected persons to wear appropriate footwear (WHO, 2001).
- Locally available antibiotic ointment could be useful for Stage 1 ulcer (Karnasula 2012).
- Administer wound dressing, antibiotics (along with ivermectin and albendazole).
- Bed rest for Stage 1 ulcers patients (Karnasula 2012).
- Stage 3 conditions and above should be referred for treatment.



A health care worker showing a patient how to remove most of the bacteria from the skin.

Washing of legs (Source: WHO, 2001)



Exercises can be done everywhere and they do not cost anything.

Comfortable footwear is an important component of lymphedema management.

Exercise and footwear (Source: WHO, 2001)

DANGER SIGNS :

Patients with any of the problems listed below should be seen by a doctor or nurse.

- ✓ Very high fever, confusion, headache, drowsiness, or vomiting.
- ✓ Fever, shivering, or pain in the leg that do not respond to treatment within 24 hours.
- ✓ Splitting of the skin because of a rapid increase in the size of the leg.
- ✓ Pus in the area affected.



5. JOB AID PHC LEVEL ON SIGNS, SYMPTOMS, DIAGNOSIS AND MANAGEMENT OF HYDROCELE



DISEASE NAME: HYDROCELE

CASE DEFINITION:

- ✓ Hydrocele may be caused by lymphatic filariasis.
- ✓ Collection of fluid inside the scrotal sac is the most common genital problem caused by filariasis. The scrotum becomes enlarged because there is excess liquid inside the scrotal sac, around the testicles. The scrotum becomes enlarged because there is excess liquid inside the scrotal sac, around the testicles.



SIGNS AND SYMPTOMS:

- Swelling of the scrotum
- The fluid can collect on only one side (or on both sides)
- Accumulation of fluid in the sac covering the testes.



(Swollen scrotum (Source: WHO, 2018))

WE SHOULD KNOW THAT:

- ✓ Infection through lymphatic filariasis is caused by worms which are spread from person to person through mosquitoes.
- ✓ The adult worms live in human lymph vessels. They release many small worms (microfilariae), which live in the blood and can only be seen with a microscope.
- ✓ Hydrocele **IS NOT** caused by witchcraft, a curse or punishment.
- ✓ You **CANNOT** get hydrocele through contact with an affected person.

EXAMINATION:

1. Check affected person for swollen scrotum.
2. Carry out transillumination test by holding a light such as a torch behind the scrotum.
3. If the light passes through the scrotum and the fluid inside can be seen glowing, this is either a hydrocele or a hernia and not a tumour.
4. When a physical examination is performed, the skin feels normal (soft and thin).

REFERRAL:

- Refer all cases of hydrocele for confirmation of clinical diagnosis and treatment to the LNTD using the Integrated Health Facility-to-Hospital referral form (Annex 7).
- Give the form to the patient to take to the LNTD.
- Explain to the patient that a health worker at the health centre they are referred to will examine the area to confirm diagnosis and provide information on treatment options.

TREATMENT AND MANAGEMENT:

- Hydrocele can be treated with a quick, simple surgery.
- Explain the need for cases to be reported early at the health centre.
- Pain medication may be given to help to relieve discomfort.
- Advise on good hygiene in scrotal and genital area, washing gently with soap and water.

HYDROCELE SURGERY RESULTS:



BEFORE



AFTER

(WHO, 2008)

REFERENCES:

The content of these job aids have been adapted from the WHO Manuals on Recognising neglected tropical diseases through changes on the skin: a training guide for frontline health workers, Buruli Ulcer: Pocket Book, LF Morbidity Management and Disability Prevention (MMDP) and the ILEP (International Federation of Anti-Leprosy Associations) Guide on How to Diagnose and Treat Leprosy.

The full guides are available here:

https://www.who.int/neglected_diseases/resources/9789241513531/en/

https://ilepfederation.org/wp-content/uploads/2020/02/LG1_V2-.pdf

<https://www.who.int/buruli/resources/CDcommunity-EN.pdf>

https://www.who.int/neglected_diseases/training/Session_2.3.pdf

6. JOB AID: PATIENT INTERACTION, DIAGNOSTIC COMMUNICATION AND HISTORY TAKING

FOR BURULI ULCER, LEPROSY, LYMPHEDEMA AND HYDROCELE

Some contents of this job aid were adapted from the International Federation of Anti-Leprosy Associations (ILEP) / Neglected Tropical Disease NGO Network (NNN) Guides on Stigma and Mental Wellbeing and the WHO training manual: *Recognising neglected tropical diseases through changes on the skin*. The full guides are available via: <https://www.infond.org/toolkits/stigma-guides/stigmaguides> and <https://www.who.int/publications/i/item/9789241513531>

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.
- NTDs and their 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 people who have been diagnosed and/or referred multiple times for treatment but who are still experiencing symptoms, discomfort and pain.
- Some patients 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 NTDs, patients 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:**

Initial engagement with patients is critical to successful management of people affected with skin NTDs. The following approach can be helpful:

- ✓ Feel free to relate with affected persons (ask them general questions such as their names, community they reside in and questions that will make them comfortable interacting with you).
- ✓ Give attention to affected persons in a way that communicate you respect them.
- ✓ Do not treat them as if the infection will be transmitted to you.
- ✓ Address them in a friendly way.
- ✓ Attend to them on-time without any delay when possible.
- ✓ Listen to the patient's distress and address their questions with warmth and empathy that you feel appropriate.
- ✓ Some topics must be addressed immediately (the job aids will help you do this):
 - Transmissibility
 - Progress of symptoms and the treatment regime.
 - If treated early, symptoms can be managed.

When you explain the diagnosis to the person, keep the following in mind:

It is important having drawn conclusion on the suspected skin NTD based on the steps or procedure outlined in diagnosis that you communicate your diagnosis to the affected person in a manner that encourages them to go through with all that is required to manage their condition. The following will be helpful in doing this:

- ✓ Ensure the environment protects the confidentiality of the patient, i.e., let them have a measure of privacy such that they feel comfortable talking to you.
- ✓ Maintain eye contact with the patient at all time.
- ✓ Ask the patient what they understand about their condition. This is important to help you determine how to tell the patient the real situation.
- ✓ Whether the patient is correct or not in terms of their understanding of their real condition, do not antagonise or overtly express your disagreement with their understanding of the situation.
- ✓ Assure the patient that there are ways to manage different conditions using available medical options regardless of the skin condition.
- ✓ Tell the patient the exact skin condition suspected based on examination and steps conducted (in diagnoses). Do not use complex medical terms to explain this so as not to alarm the patient. For instance, you could say;
 - i. *Based on the patches on your skin and your inability to feel anything when I touched..., this could be leprosy.*
 - ii. *From the swelling observed on your leg and intermittent pain that you feel, this could be lymphedema / hydrocele (specifically mention hydrocele in the case of scrotal swelling in a male).*
 - iii. *The ulcer on your... (mention specific part of the body involved such as arms or legs), and the traumas you have experienced, this could be an indication of the presence of lymphedema, hydrocele, Buruli Ulcer, or leprosy.*
- ✓ In communicating this information ensure that you show utmost respect and empathy to the patient through your body language as well as your verbal communication.
- ✓ Allow the patient a brief moment to take in the information you just supplied them and encourage them to ask questions if they have any.
- ✓ Explain as calmly as possible that further confirmation and management will be required and as such you will be referring the patient to a secondary / tertiary facility (mention the facility) for further test and management if appropriate.

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.
- ✓ Avoid unnecessary and involuntary disclosure. Do not conduct home visits without the patient's prior informed consent.

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 health 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 annex 10.

7. INTEGRATED HEALTH FACILITY- TO-HOSPITAL REFERRAL FORM

FOR BURULI ULCER, LEPROSY, LYMPHEDEMA AND HYDROCELE

FORM 1: FOR COMPLETION BY THE PHC AND TO BE KEPT AT PHC

Name of referral facility:	<input type="text"/>	Patient reference number from facility register:	<input type="text"/>
Date (day/month/year):	<input type="text"/>	Name of affected person:	<input type="text"/>
Gender:	<input type="text"/>	Age (as of last birthday):	<input type="text"/>
Address (to the nearest landmark):		<input type="text"/>	
Phone number of patient:		<input type="text"/>	

Presenting complaints:

Findings on examination:

Investigation done, if any:

Provisional diagnosis (Buruli Ulcer, Hydrocele, Leprosy, Lymphedema):

Treatment given:

Reason for referral:

Name of facility being referred to:

Name of referring officer / health worker:

Designation:

Signature:

Phone number:

Date:

**FORM 2: FOR COMPLETION BY THE PHC AND GIVEN TO THE PATIENT
TO BE TAKEN TO THE REFERRAL FACILITY**

Name of referral facility:			
Affected person reference number from facility register:			
Date (day/month/year):		Name of affected person:	
Gender:		Age (as of last birthday):	
Address (to the nearest landmark):			
Phone number of patient:			

Presenting complaints:

--

Findings on examination:

--

Investigation done, if any:

--

Provisional diagnosis (Buruli Ulcer, Hydrocele, Leprosy, Lymphedema):

--

Treatment given:

--

Reason for referral:

--

Name of facility being referred to:

--

Name of referring officer / health worker:

--

Designation:

--

Signature:

--

Phone
number:

--

Date:

--

**FORM 3: TO BE FILLED BY THE REFERRAL FACILITY AND GIVEN TO THE PATIENT
FOR THEIR RETURN TO THE PHC**

Name of referral facility:

Affected person reference number from facility register:

Date (day/month/year):

Name of affected person:

Gender:

Age (as of last birthday):

Address (to the nearest landmark):

Phone number of patient:

Findings on examination:

Investigation done:

Provisional diagnosis (Buruli Ulcer, Hydrocele, Leprosy, Lymphedema):

Treatment given:

Follow up:

Name of clinician:

Designation:

Signature:

Phone number:

Date:

8. INTEGRATED PHC FACILITY REGISTER

FOR BURULI ULCER, HYDROCELE, LEPROSY AND LYMPHEDEMA

Facility Name:

INTEGRATED PHC FACILITY REGISTER

SERIAL NUMBER	AFFECTED PERSON'S REFERENCE NUMBER	DATE	TIME (12 HOURLY)	NAME	NEW	REVISIT	GENDER (MALE / FEMALE / OTHERS [SPECIFY])	AGE (YEARS)	SOURCE OF INFORMATION (RADIO, CHV / CDD, COMMUNITY LEADER, OTHERS [SPECIFY])	RELIGION	OCCUPATION	NAME OF COMMUNITY	PHONE NUMBER	EMAIL ADDRESS	LEPROSY Grades of disability at point of clinical confirmation (0, 1 and 2)	LYMPHEDEMA Forms / stages of the diseases Grade I Grade II Grade III Grade IV	HYDROCELE	BURULI ULCER Categories of lesions at point of clinical confirmation Category I Category II Category III
*Total per month																		

SUMMARY OF INDICATORS:

<input type="text"/>	Cases of lymphedema (elephantiasis) referred by community health volunteers	<input type="text"/>	Cases of hydrocele referred by community health volunteers
<input type="text"/>	Referred suspect cases who turned out to health facilities for case confirmation for lymphedema (elephantiasis)	<input type="text"/>	Referred suspect cases who turned out to health facilities for case confirmation for hydrocele
<input type="text"/>	Cases of leprosy referred by community health volunteers	<input type="text"/>	Cases of Buruli Ulcer (BU) referred by community health volunteers
<input type="text"/>	Referred suspect cases who turned out to health facilities for case confirmation for leprosy	<input type="text"/>	Referred suspect cases of BU who turned out to health facilities for case confirmation
		<input type="text"/>	Confirmed cases of NTDs

9. INTEGRATED PATIENT TREATMENT CARD

FOR BURULI ULCER, LEPROSY, LYMPHEDEMA AND HYDROCELE

Name of Patient:	<input type="text"/>	Register No:	<input type="text"/>
Age:	<input type="text"/>	Gender (M/F):	<input type="text"/>
Address (LGA / city / town / village):		Treatment for: (kindly mark appropriately)	
<input type="text"/>		<input type="checkbox"/> Buruli Ulcer	
<input type="text"/>		<input type="checkbox"/> Lymphedema	
<input type="text"/>		<input type="checkbox"/> Leprosy	
<input type="text"/>		<input type="checkbox"/> Hydrocele	
Phone No:	<input type="text"/>		
Date treatment commenced:	<input type="text"/>		
Health facility:	<input type="text"/>		

FOLLOW-UP APPOINTMENTS

DATE (DD/MM/YY)	COMMENTS / TREATMENT	DOSAGE	NAME OF HEALTH WORKER	NEXT APPOINTMENT (DD/MM/YY)

BASIC MANAGEMENT FOR BURULI ULCER, HYDROCELE, LEPROSY AND LYMPHEDEMA:

1. Early reporting of cases at health facilities will help to prevent disability.
2. Hygiene: Washing of body, clothes and hands often.
3. Nutrition: Eat foods that help the body heal faster.
4. Wound and skin care: Clean with water, oil to keep skin flexible, dress with clean clothes, avoid tight bandage and encourage movement.
5. Movement and exercises: Start exercise, try to make the affected parts move just like the other sides, play games and do other normal activities.
6. Position the limb to stretch the wound or scar especially when resting or sleeping, position to allow swelling to drain on daily basis (Buruli Ulcer).
7. Care of hands – avoid direct skin contact with hot objects, use cloths or gloves for protection, while working reduce pressure on hands to prevent injuries (Leprosy).
8. Elevate the leg to prevent swelling (Lymphedema).
9. Wear appropriate and comfortable footwear.



TAKE NOTE!

1. Buruli ulcer / leprosy / lymphedema / hydrocele is a disease caused by a germ.
2. It is **NOT** caused by witchcraft.
3. It is **NOT** due to a curse.
4. It is **NOT** a punishment.
5. You **CANNOT** get it through contact with an affected person.
6. It can be managed and treated.

ŞE AKÍYÈSÍ

1. Kòkòrò ló ní fà ààrùn ètè / egbò àdààjíná / ààrùn iwúsè / ààrùn ipá.
2. Àjé kò ló ní fà á.
3. Ègún kò ló ní fà á.
4. Kí í ní şe ijyà èşè.
5. A kí ní ko nípasè ifowókan ara pèlú èlòmíràn.
6. Ògún àti itójú wà fun.



Name of Patient:

Age: Gender (M/F):

Address (LGA / city / town / village):

Phone No:

Date treatment commenced:

Health facility:

Register No:

Treatment for: (kindly mark appropriately)

☐ Buruli Ulcer

☐ Lymphedema

☐ Leprosy

☐ Hydrocele

FOLLOW-UP APPOINTMENTS

DATE (DD/MM/YY)	COMMENTS / TREATMENT	DOSAGE	NAME OF HEALTH WORKER	NEXT APPOINTMENT (DD/MM/YY)

BASIC MANAGEMENT FOR BURULI ULCER, HYDROCELE, LEPROSY AND LYMPHEDEMA:

1. Early reporting of cases at health facilities will help to prevent disability.
2. Hygiene: Washing of body, clothes and hands often.
3. Nutrition: Eat foods that help the body heal faster.
4. Wound and skin care: Clean with water, oil to keep skin flexible, dress with clean clothes, avoid tight bandage and encourage movement.
5. Movement and exercises: Start exercise, try to make the affected parts move just like the other sides, play games and do other normal activities.
6. Position the limb to stretch the wound or scar especially when resting or sleeping, position to allow swelling to drain on daily basis (Buruli Ulcer).
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8. Elevate the leg to prevent swelling (Lymphedema).
9. Wear appropriate and comfortable footwear.



TAKE NOTE!

1. Buruli ulcer / leprosy / lymphedema / hydrocele is a disease caused by a germ.
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3. It is **NOT** due to a curse.
4. It is **NOT** a punishment.
5. You **CANNOT** get it through contact with an affected person.
6. It can be managed and treated.

KA SANI / KA LURA

1. Gyambo, Kuturta, Tundurmin Kafa da Gwaiwa Cututtukane da wasu Kananan halittu da ba'a iya gani suke kawosu.
2. Ba maita bane ko tsafi.
3. Ba tsinuwa bane.
4. Ba Horo bane akan wani Laifi.
5. Bazaka kamu da Cutar ba ta hanyar mu'amala da wanda ke dauke da Cutar.
6. Sannan kuma akan iya Kula dasu sannan kuma ana warkewa.



10. PSYCHOLOGICAL DISTRESS AND SEXUAL AND GENDER BASED VIOLENCE JOB AID

Some contents of this job aid were adapted from the International Federation of Anti-Leprosy Associations (ILEP) / Neglected Tropical Disease NGO Network (NNN) Guides on Stigma and Mental Wellbeing and the WHO training manual: Recognizing neglected tropical diseases through changes on the skin. The full guides are available via <https://www.infondt.org/toolkits/stigma-guides/stigmaguides>

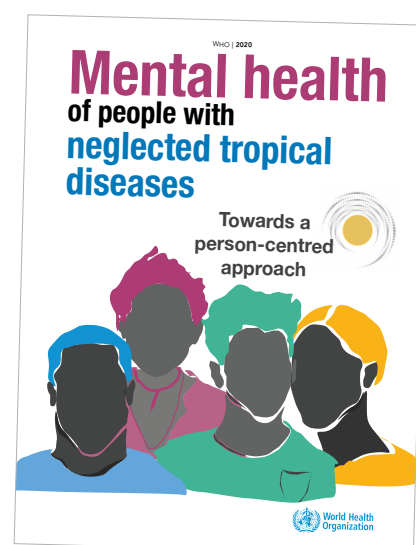
WHAT IS PSYCHOLOGICAL DISTRESS?

This is shaped by the worry, fear, sadness and insecurity often experienced by people with neglected tropical diseases (NTDs) as a result of the associated stigma. This 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 result from experience relating from NTD that affect relationships and ability to perform social roles.



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



WHY IS IT IMPORTANT?

People with NTDs are at risk of developing mental health conditions; and people with mental health conditions are at risk of NTDs. 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 NTDs 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 explore their thoughts and beliefs, address the feelings (emotions), behaviours that are associated with the diagnosis. This is provided within a safe relationship that could include other members of family.

Providing this support relies on key skills, particularly those related to empathic 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 both feeling and telling you at the same time. These skills are essential throughout your whole consultation. To provide the initial psychological support, good listening requires the 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 explore 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 personal space, focus on minimising interruptions, allowing the person to feel valued.**



THE EARS:

Pay close attention to the words people use. Listen to indications for feelings and emotions. Emotions may be expressed in words or physically through tears or anger, fidgeting and avoiding eye contact. Try to listen for 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 without assuming.



Sometimes you will identify issues that you cannot manage yourself, and in these cases, you need to refer patients to services better placed to support their needs. As well as referring patients with complex cases of skin NTDs you may also need to refer those who express significant 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.**
- **Is unable to function socially and occupationally.**

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 One that follows 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
- **Verbal** - e.g. threatening or shouting
- **Emotional** - e.g. blaming or belittling
- **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 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. Table One will help you with knowing where to refer.

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

TABLE ONE: LIST OF REFERRAL SOURCES

KADUNA	OGUN
Mental Health Professional	Community medicine and primary Care (CMPC), Federal Medical Centre, Idi-Aba, Abeokuta
Sexual and Gender Based Violence Services	Sexual and Gender Based Violence Service at Ministry of women affairs, Oke-Mosan, Abeokuta
Ministry of Women Affairs (Rehabilitation Unit)	Mental Health Department, Neuro-Psychiatric Hospital, Aro, Abeokuta
Social Work unit in the State Ministry of Health	
Family health Specialist	
Counselling 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.

11A. SUPERVISION CHECKLIST FOR TRAINING

INTEGRATED SUPERVISORY CHECKLIST FOR SKIN NEGLECTED TROPICAL DISEASE (NTDs)				
SUPERVISION CHECKLIST FOR TRAINING				
State:		Venue for Training:		
Time (indicate start and end time): Start:		End:		
Name / Designation of Supervisor(s):				
LGA:		Date of present visit: / /		
Facility:		Date of last visit: / /		
S/N	Supervision Questions	Yes	No	Comment / Action Point
	TRAINING	Indicate (Y)	Indicate (N)	
1	Are the resource persons all present during the training?			
2	Was the knowledge assessment test taken before the training?			
3	Was the knowledge assessment test taken after the training?			
4	Was there an improvement based on the average grade of the assessment test taken after the training compared with the one before the training?			
5	Are there enough copies of the training manuals for all participants?			
6	Was anyone absent for the training?			
7	Are there enough copies of the job aids for all the participants?			
8	Was the training participatory? (For example, were all activities completed as planned)			
9	Were questions asked and answered during the meeting?			
10	Were the training materials and language easy to understand?			
11	Was the venue comfortable for those in attendance?			
12	Was this training conducted at the right time as scheduled previously?			
13	When was the last time this training was conducted?			
SUMMARY				
Action points		By whom		Timeline
Name of Supervisor(s):		Name of one of the resource persons:		
Signature:		Signature:		
Date:		Date:		

11B. SUPERVISION TIMELINE

[illegible]

11C. SUPERVISION CHECKLIST FOR REFERRAL AT COMMUNITY LEVEL

INTEGRATED SUPERVISORY CHECKLIST FOR SKIN NEGLECTED TROPICAL DISEASES AT THE COMMUNITY LEVEL (REFERRAL)				
State:		LGA:		
FLHF:		Community:		
Name / Designation of Supervisor(s):				
Name / Designation of Supervisee:				
Date of present visit: / /		Date of last visit: / /		
S/N	Supervision Questions	Yes	No	Comment / Action Point
	RECORDS	Indicate (Y)	Indicate (N)	
1	Is there an integrated skin NTDs community register? Is it stored in a confidential location?			
2	Are entries in the integrated skin NTDs community register correct?			
3	Is CDD's/CHV's supervision regular? (Bi-Monthly)			
4	Have you identified any skin NTDs so far? (If yes, confirm from the register)			
5	When was the last time you were trained?			
6	Do you have a job aid?			
	INTERVENTION SUPPLIES			
7	Is there a community referral slip available?			
8	Have you referred any skin NTDs so far? (If yes, where and specify)			
9	Does the CDD/CHV know how to fill the community skin NTDs referral slip correctly? (If yes, supervisor to check record)			
10	Where do you collect your community register and referral slip(s)?			
11	Do you have any challenge(s)? (If yes, specify)			
12	Do you have any suggestions for improvement?			
SUMMARY				
Action points		Responsible Person		When
Name and signature of supervisor(s):				
Name of CDD / CHV:		Signature and date:		
Name of HF Designated staff:		Signature and date:		
Ward Focal Person:		Signature and date:		

11D: SUPERVISION TIMELINE

[illegible]

11E. SUPERVISION CHECKLIST FOR REFERRAL AT PRIMARY HEALTH FACILITY LEVEL

INTEGRATED SUPERVISORY CHECKLIST FOR SKIN NEGLECTED TROPICAL DISEASES AT THE PRIMARY HEALTHCARE FACILITY LEVEL (REFERRAL)				
State:		LGA:		
FLHF:		Community:		
Name / Designation of Supervisor(s):				
Date of present visit: / /		Date of last visit: / /		
S/N	Supervision Questions	Yes	No	Comment / Action Point
	RECORDS	Indicate (Y)	Indicate (N)	
1	Is there any integrated skin NTDs' community register available in the facility?			
2	Are entries in the skin NTD community's register legibly, correctly and completely filled?			
3	Are entries in the skin NTD community's register correct?			
4	If there are community checklist available in the health facility? Answer yes if sighted			
5	When was the last time you were trained?			
6	Do you have enough job aids?			
	INTERVENTION SUPPLIES			
7	Have you received any skin NTDs referral case from the community? (If yes, specify) (If yes, how many, and which skin NTDs?)			
8	If No to question 5, Why not? Have any follow-up attempts been made?			
9	Have you recorded any new skin NTDs that is not referred from the community?			
10	Have you managed any skin NTD in this facility? (If yes, how many?)			
11	Have you referred any skin NTDs for further management? (If yes, where and when?)			
12	Have you received any feedback from the referred facility?			
13	Do you have any challenge(s)? (If yes, specify)			
14	Do you have any suggestions for improvement?			
	LIST OF INDICATORS	NO. OF CASES		
15	Cases of Lymphedema (Elephantiasis) referred by the community health volunteers			
16	Referred suspect cases who turned out to health facilities for case confirmation for lymphedema (Elephantiasis)			
17	Cases of Leprosy referred by the community health volunteers			
18	Referred suspect cases who turned out to health facilities for case confirmation of Leprosy			
19	Cases of Hydroceles referred by the community health volunteers			
20	Referred cases of Hydrocele who turned out to the health facility for confirmation			
21	Cases of Buruli Ulcer (BU) referred by the community health volunteers			
22	Referred cases of BU who turned out to the health facility for confirmation			
23	Confirmed cases for NTD morbidity			
SUMMARY				
Action points		Responsible Person		When
Name and signature of supervisor(s):		Name of CDD / CHV:		
		Signature and date:		
		Name of HF Designated staff:		
Date:		Signature and date:		

11F. SUPERVISION TIMELINE

[illegible]

12. TRAINING MANUAL

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PURPOSE

This training guide outlines how to facilitate training sessions for the Integrated case detection, referral and management manual for BU, Hydrocele, leprosy and lymphedema. It details guidelines on how to facilitate an introduction to the use of the intervention manual, on case definition, signs and symptoms of NTDs as well on their referral and management. The training guide also includes guidelines on referral, supervision, counselling and addressing stigma. Finally, it includes assessments pre- and post-training for the different levels of cadres to be trained.

SECTION A: PRE- AND POST-TRAINING KNOWLEDGE ASSESSMENT FOR PRIMARY HEALTHCARE CENTRES

This section seeks to assess understanding of health workers, health system stakeholders and community health workers on BU, Hydrocele, leprosy and lymphedema and how to detect, refer, diagnose and manage person with symptoms of NTDs before and after training. It is to help the trainer and trainees understand sections of the training tools that need further emphasis and or follow-up training. The same questions will be used for both the pre-and post-training assessments.

MATERIALS NEEDED:

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

- Flip chart and paper
- The question sheet
- Pens for participants
- Marker



THE PRE-TRAINING KNOWLEDGE ASSESSMENT:

- ✓ Distribute the question sheets to the participants on arrival at the training. Guide them through the instructions.
- ✓ Inform the participants that they will be taking a short quiz and will be given 45 minutes to complete it.
- ✓ Explain to them that the purpose of the quiz is not to test their intelligence but to help the trainers gain an insight into their understanding of skin NTDs.
- ✓ Inform them that a similar exercise will be conducted at the end of the training to assess the impact of the training and not to assess them.
- ✓ Explain to participants that there is no right or wrong answer.
- ✓ Ask the participants to answer the quiz and return the sheets to you.
- ✓ At the end of the session, collect all question-and-answer sheets, and mark them.

THE POST-TRAINING KNOWLEDGE ASSESSMENT:

- ✓ Distribute the post-training question sheets to the participants at the end of the training. Guide them through the instructions.
- ✓ Inform the participants that they will be given 45 minutes to complete it.
- ✓ At the end of the session, collect question sheets and mark them.
- ✓ Hand out both pre- and post-training sheets to participants.
- ✓ Discuss all questions with participants, give particular attention to questions participants did not have a correct answer in the post-training assessment.
- ✓ Encourage participants to use job aids to keep up to date on what they have been trained on.

PRE- AND POST-TRAINING KNOWLEDGE ASSESSMENT FOR STATE AND LGA IMPLEMENTERS AND PRIMARY HEALTHCARE WORKERS

QUESTION SHEET

INSTRUCTIONS: Fill in the details below. Please tick all answers that apply to the questions below.

Name of Participant:

Role of the participant:

Date:

SECTION 1: MULTIPLE CHOICE. Tick the right answer.

1. What is Buruli ulcer caused by?

- ☐ (a) Dirty air
- ☐ (b) Bacteria
- ☐ (c) Being bitten by a Mosquito
- ☐ (d) Drinking unclean water in the community

2. What is hydrocele?

- ☐ (a) Swelling of the testicles caused by hard work
- ☐ (b) Swelling of the scrotal sack as a result of infection with Lymphatic Filariasis
- ☐ (c) Swelling of the testicles because of sex outside marriage
- ☐ (d) All of the above

3. Leprosy is transmitted directly through:

- ☐ (a) Droplets from the nose and mouth
- ☐ (b) Close and frequent contact with untreated cases
- ☐ (c) Mother to child during childbearing
- ☐ (d) All of the above
- ☐ (e) a) and b) only

4. Lymphatic filariasis is transmitted from an infected person to an uninfected person through:

- ☐ (a) Black flies
- ☐ (b) Tsetse fly
- ☐ (c) Mosquito
- ☐ (d) Bacteria

5. Lymphedema can affect:

- ☐ (a) The arms
- ☐ (b) The legs
- ☐ (c) The breasts
- ☐ (d) The brain
- ☐ (e) a), b) and c) only
- ☐ (f) All of the above

6. What are some signs and symptoms of Leprosy?

- ☐ (a) Diarrhoea
- ☐ (b) Loss of feeling
- ☐ (c) Severe headache
- ☐ (d) Itching of the skin
- ☐ (e) Thick stiff or dry skin
- ☐ (f) Painless ulcers on feet

7. What is one common sign or symptom of Buruli ulcer?

- ☐ (a) Fever
- ☐ (b) Swelling or hardness of the skin
- ☐ (c) Vomiting
- ☐ (d) Chills

8. What treatment is available for Leprosy?

- ☐ (a) Multi-drug therapy
- ☐ (b) Wound care
- ☐ (c) Exercise of the legs
- ☐ (d) All of the above

9. When family and community members avoid patients because of their condition, it is called:

- ☐ (a) External Stigma
- ☐ (b) Psychosocial Support
- ☐ (c) Complication
- ☐ (d) None of the above

10. When a patient hides in their house because they are afraid of what people may say, it is called:

- ☐ (a) Misinformation
- ☐ (b) Gossiping
- ☐ (c) Internalised Stigma
- ☐ (d) External Stigma

11. At what stage of lymphedema should you refer the patient?

- ☐ (a) Grade 1
- ☐ (b) Grade 2
- ☐ (c) Grade 3 and above
- ☐ (d) All of the above

12. Tick which conditions should always be referred at any stage of the disease?

- ☐ (a) Leprosy
- ☐ (b) Hydrocele
- ☐ (c) Lymphedema
- ☐ (d) Buruli ulcer
- ☐ (e) All of the above

SECTION 2: MATCH THE PICTURE TO THE DISEASE NAME. Circle the right answer.

a) Leprosy b) Lymphedema c) Buruli ulcer d) Hydrocele



a b c d



a b c d



a b c d



a b c d



a b c d



a b c d



a b c d



a b c d

SECTION 2: TRUE OR FALSE

Direction: Tick **"True"** if the statement is true, and **"False"** if it is false.

1a. Hydrocele can be cured.

☐

True

☐

False

b. If you think true, please explain how?

2. If a patient with Lymphedema washes the affected area with soap and water, it can reduce symptoms.

☐

True

☐

False

3. Buruli ulcer starts as an ulcer.

☐

True

☐

False

SECTION 3: CASE STUDY EXAMPLES

A. John, a farmer, approaches you with some light patches and hardened skin on his face. He is feeling worried and asks for your advice.

What 3 things would you do?

1.

2.

3.

B. Mary arrives at the health facility and says her right leg is swollen and painful. She is reluctant to show you her leg.

What 3 things would you do to get Mary a diagnosis?

1.

2.

3.

C. Jude, a 15-year-old student, arrives with a sore on his arm. He mentions that his friends avoid him, and he was scared to come to the facility and has left it very late to tell you about this problem.

What 2 things would you do to care for Jude?

1.

2.

What 1 thing would you avoid doing?

1.

TRAINING GUIDE 1: INTRODUCTION TO THE INTEGRATED CASE DETECTION, REFERRAL AND MANAGEMENT MANUAL FOR BU, HYDROCELE, LEPROSY AND LYMPHEDEMA (30 MINUTES)

MATERIALS NEEDED:

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

- This resource pack
- PowerPoint presentation A
- Resources to facilitate programme activities such as flip books, felt pens, sticky notes, or papers



LEARNING OBJECTIVES:

- ✓ To give an overview of case detection and management and the purpose of the intervention
- ✓ To understand the intervention
- ✓ To understand how to use this manual

THE SESSION:

- **Introduce the session learning objectives** using PowerPoint slide 2 at the end of this guide.
- You should begin your session with an activity. This is to stimulate participants to get them thinking about NTDs.



ACTIVITY ONE: WHAT DO YOU UNDERSTAND BY SKIN NTDs? (~10 MINUTES)

WHAT WILL YOU NEED:

- Post-it notes or small pieces of paper for participants to write on
- Writing materials (pens)

STEPS:

- Guide the participants through the following steps:
 1. Ask participants to write on the pieces of paper or post-it notes what they understand by skin NTDs (ask them to name any that come to mind).
 2. Encourage participants who cannot write to say what they understand by NTDs.
- Once you have completed this activity, talk the participants through slides 4-5 in the PowerPoint to bring everyone together in understanding the context and purpose of the intervention on the integrated case detection and management of skin NTDs.
- Explain the intervention using slides 6 and 7.
- Explain the content of the intervention manual and open the floor for any questions and discussion (Slide 8).

TRAINING GUIDE 2: CASE DEFINITION, SIGNS AND SYMPTOMS AND MANAGEMENT OF NEGLECTED TROPICAL DISEASES AFFECTING THE SKIN: PRIMARY HEALTH CARE (4 HOURS, 30 MINUTES)

The content of this training has been adapted from the WHO Manuals on Recognising neglected tropical diseases through changes on the skin: a training guide for frontline health workers, Buruli Ulcer: Pocket Book, LF Morbidity Management and Disability Prevention (MMDP) and the ILEP (International Federation of Anti-Leprosy Associations) Guide on How to Diagnose and Treat Leprosy.

The full guides are available here:

https://www.who.int/neglected_diseases/resources/9789241513531/en/

https://ilepfederation.org/wp-content/uploads/2020/02/LG1_V2-.pdf

<https://www.who.int/buruli/resources/CDcommunity-EN.pdf>

https://www.who.int/neglected_diseases/training/Session_2.3.pdf

PURPOSE:

The following document outlines how to facilitate a training session in relation to case definition, signs and symptoms and management of NTDs affecting the skin. The session should last 4 hours 30 minutes.

MATERIALS NEEDED:

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

- The PowerPoint presentation / flip book called: B. Case Detection, Signs and Symptoms and Management of NTDs Affecting the skin
- 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
- Integrated flow chart (Annex 4)
- Job Aids for Primary Healthcare Facility staff for Managing Skin Neglected Tropical Diseases (NTDs) (Annex 5)



LEARNING OBJECTIVES:

To be able to:

- ✓ State in simple terms the case definition for Buruli Ulcer (BU), Hydrocele, Leprosy and Lymphedema.
- ✓ Understand the causes and transmission of BU, Leprosy, Lymphedema and Hydrocele.
- ✓ Identify the clinical symptoms associated with specific skin NTDs, and to use them for clinical diagnoses.
- ✓ Use the job aids and integrated flow chart for the clinical diagnosis of BU, Leprosy, Lymphedema and Hydrocele.
- ✓ Understand and be able to perform basic management of BU, leprosy, lymphedema and hydrocele when required.
- ✓ Recognise when cases need referral to secondary or tertiary level for clinical diagnosis.

THE SESSION:

- **Introduce the session learning objectives** using the PowerPoint / flip book slide 2.
- You should begin your session with an activity. It is important to get participants focused on the direction of your presentation. Allow for variety of answers without overriding participants' point of views. Explain to the participants that the job aids and integrated flow chart will be used for the session.


**ACTIVITY ONE: HOW WILL YOU DEFINE OR DESCRIBE I) BU II) HYDROCELE
III) LEPROSY IV) LYMPHEDEMA? (~30 MINUTES)**
WHAT WILL YOU NEED:

- Flip chart
- Black / white board
- Writing materials; pens and marker

STEPS:

Guide the participants through the following steps:

1. Write BU, Hydrocele, Leprosy and Lymphedema side by side on the flip chart or black / white board.
2. Ask participants to tell you the local name for each of the skin NTDs that you have written on the flip chart.
3. Write the local names for BU, Hydrocele, Leprosy and Lymphedema mentioned by the participants under the respective skin NTDs written on the flip chart.
4. Have participants give definitions for 'BU, Hydrocele, Leprosy and Lymphedema' one after the other that they are familiar with.
5. Once you have completed this activity, talk the participants through slides 4-10 and encourage participants to refer to the job aids on case definition to bring everyone together in understanding 'case definitions for BU, Hydrocele, Leprosy and Lymphedema'.
6. Introduce the Integrated Flow Chart on slide 11 and ask participants to refer to Annex 4. Explain to participants that we will now go through the signs and symptoms of each condition.
7. Present slides 12-31 (**include a break at slide 22**).

OPTIONAL ACTIVITY - PATIENT EXPERTS:

Invite patients who have been previously diagnosed with leprosy, BU, hydrocele or lymphedema to assist in Activity Two. Patient experts can be engaged through the State and LGA teams. Prior to the training, explain to patient experts their role in the training and support them to do this. Patient experts will be asked to share their experiences.

Steps:

1. Invite patient experts to talk through their story of being diagnosed with BU / leprosy / lymphedema / hydrocele, what symptoms they experienced, the questions they were asked during history taking and their experiences during disease management and treatment.
2. After each patient expert's presentation, ask the participants to refer to Annex 4 and to read out the symptoms of leprosy / BU / lymphedema / hydrocele in the patient expert's story.
3. Illustrate how the integrated flow chart is used by relating the symptoms and history narrated by the patient Expert to the diagnostic steps in the flow chart.
4. Continue to present slides on signs and symptoms, disease grading and treatment / management guidelines from slides 12-30.
5. Allow participants to ask any questions.





ACTIVITY TWO: ROLE PLAY (1 HOUR)

WHAT WILL YOU NEED:

- 2 surgical gloves
- Sand / water
- Small torch light with batteries

STEPS:

1. Ask a participant to volunteer as a patient presenting with clinical symptoms of leprosy.
2. You should act as the frontline healthcare worker and demonstrate how to carry out the skin sensitivity / feather test using slide 32.
3. Ask the participants to stand in pairs and carry out the skin sensitivity / feather test on one another.
4. Continue presenting Slides 33-34, explaining how to classify multibacillary and paucibacillary leprosy.
5. At slide 34, ask participants how they would classify patients in the pictures? Encourage the participants to use the job aids.
6. Present the slide 35 and explain how to carry out the transillumination test.
7. Ask for two male volunteers (participants) to act out the role play for hydrocele diagnosis. Both of them will play the role of frontline healthcare workers.
8. Get two surgical gloves to demonstrate transillumination; one glove filled with water and the other filled with sand.
9. Ask the two health workers to demonstrate (by discussing with each other) how they will carry out the transillumination test on the cases presented before them and to identify which will be diagnosed as hydrocele by pointing a small torch at the filled gloves.
10. The one with water will glow (transilluminate) while the one with sand will not. If it glows, you can say that this is either a hydrocele or a hernia and not a tumour.
11. After the exercise, ask the participants who did the roleplay: *'Looking at the skills we are practising, what went well, and what can be done better?'*
12. Ask the participants: *'Do you find it convenient using the job aid?'*
13. Ask the other participants to feedback on the same questions. Make sure they reflect the skills you are practising and not acting skills or anything else. Use the section on disease diagnosis in the job aid to support with session feedback.
14. You can repeat this activity as many times as you think necessary.



ACTIVITY THREE: BASIC DIAGNOSIS AND MANAGEMENT OF SKIN NTDs (1 HOUR 30 MINUTES)

WHAT WILL YOU NEED:

- Slides 40-43
- Diagnostic Flow chart (Annex 4)
- Job Aids (Annex 5)

CASE STUDY ONE:

Abdulmalik is a 19-year-old teenager who visits your health facility to make some complaints about certain appearances on his skin. Upon closer examination you discovered painless nodules at onset, raised lump on the skin, a large ulcer with a yellowish appearance around the arms.

- **How will you proceed to diagnose?**
- **What measures will you take to treat and / or manage the patient?**

(Answer: BU)



CASE STUDY TWO:

Baoku, a trader in yams, was directed by a Community Directed Distributor (CDD) to your facility for further examination having suspected the onset of leprosy on Baoku's skin. Upon examination, you notice some light patches and hardened skin on his face.

- **How will you proceed to diagnose Baoku?**
- **What measures will you take to treat and / or manage the patient?**

(Answer: Leprosy)

CASE STUDY THREE:

Abigail is a 44-year-old woman who visits your health facility complaining of swelling of her left leg. She mentions this can sometimes be very painful, accompanied by a fever and stiffness of joints. She is finding it hard to continue working in her shop.

- **How will you proceed to diagnose?**
- **What measures will you take to treat and / or manage the patient?**

(Answer: Lymphedema)

CASE STUDY FOUR:

Jude, a farmer, was directed by a Community Directed Distributor (CDD) to your facility for further examination having suspected the onset of hydrocele. Jude complains of a swelling around his groin.

- **How will you proceed to diagnose Jude?**
- **What measures will you take to treat and / or manage the patient?**

(Answer: Hydrocele)

STEPS:

1. Ask a participant to volunteer reading out the case study one.
2. Encourage participants to use the integrated flow chart and job aids to aid in the diagnosis of the case study.
3. Ask between 2-4 participants to volunteer to describe their diagnosis and the steps they took to reach this.
4. Ask between 2-4 participants to volunteer to describe how they will manage Abdulmalik.
5. Ask participants to volunteer reading out the case study two.
6. Encourage participants to use the integrated flow chart and job aids in the diagnosis of the case study.
7. Ask between 2-4 participants to volunteer to describe their diagnosis and the steps they took to reach this.
8. Ask between 2-4 participants to volunteer to describe how they will manage Baoku.
9. Ask participants to volunteer reading out the case study three.
10. Encourage participants to use the integrated flow chart and job aids to aid in the diagnosis of the case study.
11. Ask between 2-4 participants to volunteer to describe their diagnosis and the steps they took to reach this.
12. Ask between 2-4 participants to volunteer to describe how they will manage Abigail.
13. Ask participants to volunteer reading out the case study four.
14. Encourage participants to use the integrated flow chart and job aids to aid in the diagnosis of the case study.
15. Ask between 2-4 participants to volunteer to describe their diagnosis and the steps they took to reach this.
16. Ask between 2-4 participants to volunteer to describe how they will manage Jude.

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?

TRAINING GUIDE 3: OVERVIEW OF DIAGNOSIS AND MANAGEMENT SKIN NTDs AT PHC LEVEL: HISTORY TAKING AND MAKING A DIAGNOSIS (2 HOURS)

PURPOSE:

This session attempts to refresh and provide an overview of the diagnosis and treatment of skin NTDs based on what they have been trained on. It also provides a practice of history taking and diagnostic communication.

MATERIALS NEEDED:

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

- PowerPoint C or flip book that contains revision questions
- Post-it notes or sheets of paper and pen
- Flip chart and paper
- Job Aid: Diagnosis and Management of Skin NTDs at PHC Level and History Taking (Annex 6)
- Integrated Diagnostic Flow chart (Annex 4)



SESSION OBJECTIVES:

- ✓ To refresh the level of understanding of trainees on what they have learnt on clinical diagnosis and treatment of skin NTDs.
- ✓ To practice history taking and diagnostic communication.

THE SESSION:

You should begin the session by letting the participants settle down and then let them know that the presentation is all about a recap of what they have learnt on diagnosis and treatment of skin NTDs in the previous day. Explain to them that it contains simple questions and this is not to test their intelligence but to help trainers gain an insight into their understanding of diagnosis and treatment of skin NTDs and to be able to measure where they are at the end of the training.



ACTIVITY ONE: CAUSES OF SKIN NTDs? (~15 MINUTES)

WHAT WILL YOU NEED:

- Flip charts
- Post-it notes and flip book
- PowerPoint page 3

STEPS:

1. Distribute coloured post-it notes to participants.
2. Write the title "causes of skin NTDs" boldly on the flip chart.
3. Ask the participants to write what they think causes each skin NTD and post-it on the flip chart.
4. Read out all anonymous responses from participants.

At the completion of this activity, talk the participants through slides 4 so they can have a good understanding of the causes on skin NTDs.



ACTIVITY TWO: WHAT ARE THE SUMMARISED SIGNS AND SYMPTOMS OF LEPROSY, BURULI ULCER, HYDROCELE AND LYMPHEDEMA? (15 MINUTES)

WHAT WILL YOU NEED:

- Post-it notes
- Pens

STEPS:

1. Ask participants to write down their answers of the summarised signs and symptoms of the four skin NTDs.
2. Ask participants to read out answers on the post-it notes.
3. Give room for general comments about the answers provided.

Once you have completed this activity, talk the participants through slides 6 in the PowerPoint to bring everyone together in understanding the summary of case signs and symptoms of the four skin NTDs.

WHAT ARE THE NEXT STEPS FOR FURTHER INVESTIGATION? (10 MINUTES)

STEPS:

1. Ask participants to write down their answers of the summarised basic management of the four skin NTDs.
2. Ask participants to read out answers on the post-it notes.
3. Give room for general comments about the answers provided.

Once you have completed this activity ask the participants to answer the questions on slides 7 and 8 in the PowerPoint to bring everyone together in understanding the summary of the basic management of the four skin NTDs.



ACTIVITY THREE: INTRODUCTION TO THE USE OF DIAGNOSTIC FLOW CHART AND JOB AID ON HISTORY TAKING AND DIAGNOSIS

STEPS:

1. Distribute copies of the integrated diagnostic flow chart and job aid on history taking to the participants
2. Project the flow chart on the screen and explain to them how to use it for diagnosis.
3. Randomly select participants to read aloud how Buruli ulcer, hydrocele, leprosy and lymphedema can be diagnosed by tracing it out on the flow chart.

To make sure everyone participates, ask participants to volunteer taking turns in diagnosing a skin NTD.

At the end of the session, explain how the job aid on patient interaction, diagnostic communication and history taking (Annex 6) is used for diagnosis.



ACTIVITY FOUR: HISTORY TAKING AND DIAGNOSTIC ROLE PLAY (~30 MINUTES)

WHAT WILL YOU NEED:

- Flip chart
- Paper
- Case study sheet – available at the end of the guide
- Printed copy of the Integrated flow chart for diagnosis of skin NTDs
- Job aid on patient interaction, diagnostic communication and history taking (Annex 6)

CASE STUDY ONE: PATIENT PRESENTING WITH SWOLLEN LIMB

Mr Chinedu is a 38-year-old man. He was detected in the community with a case and has been referred to the health facility with a unilateral swollen limb.



STEPS:

1. Ask the participants to mention the questions they will ask Mr Chinedu when he presents himself at the primary health care facility. (Use the job aid on history taking).
2. How will they diagnose him? Use the integrated diagnostic flow chart and job aids.
3. Which skin NTD is suspected?



CASE STUDY TWO: PATIENT PRESENTING WITH ULCER (BU)

John is 14 years old. He has been referred to the health facility with an ulcer on one of his arms. Can you demonstrate the process for the diagnosis of John's case of suspected NTD affecting the skin?



STEPS:

1. Read out the short description of the case study from slide 14 and give participants some time to look at it and think.
2. Do a role play:
 - a. Ask one participant to volunteer to act the role of John presenting at the health facility with the ulcer. Give them the case study sheet, with the following instruction: *'You are John. The information in this sheet describes your circumstance and is unknown to the health worker. Use it to respond to the health worker's during the diagnosis.'*
 - b. Ask another participant to volunteer as the health worker at the PHC. Give them the following instructions: *'You are a health worker. John has just been referred to your health facility for the diagnosis of suspected skin NTD. Show how the process will continue, using your job aids (history taking and / or flow chart).'*
 - 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).
3. After the exercise, ask the participants who did the roleplay: *'Looking at the skills we are practising, what went well, and what can be done better?'*
4. Ask the participants, who did the health worker role-play: *'Do you find it convenient using the job aids and / or flow chart?'*
5. Ask the other participants to feedback on the same questions. Make sure they reflect the skills you are practising and not acting skills or anything else. Use the section 'how is it diagnosed?' in the job aid to support with session feedback.
6. You can repeat this activity as many times as you think necessary.



CASE STUDY SHEET: JOHN

1. Where is the location of the skin problem / lesion(s)?

Answer: Hand

2. When did you first notice this?

Answer: three weeks ago

3. How did the condition change over time?

Answer: Started as a boil before turning to a wound

4. Does it itch or is it painful or warm?

Answer: Painless

5. Where were you living when this first occurred?

Answer: I live in a popular fishing village.

6. Do you swim or wash in a lake or river?

Answer: yes, I do often

7. Has this been treated with any medicines or home remedies? (Use or misuse can alter the appearances of skin lesions.)

Answer: None

8. Does anyone else in the family or among your friends have a similar problem?

Answer: Yes

9. Is there reduced sensation in the limbs or in the vicinity of the lesion?

Answer: No



TRAINING GUIDE 4: GUIDELINES FOR REFERRALS AT PHC LEVEL

PURPOSE:

The following document outlines how to facilitate a training on the referral of affected persons at the Primary Health Care (PHC) level. The session should last for 1 hour.

MATERIALS NEEDED:

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

- The training guide
- Annex 2, 4, 7 and 8
- PowerPoint D



LEARNING OBJECTIVES:

- ✓ To understand at what stage of the diseases to refer affected persons.
- ✓ To understand where to refer affected persons.
- ✓ To understand how to refer affected persons using the referral forms and community register.

THE SESSION:

- **Introduce the session learning objectives** using PowerPoint / flip book at the end of this guide.
- You can begin your session by asking the participants how they refer affected persons then proceed to explain that the session will train them on when, where and how to refer affected persons.



ACTIVITY ONE: WHEN TO REFER? (~20 MINUTES)

WHAT WILL YOU NEED:

- Job aids

STEPS:

Guide the participants through the following steps:

1. Ask participants to form groups where they will discuss when to refer an affected person, using job aids.
2. After discussions which should last for about 10 minutes, guide participants to open the page on signs and symptoms of skin neglected tropical diseases (NTDs) and explain to them that they should refer any affected person showing the symptoms that cannot be managed at the PHC facility such as hydrocele, leprosy, Buruli ulcer and lymphedema at stage 3 and above to a secondary or tertiary health care facility (Slide 4 and 5).



ACTIVITY TWO: WHERE AND HOW TO REFER? (~20 MINUTES)

WHAT WILL YOU NEED:

- PowerPoint / Flip book
- Two-way referral forms
- PHC registers
- Referral pathway
- Patient Treatment Card

STEPS:

Guide the participants through the following steps:

1. Distribute copies of the two-way referral forms and registers to the participants.
2. Project the two-way referral form on the screen first or open it on the flip book.
3. Guide the participants on how to fill in the form by demonstrating filling the one projected on the screen or the one in the flip book. **(Note: guide participants to use the case study of John above to practice filling of the two-way referral form projected on the screen).**
4. Go round and check if they are filling it correctly.
5. Project the PHC register on the screen and fill it in or the one in the flip book.
6. Encourage the participants to do the same and check if they are filling it in correctly.
7. Paste the referral pathway on a wall or project it on a screen and explain each step of referral to the participants (Use slide 9 to do this).
8. Ask participants to fill in the Patient Treatment Card.

Try and make the session as participatory as possible and ensure the participants are properly guided on how to fill in the two-way referral forms and PHC registers.

TRAINING GUIDE 5: BASIC MANAGEMENT AND WOUND CARE

This training content has been adapted from the WHO Guide on Buruli Ulcer (Prevention of Disability).

Available at: https://apps.who.int/iris/bitstream/handle/10665/43380/9241546816_eng.pdf?sequence=1&isAllowed=y

and the WHO Training Guide for LF Morbidity Management and Disability Prevention (MMDP) Available at: https://www.who.int/neglected_diseases/training/Session_2.3.pdf

PURPOSE:

The following document outlines how to facilitate a training session on basic management of skin Neglected Tropical Diseases at the Primary Health Care and Community level. The session should last about 1 hour 30 minutes.

MATERIALS NEEDED:

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

- Job aids for primary health care level
- PowerPoint E – provided along with this guide
- Projector
- Laptop
- Electricity source
- Flip chart
- Marker
- Pens and post-it notes



LEARNING OBJECTIVES:

At the end of the training session, participants should be able to:

- ✓ **Administer appropriate basic treatment and care for cases of skin NTDS, including wound washing and ulcer care.**
- ✓ **Advise patients on basic routine self-administered management / care practices.**

THE SESSION:

- **Introduce the session learning objectives** using PowerPoint slide 2 at the end of this guide.
- You should begin your session with an activity that will warm the participants up by asking them to look at the treatment section of the job aids and think about the local access to some of the materials mentioned and illustrated for case management.
- Ask them to note down their thoughts.



ACTIVITY ONE: WOUND OR ULCER CARE FOR SKIN NTDs (~1 HOUR)

This has been adapted from the WHO Guide on Buruli Ulcer (Prevention of Disability). Available at:

https://apps.who.int/iris/bitstream/handle/10665/43380/9241546816_eng.pdf?sequence=1&isAllowed=y

and the WHO Training Guide for LF Morbidity Management and Disability Prevention (MMDP) Available at:

https://www.who.int/neglected_diseases/training/Session_2.3.pdf

WHAT WILL YOU NEED:

- Soap
- Water
- Moisturiser (e.g. Vaseline)
- Towel
- Gauze
- Plaster
- Bucket

STEPS:

Guide the participants through the following steps:

1. Ask the participants to look at the Job aids, identify and write the skin NTDs that may require wound care on the sticky note.
2. Each participant should paste what they have written on the flip chart.
3. Read through what each participant has written and ensure the correct skin NTDs are written by all the participants. Where a participant writes the list of the skin NTDs incorrectly, discuss the correction generally with all the participants.
4. Tell the participants that leprosy, Buruli ulcer and lymphedema can exhibit the clinical symptom of skin ulcer and need wound or ulcer care. Emphasise that all lymphedema cases require practising good hygiene.
5. Identify the part of the job aids where wound care for Buruli ulcer and leprosy is covered and talk the participants through the slides 4-5
6. Do a demonstration:
 - a. Ask a participant to volunteer as a patient presenting with skin ulcer from Buruli ulcer or leprosy.
 - b. You should act as the frontline healthcare worker and demonstrate how to carry out the appropriate wound care.
7. After the demonstration, do a role-play:
 - a. Ask one participant to volunteer to act as a patient presenting at the health facility with the Buruli or leprosy ulcer.
 - b. Ask another participant to volunteer as the health worker at the PHC. Give them the following instructions: *'You are a health worker. This patient has just been referred to your health facility and has been diagnosed with Buruli or leprosy ulcer. Show how you will provide wound care.'*
 - 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).
8. Talk participants through the PowerPoint presentation slide 5, explaining the wound care for BU, Leprosy and lymphedema.
9. Explain the importance of good nutrition to the participants using slide 7.

**ACTIVITY TWO: DEMONSTRATION OF EXERCISE****WHAT WILL YOU NEED:**

- Bandages

STEPS:

1. Ask a participant to volunteer as a lymphedema patient.
2. Instruct him / her to bandage from the end of the limb up. Use slide 9 to explain how it will look after bandaging.
3. Ask all the participants to practice the exercises to reduce swelling on the arms and legs using slides 10-11. Make it participatory by ensuring that every participant demonstrates what is projected on the screen.

At the end of the exercises, explain the basic management of BU, hydrocele, leprosy and lymphedema using slides 12-15.

TRAINING GUIDE 6: STIGMA, MENTAL WELLBEING AND NTDs: TRAINING GUIDE

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. The full guides are available here: <https://www.infontd.org/toolkits/stigma-guides/stigmaguides>

PURPOSE:

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

MATERIALS NEEDED:

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

- This resource pack
- The PowerPoint presentation / flip book called: G. Stigma, Mental Wellbeing and NTDs - available at the end of this guide
- Annex 10
- 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 NTDs.
- ✓ To understand what causes stigma related to NTDs 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.
- ✓ To recognise when patients may need further support to improve their mental wellbeing.

THE SESSION:

- **Introduce the session learning objectives** using PowerPoint / flip book 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 STUDY ONE: EXPERIENCED STIGMA

Mary is 19 years old. She works as a housemaid. Her employer hears that she is getting treatment for leprosy. The next time she comes to work, he calls her and says, 'You don't have to come to work anymore. We don't need your services.'



This is a form of stigma often called **discrimination**, but also sometimes called **experienced or enacted stigma**.

CASE STUDY TWO: ANTICIPATED STIGMA

Samuel is 34 years old. He sells food in the market. He has just been diagnosed with lymphedema which has caused his leg to swell (called elephantiasis). He is now concerned that if people find out about his condition, nobody will buy his food.



This is another form of stigma; it is called **anticipated stigma**, also called **felt or perceived stigma**.

CASE STUDY THREE: INTERNALISED STIGMA

Chukwudi is 27 years old and was diagnosed with Buruli ulcer a year ago. People in his community believe Buruli ulcer is a curse: only those who have committed sins in their past get Buruli ulcer and they should not participate in religious festivals. Chukwudi starts believing this about himself. He stops going to church, does not leave his house anymore and believes he must be 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 NTDs.
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 health workers

STEPS:

1. Draw a big 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 NTDs.
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 9-10 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 NTDs 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 12-13 in the PowerPoint to bring everyone together in understanding 'Who can stigmatise?'



ACTIVITY FOUR: THE IMPACTS OF STIGMA (~30 MINUTES)

WHAT WILL YOU NEED:

- Paper
- Felt pens

STEPS:

1. Ask participants to mention the impacts of stigma. Tell them to write it on the post-it notes and stick it on the flip chart.
2. At the end of the exercise, tell them to group it into themes. Write out the themes on the flip charts as they are mentioned.
3. Explain the impacts of stigma using slide 13 and the psychosocial job aid in annex 10.
4. Explain to the participants how they should respond to affected persons to avoid stigmatisation using slide 14 and the psychosocial job aid in annex 10.



ACTIVITY FIVE: PSYCHOSOCIAL SUPPORT AND GENDER-BASED VIOLENCE (~20 MINUTES)

The objective of this activity is to encourage health workers to be aware that affected persons do need psychosocial support because they are at risk of developing mental health conditions.

Use the PowerPoint slides 18-20 and the job aid in annex 10 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.

WHAT WILL YOU NEED:

- Blackboard
- Flip chart
- Stick-it notes

STEPS:

1. Ask participants to write what they think psychosocial support means and stick it on the flip chart.
2. Explain what psychosocial support means using PowerPoint 16 and the psychosocial support job aid.
3. Ask participants to mention the forms of gender violence that exists. Ask them the reasons for their answers.
4. Explain what gender-based violence entails by talking through slides 17-18.
5. Ask participants to suggest referral centres where affected persons that require psychosocial support can be referred to. Write out their responses on the flip chart.
6. Ask participants to open the psychosocial support job aid for the list of possible referral centres. Instruct them read it out aloud.

TRAINING GUIDE 7: MONITORING AND SUPERVISION

MATERIALS NEEDED:

- PowerPoint F: Monitoring and Supervision
- Annex 11 – Supervision Checklists
- Pencils / pens



ACTIVITY ONE: WHAT IS SUPERVISION? (~15 MINUTES)

STEPS:

1. Distribute coloured post-it notes to participants.
2. Write the title “What is Monitoring and Supervision?” boldly on the flip chart.
3. Ask the participants to write what they think Monitoring and Supervision is and what it includes, and post these on the flip chart.
4. Read out all anonymous responses from participants.
5. At the completion of this activity, ask the participants to open page / slide 4 and talk through the points listed.



ACTIVITY TWO: THINGS TO CONSIDER AS A SUPERVISOR? (~15 MINUTES)

STEPS:

1. Distribute coloured post-it notes to participants.
2. Write the title “Things to Consider as a Supervisor?” boldly on the flip chart.
3. Ask the participants to write what they think Monitoring and Supervision is and what it includes, and post these on the flip chart.
4. Read out all anonymous responses from participants.
5. At the completion of this activity, ask the participants to open page / slide 6 and talk through the points listed.

Guide the participants through the following steps:

1. Introduce the participants to the supervision tools (Annex 11) and structure using slides 7 and the intervention training manual (Module 3).



ACTIVITY THREE: PRACTICE AND FEEDBACK (~45 MINUTES)

STEPS:

1. Give out copies of the Integrated Supervisory Checklist for Skin NTDs to the participants.
2. Explain how to fill the checklist to the participants:
 - Show the column for supervisor’s name and other information to be filled.
 - Talk participants through the questions.
 - Note where the action points should be written and how.
 - Note where supervisor and supervisee will sign with date.
3. Ask participants to practice the filling of the checklist with a pen, and to ask questions where the need arises.
4. After filling the checklist completely, ask them to write their name / pseudonym on the checklist and exchange with the other participants.
5. Each participant should review the checklist they have collected and note corrections using a pencil. Ask participants to return the checklists to the original owners.
6. Ask participants for feedback, e.g. *How do you feel about using each of the checklists? What went well / what did not go well?*
7. Leave time for any questions.

TRAINING GUIDE 8: TRAINING AND FACILITATION TECHNIQUES

PURPOSE:

The following document outlines how to facilitate a training session for community health volunteers (CHVs) on early case detection, diagnosis, and referral for neglected tropical diseases (NTDs) affecting the skin. The session should last about 1.5 hours.

MATERIALS NEEDED:

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

- PowerPoint H
- Laptop and Projector
- Electricity source
- Flip chart and paper
- Resources to facilitate participatory activities include: Pens and some sticky notes. Each participatory activity also has other key resource materials associated with it that are listed at the relevant points.



LEARNING OBJECTIVES:

At the end of the training session, participants should be able to:

- ✓ **Understand the qualities of a good training facilitator.**
- ✓ **Facilitate training sessions for CHVs using participatory methods.**
- ✓ **Supervise CHVs, community-directed distributors (CDDs) and community leaders.**
- ✓ **Fill the Integrated Supervisory Checklist for Skin NTDs for reporting activities related to the early case detection, diagnosis, and referral of skin NTDs.**
- ✓ **Develop the skills of those who are being supervised.**

THE SESSION:

- Training facility should be organised before the training.
- The facilitator can use English or the local language, as may be necessary.
- Facilitator should introduce himself / herself before participants do the same.
- Encourage a comfortable atmosphere.
- Introduce energiser when the trainees appear tired.
- Introduce the session learning objectives using the PowerPoint slide 2.
- You should begin the session with an activity that stimulates the participation of your trainees in the learning process. An activity to stimulate participation is provided at the beginning of Activity 1.



ACTIVITY ONE: TRAINING TECHNIQUES AND FACILITATION (~45 MINUTES)

The contents of this activity and its associated resource material were adapted from the "Part IV: Training for future trainers" of the World Health Organisation's document "Strengthening health systems for treating tobacco dependence in primary care". The full guides are available at: https://www.who.int/tobacco/publications/building_capacity/training_package/treatingtobaccodependence/en/

STEPS:

Guide the participants through the following steps:

1. Present the slide 4 and ask participants the question, "What is the difference between this training and a classroom in the school?"
2. Have 2-4 participants respond to the question and write their responses on the flip chart.
3. Explain to the participants that the training is designed for adult learners while children / teens are taught in the classrooms and that this is a different power dynamic.
4. Explain to the participants the need to actively involve adult learners in the learning process because of the unique characteristics of adult learners. Present the slide 5.

5. Write the following on the flip chart:
 - "1. Sitting arrangement."
 - "2. Encouraging participation."
 - "3. Evaluation of learners."
6. Ask participants to think and share different ways they will go about the three listed items to achieve a participatory training. **Note:** *If you have a sufficient number of participants, consider breaking participants into small groups and asking them to do this as a group activity. After the group discussions, each group will take a turn to share the ideas they discussed.*
7. Talk participants through slides 8-9 on ways to be an effective facilitator
8. Ask the participants to identify some of the participatory training methods that have been employed during this session.
9. Explain the four-step plan / structure of effective training in slide 10, relating it to the present session.
10. Encourage participants to share additional ideas they have for facilitating a participatory training. Ask them to write the ideas on the sticky notes and paste on the flip chart.

SECTION B: COMMUNITY LEVEL TRAINING - PRE- AND POST-TRAINING KNOWLEDGE ASSESSMENT

This section seeks to assess understanding of community health workers on skin NTDs and how to detect, refer, diagnose and manage persons with symptoms of NTDs before and after training.

It is to help the trainer and trainees understand sections of the training tools that need further emphasis and or follow-up training. The same questions will be used for both the pre-and post-training assessments.

MATERIALS NEEDED:

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

- Flip chart and paper
- The question sheet
- Pens for participants
- Marker



THE PRE-TRAINING KNOWLEDGE ASSESSMENT:

- ✓ Distribute the question sheets to the participants on arrival at the training. Guide them through the instructions.
- ✓ Inform the participants that they will be taking a short quiz and will be given 45 minutes to complete it.
- ✓ Explain to them that the purpose of the quiz is not to test their intelligence but to help the trainers gain an insight into their understanding of skin NTDs.
- ✓ Inform them that a similar exercise will be conducted at the end of the training to assess the impact of the training and not to assess them.
- ✓ Explain to participants that there is no right or wrong answer.
- ✓ Ask the participants to answer the quiz and return the sheets to you.
- ✓ At the end of the session, collect all question-and-answer sheets, and mark them.

THE POST-TRAINING KNOWLEDGE ASSESSMENT:

- ✓ Distribute the post-training question sheets to the participants at the end of the training. Guide them through the instructions.
- ✓ Inform the participants that they will be given 45 minutes to complete it.
- ✓ At the end of the session, collect question 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 job aids to keep up to date on what they have been trained on.

PRE- AND POST-TRAINING KNOWLEDGE ASSESSMENT ON CASE DETECTION, DIAGNOSIS AND REFERRAL OF SKIN NEGLECTED TROPICAL DISEASES FOR CDDs, CHVs IN YORUBA

QUESTION SHEET - YORUBA

Name of Participant:

Role of the participant:

IWE IBEERE:

Ibeere wonyi wa fun didahun ki a to bere idanileko ati lehin ti a ba pari idanileko tan lati le mo ipa ti idanileko na ko ninu aiye olukopa.

Oruko olukopa (Inagije):

Ipo olukopa:

ITONI: MU IDAHUN TI O BA IBEERE WON YI MU



1. Kini oruko arun awo ara yii

- ☐ (a) Arun Ete
- ☐ (b) Egbo Aadajina
- ☐ (d) Ese wiwu
- ☐ (e) Aarun Ipa



2. Kini oruko arun awo ara yii

- ☐ (a) Arun Ete
- ☐ (b) Egbo Aadajina
- ☐ (d) Ese wiwu
- ☐ (e) Aarun Ipa



3. Kini oruko arun awo ara yii

- ☐ (a) Arun Ete
- ☐ (b) Egbo Aadajina
- ☐ (d) Ese wiwu
- ☐ (e) Aarun Ipa



4. Kini oruko arun awo ara yii

- ☐ (a) Arun Ete
- ☐ (b) Egbo Aadajina
- ☐ (d) Ese wiwu
- ☐ (e) Aarun Ipa

5. Ibo ni ale dari awon ti o ni awon arun awo ara wonyi sii

- ☐ (a) Ile ijosi
- ☐ (b) Ile iwe
- ☐ (d) Ile iwosan
- ☐ (e) Adahunse

6. Se aleni ibasepo to dan moran pelu awon t'oni awon arun ti a daruko wonyi

- ☐ (a) Beeni
- ☐ (b) Bee ko
- ☐ (d) Boya

7. Ewo ni kosi ninu awon ona ti ale fi se itoju awon arun awo ara wonyi

- ☐ (a) Imo toto ara
- ☐ (b) Itoju egbo
- ☐ (d) Onje to se ara lore
- ☐ (e) Gbere sin sin

PRE- AND POST-TRAINING KNOWLEDGE ASSESSMENT ON CASE DETECTION, DIAGNOSIS AND REFERRAL OF SKIN NEGLECTED TROPICAL DISEASES FOR CDDs, CHVs IN HAUSA

MAAKII:

TAKARDAN TAMBAYOYI - HAUSA

Wannan tambayoyin anyi domin wadanda suka halarci horaswa su amsa a farko da karshen horaswan, don a gane yadda suka fahimci horaswan.

Sunan mai amsawa:

Matsayin mai amsawa:

KA'IDOJI - KAZABI AMSAR DA TAFI DACEWA DA TAMBAYAR DA ZAKA AMSA AKASA



1. Menene sunan wannan cutar fatan da ba'a basu kulawa da hotonsa ke kasa

- ☐ (a) Kuturta
- ☐ (b) Gyambo
- ☐ (c) Tundurmi
- ☐ (d) Gwaiwa



2. Menene sunan wannan cutar fatan da ba'a basu kulawa da hotonsa ke kasa

- ☐ (a) Kuturta
- ☐ (b) Gyambo
- ☐ (c) Tundurmi
- ☐ (d) Gwaiwa



3. Menene sunan wannan cutar fatan da ba'a basu kulawa da hotonsa ke kasa

- ☐ (a) Kuturta
- ☐ (b) Gyambo
- ☐ (c) Tundurmi
- ☐ (d) Gwaiwa



4. Menene sunan wannan cutar fatan da ba'a basu kulawa da hotonsa ke kasa

- ☐ (a) Kuturta
- ☐ (b) Gyambo
- ☐ (c) Tundurmi
- ☐ (d) Gwaiwa

5. Ina yakamata a tura mutanen da suka kamu da wadannan Cututtukan fata da ba'a basu kulawa

- ☐ (a) Coci / Masallaci
- ☐ (b) Makaranta
- ☐ (c) Asibiti matakin farko
- ☐ (d) Masu maganin gargajiya

6. Zaka iya wata kebabbiyar mu'amala da mutumin dake dauke da wadannan Cututtukan fatar da ba'a basu kulawa

- ☐ (a) Eh
- ☐ (b) A'a
- ☐ (c) Wata kila

7. Wannene daga cikin wadannan baya cikin hanyar kulawa da wadannan Cututtukan fatar da ba'a basu kulawa

- ☐ (a) Tsafta
- ☐ (b) Kulawa da Fatan
- ☐ (c) Abinci mai gina jiki
- ☐ (d) Yin wata alama ajiki

TRAINING GUIDE 9: SIGNS AND SYMPTOMS OF SKIN NTDs - COMMUNITY LEVEL

The content of this training have been adapted from the WHO Manuals on Recognising neglected tropical diseases through changes on the skin: a training guide for frontline health workers, Buruli Ulcer: Pocket Book, LF Morbidity Management and Disability Prevention (MMDP) and the ILEP (International Federation of Anti-Leprosy Associations) Guide on How to Diagnose and Treat Leprosy.

The full guides are available here:

https://www.who.int/neglected_diseases/resources/9789241513531/en/

https://ilepfederation.org/wp-content/uploads/2020/02/LG1_V2-.pdf

<https://www.who.int/buruli/resources/CDcommunity-EN.pdf>

https://www.who.int/neglected_diseases/training/Session_2.3.pdf

PURPOSE:

The following document outlines how to facilitate a training session in relation to case definition, signs and symptoms of NTDs affecting the skin. The session should last 2 hours.

MATERIALS NEEDED:

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

- The PowerPoint presentation / flip book called: I. Signs and Symptoms of Skin NTDs - Community Level - 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.
- Annex 1. Job Aid for Signs and Symptoms of Buruli Ulcer (BU), Leprosy, Lymphedema and Hydrocele for Community Health Volunteers (CHVs), Community Directed Distributors (CDDs).



LEARNING OBJECTIVES:

- ✓ To be able to state in simple terms the case definition for Buruli Ulcer (BU), Leprosy, Lymphedema and Hydrocele.
- ✓ Understand the causes and transmission of Buruli Ulcer (BU), Leprosy, Lymphedema and Hydrocele.
- ✓ Identify the symptoms associated with Buruli Ulcer (BU), Leprosy, Lymphedema and Hydrocele.
- ✓ Use the job aids to identify suspected cases of Buruli Ulcer (BU), Leprosy, Lymphedema and Hydrocele.
- ✓ Recognise when cases need referral to PHC.

THE SESSION:

- **Introduce the session learning objectives** using PowerPoint / flip book slide 2 at the end of this guide.
- You should begin your session with an activity. It is important to get participants focused on the direction of your presentation. Allow for variety of answers without overriding participants' point of views.



ACTIVITY ONE: HOW WILL YOU DEFINE OR DESCRIBE I) BU II) LEPROSY III) LYMPHEDEMA IV) HYDROCELE? (~15 MINUTES)

WHAT WILL YOU NEED:

- Flip chart
- Black / white board
- Writing materials; pens and marker

STEPS:

Guide the participants through the following steps:

1. Ask participants to tell you the local name for each of the skin NTDs and write them on the flip chart.
2. Have participants give definitions one after the other for NTDs that they are familiar with.

Once you have completed this activity, talk the participants through slides 4-10, and encourage participants to refer to the job aids on case definition to bring everyone together in understanding 'case definitions for skin NTDs'.

3. Continue to present slides on Signs and Symptoms from **slides 11-20**.
4. Allow participants to ask any questions.



ACTIVITY TWO: THE USE OF JOB AIDS BY COMMUNITY HEALTH VOLUNTEERS

PURPOSE:

The following document outlines how to facilitate a training session for community health volunteers (CHVs) on how to work with the job aids designed for use at the community-level. The session should last about 30 minutes.

MATERIALS NEEDED:

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

- Copies of the job aids for community health volunteers
- Flip chart
- Pens
- Markers



IDENTIFYING A SUSPECTED CASE OF SKIN NTD (~10 MINUTES)

WHAT WILL YOU NEED:

- Flip chart with a large size of sample pictures of marks on the skin, on separate pages. The pictures are available at the end of the guide.

SAMPLE PICTURES:

1. **Picture One:** A case of skin ulcer. This is Buruli ulcer.
2. **Picture Two:** A case of skin lesions on the ear lobe. This is leprosy.
3. **Picture Three:** A case of enlarged scrotum. This is hydrocele.
4. **Picture Four:** A case of unilateral swollen limb. This is lymphedema.
5. **Picture Five:** A case of skin patch. This is another clinical symptom of leprosy.
6. **Picture Six:** A case of small skin ulcer. This is another form of Buruli ulcer.

STEPS:

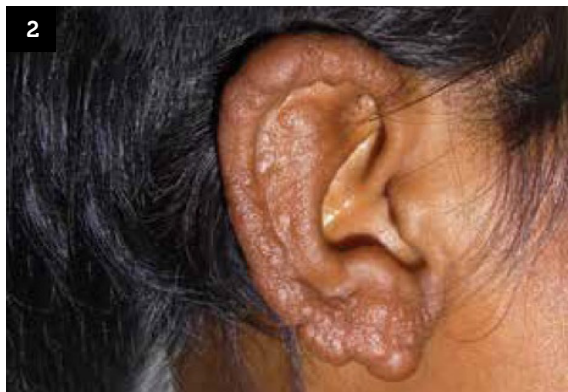
Guide the participants through the following steps:

1. Show all the six pictures on the pages of the flip chart, to the participants.
2. Write on the flip chart: 'Suspected Cases of BU, leprosy, hydrocele and lymphedema and ask participants to identify what is common to all the pictures in their own words.
3. Write the words down as they are called so that they are all dotted around the flip chart.

Once you have completed this activity, bring the participants together in understanding that all the symptoms present are 'abnormal / unusual marks on the skin'.



Source: Boleira et al. (2010). Buruli ulcer. *Anais brasileiros de dermatologia* 85(3):281-298.



Source: WHO, Recognizing Neglected Tropical Diseases on the Skin, A Training Guide for Frontline Health Workers. 2018 pg 21.



Source: WHO, Recognizing Neglected Tropical Diseases on the Skin, A Training Guide for Frontline Health Workers. 2018 Pg 27.



Source: WHO, Recognizing Neglected Tropical Diseases on the Skin, A Training Guide for Frontline Health Workers. 2018. Pg 27.



Source: Leprosy.org



Source: Boleira et al. (2010). Buruli ulcer. Anais brasileiros de dermatologia 85(3):281-298.

TRAINING GUIDE 10: GUIDELINES FOR REFERRALS AT COMMUNITY LEVEL

PURPOSE:

The following document outlines how to facilitate a training on the referral of affected persons at the Community level. The session should last for 1 hour.

MATERIALS NEEDED:

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

- The training guide
- Community two-way referral forms
- PowerPoint J



LEARNING OBJECTIVES:

- ✓ To understand when to refer affected persons.
- ✓ To understand where to refer affected persons.
- ✓ To understand how to refer affected persons using the referral forms and community register.

THE SESSION:

- **Introduce the session learning objectives** using PowerPoint / flip book at the end of this guide.
- You can begin your session by asking the participants how they refer affected persons then proceed to explain that the session will train them on when, where and how to refer affected persons.



ACTIVITY ONE: WHEN TO REFER? (~20 MINUTES)

WHAT WILL YOU NEED:

- Job aids

STEPS:

Guide the participants through the following steps:

1. Ask participants to form groups where they will discuss when to refer an affected person, using job aids.
2. After discussions which should last for about 10 minutes, guide participants to open the page on signs and symptoms of skin neglected tropical diseases (NTDs) and explain to them that they should refer any affected person showing the symptoms mentioned to the primary health care facility. (Slide 4).



ACTIVITY TWO: HOW TO REFER? (~40 MINUTES)

WHAT WILL YOU NEED:

- PowerPoint / Flip book J
- Community two-way referral forms
- Community registers
- Pens
- Pencils
- Eraser

STEPS:

Guide the participants through the following steps:

1. Distribute copies of the community two-way referral forms and registers to the participants.
2. Project the community two-way referral form on the screen first or open it on the flip book.
3. Allow the participants to fill the community two-way referral forms themselves without guidance using a pencil.

4. Guide the participants on how to fill in the form by filling the one projected on the screen or the one in the flip book.
5. Read the case studies below **to practice filling of the two-way referral forms**.

CASE STUDY ONE:

Abdulmalik is a 19-year-old teenager who visits you to make some complaints about marks on his skin. You discovered painless, raised lumps on the skin, a large ulcer (sore) with a yellowish appearance around the arms.



- **How will you fill in the form?**



(Answer: BU)

CASE STUDY TWO:

Abigail is a 44-year-old woman complaining of swelling of her left leg. She mentions this can sometimes be very painful, with a fever and stiffness of joints.



- **How will you fill in the form?**



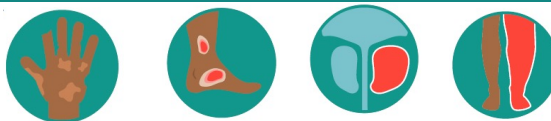
(Answer: Lymphedema)

6. Go round and check if they are filling it correctly.
7. The participants should also fill the community registers themselves using a pencil / pen.
8. Project the community register on the screen and fill it in or the one in the flip book.
9. Encourage the participants to correct what they have filled in if need be and check if they are filling it in correctly.

Try and make the session as participatory as possible by allowing participants take the lead in filling out the forms with a pencil and ensure the participants are properly guided on how to fill in the community two-way referral forms and registers.

POWERPOINT PRESENTATION A

Slide 1



Introduction to the Intervention: Integrated Case Detection and Referral of Skin Neglected Tropical Diseases

COUNTDOWN
Calling time on Neglected Tropical Diseases

Slide 2

SESSION LEARNING OBJECTIVES

- To give an overview of skin NTDs and the purpose of the intervention
- To understand the intervention
- To understand how to use the intervention manual

COUNTDOWN
Calling time on Neglected Tropical Diseases

Slide 3

ACTIVITY ONE

PURPOSE OF THE INTERVENTION

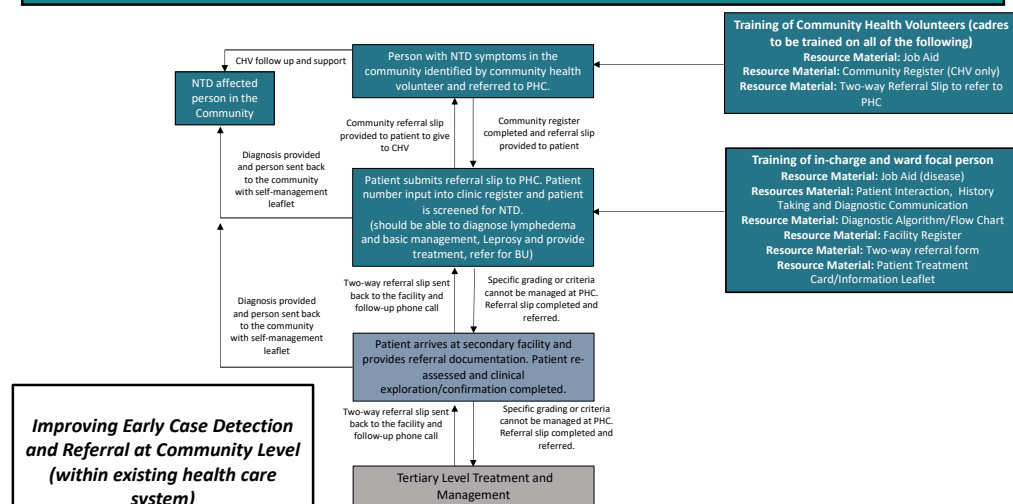
- Many NTDs significantly affect the skin, which can lead to long term disability if left untreated.
 - Affected people often attend for treatment at health facilities at the later stages of disease once symptoms become severe.
 - Many cases of NTDs are hidden in communities, often due to lack of awareness on the conditions as well as stigma.
- 🔍 • **Early case detection** of skin NTDs is therefore important to reduce the negative health impacts that delays in diagnosis can cause.

PURPOSE OF THE INTERVENTION

- Integrated management of skin NTDs entails merging activities.
- This targets two or more skin NTDs in the same communities through the health system.
- Four neglected tropical diseases (Buruli ulcer, leprosy, and lymphedema and hydrocele) have been mapped.
- This is to undergo new ways of detecting cases, refer and managing of these diseases at the community level.

COUNTDOWN
Calling time on Neglected Tropical Diseases

INTERVENTION



Slide 7

HOW AND WHEN TO USE THIS MANUAL

This manual is aimed at providing resource materials and guides to implement the integrated training of primary and community level health workers to improve the knowledge and basic skill sets for early case detection, diagnosis, referral and management of skin NTDs

- Includes resource materials such as integrated job aids, referral documents and a training manual to guide trainers at different levels to improve the early case detection, referral and management of skin NTDs.
- Train Frontline Health Facility staff (FLHFs) at the PHC with accurate and relevant knowledge to carry out diagnosis, treat and manage cases and make referrals along the pathway
- Train CHVs in early case detection to identify suspected signs and symptoms of skin NTDs and knowing when, where and how to make referrals using integrated referral documents
- Guide supervisors at the different levels to carry out their tasks and provide appropriate guidance to supervisees in relation to proper reporting using documented integrated procedure
- Function as a handbook or desk book for health workers at the facility and in the community on skin NTDs

Slide 8

CONTENT OF THE CASE DETECTION MANUAL

Module One

The Intervention for the Integrated Case Detection and Referral of Skin Neglected Tropical Diseases: This module details the intervention resource materials, which include job aids, referral forms and registers

Module Two

Training: Training cascade outline includes; who is to be trained, what people will be trained on and who is to train each level and facilitation for the various health care levels

Module Three

Monitoring and Supervision: It details how to facilitate monitoring and supervision

Annexes

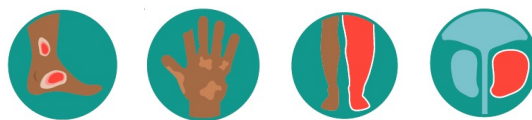
Intervention Resources

Slide 9

ANY QUESTIONS?

POWERPOINT PRESENTATION B

Slide 1



Case Definition, Signs & Symptoms and Management of Neglected Tropical Diseases Affecting the Skin: Primary Healthcare Facility Staff

COUNTDOWN
Calling time on Neglected Tropical Diseases

Slide 2

SESSION LEARNING OBJECTIVES

- To be able to state in simple terms the case definition for Buruli Ulcer (BU), leprosy, lymphedema and hydrocele.
- Understand the causes and transmission of BU, leprosy, lymphedema and hydrocele.
- To be able to identify the signs and symptoms of BU, leprosy, lymphedema and hydrocele.
- Use the job aids and integrated flow chart for the clinical diagnosis of BU, leprosy, lymphedema and hydrocele.
- Recognise when cases need referral to secondary or tertiary level for clinical diagnosis.
- To be able to provide basic treatment guidelines.

COUNTDOWN
Calling time on Neglected Tropical Diseases

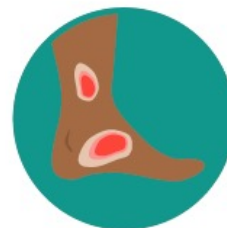
Slide 3

ACTIVITY ONE

Slide 4

CASE DEFINITION: BURULI ULCER

- **Buruli ulcer is a disease** caused by a germ (bacteria: *Mycobacterium ulcerans*) which affects mainly the skin, but it can also affect the bones (which can cause lifelong disability)
- **Early stages** present as painless swellings (**nodule**), or large painless and hardened areas (**plaque**) or painless swelling (**oedema**) of the legs, arms or face.
- **Later stages** include plaque or oedema with an open sore/wound (**ulcer**), and bone deformities around the sores.



Buruli ulcer disability can be prevented through early diagnosis and treatment

Slide 5

TRANSMISSION OF BURULI ULCER

- The means of transmission is not known, however in many cases it is attributed to exposure to rivers, streams or wetlands.
- Buruli ulcer **can affect anyone** at any age, but children are most often affected.



Nyong River,
Cameroon –
Credit: Dr A.
Um Boock

WE SHOULD KNOW THAT...

- **Buruli ulcer is a disease caused by a germ.**
- Buruli ulcer **IS NOT** caused by witchcraft.
- Buruli ulcer **IS NOT** due to a curse.
- Buruli ulcer **IS NOT** a punishment.
- You **CANNOT** get Buruli ulcer through contact with an affected person.

Slide 6

CASE DEFINITION: LEPROSY

- **Leprosy is a disease** caused by a germ (bacteria), *Mycobacterium leprae*, which destroys nerves, and it can easily damage the skin.
- The disease mainly affects the **skin, the peripheral nerves, mucosa of the upper respiratory tract, and the eyes.**
- Leprosy is curable with multidrug therapy (MDT).
- Untreated, leprosy can cause progressive and permanent damage to the skin, nerves, limbs, and eyes and long term disability
- **Diagnosis confirmation:** Leprosy can be confirmed by taking biopsy sample of affected skin or nerve and examine under microscope for presence of the bacteria.



Long term disability can be prevented through early diagnosis and treatment

TRANSMISSION OF LEPROSY

- Leprosy is likely transmitted via droplets, from the nose and mouth, during close and frequent contact with untreated cases.
- Infection can occur at any age.
- Patients under treatment do not spread the disease.

WE SHOULD KNOW THAT...

- Leprosy is a disease caused by a germ
- Leprosy **IS NOT** caused by witchcraft.
- Leprosy **IS NOT** due to a curse.
- Leprosy **IS NOT** a punishment.
- Leprosy **IS NOT** transmitted by touch.
- **Rarely transmitted** between people only in extremely close contact for a very long period of time.

CASE DEFINITION: LYMPHEDEMA

- **Lymphedema** is a swelling of body tissues, usually presents in the legs but may also affect arms or breasts.
- Lymphedema may be caused by lymphatic filariasis (by **worms** transmitted to humans through mosquitoes)
- Hygiene and skin care are important to prevent secondary bacterial infections which cause “**acute attacks**” of acute inflammation of the skin, lymph vessels and lymph glands accompanied by debilitating pain, fever & swelling.
- **Lymphedema can sometimes be reversed in early stages and in later stage, improvements can be made if well managed.**



Disability can be prevented through early diagnosis and treatment

CASE DEFINITION: HYDROCELE

- **Hydrocele** presents in the swelling/enlargement of the scrotum.
- Hydrocele may be caused by lymphatic filariasis (by **worms** transmitted to humans through mosquitoes)
- Hygiene and skin care are important to prevent secondary bacterial infections which cause “**acute attacks**” of acute inflammation of the skin, lymph vessels and lymph glands accompanied by debilitating pain, fever & swelling.
- **Hydrocele is curable with surgery**



Disability can be prevented through early diagnosis and treatment

WE SHOULD KNOW THAT...

- **Lymphedema and Hydrocele can be caused by lymphatic filariasis.**
- They **ARE NOT** caused by witchcraft.
- They **ARE NOT** caused by a curse.
- They **ARE NOT** a punishment.
- You **CANNOT** get Lymphedema or Hydrocele through contact with an affected person.

SIGNS AND SYMPTOMS OF BURULI ULCER

STAGE 1: NODULE

- The disease may progress without fever or pain.
- A **nodule** is a small painless swelling/lump under the skin of about 3 centimetres in diameter.
- This is often the beginning of the disease but only a few affected people go to hospital at this stage.
- At the nodular stage, treatment is simple and prevents deformities.



Credit: Dr S. Etuaful, WHO.

REFER for further treatment at Stage 1.

Refer to diagnostic chart and job aids

SIGNS AND SYMPTOMS OF BURULI ULCER

STAGE 2: PLAQUE



Credit: Dr Annick Chauty, Association Française Raoul Follereau, Benin (WHO, ?)

- A **plaque** is a large painless swelling of more than 3 centimetres in diameter with clearly marked borders.
- The skin feels hard like cardboard.

STAGE 3: OEDEMA



Credit: National Buruli Ulcer Control Programme, Benin

- **Oedema** is a large painless swelling
- It often involves the arms and the legs.

REFER for further treatment at Stages 2 or 3.

LATE SYMPTOMS OF BURULI ULCER

STAGE 4: ULCER



Credit: Rebuild Ghana



Credit: WHO, Recognizing NTDs on Skin, A Training Guide for Frontline Health Workers. 2018)

- Typical **ulcers** are not very painful
- Have **undermined edges** and often have **whitish-yellowish appearance** and underlying red moist base
- With good treatment, small ulcers can heal. Large ulcers can be managed.

REFER for further treatment at Stage 4.

LATE SYMPTOMS OF BURULI ULCER

STAGE 5: OSTEOMYELITIS (INFECTION OF BONE)



Credit: WHO

- Infection can affect bones and joints at later, more severe stage of illness
- Can lead to lifelong disabilities
- Surgery and physiotherapy are treatment options
- **Early diagnosis and treatment** can prevent disability

REFER for further treatment at Stage 5.

Slide 16

WHO GRADING OF BURULI ULCER

The disease has been classified into **three categories of severity**:

- **Category I** single small lesion (32% of cases).
- **Category II** non-ulcerative and ulcerative plaque and oedematous forms (35% of cases).
- **Category III** osteitis, osteomyelitis (infection of bones) and joint involvement (33% of cases).

Slide 17

REFERRAL OF SUSPECTED BURULI ULCER

Trained health workers refer suspected cases for clinical confirmation of diagnosis by Polymerase Chain Reaction(PCR) in the laboratory.



Slide 18

TREATMENT GUIDELINES FOR BURULI ULCER

Once patients are referred and a diagnosis is confirmed, they may be referred back to the PHC for treatment



- Antibiotics such as Zithromax and rifampicin for a period of **8 weeks**
- Skin grafting surgeries for large ulcers
- Homebased care to manage and treat the sores/wound. Teach patients how to do it and provide supplies if available.
- Physiotherapy interventions including special exercises to minimize or prevent disability.
- Rehabilitation for those with disability

Weight of patient (kg)	Buruli ulcer			
	Rifampicin (300mg/tablets),		Clarithromycin (500mg/tablets)	
	Doses (mg)	No of tablets (Once daily)	Doses (mg)	No of tablets (Daily dose)
5-10	75	0.25	125	0.25 or 5ml
11-20	150	0.50	250	0.50 or 10ml
21-39	300	1.00	500	1.00
40-54	450	1.50	750	1.50
>54	600 (maximum)	2.00	1000 (maximum)	2.00

SIGNS AND SYMPTOMS OF LEPROSY

- Skin lesions or patches with definite loss of sensation
- Spots on the skin that may be slightly red, darker or lighter than normal
- Can be flat or raised and do not itch
- Usually do not hurt



Patches on skin
(Source: ILEP, 2019)



Ulcer in an area with sensory loss
(Source: WHO, 2018)

- Painless ulcers on the soles of feet
- Painless swelling or lumps on the face or earlobes, loss of eyebrows or eyelashes.
- Touch sensation reduced

REFER all leprosy cases for further treatment.

SIGNS AND SYMPTOMS OF LEPROSY



Clawing of hands (Source: Guardian, Nigeria)

- Pins and needles sensations
- Numbness in a finger or toe
- Clawing of fingers and toes
- Nerve injury
- Eye damage such as dryness and reduced blinking
- Loss of extremities (ends of fingers or nose) due to repetitive injuries, wounds or infections

REFER all leprosy cases for further treatment.

WHO GRADING OF LEPROSY

WHO Grade	0	1	2
Eyes	Normal	—	Reduced vision (unable to count fingers at 6 metres). Lagophthalmos (eyes not closing properly)
Hands	Normal	Loss of feeling in the palm of the hand.	Visible damage to the hands, such as wounds, claw hand, or loss of tissue.
Feet	Normal	Loss of feeling in the sole of the foot.	Visible damage to the foot, such as wounds, loss of tissue, or foot drop.

Eyes, hands and feet (both sides) are graded separately and receive a score of 0, 1 or 2. It is useful to record all six scores, but the grade for the person as a whole is the highest score in any of the six places. Over the course of treatment, the sum of the six grades known as the Eye, Hand and Foot (EHF) score may be more useful than the maximum grade, as it is more sensitive to change.

TREATMENT GUIDELINES FOR LEPROSY

Leprosy is curable and treatment in the early stages prevents disability.

- Free multidrug therapy (MDT); (usually dapsone and rifampicin for 6-12 months)
- Home based care especially wound prevention and management minimize or prevent disability



Age	Drug	Dosage (mg)	Frequency
Adult	Rifampicin	600	Once a month
	Clofazimine	300	Once a month, followed by 50 mg daily
	Dapsone	100	Daily
10-14 years	Rifampicin	450	Once a month
	Clofazimine	150	Once a month, followed by 50 mg on alternate days
	Dapsone	50	Daily
< 10 years or <40Kg	Rifampicin	10 mg/Kg	Once a month
	Clofazimine	6 mg/Kg	Once a month, followed by 1 mg/kg twice weekly
	Dapsone	2 mg/Kg	Daily

The course of treatment is given for 6 months for PB patients and 12 months for MB patients.

SIGNS AND SYMPTOMS OF LYMPHEDEMA

- Swelling of the leg
- The affected area is often warm, reddish and painful.
- As time goes on, the skin may become thickened, covered in small lumps giving a cobbled appearance and the possibility of recurrent infections.
- Extreme pain of the affected areas
- Hardening and thickening of the skin
- Fever, chills, headache and weakness



(Source: WHO, 2001, 2018)

SIGNS AND SYMPTOMS OF LYMPHEDEMA – ACUTE ATTACKS

Acute Attacks - Adenolymphangitis(ADL)

- Last ~ 5-7 days
- Painful infections of the skin/superficial tissues.
- Bacteria enter through breaks in the skin (entry lesions).
- High fever, pain, swelling, nausea, vomiting



(Source: WHO, 2018)

LYMPHEDEMA MANAGEMENT

Prevention of Acute Attacks

- Washing the affected parts twice daily with non-perfumed soap and clean, cool water, and drying carefully
- Keeping the nails and spaces between the toes clean
- Raising the affected limb at night
- Exercising the limb regularly
- Wearing comfortable shoes
- Painkillers for pain relief



Fig. 43 - A health care worker showing a patient how to remove most of the bacteria from the skin.

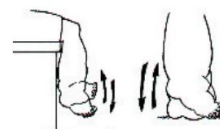


Fig. 40 - Exercises can be done everywhere and they do not cost anything.

(Source: WHO, 2001)

LYMPHEDEMA MANAGEMENT

Prevention of Acute Attacks

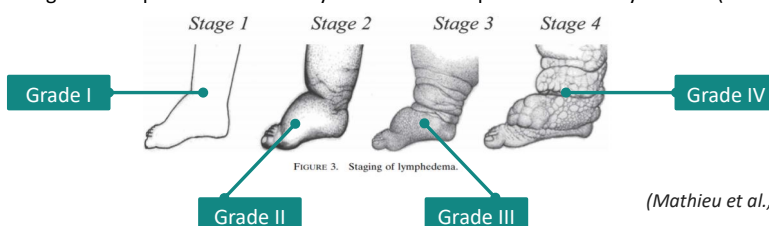
- Using medicated creams (antibiotics or antifungal) to treat small wounds, abrasions or fungal infections.
- Local antibiotic ointment could be useful for Stage 1 ulcer (Karnasula 2012).
- Administer wound dressing, antibiotics (along with ivermectin and albendazole or diethyl carbamazine citrate), bed rest for Stage 1 ulcers patients (Karnasula 2012).
- Annual doses of Ivermectin and albendazole may help slow progress and reduce acute attacks



(Source: WHO)

WHO GRADING OF LYMPHEDEMA

- **Grade I/Stage I lymphoedema:** mostly pitting oedema; spontaneously reversible on elevation.
- **Grade II/Stage II lymphoedema:** mostly non-pitting oedema; not spontaneously reversible on elevation.
- **Grade III /Stage III lymphoedema (elephantiasis):** gross increase in volume in a grade II/stage II lymphoedema, with dermatosclerosis (thickening of the skin) and papillomatous lesions (swelling with fluid).
- **Grade IV/ Stage IV lymphoedema:** There is presence of knobs and irreversible swellings overnight. Some patients have smelly toes due to the presence of entry lesions. (WHO, 2001).



(Mathieu et al., 2008)

Slide 28

REFERRAL OF LYMPHEDEMA FOR TREATMENT

REFER Grade III and above cases for further treatment.

Trained health workers should refer the following stages of lymphedema for treatment:

- **Grade III lymphoedema (elephantiasis).**
- **Grade IV lymphoedema.**



Grade I and II lymphoedema can be managed at the PHC-level.

Slide 29

DANGER SIGNS

Patients with any of the problems listed below should be seen by a doctor or nurse.

- Very high fever, confusion, headache, drowsiness, or vomiting.
- Fever, shaking, chills, or pain in the leg that do not respond to treatment within 24 hours.
- Splitting of the skin because of a rapid increase in the size of the leg.
- Pus in the area affected by the acute attack.

REFER for further treatment when these danger signs are present .

Slide 30

SIGNS AND SYMPTOMS OF HYRDOCELE

- Swelling of the scrotum
- The fluid can collect on only one side (or on both sides)
- Accumulation of fluid in the sac covering the testes.
- Swelling, inflammation, hardened skin, and infection can occur.
- These problems have a huge emotional and social impact. Due to stigma, many men feel ashamed and hide their symptoms



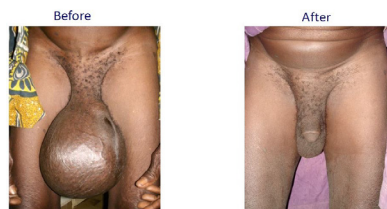
REFER hydrocele cases for further treatment.

Slide 31

HYDROCELE MANAGEMENT

- Hydrocele can be cured with a quick, **simple surgery** (hydrocelectomy)
- **Pain medication** may be given to help to relieve discomfort.
- Advise on **good hygiene** in scrotal and genital area, washing gently with soap and water.

Hydrocele Surgery Results



(Source: WHO, 2001)

Slide 32

OPTIONAL ACTIVITY : PATIENT EXPERT

Slide 33

ACTIVITY TWO: DEMONSTRATION AND ROLE PLAY

Slide 34

HOW TO PERFORM SENSITIVITY TEST FOR LEPROSY

- Take a pointed object such as a pen
- **Show the person** what you are going to do.
- **Ask them to close their eyes** so that they cannot see what you are doing.
- Lightly touch the skin with the pen and ask the person to point to where they felt the pen.
- **Lightly touch the centre of the most prominent skin patch and ask them to point to where they felt the pen.**
- Repeat the procedure on normal skin and on the same patch again.
- **If the person feels nothing on the skin patch, it is likely to be leprosy.**



*Sensitivity test performed by health worker
(Source: Leprosy Mission)*

Slide 35

FORMS OF LEPROSY: PB or MB

Some patients have a mild infection called **paucibacillary or PB leprosy**. This can be cured by treating the patient for **6 months**.

Other patients may have a more serious infection called **multibacillary or MB leprosy**. This can be cured by treating the patient for **12 months**.

Count the number of skin patches in order to classify the type of leprosy:

- If you find **5 patches or less**, classify the patient as **PB**.
- If you find **more than 5 patches**, classify the patient as **MB**.

Slide 36

FORMS OF LEPROSY: PB or MB?

How will you classify the patients in these pictures?



a. This patient has 14 patches on the skin

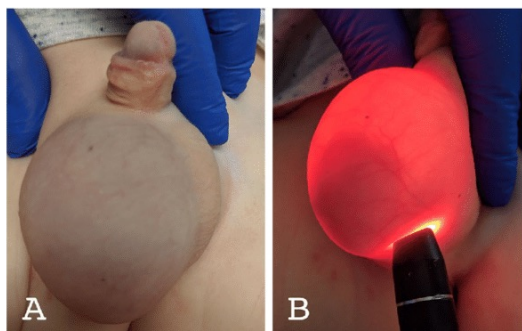


b. This patient has only two patches

(Source: ILEP, 2019)

Slide 37

HYDROCELE: Transillumination Test



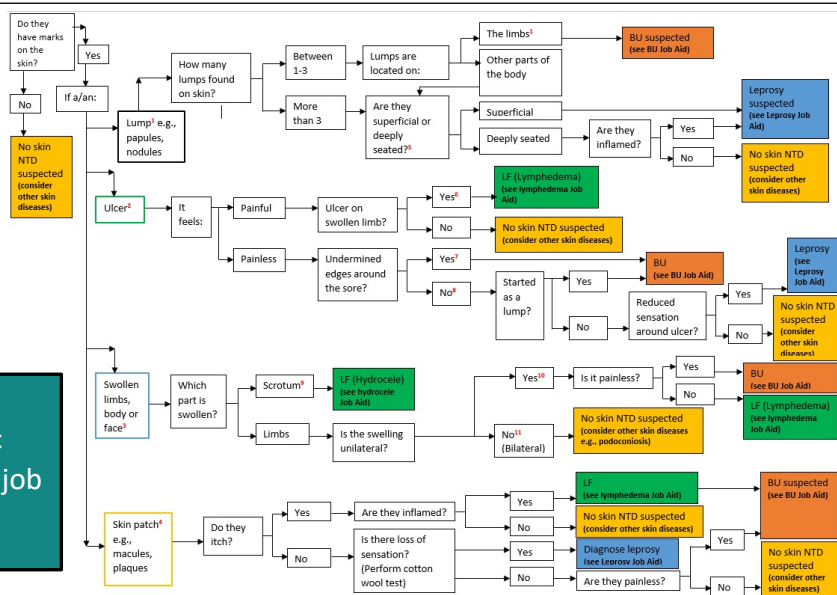
Shields et al., 2019
(<https://doi.org/10.1177/2333794X19890772>)

Slide 38

ACTIVITY THREE: DIAGNOSIS CASE STUDIES

Slide 39

- Refer to diagnostic chart and job aids



Slide 40

Case Study One:

Abdulmalik is a 19 year old teenager who visits your health facility to make some complaints about certain appearances on his skin. Upon closer examination you discovered painless nodules at onset, raised lump on the skin, a large ulcer with a yellowish appearance around the arms.

- *How will you proceed to diagnose?*
- *What measures will you take to treat and/or manage the patient?*

- Refer to diagnostic chart and job aids.

Slide 41

Case Study Two:

Baoku, a trader in yams, was directed by a Community Directed Distributor (CDD) to your facility for further examination having suspected the onset of leprosy on Baoku's skin. Upon examination, you notice some light patches and hardened skin on his face.

- *How will you proceed to diagnose?*
- *What measures will you take to treat and/or manage the patient?*

- Refer to diagnostic chart and job aids.

Slide 42

Case Study Three:

Abigail is a 44 year old woman who visits your health facility complaining of swelling of her left leg. She mentions this can sometimes be very painful, accompanied by a fever and stiffness of joints. She is finding it hard to continue working in her shop.

- *How will you proceed to diagnose?*
- *What measures will you take to treat and/or manage the patient?*

- Refer to diagnostic chart and job aids.

Case Study Four:

Jude, a farmer, was directed by a Community Directed Distributor (CDD) to your facility for further examination having suspected the onset of hydrocele. Jude complains of a painful swelling around his groin.

- *How will you proceed to diagnose?*
- *What measures will you take to treat and/or manage the patient?*

- Refer to diagnostic chart and job aids.

ANY QUESTIONS?

REFERENCES

The content of this training have been adapted from the WHO Manuals on Recognizing neglected tropical diseases through changes on the skin: a training guide for front-line health workers, Buruli Ulcer: Pocket Book, LF Morbidity Management and Disability Prevention (MMDP) and the ILEP (International Federation of Anti-Leprosy Associations) Guide on How to Diagnose and Treat Leprosy

The full guides are available here:

https://www.who.int/neglected_diseases/resources/9789241513531/en/,
https://ilepfederation.org/wp-content/uploads/2020/02/LG1_V2-.pdf,
<https://www.who.int/buruli/resources/CDcommunity-EN.pdf>,
https://www.who.int/neglected_diseases/training/Session_2.3.pdf

POWERPOINT PRESENTATION C

Slide 1



Overview of Skin Neglected Tropical Diseases and History Taking

COUNTDOWN
Calling time on Neglected Tropical Diseases

Slide 2

SESSION LEARNING OBJECTIVES

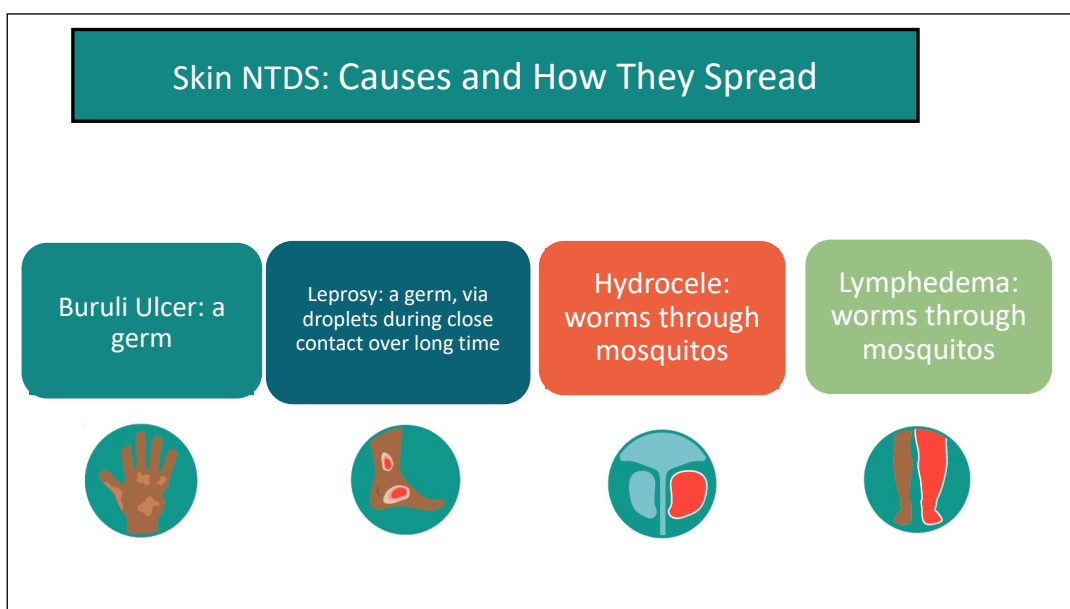
- To be able to understand the mode of transmission of skin neglected tropical diseases (NTDs)
- To identify symptoms of skin NTDs
- To practice history taking for a diagnosis

COUNTDOWN
Calling time on Neglected Tropical Diseases

Slide 3

ACTIVITY ONE

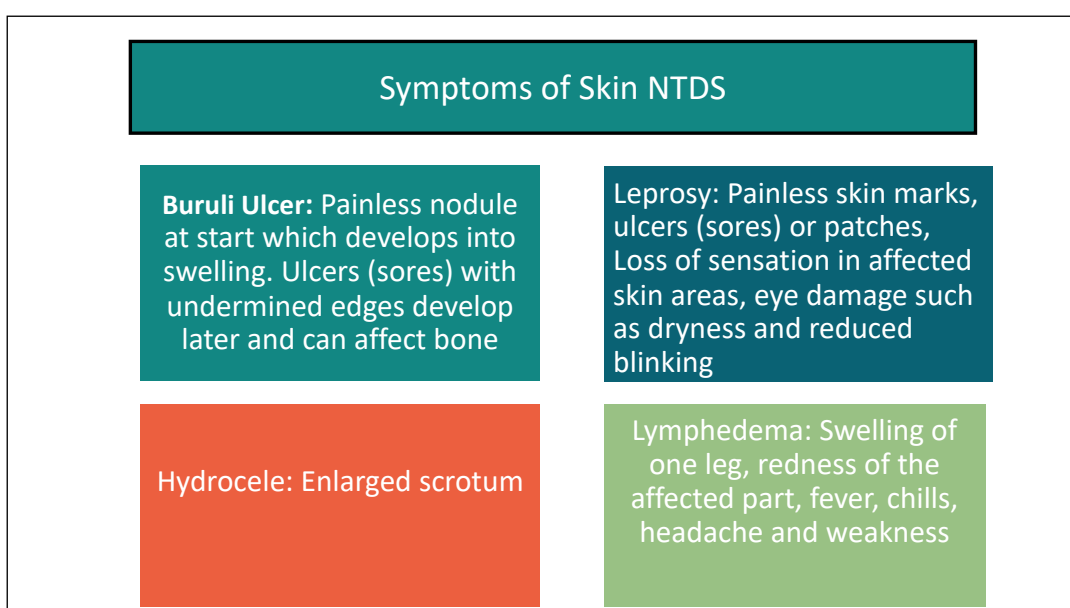
Slide 4



Slide 5

ACTIVITY TWO

Slide 6



Slide 7

QUESTIONS

A case of unilateral swollen limb is diagnosed to be _____?

A case of skin patches requires further investigation for a diagnosis of _____?

Slide 8

MANAGEMENT OF

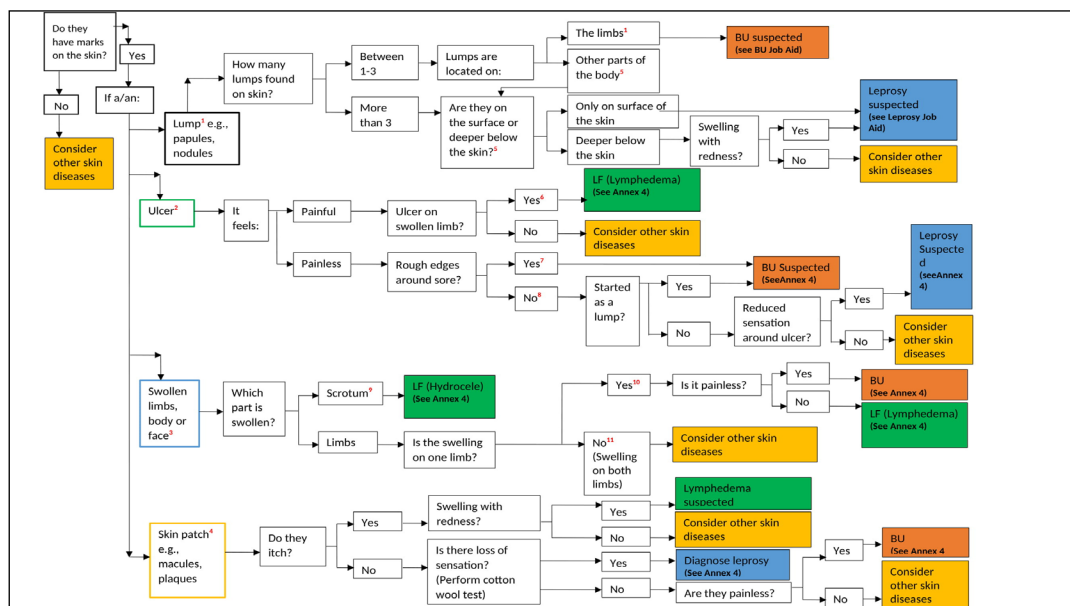
1. Buruli ulcer includes:

_____?

2. Hydrocele includes:
_____?

Slide 9

ACTIVITY THREE: INTEGRATED DIAGNOSTIC FLOW CHART



ACTIVITY FOUR: HISTORY TAKING AND DIAGNOSTIC ROLE PLAY

Case Study One:

Mr. Chinedu is a 38 year old man. He was detected in the community with a case and has been referred to the health facility with a unilateral swollen limb.

WHAT ARE THE QUESTIONS TO ASK MR CHINEDU TO TAKE HIS CASE HISTORY ?

Slide 13

HOW WILL MR
CHINEDU BE
DIAGNOSED/WHAT
IS SUSPECTED?

Slide 14

CASE STUDY TWO

John is 14 years old.

He has been referred to the health facility
with an ulcer on one of his arms.

Can you demonstrate the process for the
diagnosis of John's case of suspected
neglected tropical disease affecting the skin?

Slide 15

QUESTIONS?

POWERPOINT PRESENTATION D

Slide 1



Referral of Patients at PHC



Slide 2

SESSION LEARNING OBJECTIVES

- To be able to understand when to refer affected persons
- To understand where to refer affected persons
- To understand how to refer affected persons using the referral forms and community register.



Slide 3

ACTIVITY ONE

Slide 4

WHEN TO REFER

- All cases of Buruli ulcer from stage I should be referred to referral hospital (Leprosy Hospital, Saye, Zaria) for treatment.
- Refer Leprosy cases from Grade 0 to referral hospital (Leprosy Hospital, Saye, Zaria or Hansen's disease centre, Abeokuta) for treatment.
- All hydrocele cases should be referred to secondary/tertiary health care facilities for surgery.



COUNTDOWN
Calling time on Neglected Tropical Diseases

Slide 5

WHEN TO REFER

- Refer Lymphedema at Stage 3 and above to secondary/tertiary health care facility for advanced treatment.
- Stages 1 and 2 can be treated and managed by practicing basic management practices (washing leg with soap and clean water in a basin and applying recommended ointment).



COUNTDOWN
Calling time on Neglected Tropical Diseases

Slide 6

WHEN TO REFER

- It is important to note that once patients are referred and treated at secondary or tertiary facility, they may be referred back to the PHC for routine check up and/or management.

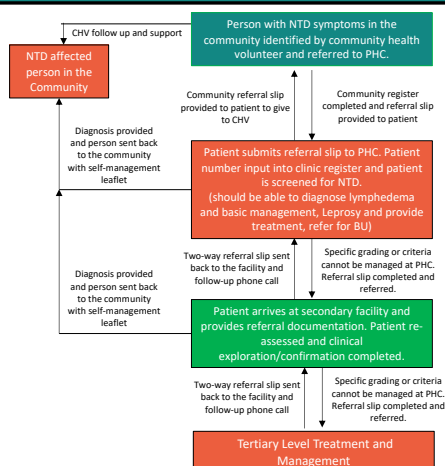
COUNTDOWN
Calling time on Neglected Tropical Diseases

- Buruli ulcer: may be referred back to the primary health care facility for wound care, treatment and routine check up.
- Hydrocele: may be referred back to the primary health care facility for wound dressing and routine check up.
- Leprosy: may be referred back to the primary health care facility for routine check up, treatment and management.
- Lymphedema: may be referred back to the primary health care facility for wound care and basic management.



ACTIVITY TWO

WHERE AND HOW TO REFER



POWERPOINT PRESENTATION E

Slide 1

Basic Management and Wound Care for Skin NTDs

Trainees: Primary and Community Level



Slide 2

SESSION LEARNING OBJECTIVES

- Administer appropriate basic treatment and care for cases of skin NTDs, including wound washing and ulcer care.
- Advise patients on basic routine self-administered management/care practices.

This training content has been adapted from the WHO Guide on Buruli Ulcer (Prevention of Disability) Available at: https://apps.who.int/iris/bitstream/handle/10665/43380/9241546816_eng.pdf?sequence=1&isAllowed=y and the WHO Training Guide for LF Morbidity Management and Disability Prevention (MMDP) Available at: https://www.who.int/neglected_diseases/training/Session_2.3.pdf



Slide 3

ACTIVITY ONE



1. Soak wound in salt water for 15 minutes.



2. Prune the cracked or rough skin around the wound.



3. Apply moisturizer (e.g. Vaseline) to soften the hard skin.



4. Apply new clean wound dressing.

Wound/Ulcer Care – BU, Leprosy, LF

- Limit the time the wound is exposed.
- Gently cleanse the wound well with saline solution/salty water (at body temperature) and remove hard tissue without damaging the new skin.
- Use a clean dressing, and change it frequently.
- Avoid tight bandages
- Prevent the wound from becoming dry by using Vaseline dressings.



- Moisten dry dressings before removing them.
- Use medicated creams (antibiotics or antifungal) to treat small wounds, abrasions or fungal infections

DEMONSTRATION

Slide 7

Nutrition

To help the skin heal rapidly, the person's diet should be high-calorie, high-protein, and rich in vitamins A and C. They should also be hydrated and drink plenty of water.

The person should consume a portion of one of the following foods every day if possible:

beef, mutton, pork, chicken or bushmeat, termites, palm worms, fish, eggs, soya, beans or groundnuts.



The following foods should be included into meals, where possible:

potatoes, sweet potatoes, sweetcorn, rice, milk, oil, yams, plantains, sugar cane, tomatoes, cabbage, carrots, green vegetables, onions, manioc, millet, cocoyams, okra, fruit



Slide 8

ACTIVITY TWO DEMONSTRATION OF EXERCISE

Slide 9

Reduce Swelling (Odema)

- Place the limb where the oedema is located in a raised position to prevent build up of liquid
- Bandage from the end of the limb and up
- Keep moving
- This will lessens pain and allows full movement



Slide 10

Exercise

To reduce swelling of the hand or arm, I teach the person the following:

Slowly repeat ALL the exercise 15 times, taking deep breaths each time.

Raise your hand as often as possible



During the day.



At night, keep your hand raised (above the heart) using a cushion or a pile of clothes.

Move your hand 6 times a day as follows



Keeping your hand above your head, open it as far as possible...



...then close it as far as possible, very firmly.

(Source: WHO, 2008)

Slide 11

Exercise

To reduce swelling of the foot or leg, I teach the person the following:

Raise your leg as often as possible

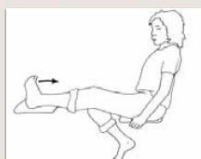


During the day.



At night, keep your leg raised using a cushion or a pile of clothes under your leg or mattress, or by raising the foot of the bed on wedges.

Move your foot 6 times a day as follows



Point your foot as far back as possible...



...then point it as far forward as possible.

(Source: WHO, 2008)

Slide 12

Scar Care

- Oil to keep skin flexible
- Dress with clean clothes and avoid tight bandages
- Oil-based creams and lubricants alleviate dryness and itching sensations.
- Very limited gentle deep massage should be performed on newly healed or grafted skin.
- Open wounds should not be massaged, although surrounding closed border areas can be.
- Restrictive fibrous bands should be mobilized to free both movement and circulation.



(Source: WHO, 2008)

Slide 13

Leprosy Management

- Educate affected persons on the need to avoid direct skin contact with hot objects. They should use cloths or gloves for protection and while working pressure should be reduced on hands to prevent injuries.
- Keep away from fire to avoid burns
- Teach affected persons how to clean and soak feet in salt water for 15 minutes, rub off hard skin with water
- Rest the swollen foot by elevation
- Regular dressing to heal simple ulcer
- Wear comfortable rubber shoes to prevent injuries.
- Check daily for any injuries



Bandage tools that are frequently used or cover the hands (Source: Leprosy Mission, 2020)

Slide 14

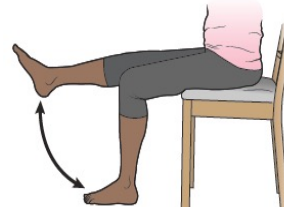
Lymphedema Management

- Teach the affected person washing of legs with clean water regularly (to prevent acute attacks) and the importance of drying the leg and foot after washing
- Keeping the nails and spaces between the toes clean
- Teach them how to prevent and cure lesions by applying antibiotic ointment to heal the entry lesions
- Explain the need to exercise and elevate the affected limb regularly.
- Teach the affected persons to wear appropriate footwear (WHO, 2001).



Fig. 43 - A health care worker showing a patient how to remove most of the bacteria from the skin.

(Source: WHO, 2001)



Source: Memorial Sloan Kettering Cancer Center, 2018, WHO, 2001
(<https://www.mskcc.org/cancer-care/patient-education/reducing-risk-lymphedema>)

Slide 15

Hydrocele Management

Advise on good hygiene in scrotal and genital area, washing gently with soap and water



Encourage patients to carefully wash their penis, scrotum, and the areas around the scrotum with soap and clean water every day.

The water should be at room temperature or cooler.

Dry the area well afterwards

If there are entry lesions, patients should use an antibacterial cream after washing and drying. They should rub a small amount of cream into any area with an entry lesion (WHO, 2001)

Pain medication to relieve discomfort



Report early at the health centre



POWERPOINT PRESENTATION F

Slide 1

Monitoring and Supervision



Slide 2

SESSION LEARNING OBJECTIVES

Participants should be able to:

- Understand the purpose of supervision
- To understand how to conduct supervision at the Primary Healthcare Facility and community levels
- Understand how to use supervision tools
- To practice the filling of supervision forms for reporting activities on skin NTDs



Slide 3

ACTIVITY ONE

Slide 4

WHAT IS MONITORING & SUPERVISION?

The process of overseeing the effective delivery of a task or activity

Supportive learning

Knowledge sharing

Support activities to help progress of supervisee and activities

Challenges addressed by supervisee

Problem solving

Monitor delivery of activity

Slide 5

ACTIVITY TWO

Slide 6

THINGS TO CONSIDER AS A SUPERVISOR?



- Inform your supervisee ahead of time on the date for the supervision.



- Arrive your destination early.
- As a supervisor, be courteous to your supervisee so that they can feel supported during supervision.



- Be simple as possible and explain the reason for the supervision to the supervisee (it is to make the work better for effective reporting and evaluation).
- Avoid power display and allow the supervisee speak freely.

Slide 7

SUPERVISION TOOLS & STRUCTURE

Training (Annually)

- Integrated Supervisory Checklist for Skin NTDs at:
 - **Local Government Area (LGA) Level Training**
 - Supervisee: State NTD or STBLCP Staff
 - Supervisor: Director of Public Health or Primary Healthcare
 - **Primary Health Care Facility Level Training**
 - Supervisee: LGA NTD Staff
 - Supervisor: The SNTD/ PM STBLCP for supervision at the facility level
 - **Community Level Training**
 - Supervisee: Health facility staff
 - Supervisor: LGA NTD Staff/ MOH

Referral (Bi-monthly)

- Integrated Supervisory Checklist for Skin NTDs at
 - **Community Level**
 - Supervisee: Community Health Volunteers, Community-directed distributors
 - Supervisor: FLFH in-charge or ward focal person.
 - **Primary Health Care Facility Level**
 - Supervisee: Frontline Health Facility (FLHF) staff
 - Supervisor: LNTD/TBLS/Medical officer on health (MOH)

Slide 8

ACTIVITY THREE: PRACTICE AND FEEDBACK

POWERPOINT PRESENTATION G

Slide 1

STIGMA, MENTAL WELLBEING AND NEGLECTED TROPICAL DISEASES



Slide 2

SESSION LEARNING OBJECTIVES

- To be able to explain why stigma might exist in different forms (e.g. felt, feared, internalised and discrimination) and what these types of stigma may look like in relation to NTDs.
- To understand what causes stigma related to NTDs
- 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 persons affected by NTDs.

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

Slide 3

ACTIVITY ONE

WHAT IS STIGMA?

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

TYPES OF STIGMA

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

Experienced Stigma

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

Mary's employer has discriminated against her for receiving treatment for leprosy and has asked her not to return to work.

Anticipated Stigma

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

Samuel sells food in the market and is worried no one will buy his food if they know he has been diagnosed with lymphedema.

Internalised Stigma

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

Chukwudi is hiding from people in his community because he believes he has Buruli ulcer because he has been cursed.



What do you see?

What kind of stigma is this?

Slide 7

WHAT ARE THE CONSEQUENCES OF STIGMA?

- **Shame and stigma often make people** reluctant to attend health facilities for fear of being discriminated.
- This results in **delayed healthcare seeking** and late diagnosis whereby conditions became more severe and therefore more difficult to treat.

Slide 8

ACTIVITY TWO

Slide 9

WHAT CAUSES STIGMA?

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

Slide 10

SO WHY DO WE STIGMATISE?	
Fear	<ul style="list-style-type: none"> Catching the disease, physical impacts, of infecting others, disclosure
Unease	<ul style="list-style-type: none"> People may not know how to react toward another person
Association	<ul style="list-style-type: none"> Health condition perceived to be undesirable or linked to a specific job or social status, for example, poverty. Often people are blamed for their condition.
Values and Beliefs	<ul style="list-style-type: none"> Religious values related NTDs being a result of a curse or past sins. These may be unconscious thoughts or ideas.
Policies or Legislation	<ul style="list-style-type: none"> About where and how conditions are treated. Laws that are discriminatory e.g. allowing divorce as the result of a specific health condition.
Use of inappropriate pictures of language, comments from health workers	<ul style="list-style-type: none"> The way in which diseases are presented visually, talked about in the community and or media is important. Labelling and negative language can lead to stigma.

Slide 11



Slide 12

WHO STIGMATISES?

EVERYONE

Often we don't realise we are doing it.

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

Ask yourself:

- Would I accept a glass of water from someone who has leprosy?
- Would I assume that someone who has Buruli ulcer is unclean?
- Would I go for dinner at someone's house who has lymphedema?

Slide 13

WHO STIGMATISES?

Linda is a health care worker who is based at the clinic. A young man comes to her and says he has a swollen scrotum. Linda believes that he has been involved in sinful behaviour and is unclean. Linda feels strongly about men who behave like this and so decides not to offer him care but to ask one of her colleagues to do it instead.

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

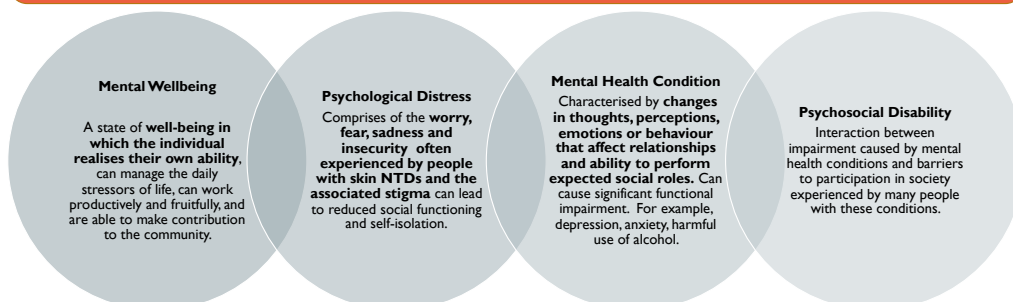
Slide 14

ACTIVITY FOUR

Slide 15

THE IMPACTS OF STIGMA

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



Use the Psychosocial support job aid to help you follow this slide

Slide 16

HOW SHOULD WE RESPOND?

Think about the way that we communicate diagnosis

Listen to patient's distress and let them ask questions

Share with them the facts about transmission and treatment

Give feedback to help them decide who they want to tell and how

Encourage expression of feelings and emotions

Help the person explore options of how they want to manage the situation

Use the diagnosis job aid to help you follow this slide


Slide 17

ACTIVITY 5

Slide 18

PSYCHOSOCIAL SUPPORT

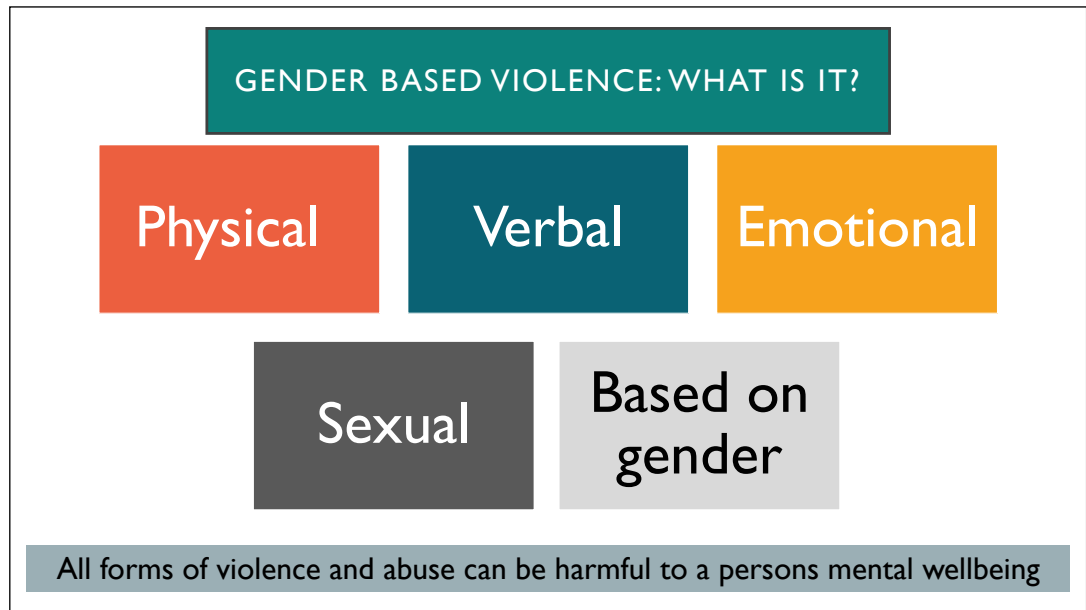
People with NTDs are at risk of developing mental health conditions; and people with mental health conditions are at risk of NTDs. This is because many of the social factors that shape vulnerability are the same.



- 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.

Slide 19



Slide 20

GENDER BASED VIOLENCE AND NTDS

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

The examinations you will complete and questions you will ask may reveal signs of sexual and gender-based violence (SGBV). 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.

Slide 21

QUESTIONS?

POWERPOINT PRESENTATION H

Slide 1

TRAINING & FACILITATION TECHNIQUES

COUNTDOWN
Calling time on Neglected Tropical Diseases

Slide 2

SESSION LEARNING OBJECTIVES

Participants should be able to:

- Understand the qualities of a good training facilitator.
- Facilitate training sessions for primary health staff and community health volunteers (CHVs) and community directed distributors (CDDs) and using participatory methods.

COUNTDOWN
Calling time on Neglected Tropical Diseases

Slide 3

ACTIVITY ONE

Slide 4

What is the difference
between this training
and a classroom in
the school?

Slide 5

Characteristics of Adult Learners



Goal-oriented



Self-directed



Practical



Mutual respect

Slide 6

Who is a facilitator?

A facilitator is a person who helps a group of people to work together better, understand common objectives and how to achieve the objectives during meetings or discussions.



Slide 7

What makes a good facilitator?

Slide 8

Use two-way exchange of information between trainer and trainees

Address people with courtesy and respect

Stimulate the minds of the trainees by engaging in individual/small group activity

Use a semi-circular sitting arrangement where possible

Introduce energizers when participants appear tired

Listen, guide the discussion, manage time and keep discussion on track

Slide 9

Facilitates Different Methods

Can you think of what methods we have used in our training?

Role plays



Demonstrations

Group Discussions



Evaluation post training for feedback



Practical Sessions



Slide 10

Four-step Plan/Structure of an Effective Training

Preparation:
make participants
ready to learn,
establish a
foundation for the
rest of the session.



Presentation:
provide the content
the learners need to
understand - concepts
and practice skills.



**Practice and
application:**
create scenarios to
enable learners apply
or transfer the learning
to new situations.



Evaluation:
test learners to
examine their ability
to perform the tasks
that they have been
taught e.g. observing
the learners while
they practise role
plays, a quiz.

Slide 11

ADDITIONAL SUGGESTIONS?

POWERPOINT PRESENTATION I

Slide 1



Signs & Symptoms of Neglected Tropical Diseases Affecting the Skin: Community Level (Buruli Ulcer, Hydrocele, Leprosy and Lymphedema)



Slide 2

SESSION LEARNING OBJECTIVES

- To be able understand the case definition for Buruli Ulcer (BU) , Hydrocele, Leprosy and Lymphedema.
- Understand the causes and transmission of BU, Hydrocele, Leprosy and Lymphedema.
- To be able to identify the signs and symptoms of BU, Hydrocele, Leprosy and Lymphedema.
- Use the job aids to recognise suspected cases of BU, Hydrocele, Leprosy and Lymphedema.
- Recognise when cases need referral to primary health care facility.



Slide 3

ACTIVITY ONE

Slide 4

CASE DEFINITION: BURULI ULCER

- **Buruli ulcer is a disease** caused by a germ which affects mainly the skin, but it can also affect the bones
- **Early stages** present as painless swellings (**nodule**), or large painless and hardened areas (**plaque**) or painless swelling (**oedema**) of the leg, arms or face.
- **Later stages** include plaque or oedema with an open sore/wound (**ulcer**), and bone deformities around the sores.

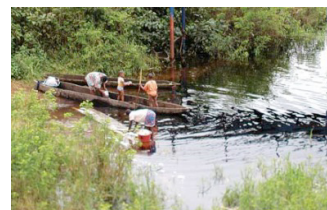


Buruli ulcer disability can be prevented through early diagnosis and treatment.

Slide 5

TRANSMISSION OF BURULI ULCER

- The means of transmission is not known, however in many cases it is attributed to exposure to rivers, streams or wetlands.
- Buruli ulcer **can affect anyone** at any age, but children are most often affected.



Nyong River,
Cameroon –
Credit: Dr A.
Um Boock

WE SHOULD KNOW THAT...

- **Buruli ulcer is a disease caused by a germ**
- Buruli ulcer **IS NOT** caused by witchcraft
- Buruli ulcer **IS NOT** due to a curse
- Buruli ulcer **IS NOT** a punishment
- You **CANNOT** get Buruli ulcer through contact with an affected person

Slide 6

CASE DEFINITION: LEPROSY

- **Leprosy is a disease** caused by a germ (bacteria) which destroys nerves, and it can easily damage the skin.
- The disease mainly affects the **skin, the peripheral nerves, mucosa of the upper respiratory tract, and the eyes.**
- Leprosy is curable with multidrug therapy (MDT).
- Untreated, leprosy can cause progressive and permanent damage to the skin, nerves, limbs, and eyes and long term disability



Long term disability can be prevented through early diagnosis and treatment

TRANSMISSION OF LEPROSY

- Leprosy is likely transmitted via droplets, from the nose and mouth, during close and frequent contact with untreated cases.
- Infection can occur at any age.
- Patients under treatment do not spread the disease.

WE SHOULD KNOW THAT...

- Leprosy is a disease caused by a germ
- Leprosy **IS NOT** caused by witchcraft
- Leprosy **IS NOT** due to a curse
- Leprosy **IS NOT** a punishment
- Leprosy **IS NOT** transmitted by touch
- **Rarely transmitted** between people only in extremely close contact for a very long period of time.

CASE DEFINITION: LYMPHEDEMA

- **Lymphedema** is a swelling of body tissues, usually presents in the legs but may also affect arms or breasts.
- Lymphedema may be caused by lymphatic filariasis (by **worms** transmitted to humans through mosquitoes)
- Hygiene and skin care are important to prevent secondary bacterial infections which cause "**acute attacks**" of acute inflammation of the skin, lymph vessels and lymph glands accompanied by debilitating pain, fever & swelling.
- **Lymphedema can sometimes be reversed in early stages and in later stage, improvements can be made if well managed.**



Disability can be prevented through early diagnosis and treatment

CASE DEFINITION: HYDROCELE

- **Hydrocele** presents in the swelling/enlargement of the scrotum.
- Hydrocele may be caused by lymphatic filariasis (by **worms** transmitted to humans through mosquitoes)
- Hygiene and skin care are important to prevent secondary bacterial infections which cause "**acute attacks**" of acute inflammation of the skin, lymph vessels and lymph glands accompanied by debilitating pain, fever & swelling.
- **Hydrocele is curable with surgery**



Disability can be prevented through early diagnosis and treatment

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WE SHOULD KNOW THAT...

- Lymphedema and Hydrocele can be caused by lymphatic filariasis.
- They **ARE NOT** caused by witchcraft.
- They **ARE NOT** caused by a curse.
- They **ARE NOT** a punishment.
- You **CANNOT** get Lymphedema or Hydrocele through contact with an affected person.

Slide 11

SIGNS AND SYMPTOMS OF BURULI ULCER

STAGE 1: NODULE

- The disease may progress without fever or pain
- A **nodule** is a small painless swelling/lump under the skin of about 3 centimetres in diameter.
- This is often the beginning of the disease but only a few affected people go to hospital at this stage.
- At the nodular stage, treatment is simple and prevents deformities



Credit: Dr S. Etuaful, WHO,

REFER to PHC for diagnosis & treatment.

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SIGNS AND SYMPTOMS OF BURULI ULCER

STAGE 2: PLAQUE

Crédita: Dr Annick Chauty,
Association Française Raoul Follereau,
Benin (WHO, ?)

- A **plaque** is a large painless swelling of more than 3 centimetres in diameter with clearly marked borders.
- The skin feels hard like cardboard.

STAGE 3: OEDEMA

Credit: National Buruli Ulcer Control
Programme, Benin

- **Oedema** is a large painless swelling
- It often involves the arms and the legs.

REFER to PHC for diagnosis & treatment.

LATE SYMPTOMS OF BURULI ULCER

STAGE 4: ULCER



Credit: Rebuild Ghana



Credit: WHO, Recognizing NTDs on Skin, A Training Guide for Frontline Health Workers. 2018)

- Typical **ulcers** are not very painful
- Have **undermined edges** and often have **whitish-yellowish appearance** and underlying red moist base
- With good treatment, small ulcers can heal. Large ulcers can be managed.

REFER to PHC for diagnosis & treatment.

LATE SYMPTOMS OF BURULI ULCER

STAGE 5: OSTEOMYELITIS (INFECTION OF BONE)



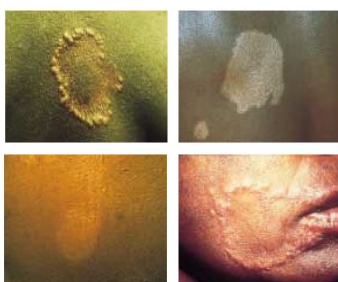
Credit: WHO

- Infection can affect bones and joints at later, more severe stage of illness
- Can lead to lifelong disabilities
- Surgery and physiotherapy are treatment options
- **Early diagnosis and treatment** can prevent disability

REFER to PHC for diagnosis & treatment.

SIGNS AND SYMPTOMS OF LEPROSY

- Skin lesions or patches with definite loss of sensation
- Spots on the skin that may be slightly red, darker or lighter than normal
- Can be flat or raised
- Do not itch
- Usually do not hurt



Patches on skin
(Source: ILEP, 2019)



Ulcer in an area with sensory loss
(Source: WHO, 2018)

- Painless ulcers on the soles of feet
- Painless swelling or lumps on the face or earlobes, loss of eyebrows or eyelashes.
- Touch sensation reduced

REFER to PHC for diagnosis & treatment.

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SIGNS AND SYMPTOMS OF LEPROSY



Clawing of hands (Source: Guardian, Nigeria)

REFER to PHC for diagnosis & treatment.

- Pins and needles sensations
- Numbness in a finger or toe
- Clawing of fingers and toes
- Nerve injury
- Eye damage such as dryness and reduced blinking
- Loss of extremities (ends of fingers or nose) due to repetitive injuries, wounds or infections

Slide 17

SIGNS AND SYMPTOMS OF LYMPHEDEMA

- Swelling of the leg
- The affected area is often warm, reddish and painful.
- As time goes on, the skin may become thickened, covered in small lumps giving a cobbled appearance and the possibility of recurrent infections.
- Extreme pain of the affected areas
- Hardening and thickening of the skin
- Fever, chills, headache and weakness

REFER to PHC for diagnosis & treatment.



(Source: WHO, 2001, 2018)

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SIGNS AND SYMPTOMS OF HYRDOCELE

- Swelling of the scrotum
- The fluid can collect on only one side (or on both sides)
- Accumulation of fluid in the sac covering the testes.
- Swelling, inflammation, hardened skin, and infection can occur.
- These problems have a huge emotional and social impact. Due to stigma, many men feel ashamed and hide their symptoms

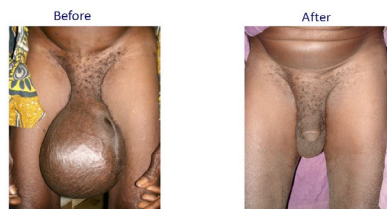


REFER to PHC for diagnosis & treatment.

HYDROCELE MANAGEMENT

- Hydrocele can be cured with a quick, **simple surgery** (hydrocelectomy)

Hydrocele Surgery Results



REFER to PHC for diagnosis & treatment.

(Source: WHO, 2001)

DANGER SIGNS

Patients with any of the problems listed below should be seen by a doctor or nurse.

- Very high fever, confusion, headache, drowsiness, or vomiting.
- Fever, shaking, chills, or pain in the leg that do not respond to treatment within 24 hours.
- Splitting of the skin because of a rapid increase in the size of the leg.
- Pus in the area affected by the acute attack

REFER for further treatment at this stage **when these danger signs are present .**

ACTIVITY THREE: JOB AIDS

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ANY QUESTIONS?

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REFERENCES

The content of this training have been adapted from the WHO Manuals on Recognizing neglected tropical diseases through changes on the skin: a training guide for front-line health workers, Buruli Ulcer: Pocket Book, LF Morbidity Management and Disability Prevention (MMDP) and the ILEP (International Federation of Anti-Leprosy Associations) Guide on How to Diagnose and Treat Leprosy

The full guides are available here:

https://www.who.int/neglected_diseases/resources/9789241513531/en/,

https://ilepfederation.org/wp-content/uploads/2020/02/LG1_V2-.pdf,

<https://www.who.int/buruli/resources/CDcommunity-EN.pdf>,

https://www.who.int/neglected_diseases/training/Session_2.3.pdf

POWERPOINT PRESENTATION J

Slide 1



Referral of Patients at Community Level



Slide 2

SESSION LEARNING OBJECTIVES

- To be able to understand when to refer affected persons
- To understand where to refer affected persons to the PHC
- To understand how to refer affected persons using the referral forms and community register.



Slide 3

ACTIVITY ONE

Slide 4

WHEN TO REFER

- Refer any affected person showing the symptoms to the PHC facility

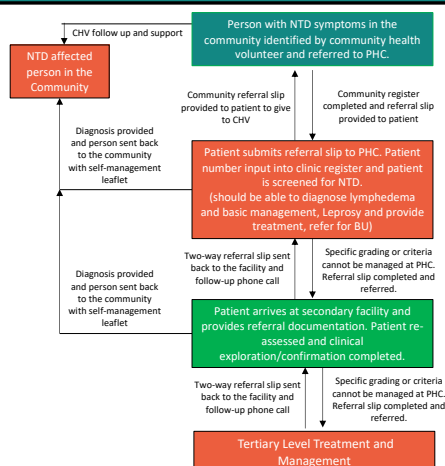


Slide 5

ACTIVITY TWO

Slide 6

HOW TO REFER



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8. WHO (2018). Recognizing neglected tropical diseases through changes on the skin: a training guide for front-line health workers. Available at: https://www.who.int/neglected_diseases/resources/9789241513531/en/

COUNTDOWN

Calling time on Neglected Tropical Diseases



Sightsavers

