Trainer’s Presentation Guide for Management of Sexually Transmitted and Reproductive Tract Infections

January 2008
Trainer’s Presentation Guide for Management of

SEXUALLY TRANSMITTED AND REPRODUCTIVE TRACT INFECTIONS

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UNIT 1
CREATING A LEARNING ATMOSPHERE FOR STI/RTI TRAINING

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

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

UNIT SESSIONS
• Introductions, expectations and norms
• Logistics
• Pre and post-knowledge assessment
• Overview of the training
• Giving and receiving feedback

SESSION 1.1
INTRODUCTIONS, EXPECTATIONS AND NORMS

SESSION OBJECTIVES
At the end of this session, the trainee will be able to
• Use each other’s preferred names and backgrounds during the training
• Share individual training expectations and training norms.

Use Each Other’s Preferred Name and Backgrounds During Training
• Registration and introductions
• Purpose of the introduction
• Format of the introduction
Share Individual Expectations and Training Norms

• Expectations and norms
• Purpose of expressing expectations and norms
• List of expectations
• List of norms
• Selection of leaders

SESSION 1.2 LOGISTICS

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

Clarification on Issues Related to Social Welfare

• Accommodation
• Up keeping
• Meals
• Security

SESSION 1.3 PRE-KNOWLEDGE ASSESSMENT

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

Identify Own Strengths and Weaknesses.

• Pre-training knowledge assessment
• Purposes of the assessment
• Areas to be assessed
• Feed back to trainees/trainers

SESSION 1.4 OVERVIEW OF THE TRAINING

SESSION OBJECTIVES
At the end of the session the trainee should be able to:
• Describe training goals, general objectives, processes and evaluation techniques.
• Describe the responsibilities and tasks of the service provider after completing the STI/RTI management training
Training Goals, Processes and Evaluation Techniques

• Training goals, Objectives and Processes
• List of general objectives
• Relationship between goal, general objectives, and the trainee's expectations
• Methods and steps for the training
• Evaluating techniques (during and after training)

Responsibilities and Tasks of the Service Provider after Training

• Responsibilities
• Tasks

SESSION 1.5
GIVING AND RECEIVING FEEDBACKS

• Definition of feedback
• Purpose of feedback.
• Feedback
• Factors that facilitate effective feedback

UNIT 2 INTRODUCTION TO STIs/RTIs/HIV/AIDS

OVERVIEW
The unit introduces the trainee to the basic facts about STIs/RTIs/HIV/AIDS emphasizing on aetiologies, transmission modes, symptoms and signs, common complications and control measures. It also provides information on public health importance of STIs/RTIs/HIV/AIDS and prevalence of STIs/RTIs/HIV/AIDS in the country

UNIT OBJECTIVES

At the end of the unit the trainee should be able to
• Describe the national guidelines and basic facts about STIs/RTIs/HIV/AIDS
• Explain the importance of STIs/RTIs/HIV/AIDS in public health.
• Explain the role of service provider in reducing the burden of STIs/RTIs/HIV/AIDS

UNIT SESSIONS

• Overview on STIs/RTIs
• Public Health Importance of STIs/RTIs
• Basic Facts about STIs/RTIs
• National HIV/AIDS policy and STIs/RTIs guidelines
• STI/RTI intervention strategies
• Role of the service provider in reducing the burden of STIs/RTIs
SESSION 2.1
OVERVIEW ON STIs/RTIs

SESSION OBJECTIVES
• Give a descriptive definition of STIs/RTIs
• Explain methods of transmission of STIs/RTIs
• Identify factors that facilitate STIs/RTIs transmission

Definition of STIs/RTIs
• STIs
  Groups of infections that are predominantly transmitted through unprotected sexual contact with an infected person
• RTIs
  Infections of the genital tract. They refer to the site where the infection develops.

Methods of RTIs/STIs Transmission
• Endogenous infections
• Iatrogenic infections
• Sexually transmitted infections
• Vertical transmission
• Through unsafe blood transfusion or blood products

Factors that Facilitate STIs/RTIs Transmission
• Risky sexual behaviour, such unsafe sex
• Social economic, such as transactional sex
• Cultural, such as Female Genital Mutilation
• Biological, such as age and sex
• Political, such as War and political instability
• Un-sterile procedures, such as invasive procedures
• Environmental, hormonal and other factors, such Yeast infections

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

SESSION OBJECTIVES
At the end of this session trainee will be able to
• Describe the prevalence of STIs/RTIs in Tanzania
• Outline the health consequences (sequelae) of STIs/RTIs
• Describe the relationship between STIs/RTIs and HIV infection

Prevalence of STIs/RTIs/HIV/AIDS in Tanzania
• 10 – 20% of sexually active population contracts STIs/RTIs each year
• In the year 2005 the prevalence of syphilis was 6.9% among pregnant women country wide.
• STIs/RTIs facilitate acquisition and transmission of HIV infection.
Health Consequences (Sequelae) of STIs/RTIs

- Ectopic pregnancy
- Infertility in both men and women
- Urethral strictures in men
- Abortions
- Cancers
- Blindness
- Stillbirth
- Cardiovascular and central nervous system complications

Relationship between STIs/RTIs and HIV Infection

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

SESSION 2.3
BASIC FACTS ABOUT STIs/RTIs

SESSION OBJECTIVES
At the end of the session, the trainee should be able to
- Enumerate the aetiologies of common STIs/RTIs
- Explain the modes of transmission of STIs/RTIs
- Describe the clinical presentation of STIs/RTIs
- Describe the preventive and control measures of STIs/RTIs

Aetiologies of Common STIs/RTIs

- Bacterial: Neisseria gonorrhoeae, Chlamydia trachomatis, Haemophilus ducreyi, Treponema pallidum
- Viral: Herpes simplex virus, Human papillomavirus, Human Immunodeficiency Virus
- Fungal: Candida albicans
- Protozoal: Trichomonas vaginalis
- Parasitic: Phthirus pubis (pubic lice), Sarcopes scabiei

Modes of Transmission of STIs/RTIs

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

Clinical Presentation of STIs/RTIs

- Asymptomatic
- Symptomatic such as:
  - Painful micturition
  - Vaginal discharge
  - Urethral discharge
  - Genital ulceration
  - Genital itching
  - Swelling of inguinal lymph nodes
  - Fever
  - Abdominal pain or pain during sexual act
Preventive and Control Measures of STIs/RTIs

Preventive and Control measures of STIs/RTIs

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

SESSION 2.4
BASIC FACTS ABOUT HIV/AIDS

SESSION OBJECTIVES

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

• Define HIV infection and AIDS
• Name the aetiology of HIV/AIDS
• Explain the modes of transmission of HIV/AIDS
• Explain the pathogenesis of HIV/AIDS
• Describe the diagnosis of HIV/AIDS
• Describe the impact of HIV/AIDS
• Describe the preventive and control measures of HIV/AIDS

Definition of HIV infection and AIDS

• HIV infection
  A state of being infected with the Human Immunodeficiency Virus without symptoms and signs
• AIDS
  A state of being HIV infected with presentation of symptoms and signs

Aetiology of HIV/AIDS

Human immunodeficiency virus (HIV)
Types 1 and 2

Modes of Transmission of HIV/AIDS

• Unprotected penetrative sexual intercourse
• Contact with infected blood or blood products
• Vertical transmission - mother to child
• Contaminated sharps
• Getting contact with contaminated body fluids

Pathogenesis of HIV/AIDS

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

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

Impact of HIV/AIDS

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

Preventive and Control Measures of HIV/AIDS

- Abstinence
- Fidelity
- Condom use
- VCT
- Screening of blood for transfusion
- PMTCT
- Proper management and control of other STIs/RTIs
- Adhering to standard precautions of infection control.

SESSION 2.5

NATIONAL POLICY ON HIV/AIDS, STI/RTI GUIDELINES AND STRATEGIES

SESSION OBJECTIVES
At the end of the session, the trainee should be able to
- Define the term Guidelines and Strategies
- Describe the National STI strategies
- Describe Intervention strategies in STIs/RTIs

Definition of Terms

- Policy
  A set of provisions which act as basis for implementation
- Guideline
  Instructional references which indicates a course of action in a specified situation
- Strategies
  Broad implementation methods

National Policy on HIV/AIDS and STI/RTI Guidelines

- Prevailing National AIDS policy
- STI/RTI guidelines in current use
**Intervention Strategies in STIs/RTIs**

- Training of service providers
- Primary prevention of STIs/RTIs
- Promotion of appropriate STIs/RTIs health seeking behaviour
- Effective case management
- Contact management
- Routine prevention of Ophthalmia Neonatorum
- Availability and affordability of drugs
- STIs/RTIs case finding and screening
- Condom promotion
- Monitoring and evaluation.

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

**SESSION OBJECTIVE**

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

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**Roles OF Service Provider**

- To raise awareness in the community about STIs/RTIs and how they can be prevented
- To promote early use of health services to cure STIs/RTIs and prevent complications
- To promote safer sexual practices
- To detect infections that are not obvious
- To prevent iatrogenic infections by following standard precautions
- To manage symptomatic STIs/RTIs effectively
- To counsel patients on staying uninfected after treatment
- To encourage STIs/RTIs patients to screen for HIV/AIDS

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**UNIT 3 Detection (Diagnosis) of Asymptomatic STIs/RTIs**

**OVERVIEW**

- A recognizable proportion of women and men with STIs/RTIs and HIV are asymptomatic or have mild symptoms and do not realize that they are infected. Asymptomatic or mildly symptomatic may not seek care at all. Asymptomatic STIs/RTIs/HIV can cause serious complications.
- In this unit it is recommended that all opportunities should be utilized for screening patients both clinically and by laboratory investigation when they come for other services.

**UNIT OBJECTIVE**

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

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**UNIT SESSIONS**

- Detecting STIs/RTIs
- PITC in STIs/RTIs
- Screening for specific STIs/RTIs
SESSION 3.1 DETECTING STIs/RTIs

SESSION OBJECTIVES
• Discuss barriers related to STI/RTI control
• Identify common methods of STI/RTI detection

Barriers Related to STI/RTI Control
• Some people with STIs/RTIs are asymptomatic, while others have mild symptoms.
• Some seek care and others do not
• No accurate diagnosis
• No correct treatment,
• Some do complete treatment and others not
• Others get complete cure and others not

Common Methods of STI/RTI Detection
• History taking
• Physical examination
• Laboratory tests
• Presumptive treatment on basis of risk criteria including contact treatment
• Combination of strategies

SESSION 3.2 PITC IN STIs/RTIs

SESSION OBJECTIVES
At the end of the session the trainee should be able to:
• Discuss the concept of PITC
• Identify similarities between VCT and PITC
• Describe the PITC steps
• Discuss ethical and legal issues in PITC

HIV Counselling and Testing Approaches
Client Initiated Counselling and testing
• This is a client – initiated Voluntary HIV Counselling and Testing (VCT)

Provider – Initiated HIV testing and Counselling (PITC)
• Health care practitioner initiates HIV testing and counselling to clients attending health care facilities for other services

Mandatory HIV screening
• Routine screening for HIV and other blood borne viruses for blood transfusion or transfer of body fluids or parts.

HIV testing for research
• Anonymous HIV testing for research purposes
Rationale for PITC

- HIV counselling and testing in Tanzania done to date has occurred at VCT sites only.
- The number of people in Tanzania who know their HIV status is very low (15% of the adult population).
- UNAIDS and WHO recommend HIV counselling and testing as entry point for care, treatment, prevention and support services.
- Tanzania has adopted a policy recommending HIV testing to every person who comes to a health facility, regardless of their malady.

Importance of PITC in Tanzania

- Integrating HIV testing into service provision for all patients normalizes HIV/AIDS as other chronic disease.
- PITC will increase the number of individuals that know their HIV status.
- PITC will reduce stigma related HIV/AIDS.
- Improved care of related conditions, e.g. TB.

Pre-test Information in PITC

- Group or individual information about availability of HIV testing and counselling at the health facility.
- Individual session between a health provider and patient.
- Posters can be placed in waiting rooms informing importance of knowing one’s HIV status and the use of brochures given to patients when they check.

Pre-test Information in PITC Cont...

- Provider initiated HIV testing and counselling is recommended as a standard part of the patient’s health care.
- Individuals may decline the test if they do not want it performed. Therefore, informed consent should always be given individually in privacy.
- The health care provider will provide the client with the following minimum information:
  - Clinical and prevention benefits of testing (including available services related to HIV status)
  - Patient has the right to decline the test and that testing will be performed unless the patient exercises that right.

Pre-test Information in PITC Cont...

- The health provider need to assure the client with the following information:
  - HIV test will not affect the patient’s access to services and do not depend upon knowledge of HIV status.
  - HIV results will be confidential however, information can be shared with other health care workers directly involved in providing necessary services to the patient.
  - The client has an opportunity to ask the health care provider questions.

Pre-test Information in PITC Cont...

Additional pre-test information for women who are or may become pregnant should include:

- The risks of HIV transmission to infants.
- Measures that can be taken to reduce mother-to-child transmission, including antiretroviral prophylaxis and infant feeding counselling.
- The benefits to infants of early diagnosis of HIV.
When Dealing with Children

- Pre-test information should be tailored to the client’s age and developmental stage; special considerations will apply for obtaining informed consent from children and adolescents (refer guidelines).

Note:
- Verbal consent is adequate for the purpose of obtaining informed consent during PITC.
- When conducting PITC, DO NOT FORGET to attend the primary reason/illness for attending health care facility.

Post-test Counselling

During the post-test counselling session, health care practitioners should:
- Assess patient’s readiness to receive HIV test results
- Communicate HIV test results simply and clearly and give the patient time to consider the results
- Dispel any false beliefs regarding invulnerability or immunity to HIV
- Explain how to remain negative and/or how to prevent re-infection (condoms)
- Discuss prevention, disclosure and options for partner referral to HIV testing and counselling services
- Arrange referral for additional counselling and support

HIV Testing Algorithm in Tanzania

Post-test Counselling for HIV-negative Clients

- Highlight the window period and explain the importance to repeat the test after 3 months
- Explain the importance of joining a post-test club or a peer support group (if available)

Post-test Counselling for HIV-Positive Clients

- Help the patient to cope with emotions arising from the test results.
- Discuss concerns and assist the patient in determining who in his/her social network may offer immediate support
- Counsel the patient about positive living
- Explain to the patient about his/her referral to CTC for further management
- Arrange for referral for further counselling, care, antiretroviral treatment or support services
- Discuss possible disclosure of HIV test results, including when and how disclosure might happen and to whom.

Post-test Counselling for HIV-Positive Women

- Use of antiretroviral drugs to prevent MTCT, and for her own health, when indicated and available
- Childbirth plans
- Adequate maternal nutrition, including iron and folic acid
- Infant feeding options and support to carry out the mother’s infant feeding choice
- HIV testing for the infant and the follow-up that will be necessary.
Counselling in Children

- Children are those below 18 years and infants are those below 12 months of age.
- Children get HIV from their mothers during pregnancy, labour and delivery or through breast feeding.
- PITC offered to children should also be offered to parents.
- Counselling for the child and the parent or guardian and consent for testing must be obtained from the parent or guardian.

How to Provide Post Test Results to Children

- Disclose the results to the parents/guardians.
- Explain what the results mean.
- Help them to cope with emotions arising from the test results.
- Discuss implications of the results to the family unit.
- Discuss disclosure of HIV test results.

Ethical and Legal Issues in PITC

- **Informed consent**
  - Always obtain informed consent of the client (no coercion).
  - Verbal consent is adequate (written consent not prerequisite).
- **Privacy and confidentiality**
  - All records should be kept confidential out of reach of unauthorized persons.
  - Ensure space provides for privacy.
- **Shared confidentiality**
  - Only client will allow disclosure of HIV results to a third party.
  - Health providers may access the results for purposes of providing care to the client.

Ethical and Legal Issues in PITC Cont..

- **Access to services**
  - Client who declines to undergo HIV testing should not be denied other services.
  - Provide or refer the client to appropriate services after HIV results.
- **Children < 18**
  - Consent provided by parents/legal guardians.
  - If married and/or sexually active may give own consent.
- **Mentally challenged**
  - Get consent from parent/legal guardian.

SESSION 3.3
SCREENING IN SPECIFIC STIs/RTIs

**SESSION OBJECTIVES**

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

Syphilis Screening Opportunities

- At first antenatal visit as early as possible.
- Women who do not attend antenatal clinic be tested at delivery.
- History of miscarriages or still birth.
- Men and women with history of risky sexual contact e.g. rape.
STI/RTI screening opportunities

Vaginal Infections
• History of abortion or preterm delivery

Cervical infections
• Any time a speculum examination is performed
• During pregnancy

STI/RTI screening opportunities Cont...

Pelvic Inflammatory Diseases
• Prior to trans-cervical procedures
• Any time a speculum or bimanual pelvic examination is performed.

Cervical Cancer Screening
• Screening option will depend on resources available. e.g. where cytology services available all women over 35 be screened every 5-10 years (Pap smear)

Screening Tools

Syphilis
• Non treponemal test (RPR and VDRL)
• Treponemal test which include Treponema pallidum Haemagglutination (TPHA), Treponema Pallidum Particle Agglutination (TPPA), POC (Point of Care Tests- specific for syphilis, rapid, simple to use and does not need cold chain)

Vaginal Infections
• Bacterial vaginosis - Gram stain/amine test
• Trichomonas vaginalis fresh wet microscopy in normal saline
• Vaginal candidiasis-microscopy for yeast cells

Cervical infections
• Speculum Examination
• Culture for gonorrhoea
• Lab test for chlamydia
• Polymerase Chain Reaction (PCR)

Screening Tools Cont..

Pelvic Inflammatory Disease
Careful abdominal and bimanual pelvic examination.

Cervical cancer
Cytology by Papanicolaou smear (Pap. smear)

HIV screening as per prevailing recommendations and guidelines.

UNIT 4
HEALTH EDUCATION, PITC, CONTACT REFERRAL AND MANAGEMENT

OVERVIEW:
• This unit introduces the provider to the concepts of health education, Provider initiated Testing and Counselling (PITC) and management of sexual contacts in STI/RTI treatment.
• PITC and health education may be provided to individuals, couples. However, for provision of effective education, counselling and contact management the care provider must ensure privacy and confidentiality.

UNIT OBJECTIVES
At the end of this unit the trainee should be able to:
• Explain the concepts of Health education, PITC and management of sexual contacts in the care of STI/RTI clients
• Apply the principles of health education, PITC and management of sexual contacts in the management of STI/RTI clients
SESSIONS

• Health education
• Counselling
• Contact notification, referral and management

SESSION 4.1 HEALTH EDUCATION

Session Objectives
At the end of the session the trainee should be able to:
• Define health education
• Describe the importance of health education
• Explain pre-requisites for health education
• Identify areas to be addressed in STI/RTI health education

Definition of Health Education

It is a process of delivering health information to an individual or a group on a specific subject.

Importance of Health Education

• Raises awareness on STIs/RTIs
• Encourages marginalized groups to adopt preventive measures
• Adoption of safer sex practices
• Promotion of appropriate STIs/RTIs treatment seeking behaviour
• Supports behaviour change

Pre-requisites for Health Education

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

Areas to be Addressed in STIs/RTIs Health Education

• Important Health Education topics for STIs/RTIs
• Nature and possible complications of STIs/RTIs
• Need for compliance to medication
• Need to return for follow up
• Importance of partner referral
• Preventive education
• Early medical assessment after possible exposure
• Referral to related services
SESSION 4.2 COUNSELLING

SESSION OBJECTIVES
• Define counselling
• Discuss basic skills in counselling
• Identify factors that promote successful counselling
• Discuss counselling in special situations
• Identify differences between health education and counselling

Definition of Counselling
It is a confidential dialogue between a client or couple and a service provider enabling the client or couple to make an informed decision with an understanding of the facts and emotions involved. The process is dynamic, interactive and allows exploring needs, issues or problems.

Basic Skills of Counselling
• Relationship building
• Exploration
• Understanding
• Action plan

Factors that Promote Successful Counselling
• Privacy and confidentiality
• Empathy as an ability to enter someone else’s world as if it was yours
• Willingness to help
• Accuracy of information
• Respect
• Use of understandable language
• Use of visual aids
• Use of good listening skills throughout the process

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

Difference between Health Education and Counselling

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

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

SESSION 4.3
CONTACT NOTIFICATION, REFERRAL AND MANAGEMENT

SESSION OBJECTIVES

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

• Explain the concept of contact notification, referral and management
• Outline steps in contact management

Concept of Contact Referral

The concept is based on the following facts:

• Each STI/RTI client must have been infected by a sexual partner who should also be treated
• Each STI/RTI client is potential source of infection until the treatment is complete
• A treated STI/RTI client is cured but not immune. So he or she can get re-infected.
• The purpose of notifying the clients sexual partner is therefore to break the transmission chain of STI/RTI.

Types of Contact Referral

The client referral system by the index case using contact slips should be used because of its low cost and practicability. It is also the method recommended by WHO.

Principles of Contact Referral

A successful contact referral system should observe the principles of confidentiality, non-coercion approaches and non-judgmental attitudes. Also user friendly clinic hours. Clear explanations and collaboration of the index case are important.

Steps for Contact Management

History taking, clinical examination and diagnosis follow the same procedure as for any other client. Contact should be managed as follows:

• Contact with STIs/RTIs syndrome: Treat the contact according to the STIs/RTIs syndrome of the index case plus other diagnosed STIs/RTIs syndrome
• Contact without signs or symptoms: Treat according to equivalent syndrome of index patient.
• Contacts with STIs/RTIs syndrome regarded as contact index cases. Therefore, they should refer their own further contacts.
• Before discharge, health education has to be provided.
UNIT 5 PREVENTING STIs/RTIs

OVERVIEW:
• Prevention of STI/RTI lie on the principles of communicable diseases control including: knowing the source, transmission, influencing factors, vulnerable groups and surveillance.
• This unit will outline the general preventive measure with specifics in iatrogenic and endogenous causes in RTIs.

UNIT OBJECTIVES
At the end of the unit trainee should be able to
• Explain general preventive methods of STIs and RTIs
• Describe iatrogenic and endogenous RTIs and how to prevent them

UNIT SESSIONS
• Preventing sexual transmission of STIs/RTIs.
• Condom promotion and negotiation
• Preventing iatrogenic and endogenous infections

SESSION 5.1 PREVENTING SEXUAL TRANSMISSION OF STIs/RTIs
SESSION OBJECTIVES
At the end of this session the trainee should be able to discuss methods in STIs/RTIs prevention

Methods in STIs/RTIs prevention
• Delaying sexual activity for young people
• Sexual and reproductive health education to young people in and out of school
• Have one faithful uninfected partner
• Abstinence is another way to avoid risk of STIs although other RTIs are still possible.
• Using condoms correctly and consistently.
• Correcting myths and misconceptions about condoms

SESSION 5.2 CONDOM PROMOTION AND NEGOTIATION
SESSION OBJECTIVES
At the end of the session the trainee should be able to:
• Discuss principles of condom promotion and negotiation technique
• Explain principles of condom storage and disposal
Principles of Condom Promotion and Negotiation

Principles of condom promotion
• Address common misconceptions and myths about condom itself
• Be sensitive towards social, cultural and religious norms and values
• Address the reality of the different role of women and men have in their relationship

Condom Negotiation Techniques
• Prepare your partner for condom discussion
• Choose the best moment when both partners are comfortable
• Explain good things about condoms
• Make encouraging remarks to your partner
• Respond to the arguments or misconceptions with facts using leaflets and actual condom
• Demonstrate how to use both male and female condoms
• Be assertive rather than aggressive. Try to persuade rather than intimidate

Proper Condom Use
• Use a new condom for each acts of sexual intercourse
• Do not use teeth, fingernails or sharp
• Put condom on erect penis
• Hold tip of condom and unroll it on the erect penis
• Withdraw from partner after ejaculation when penis is still erect
• Use only water based lubricants

Principles of Condom Storage and Disposal
• Condom should be protected from direct sunlight, moisture and excessive heat
• Condom should be disposed using appropriate methods such as thrown into pit latrine, burnt or buried in the ground and never be thrown into flush toilets

SESSION 5.3 PREVENTING IATROGENIC AND ENDOGENOUS INFECTIONS

SESSION OBJECTIVES
At the end of the sessions the trainee should be able to:
• Explain strategies for preventing Iatrogenic RTIs
• Explain strategies for preventing endogenous STI/RTIs

Strategies For Preventing Iatrogenic RTIs
• Good antenatal care and safe delivery practices
• Safe performance of trans-cervical procedures
• Good post-abortion care and management of complications
• Proper sterilization of invasive instruments
• Presumptive treatment after invasive procedure
Strategies for Preventing Endogenous Infections

- Health provider should be aware that pregnant women and women using oral contraceptives may get frequent yeast infection because of changes in vaginal acidity (PH).
- Certain medical conditions e.g. D. mellitus may increase the risk of yeast infections, as in case of long-term use of steroids.
- Health care provider can offer advice about simple ways to prevent endogenous infections e.g. cleaning the external genital area with soap and water.

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

OVERVIEW
- Promoting prevention and use of STIs and RTIs services aims at addressing the barriers, raising awareness and thus increasing care seeking and preventive measures. It also aims at reaching the marginalized groups.
- This unit outlines important factors that increase risky sexual behaviour.
- However both preventive and curative services have to be accessible, affordable and effective.

UNIT OBJECTIVES
At the end of the unit the trainee should be able to:
- Identify the barriers to utilization of STIs/RTIs services
- Describe the marginalized groups that do not easily access STIs/RTIs services.
- Explain factors that increase the risky behaviour to STIs/RTIs.
- Promote the use of STIs/RTIs services.

UNIT SESSIONS
- Barriers in utilization of STI/RTI services
- Groups that do not easily utilize STIs/RTIs services
- Raising awareness and promoting services.

SESSION 6.1
BARRIERS IN UTILIZATION OF STI/RTI SERVICES

SESSION OBJECTIVES
At the end of the session the trainee should be able to:
- Identify barriers that interfere with utilization of STIs/RTIs services.
- Discuss the appropriate actions to be taken by the health care providers in reduction of barriers to utilization of STIs/RTIs Services.

Barriers of Accessibility
- Cultural, religious beliefs, and regulations
- Location - distance from the clinic
- Hours - convenience of opening hours to users
- Cost in-terms of affordability of services in monetary terms

Barriers of Acceptability
- Provider characteristics and attitude of providers
- Health facility structural/administrative procedures such as operating hours, drugs and supplies availability and adequacy of rooms for privacy.
Actions that Service Provider can Take in Reducing the Barriers

- Level of the provider e.g. friendliness to clients
- Level of the facility e.g. availability of drugs, privacy and confidentiality
- Community level e.g. appropriate information

SESSION 6.2 
GROUPS THAT DO NOT EASILY ACCESS STI/RTI SERVICES

SESSION OBJECTIVES
At the end of the session the trainee should be able to:
- Identify groups that do not easily access STIs/RTIs services
- Describe factors that predispose the marginalized groups to acquire STIs/RTIs
- Discuss strategies to involve the marginalized groups in using STI/RTI services

Groups that Do Not Easily Access STIs/RTIs Services

- Men, adolescents and children
- Commercial sex workers and their partners
- Migrants and mobile workers
- Prisoners
- Others such as post menopausal, those who have completed their families and those in permanent contraception.

Predisposing Factors to STIs/RTIs

- Age, early sexual indulgence
- Social economic vicious cycles of poverty,
- peer pressure, lack of sex education
- Socio cultural practices.
- Substance and alcohol abuse.

Overcoming Barriers to Use of STI/RTI Services

- Using user friendly clinics for youths and adolescents
- School health programmes to reach children
- Creating outreach clinics for commercial sex workers and their partners
- Sensitization and availability of services for mobile workers and prisoners
- Availability of free services for elderly
- Availability of condoms at work places and social places for men and youth

SESSION 6.3 
RAISING AWARENESS AND PROMOTING SERVICES

SESSION OBJECTIVES
At the end of this session the trainee should be able to:
- Explain the concept of IEC in raising community awareness on STIs/RTIs services
- Explain the role of IEC in promoting STIs/RTIs services
- Discuss the rationale of IEC in promoting early use of STI/RTI services
- Discuss the rationale for sexual and reproductive health programmes in young people to promote services
**Definition Of IEC**

IEC in STI/RTI control involves a process of informing, educating, and communicating issues related to STI/RTI to individuals, groups and community at large for the purpose of behaviour change.

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**The Role of IEC in Promoting STI/RTI Services**

- Attract clients attention
- Trigger discussion and help client bring up questions
- Clarify issues
- Clear rumor and misconceptions.
- Provide missing information
- Easy to understand the male dominance in sexual issues
- Compare similarities and differences
- Show something that people can not see in real life

---

**Promoting Early Use of STIs/RTIs Services**

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

---

**Adolescent**

A person aged 10-19 years. And, it is a transitional period between childhood and adult hood. It is time of remarkable physical, emotional, psychological, cognitive and social growth

**Youth**

An individual aged between 15-24 years

**Young People**

Individuals aged 10-24 years

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**Rationale for Sexual and RH Programmes for Young People**

- Reduces HIV infection among young people.
- Reduction of prevalence of STI’s among young people
- Highest rate of STI are reported among young people and females in the 15-19 age groups
- Reduction of risks and problems related to abortions
- Empowers young people to avoid sexual abuse and exploitation
- Increases the age of sexual debut

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**UNIT 7 STIs/RTIs ASSESSMENT DURING ROUTINE FAMILY PLANNING VISITS**

**OVERVIEW:**

- The family planning (FP) visit is an opportunity to prevent not only unwanted pregnancies but also STIs and RTIs (dual protection). This may be a chance to detect and treat some silent STIs/RTIs.
- This unit emphasizes on integrating STIs/RTIs assessment into routine FP visits, dual protection and emergency contraception.
UNIT OBJECTIVES
At the end of this unit the trainee should be able to:
• Assess the need for STIs/RTIs screening during routine FP visits.
• Apply guidelines to manage STIs/RTIs problems during routine FP visits.

UNIT SESSIONS
• Integrating STI/RTI assessment into routine FP visits
• Dual protection

SESSION 7.1
INTEGRATING STI/RTI ASSESSMENT INTO ROUTINE FP VISITS
SESSION OBJECTIVES
At the end of this session the trainee should be able to:
• Explain the importance of integrating STIs/RTIs management into routine FP Visit
• Discuss approaches in dealing with STIs/RTIs at the initial FP visit
• Identify common FP methods, which increase or reduce the risk of STIs/RTIs.

Importance of Integrating STIs/RTIs Management into Routine FP Visits
• A chance to detect some silent STIs/RTIs and to offer appropriate treatment.
• An opportunity to give FP client information about STIs/RTIs prevention.

Approaches in Dealing with STIs/RTIs Issues at the Initial FP Visit
If it is a woman's first visit:
• Determine the woman's preferred FP method
• Review her medical eligibility for that method
• Assess her risk of current or future STIs/RTIs
• Discuss methods of STIs/RTIs prevention
• Help the woman to make choice.

Approaches in Dealing with STIs/RTIs Issues at the Initial FP Visit Cont...
If a woman is already on contraceptive methods.
• Discuss contraceptive needs
• Discuss STIs protection needs
• Describe options and help the woman make a choice
• Assess for STIs/RTIs syndrome
• Consider STIs/RTIs risk implication for contraceptive method and need for dual protection
• Assess need for STIs/RTIs screening or treatment
Common FP Methods which Increase or Reduce the Risk of STIs/RTIs

- Male/female condoms protect against most STIs including HIV.
- Oral contraceptives
  - No protection
  - Yeast infections is common
- Implantable contraceptives
  - No protection
- Injectable contraceptives
  - No protection against viral STI and HIV

SESSION 7.2 Dual Protection

SESSION OBJECTIVES

At the end of this session the trainee should be able to:
- Explain the importance of emergency contraception
- Identify common types of emergency contraceptives.

Importance of Emergency Contraception

Emergency contraception refers to a back up protection against unwanted pregnancy in the event of condom misuse or failure or any unintended sex act such as in rape.

Common Types of Emergency Contraception

- Special purpose pills such as levonorgestrel which is single and Ethinylestradiol which is combined
- Regular childbirth control pills which include low dose combined and high dose combined pills (Ethinylestradiol 30 -50 g.)
- Intra uterine contraceptive devices IUCD (Copper-bearing IUCDs). This is most effective when used within 5 days after unprotected intercourse.

UNIT 8 STIs/RTIs ASSESSMENT IN PREGNANCY, CHILD BIRTH AND THE POSTPARTUM PERIOD

OVERVIEW

- STIs/RTIs prevention and management are as important during pregnancy.
- Assessment of a woman during pregnancy, childbirth and postpartum will reduce the risk of STIs/RTIs.
- A number of STIs can cause complications during pregnancy and contribute to poor pregnancy outcome.
- STIs/RTIs- related problems in pregnancy including post-abortion infections, post partum infections and congenital syphilis cause high maternal and peri-natal morbidity and mortality
UNIT OBJECTIVE
At the end of this UNIT the trainee should be able to integrate STIs/RTIs assessment during pregnancy, childbirth and during the post partum period.

SESSIONS
- Assessment during pregnancy
- STI/RTI assessment during childbirth
- STI/RTI assessment during post partum period.

SESSION 8.1
ASSESSMENT DURING PREGNANCY

SESSION OBJECTIVES
At the end of this session the trainee should be able to:
- Explain the importance of STI/RTI assessment in pregnancy.
- Identify essential steps at the initial antenatal visit

Importance of STIs/RTIs Assessment in Pregnancy
- Pregnancy increases the risk to certain RTIs
- A woman’s sexual activity may increase leading to exposure to STIs/RTIs.
- Some of the STIs are asymptomatic.
- Adverse outcome of pregnancy.
- Avoid congenital neonatal infections

Assessment Steps at Initial Antenatal Visit
- Assess STIs/RTIs symptoms and history of spontaneous abortion or preterm delivery
- Look for signs of STIs/RTIs
- Provide syphilis’ screening, treatment and partner notification
- Test for bacterial vaginosis and trichomoniasis where possible
- Encourage HIV testing and counselling
- Discuss STIs/RTIs prevention
- Discuss birth plan and postpartum infections

SESSION 8.2
STI/RTI ASSESSMENT DURING CHILDBIRTH

SESSION OBJECTIVES
- Identify STIs/RTIs assessment steps during labour and delivery
- Detect and provide treatment for vertically transmitted and other neonatal related STIs/RTIs

STI/RTI Assessment during Labour and Delivery
- Assess and treat symptomatic STIs/RTIs
- Rule out active herpes
- Review syphilis results and treatment
- If mother is HIV positive provide ARV prophylaxis to mother and newborn
- Provide neonatal conjunctivitis prophylaxis
Detecting and Treatment for Vertically Transmitted STIs and Neonatal

- Review syphilis test results of the mother.
- Evaluate for signs of congenital syphilis.
- If the mother was not tested for syphilis before, carry out the test and obtain results.
- Provide prophylaxis against Ophthalmia Neonatorum.
- Provide treatment of syphilis to mother, partner and child according to flow chart.

SESSION 8.3
STIs/RTIs ASSESSMENT DURING POSTPARTUM PERIOD

SESSION OBJECTIVE
At the end of this session the trainee should be able to identify STIs/RTIs assessment steps during postpartum period.

STI/RTI Assessment Steps during Post-partum Period

- Rule out post-partum symptoms and signs of STIs/RTIs.
- Treat symptomatic STIs/RTIs.
- Discuss STIs/RTIs prevention and contraceptive options.

UNIT 9 MANAGEMENT OF SYMPTOMATIC STIs/RTIs

OVERVIEW
- Concept syndromic management of STIs/RTIs.
- Introduce various syndromes with their respective causative agents.
- Encourage use of the laboratory test where available.

UNIT OBJECTIVE
At the end of this unit the trainees should be able to discuss the overview of STIs/RTIs syndromes and the concept of syndromic approach and its rationale.

UNIT SESSIONS
- Concept of Syndromic Management of STIs/RTIs.
- Overview of STIs/RTIs Syndromes.
- History Taking.
- Physical examination on STIs/RTIs client.
- Management of common syndromes.
- Management of non-syndromic STIs/RTIs.

SESSION 9.1
THE CONCEPT OF SYNDROMIC MANAGEMENT OF STIs/RTIs

SESSION OBJECTIVES:
At the end of this session the trainee should be able to:
- Identify the 3 approaches applied in the management of STIs/RTIs.
- Explain the advantages and disadvantages of each STIs/RTIs management approach.
- Explain the rationale for adopting syndromic management approach.
The 3 Approaches

- **Aetiological Laboratory approach**
  Identification of causative agents through laboratory methods followed by disease specific treatment

- **Aetiological Clinical approach**
  Targeted treatment of disease based on suspected causative agent diagnosed clinically

- **Syndromic approach**
  Identification of clinical syndromes (symptoms and signs) followed by syndrome specific treatment targeting all causative agents which can cause the syndrome.

### Aetiological Laboratory Approach

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

### Aetiological Laboratory Cont...

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

### Aetiological Clinical Approach

**Advantages**
- Saves time for patients
- No need for laboratory facilitation

### Aetiological Clinical Cont...

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

### Syndromic Approach

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

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

Rationale for Syndromic Management
• Ideal approach at all levels of health care delivery points
• No missing of mixed infections
• Client gets prompt and adequate treatment

SESSION 9.2
OVERVIEW OF STIs/RTIs SYNDROMES

SESSION OBJECTIVE
At the end of the session the trainee should be able to outline the aetiological agents for each of the seven syndromes

STIs/RTIs Syndromes and Their Aetiological Agents

<table>
<thead>
<tr>
<th>STIs/RTIs Syndrome</th>
<th>Sex</th>
<th>Aetiologic Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic Inflammatory Disease (PID)-(Lower Abdominal Pain)</td>
<td>F</td>
<td>Neisseria gonorrhoeae, Chlamydia trachomatis, Anaerobic bacteria</td>
</tr>
<tr>
<td>Genital Ulcer Disease (GUD)</td>
<td>M/F</td>
<td>Treponema pallidum, Haemophilus ducreyi, Chlamydia trachomatis, Herpes simplex virus type 2, Klebsiella granulomatis</td>
</tr>
<tr>
<td>Inguinal Bubos</td>
<td>M/F</td>
<td>Chlamydia trachomatis, Haemophilus ducreyi</td>
</tr>
<tr>
<td>Neonatal Conjunctivitis</td>
<td>New born</td>
<td>Neisseria gonorrhoeae, Chlamydia trachomatis</td>
</tr>
<tr>
<td>Urethral Discharge Syndrome (UDS)</td>
<td>M</td>
<td>Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis</td>
</tr>
<tr>
<td>Painful Scrotal Swelling (Acute Epididymo-orchitis)</td>
<td>M</td>
<td>Chlamydia trachomatis, Neisseria gonorrhoeae</td>
</tr>
<tr>
<td>Vaginal Discharge Syndrome (VDS)</td>
<td>F</td>
<td>Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, Gardnerella vaginalis, Candida albicans</td>
</tr>
</tbody>
</table>

SESSION 9.3
HISTORY TAKING

SESSION OBJECTIVES
At the end of the session the trainee should be able to:
• Explain the main purpose of taking history from an STIs/RTI client
• Describe characteristics of a conducive environment for history taking
• Identify important aspects to observe during history taking
• Explain the type of information required from a client during history taking
### Purpose of History Taking from STIs/RTIs Clients

To obtain information on
- Current problems
- Sexual history
- Past and present medical history
- Personal risky behaviour and factors

### Characteristics of a Conducive Environment for History Taking

- Maximum privacy
- Good ventilation
- Adequate light
- Cleanliness
- Furniture: chairs and a table

### Important Aspects to Observe during History Taking

- Good client-provider relationship
- Greet the patient in a friendly manner and offer him/her a chair
- Show friendliness both verbally and non-verbally.
- Use understandable language avoiding medical terms.
- Assure the patient that her/his consultation is confidential.
- Observe client's non verbal behaviour/communication

### Questioning Techniques

- Questions should be phrased politely
- Questions should be specific and clear so that the patient knows exactly what information is needed
- Questions should be asked one at a time.
- Questions should be free of any moral tone
- Avoid 'leading' questions. Ask open ended questions

### Information Required

- Personal characteristics
  - Name, sex, age, address, occupation
- Present illness
- Sexual and reproductive history
- Medical History
- Ask about:
  - Previous STI episodes
  - Any current or long term medication
  - Drug allergy

### Information Required Cont...

**Sexual history, ask about:**
- When was the last sexual intercourse
- Whether and what preventive measures were taken
- Whether sexual partner had any symptoms
- Number of sexual partners in the past three months
SESSION 9.4
PHYSICAL EXAMINATION ON STI/RTI CLIENT

SESSION OBJECTIVES
At the end of the session the trainee should be able to
• Explain the purpose of performing physical examination
• Describe pre-requisites for conducting a proper physical examination
• Explain the aspects to be observed by the service provider when conducting physical examination.
• Demonstrate abilities to perform physical examination

The Purpose for Performing Physical Examination
• Enables the clinician to confirm the symptoms which the patient has described and to check for clinical signs of STIs/RTIs.
• Enables the service provider to discover signs and other problems not mentioned by the client.

Pre-requisites for Conducting a Proper Physical Examination
• Room that provides maximum privacy
• Examination couch
• Screen/Curtain
• Good light source e.g. Torch or head lamp
• Speculum
• Lubricant
• Hypo-chlorite solution or household bleach
• Gauze/cotton wool
• Gloves
• Bucket
• Soap
• Water
• Dust bin
• Receiver

Aspects to be Observed by the Service Provider
The following should be observed:
• Explain to the client the importance of the examination and its procedure
• Client should be treated with respect and courtesy
• Be calm, friendly and smart
• Explain each procedure/steps before hand
• Attend client in the presence of chaperon (another service provider) if necessary
• Seek consent of client
• The client should not be over exposed
• Be gentle during examination

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

SESSION 9.5
MANAGEMENT OF COMMON SYNDROMES

Sub-sessions:
9.5.1 Introduction to Flow Charts
9.5.2 Urethral Discharge Syndrome
9.5.3 Vaginal Discharge Syndrome
9.5.4 Pelvic Inflammatory Disease
9.5.5 Painful Scrotal Swelling
9.5.6 Neonatal Conjunctivitis
9.5.7 Genital Ulcer Syndrome
9.5.8 Inguinal Bubo
SESSION 9.5.1
INTRODUCTION TO FLOW CHARTS

SUB-SESSION OBJECTIVE
At the end of the session, the trainee should be able to:
• Explain what a flow chart is and how it works in syndromic STI/RTI case management.
• Identify steps in using flow charts

What Is a Flow Chart?
It is a decision and action tree which guides the service provider in STIs/RTIs syndromic management approach. These are sometimes known as algorithms or treatment protocols.

How It Works
Each flowchart is made up of a series of 3 steps:
• The clinical problems (patient presenting symptoms and signs)
• The decision that needs to be taken
• The action that needs to be carried out

Steps for Using Flow Charts
• Ask the patient for his/her symptom(s)
• Find the appropriate flow chart stated in the clinical problem box
• The clinical problem box leads to an action box which guide you to examine the patient and/or take the history
• Next move to the decision box after taking history
• Depending on your choice, there may be further decision boxes and action boxes

SESSION 9.5.2
URETHRAL DISCHARGE SYNDROME (UDS)

SESSION OBJECTIVES
At the end of the session the trainee should be able to
• Define Urethral Discharge Syndrome (UDS)
• Enumerate the aetiologies of UDS
• Identify common symptoms and signs
• Describe the management of UDS
• Identify common complications of UDS
• Describe the preventive and control measures

Definition
It is the presence of abnormal secretions in distal portion of urethra in males usually accompanied by symptom and signs

Aetiologies, such as:
• Neisseria gonorrhoeae
• Chlamydia trachomatis
• Trichomonas vaginalis

Common Symptoms and Signs of UDS
• Urethral discharge
• Burning sensation or painful micturition
• Itchy urethra
• Increased frequency and urgency of micturition
Management of UDS

- Take history and examine
- Ask the client to milk urethra if necessary
- Treat according to appropriate flow chart
- Ensure compliance
- Provide health education and counsel

Management of UDS Cont...

- Record No. of contacts and initiate contact referral
- Promote and provide condoms
- Encourage HIV testing and counselling or refer
- Advise to return after 7 days for follow-up or as the need arises before the 7 days

Complications of UDS

- Orchitis
- Epididymitis
- Urethral stricture
- Infertility

Preventive and Control Measures

- Abstinence
- Fidelity
- Continuous and Consistent condom use
- Screening
- Health Education
- Counselling
- Drug Compliance
- Partner notification and management

SESSION 9.5.3
VAGINAL DISCHARGE SYNDROME (VDS)

SESSION OBJECTIVES
At the end of the session the trainee should be able to
- Define Vaginal Discharge Syndrome (VDS)
- Outline the aetiologies
- Identify the symptoms and signs
- Describe common management
- Identify common complications
- Explain the preventive and control measures

Definition of VDS
It is a change of colour, odour and/or amount of vaginal secretions usually accompanied with symptoms and signs

Vaginal Discharge Syndrome (VDS)
Aetiologies of VDS
- Neisseria gonorrhoeae
- Chlamydia trachomatis
- Trichomonas vaginalis
- Candida albicans
- Anaerobic bacteria

Common Symptoms and Signs
- Abnormal vaginal discharge
- Burning or painful micturition
- Itchy vulva
- Increased frequency and urgency of micturition
- Painful coitus

Management of VDS
- Take history
- Examine external genitalia, use Speculum
- Treat according to appropriate flow chart
- Ensure compliance
- Provide health education

Management of VDS Cont...
- Counsel on risk reduction
- Record no of contacts and initiate contact referral
- Promote and provide condoms
- Encourage HIV testing and counselling or refer
- Advise to return after 7 days or as the need arises

Complications VDS
- Endometritis
- Salpingitis
- Oophoritis
- Ectopic pregnancy
- Infertility

Preventive and Control Measures
- Abstinence
- Fidelity
- Condom use
- Screening
- Health education
- Counselling
- Drug compliance
- Partner notification and management
SESSION 9.5.4
PELVIC INFLAMMATORY DISEASE (PID)
(Lower abdominal pain Syndrome)

SESSION OBJECTIVES
At the end of the session the trainee should be able to
• Define Pelvic Inflammatory Disease (PID)
• Outline the aetiologies
• Identify the common symptoms and signs
• Describe the management
• Identify the common complications
• Explain the preventive and control measures

Definition
It is an inflammation of the endometrium, and/or fallopian tubes, ovary and pelvic peritoneum

Aetiologies
• Neisseria gonorrhoeae
• Chlamydia trachomatis
• Anaerobic bacteria

Symptoms and Signs of PID
• Lower abdominal pain and tenderness
• Painful micturition
• Painful coitus
• Abnormal vaginal discharge
• Menometrorrhagia
• Fever and sometimes nausea and vomiting

Management of PID
• Take history
• Examine
• Treat according to appropriate flow chart
• Ensure compliance
• Provide health education
• Counsel on risk reduction
• Record no of contacts and initiate contact referral

Management of PID Cont...
• Promote and provide condoms
• Encourage HIV testing and Counselling or refer
• Advise to return after 3 days or as the need arises

Complications of PID
• Infertility
• Ectopic pregnancy
• Chronic lower abdominal pain
• Dysmenorrhoea
• Pelvic abscess
Preventive and Control Measures

• Abstinence
• Fidelity
• Early and effective treatment of VDS
• Screen for VDS
• Continuous and consistent condom use
• Aseptic technique in pelvic examination

SESSION 9.5.5
PAINFUL SCROTAL SWELLING (PSS)

SESSION OBJECTIVES
At the end of the session the trainee should be able to
• Define painful scrotal swelling (PSS)
• Outline the aetiologies
• Identify the common symptoms and signs
• Describe the management
• Identify the common complications
• Explain the preventive and control measures

Definition of PSS
It is an inflammation of the epididymis often accompanied with testicular pain, swelling and tenderness of the epididymis and vas deferens.

Aetiologies
• Neisseria gonorrhoeae
• Chlamydia trachomatis

Symptoms and Signs of PSS
• Scrotal pain
• Scrotal swelling and tenderness
• Scrotal oedema
• Fever

Management of PSS
• Take history
• Examine
• Treat according to appropriate flow chart
• Ensure drug compliance
• Provide health education session
• Counsel
• Record No. of contacts and initiate contact referral
• Promote and provide condoms
• Encourage HIV testing and counselling
• Advise to return after 7 days for follow-up or before as the need arises

Complications of PSS
• Infertility
• Scrotal abscess
Preventive and Control Measures
- Abstinence
- Fidelity
- Condom use
- Screening for UDS
- Early treatment of urethral discharge

SESSION 9.5.6
NEONATAL CONJUNCTIVITIS (NC)

SESSION OBJECTIVES
At the end of the session the trainee should be able to
- Define neonatal conjunctivitis (NC)
- Outline the aetiologies
- Identify the common symptoms and signs
- Describe the management
- Identify the common complications
- Explain the preventive and control measures

Definition of NC
It is an inflammation of the conjunctiva of a newborn baby (less than one month of age)

Aetiologies
- Neisseria gonorrhoeae
- Chlamydia trachomatis

Symptoms and Signs of NC
- Reddish conjunctiva
- Swelling/oedema of the eyelids
- Purulent eye discharge

Management of NC
- Take history of neonate from mother
- Examine
- Treat mother and contacts according to VDS flow chart
- Ensure drug compliance
- Treat neonate according to appropriate flow chart

Management of NC Cont...
- Provide health education
- Counsel the mother
- Encourage HIV testing and counselling to the mother or refer
- Advise to return after 3 days for follow-up or early as the need arises
Complications of NC

• Blindness
• Chlamydial Pneumonitis

Preventive and Control Measures of NC

• Screening of pregnant women
• Early treatment of VDS in pregnant women
• Routine eye chemoprophylaxis to the neonate during birth

SESSION 9.5.7
GENITAL ULCER DISEASE (GUD)

SESSION OBJECTIVES
At the end of the session the trainee should be able to
• Define genital ulcer syndrome (GUD)
• Outline the aetiologies
• Identify the common symptoms and signs
• Describe the management
• Identify the common complications
• Explain the preventive and control measures

Definition
It is a loss of skin or mucous membrane continuity producing one or more ulcerative lesions in genitalia.

Aetiologies of GUD

• Treponema pallidum
• Haemophilus ducreyi
• Chlamydia trachomatis
• Herpes simplex virus type 2
• Calymmatobacterium granulomatis

Symptoms and Signs of GUD

Genital ulceration that may be painful or painless
• Possible lymphadenopathy
• May be purulent and dirty
• May have smooth edges, or rough edges
• Painful coitus
• Painful micturition
Management of GUD

- Take history
- Examine
- Treat according to appropriate flow chart
- Ensure compliance
- Provide health education
- Counsel on risk reduction

Management of GUD Cont...

- Record no of contacts and initiate contact referral
- Promote and provide condoms
- Encourage HIV testing and counselling or refer
- Advise to come after 7 days or early as the need arises.

Complications of GUD

- Secondary/Tertiary and congenital syphilis
- Inguinal bubo
- Facilitation of HIV acquisition and transmission
- Urethral fistula in males
- Phimosis and paraphymosis

Preventive and Control Measures

- Abstinence
- Fidelity
- Continuous and Consistent condom use
- Screening
- Compliance
- Partner notification and management
- Counselling
- Health Education

SESSION 9.5.8
INGUINAL BUBO (IB)

SESSION OBJECTIVES
At the end of the session the trainee should be able to
- Define Inguinal Bubo syndrome (IB)
- Outline the aetiologies
- Identify the common symptoms and signs
- Describe the management
- Identify the common complications
- Explain the preventive and control measures

Definition of IB

It is a painful swelling of the inguinal lymph nodes, usually with pus formation
Aetiologies of IB

• Chlamydia trachomatis
• Haemophilus ducreyi

Symptoms and Signs of IB

• Swelling often fluctuant
• Pain
• Fever
• Tenderness

Management of IB

• Take history
• Examine
• If the Bubo becomes fluctuant aspirate through normal skin
• Treat according to appropriate flow chart
• Ensure compliance
• Provide health education

Management of IB Cont...

• Counsel
• Record no. of contacts and initiate contact referral
• Promote and provide condoms
• Encourage HIV testing and counselling or refer
• Advise to return after 7 days or early as the need arises

Complications of IB

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

Preventive and Control Measures

• Abstinence
• Fidelity
• Continuous and Consistent condom use
• Early treatment of IB
• Screening
• Partner notification and management
• Health Education
SESSION 9.6
MANAGING OTHER NON SYNDROMIC (SPECIFIC) STIs/RTIs

SESSION OBJECTIVE
After this session, the trainee should be able to describe the management of the following non-syndromic sexually transmitted infections:
- Congenital and Latent Syphilis
- Genital warts
- Balanoposthitis
- Pediculosis
- Scabies

SUB-SESSION 9.6.1
SECONDARY, LATE AND CONGENITAL SYphilis

SUB-SESSION OBJECTIVE
After this sub-session the trainee should be able to:
- Define secondary, late and congenital syphilis
- Explain clinical presentation of secondary, late and congenital syphilis
- Describe management of secondary, late and congenital syphilis
- Describe ways of preventing congenital syphilis

Secondary Syphilis
- Syphilis manifesting 6-8 weeks after appearance of the primary chancre (may overlap)
- Patient presents with a generalized symmetrical skin rash which may be accompanied with fever, malaise, headache and generalized lymphadenopathy
- Serological tests are usually positive
- Treatment is single dose IM Benzathine Penicillin 2.4 MU divided in two sites.
- Alternative regimen: Oral Doxycycline 100mg BD for 15 days OR Tetracycline 500mg QID for 15 days

Late Syphilis
- Syphilis manifesting more than 2 years after the primary chancre
- Often asymptomatic but tertiary syphilis involves multiple systems: musculoskeletal, cardiovascular, neural
- Serological tests may be positive
- CSF may show abnormality
- Treatment is IM Benzathine Penicillin 2.4 MU divided in two sites given once weekly for 3 consecutive weeks

Syphilis in Pregnancy
- May present as any stage of syphilis
- Known adverse pregnancy outcomes of syphilis may be prevented through routine screening and treating for syphilis as early as possible during each pregnancy.
- Sexual partners should also be treated as well
- Treatment is single dose IM Benzathine Penicillin 2.4 MU divided equally in two sites. May be repeated weekly for 3 consecutive weeks when there are reasons to suspect tertiary syphilis.

Congenital Syphilis
- Congenital syphilis is infection by Treponema pallidum acquired by the foetus through the placenta from an infected mother.
- It is classified as early congenital syphilis when it manifests in the first two years of life and late when it manifests later in life
Clinical Presentation of Early Congenital Syphilis

- Bullous skin eruption (syphilitic pemphigus) at birth
- Skin lesions appearing 2-8 weeks after birth
- Mucous membrane lesions
- Mucous patches in throat
- Nasal discharge
- Failure to thrive
- Bone lesions
- Generalized lymphadenopathy
- Hepatosplenomegaly

Clinical Presentation of Late Congenital Syphilis

- Gummata
- Neurological symptoms and signs (rare)
- Cardiovascular manifestations (rare)
- Clutton's joints
- Interstitial keratitis
- Hutchison's "peg" teeth & mulberry molars
- Perforation of hard palate
- Saddle nose
- Corneal opacity

Management of Congenital Syphilis

- Crystalline penicillin 50,000 IU/kg 12 hrly for 10 days
- OR
- Procaine penicillin 50,000 IU/kg OD for 10 days
- Babies allergic to penicillin: Erythromycin syrup 7.5-12.5mg/kg 6 hrly for 30 days
- Tetracyclines are contraindicated in babies

Prevention of Congenital Syphilis

- Prevention of STIs in the general population
- Routine syphilis screening and treatment of mothers during pregnancy
- All infants born to mothers who tested positive for syphilis during pregnancy should be treated with single dose benzathine penicillin 50,000 IU/kg IM regardless of whether the mother had treatment during pregnancy or not
SUB-SESSION 9.6.2 GENITAL WARTS

SUB-SESSION OBJECTIVES
After this sub-session the trainee should be able to:
• Define Genital Warts
• Identify the aetiology of Genital Warts
• Describe the clinical presentation of Genital Warts
• Explain the management of Genital Warts
• List complications of Genital Warts

Definition of Genital Warts
Painless growths on genital skin or mucous membrane caused by the Human Papillomavirus (HPV) which is predominantly sexually transmitted.

Clinical Presentation of Genital Warts
• Painless growths often occur in moist mucocutaneous areas of genitalia and anus (may be fungating)
• May be hidden in inner parts of genitalia e.g. urethra, vagina or anus

Chemical Treatment of Genital Warts
• Patient applied Podophyllotoxin 0.5% solution/gel
  OR
• Patient applied Imiquimod 5% cream
  OR
• Provider applied Podophyllin in compound tincture of benzoin
  OR
• Trichloroacetic acid (TCA) 80-90%
  NB: For cervical and vaginal warts keep speculum until the drug has dried out

Physical Treatment of Genital Warts
• Cryotherapy with liquid nitrogen
  OR
• Electrosurgery
  OR
• Surgical removal

Complications of Genital Warts
• Highly contagious
• Cancer of cervix
• Penile cancer

  NB: During pregnancy it is safer for the baby to be delivered by caesarian section
### SUB-SESSION 9.6.3 BALANOPOSTHITIS

#### SUB-SESSION OBJECTIVES

- Define balanoposthitis
- Identify aetiological agent and predisposing factors
- Describe treatment of balanoposthitis

### Definition & Aetiology of Balanoposthitis

- Inflammation involving the glans penis and foreskin (prepuce)
- Not sexually transmitted – commonly caused by *Candida albicans*
- Associated with immunosuppression or uncontrolled Diabetes mellitus
- More common in uncircumcised with poor hygiene

### Treatment of Balanoposthitis

Advice to wash with soap and safe water and apply:

- Gentian violet 0.5% twice daily for 7 days
- Clotrimazole 1% cream, twice daily for 7 days
- Miconazole 2% cream twice daily for 7 days
- Nystatin cream, twice daily for 7 days

### SUB-SESSION 9.6.4 PEDICULOSIS

#### SUB-SESSION OBJECTIVES

- Define pediculosis
- Identify causative agent
- Describe clinical presentation
- Describe treatment
- Explain preventive measures

### Definition, Aetiology and Clinical Presentation of Pediculosis

- Pediculosis is a skin infestation by the louse *Phthirus pubis* transmitted through intimate contact e.g. during sexual intercourse
- Commonly affects the pubis and rarely the eyelashes
- Patient present with pruritus
- Typical lice and eggs seen on pubic hair and/or eyelashes

### Prevention and Treatment of Pediculosis

- Basic prevention is keeping personal body hygiene
- Treatment includes:
  - Shaving and washing with water and soap followed by topical application of one of:
    - Lindane 1% lotion or cream
    - Pyrethrins plus perpenyl butoxide
    - Permethrin 1%
    - BBE
  - Washing and ironing of clothes and bed linen
**SUB-SESSION 9.6.5 SCABIES**

**SUB-SESSION OBJECTIVES**
- Define scabies
- Identify aetiology of scabies
- Describe clinical presentation
- Describe prevention and treatment measures

**Definition, Aetiology and Clinical Presentation of Scabies**
- Scabies is a skin infestation caused by a mite *Sarcoptes scabiei* acquired through skin to skin contact e.g. during sexual intercourse
- Closely associated with poor hygiene and overcrowding
- Patient present with a pruritic erythematous skin rash
- Secondary bacterial infection and eczema are common

**Prevention and Treatment of Scabies**
- Body washing with soap and water followed by application of one of:
  - Benzyl benzoate emulsion (BBE)
  - Gamma benzene hexachloride
  - Crotomiton
- Prevention is mainly by:
  - Personal hygiene
  - Environmental hygiene in congregate settings
  - Treatment of sexual contacts

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

**OVERVIEW**
- STIs/RTIs in the context of routine care of women during pregnancy, childbirth and post partum period.
- Important STIs/RTIs related problems that may occur during or following pregnancy
- Infection in pregnancy, following miscarriage, induced abortion or in the post partum period.

**UNIT OBJECTIVE**
At the end of this unit the trainee should be able to manage effectively STIs/RTIs and their complications related to pregnancy, abortions and post-partum period.
UNIT SESSIONS

- STIs/RTIs related complications during pregnancy
- STIs/RTIs related complications following abortions and child birth

SESSION 10.1
STIs/RTIs RELATED COMPLICATIONS DURING PREGNANCY

SESSION OBJECTIVES
At the end of this unit the trainee should be able to:
- Discuss STIs/RTIs related complications in early pregnancy.
- Discuss STIs/RTIs related complications during late pregnancy.
- Explain the effective management of STIs/RTIs complications during pregnancy.

SESSION 10.2
STIs/RTIs RELATED COMPLICATIONS FOLLOWING ABORTIONS AND CHILD BIRTH

SESSION OBJECTIVES
At the end of this session the trainee should be able to:
- Explain STIs/RTIs related complications following abortions
- Explain STIs/RTIs related complications following child birth
- Explain the effective management of STIs/RTIs complications following abortions and child birth.

STIs/RTIs Related Complications in Early Pregnancy
Most complications of STI/RTI during early pregnancy are related to spontaneous or induced abortion

STIs/RTIs Related Complications during Late Pregnancy
- Rupture of membranes
- Preterm labour
- Still birth

STIs/RTIs Related Complications Following Abortions
- Severe bleeding
- Incomplete abortion retaining some products
- Pulmonary embolism
- Peritonitis/septicemia
- Vaginal discharge
STIs/RTIs Related Complications Following Child Birth

Complications following rupture of membranes:
- Infection may cause rupture of membranes or follow it.
- Rupture of membranes before term may cause preterm delivery, low birth weight, peri-natal morbidity and mortality.

Complications following childbirth:
- Post partum endometritis
- Puerperal sepsis
- Vaginal discharge

Complications during post partum period:
- Foul smell vaginal discharge may be a sign of infection particularly, post partum endometritis

Effective Management of STIs/RTIs Complications during Abortions and Child Birth

Management during abortion
- Intravenous fluids
- Antibiotics intravenously or intramuscularly
- Refer immediately
- Safe evacuation of the uterine content

Management during child birth
- Good antenatal care, delivery practices and postpartum care are important
- Dose of antibiotic intravenously or intramuscularly
- Refer urgently to hospital
- Apply appropriate flow chart

UNIT 11 SEXUAL VIOLENCE/ABUSE

OVERVIEW
- Sexual violence in medical care
- Medical and other care needed for survivors of rape.
- Importance of emergency contraception
- Presumptive treatment of STI
- Post exposure prophylaxis for HIV

UNIT OBJECTIVE

At the end of this unit the trainees should be able to identify medical, psychological, social and legal aspects of sexual violence with a view to enabling them to help and manage the survivors of rape effectively and efficiently.
SESSION 11.1
Medical and Supportive Care for Survivors of Rape

SESSION OBJECTIVES
At the end of this session the trainee should be able to:
• Define and identify forms of sexual violence
• Identify characteristics of survivors of rape
• Discuss available medical and supportive care services for survivor of rape
• Provide clinical and psychological care to survivors of rape
• Manage effectively survivor of rape

Definition of Sexual Violence
According to SOSPA (1998), sexual violence is defined as “any sexual act, attempt to obtain a sexual act or act to traffic women’s sexuality using coercion, threats of harm or physical force”

Forms of Sexual Violence
• Rape:
  This is a forcible sexual act with a person who does not give consent usually involving use of physical force.
• Sexual harassment:
  This involves unwelcome sexual advance or request ranging from words, gestures or comments to covert physical contact such as patting or brushing on one's body to unwelcome sexual propositions and sexual assaults. Sexual harassment is more common in educational or work settings.

Characteristics of Survivors of Rape
Physical:
• Severe Pre-Menstrual Syndrome (PMS)
• Frequent feelings of fatigue
• Frequent gynaecological problems
• Frequent headaches
• Frequent stomach-aches
• Trouble sleeping

Characteristics of Survivors of Rape Cont...
Psychological
• Depressed feelings
• Anxious
• Lack of confidence
• Frequent nightmares
• Thoughts of hurting self
• Suicide attempts
• Thoughts of hurting others
• Accident proneness

Available Medical and Supportive Care Services for Survivors of Rape
• Essential medical care for injuries and health problems
• Collection of forensic evidence (e.g., sperm collection) and/or appropriate referral
• Evaluation for STI including HIV and preventive care
• Evaluation of pregnancy risk and prevention if necessary
• Psychosocial support (both at time of crisis and long term) including appropriate counselling and relevant legal steps
• Follow up services for all of the above
Procedure of Providing Clinical and Psychological Care for Survivors of Rape

• Explain options and assist in developing a plan
• Obtain informed consent for any examination, treatment, notification or referral
• Take history and perform physical and genital examination
• Refer if forensic examination is required and no qualified provider on site
• Collect forensic evidence and documents

Effective Management of Survivors of Rape

• Manage injuries for example bruises, tears, abrasions, bleeding.
• Counsel the survivor/relatives and reassure confidentiality.
• Provide emergency contraception using
  – levonorgestrel or combined oral contraceptive pills within 5 days of rape (120 hours)
  – or insert copper-T bearing IUCD until next menses
  – If more than 5 days refer to a gynaecologist

Effective Management of Survivors of Rape Cont...

• Provide (presumptive treatment for STI and PEP for HIV) STI and HIV prophylaxis as appropriate
• Provide prophylactic immunization against Hepatitis B and Tetanus Toxoid if survivor sustained wounds.

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

OVERVIEW
• Any STI/RTI control program should ensure adequate availability of medicines, laboratory reagents and other related commodities.
• Proper data collection and record keeping is crucial in handling facility medicines and supplies. Ordering should be timely to avoid stock out.

UNIT OBJECTIVE

At the end of the unit the trainee will be able to describe the process of ordering, storage and distribution of STI/RTI medicines, laboratory reagents and related commodities.

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

SESSION OBJECTIVES

At the end of this session the trainee should be able to
• Explain the procedure for determining the needs of medicines and supplies for the facility
• Explain the procedure for ordering medicines and supplies
**Procedure for Determining the Needs of Medicines and Supplies at the Facility**

- Review prevalence of STI/RTI syndromes (statistics at her/his work place).
- Calculate the average monthly consumption basing on the prevalence of the syndromes.
- Estimate minimum and maximum stock levels.
- Determine buffer/security stock levels for the lead time.
- Decide on how much you need to order.

**Procedure for Ordering Medicines and Supplies**

- Identify form for ordering STI/RTI medicines and supplies
- Complete the forms according to the laid out procedures.
- Forward to the appropriate authorities according to the laid out system.

**Procedure for Receiving Ordered Medicines and Supplies**

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

**Procedure for Issuing/Dispensing of Medicines and Supplies**

Enter the total number of units:
- Dispensed/issued from the appropriate register
- Remove from inventory for any reason other than dispensing
- Received into the inventory for any reason other delivered from MSD/NACP
- Removed from inventory to land
- Added/removed from inventory after item counting of the products

**UNIT 13 MONITORING AND EVALUATION OF STI/RTI SERVICES**

**OVERVIEW**

- Monitoring and evaluation ensure delivery of quality services and eventually assessing the impact.
- Involves recording using standardized tool, analysis and interpretation.
- Results obtained from analysis should be used in decision-making and improvement of STI/RTI services.

**UNIT OBJECTIVE**

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

• Overview of monitoring and evaluation
• Monitoring STI/RTI services
• Evaluating STI/RTI services

SESSION 13.1
OVERVIEW OF MONITORING AND EVALUATION

SESSION OBJECTIVES
At the end of this session the trainee should be able to:
• Define terms monitoring and evaluation
• Explain objectives for monitoring and evaluation of STI/RTI services

Definition of Terms

• Monitoring
  Is a systematic recording of various steps and events in implementing an activity.

• Evaluation
  Is the system of assessing the success or failure of an activity in order to ensure proper re-planning or implementation of activities.

Objectives for Monitoring and Evaluation of STI/RTI Services

• To provide essential information for clients' follow up
• To provide information on prevention and management of STI/RTI, drug consumption and demand.
• To assess the effectiveness of the programme through quantitative and qualitative methods.
• To improve the management of STI/RTI services as necessary and inform the policy-makers.
• To gather and analyze services statistics and use the information for planning, prevention and control.

SESSION 13.2
MONITORING STI/RTI SERVICES

SESSION OBJECTIVES
At the end of the session the trainee should be able to:
• Explain the purpose for monitoring STI/RTI services
• Explain the process of monitoring STI/RTI services
• Explain the process of reporting and dissemination
• Describe methods of data collection, analysis and presentation

Purpose for Monitoring STI/RTI Services

To determine whether:
• Work progresses according to schedule
• Standards are maintained
• Resources are used rationally, properly and as planned
• Required infrastructure is available and used
Process of Monitoring STI Services

The process include:
• Periodic or continuous collection of data on events, activities, people and objects.
• Use information gathered to track trends, strengths and weaknesses.
• Use collected information to assist decision making and management.

Process of Reporting and Dissemination

To whom should the report be submitted:
• At the health facility forms are completed by 7th day of next month and sent to DMO.
• At district level DMO aggregates the reports and sends to RMO by 14th day of next month.
• RMO aggregates the reports and send the report to NACP epidemiology unit by 21st day of next month.

Process of Reporting and Dissemination Cont...

When should the report be submitted:
• At facility level - monthly
• At district level - monthly
• At MOHSHW - Quarterly for MTUHA and on monthly basis for STI/RTI reports.

Methods of Data Collection, Analysis and Presentation

• Data collection is done manually or computerized where possible
• Analysis is done manually or by using soft ware programme
• Presentation is done by graphs charts, oral, written reports.

NB: An STI/RTI service provider should be able to keep records, evaluate, process, analysis make interpretation and use them

SESSION 13.3 EVALUATION OF STI/RTI SERVICES

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

Process of Evaluating STI/RTI Services

Purpose
• Determine whether the objectives were achieved
• Determine whether the services can be extended else where
Process of Evaluating STI/RTI Services

When to conduct evaluation

• Before implementation (inputs)
  – Assess developmental needs and potentials
  – Determine the feasibility of the plan
• During implementation (process/outplay)
  – Identify areas for change or modification
  – Detect deficiencies and immediate re-design of intervention strategies.
• At the end of STI/RTI services (outcome)
  – Assess the STI/RTI service outcome

Aspects to Evaluate

• Actual services delivery
• Occurrence of STI/RTI episodes
• Staff performance
• Adequacy of staffing levels
• Client satisfaction and response
• Material needs and allocation
• Techniques

Methods of Evaluating STI/RTI Services

• Review of records
• Questionnaire
• Interviews
• Observations
• Focus group discussion
• Client exit interview

UNIT 14 ORIENTATION TO CLINICAL PRACTICE

OVERVIEW

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

UNIT OBJECTIVE

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

SESSION 14.1 ORIENTATION TO CLINICAL PRACTICE

SESSION OBJECTIVES

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

• Explain the purpose of clinical practice
• Identify clinical skills to be achieved
• Describe the checklists for performing certain procedures
Clinical Skills to be Achieved

• Conducting health education
• Offer PITC to clients on STIs/RTIs
• Taking history from STIs/RTIs clients
• Conducting physical examination
• Using flow charts to manage STIs/RTIs syndromes
• Teaching clients on condom use and negotiation
• Organizing clinics for STIs/RTIs

Clinical Skills to be Achieved Cont...

• Assessing women for STIs/RTIs during routine FD visits
• Assessing women for STIs/RTIs during pregnancy, childbirth and postpartum
• Managing survivors of rape
• Managing women with STI/RTI complications related to pregnancy, childbirth and postpartum
• Order medicines and related suppliers

Checklists for Performing Certain Procedures

Checklist for
• Taking history
• Physical examination
• Conducting health education
• Teaching clients condom negotiation
• Condom use and storage and disposal

UNIT 15
EVALUATION OF TRAINING

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

UNIT OBJECTIVES

At the end of this session the trainee should be able to
• Discuss achievements made after training
• Develop back home plans
• Assess the extent to which course objectives have been met

Achievements Made after Training

• Post-knowledge assessment questions
• Feedback of assessment results
Development of Back Home Plans
• Individual back home plan

Workshop Evaluation
• Workshop evaluation by filling evaluation forms
Trainer’s Presentation Guide
for Management of

SEXUALLY TRANSMITTED AND
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OF TANZANIA

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AND SOCIAL WELFARE

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January 2008