

Training of Nursing Personnel to Deliver STI/RTI Services

Facilitator's Guide



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May 2011



सत्यमेव जयते

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Secretary & Director General



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MESSAGE

The prevention, control and management of STI/RTI is a well recognized cost effective strategy for controlling the spread of HIV/AIDS in the country as well as to reduce reproductive morbidity among sexually active population. Individuals with STI/RTI have a significantly higher chance of acquiring and transmitting HIV. Moreover STI/RTI are also known to cause infertility and reproductive morbidity. Controlling STI/RTI helps decrease HIV infection rates and provides a window of opportunity for counselling about HIV prevention and reproductive health.

An operational framework for convergence between National AIDS Control Programme Phase III and Reproductive and Child health Programme Phase II under National Rural Health Mission has been developed. This will bring about uniformity in implementation of STI/RTI prevention and control through the public health care delivery system. Through this, the availability and reach of standardized STI/RTI care at all levels of health facilities will be ensured.

The NACP III Strategy and Implementation Plan (2007-2012) makes a strong reference to expanding access to a package of STI management services both in the general population as well as for high risk behavior groups.

For nation-wide training of health functionaries on STI/RTI management standardized training modules and training aids/job-aids for various functionaries involved in provision of STI/RTI care have been developed to train doctors ANMs/Nurses, and to technicians on Syndromic Case Management of STI/RTI.

I am sure that these comprehensive operational guidelines will help towards ensuring the provision of quality STI/RTI services across the country.

(Sayan Chatterjee)

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अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know Your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing



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PREFACE

Sexually transmitted infections and reproductive tract infections (STIs/RTIs) are important public health problems in India. Studies suggest that 6% of the adult population in India is infected with one or more STIs/RTIs. Individuals with STIs/RTIs have a significantly higher chance of acquiring and transmitting HIV. Moreover, STIs/RTIs are also known to cause infertility and reproductive morbidity. Controlling STI/RTIs helps decrease HIV infection rates and provides a window of opportunity for counseling about HIV prevention and reproductive health.

The implementation framework of National Rural Health Mission (NRHM) provided the directions for synergizing the strategies for prevention, control and management for STI/RTI services under Phase II of Reproductive and Child Health Programme (RCH II) and Phase III of National AIDS Control Programme (NACP III). While the RCH programme advocates a strong reference "to include STI/RTI and HIV/AIDS preventions, screening and management in maternal and child health services", the NACP includes services for management of STIs as a major programme strategy for prevention of HIV.

These modules are intended as a resource document for the programme managers and service providers in RCH II and NACP III and would enable the RCH service providers and NACO service provider in organizing effective case management services for STI/RTI through the public health care system.

(P.K. Pradhan)



सत्यमेव जयते

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FOREWORD

Community based surveys have shown that about 6% of adult Indian population suffers from sexually transmitted infections and reproductive tract infections. The prevalence of these infections is considerably higher among high risk groups ranging from 20-30%. Considering that the HIV epidemic in India is still largely concentrated in the core groups, prevention and control of sexually transmitted infections can be an effective intervention to reverse the HIV epidemic progress.

Syndromic Case Management (SCM) is the cornerstone of STI/RTI management, being a comprehensive approach for STI/RTI control endorsed by the World Health Organization (WHO). This approach classifies STI/RTI into syndromes, which are easily identifiable group of symptoms and signs and provides treatment for the most common organisms causing the syndrome. Treatment has been standardized through the use of pre-packaged colour coded STI/RTI drug kits. SCM achieves high cure rates because it provides immediate treatment on the first visit at little or no laboratory cost. However, it goes hand in hand with other important components like counseling, partner treatment, condom promotion and referral for HIV testing.

As per the convergence framework of NACO-NRHM for STI/RTI service delivery, uniform service delivery protocols, operational guidelines, training packages & resources, jointly developed by NRHM & NACO are to be followed for provision of STI/RTI services at all public health facilities including CHC and PHC. As per joint implementation plan, NACO/SACS would provide training, quality supervision and monitoring of STI/RTI services at all health facilities, thus overseeing the implementation. For tracking access, quality, progress and bottlenecks in STI/RTI program implementation, common information and monitoring system jointly developed by NACO and NRHM would be followed.

As a step to take convergence forward, it is envisaged that a resource pool of trainers is created at state and district level so as to enable roll out trainings for service providers in the public health care delivery system using the jointly developed training material and through the cascade models of trainings. The ultimate aim is to ensure high quality STI/RTI service delivery at all facilities with best utilization of resources available with both NACP III and RCH II/NRHM.

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अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know Your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing



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ACKNOWLEDGMENT

Reproductive tract infections (RTIs) including sexually transmitted infections (STIs) present a huge burden of disease and adversely impacts the reproductive health of people. The emergence of HIV and identification of STIs as a co-factor have further lent a sense of urgency for formulating a programmatic response to address this important public health problem.

The comprehensive training modules on the Prevention and Management of STI/RTI have come through with the coordinated and concerted efforts of various organizations, individuals and professional bodies, who have put in months of devoted inputs towards it.

The vision and constant encouragement of Ms K Sujatha Rao, IAS, Secretary Health and Family welfare, Shri K Chandramouli, IAS, Secretary and Director General NACO, Ms Aradhana Johri, IAS, Additional Secretary NACO and Shri Amit Mohan Prasad, IAS, Joint Secretary RCH, Ministry of Health and Family Welfare is sincerely acknowledged, under whose able leadership these modules have been developed.

The technical content has been jointly developed by STI division, Department of AIDS Control (National AIDS Control Organization) and Maternal Health Division of MoHFW. The National Institute for Research in Reproductive Health (NIRRH), Mumbai under ICMR initiated and lead the process of reviewing the existing training material and developing updated training modules through the organization of a number of meetings and workshops. The preparation and design of material also involved the technical assistance, funding support and other related support provided by WHO, UNFPA, FHI and many other experts in the field.

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Sincere appreciation is due to Dr. Sanjay Chauhan, Deputy Director, NIRRH who coordinated the whole process along with his team comprising Dr. Ragini Kulkarni, Research Officer and Dr. Beena Joshi, Senior Research Officer at NIRRH. Special mention is made of contribution of Dr. Deoki Nandan, Director, NIHFW, Delhi and for all those who coordinated the piloting of the module through State Health Directorates and State AIDS Control Societies of Uttar Pradesh, Madhya Pradesh, Assam, Kerala, West Bengal and Gujarat. I also thank to Public Health Foundation of India (PHFI) for providing assistance to print these modules.

(Dr. Sunil D. Khaparde)

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ART	Anti Retroviral Therapy
ANMs	Auxiliary Nurse Midwives
BV	Bacterial Vaginosis
CA	Candidiasis, yeast infection
CHCs	Community Health Centres
CMV	Cyto Megalo Virus
CDC	Centre for Disease Control
DNA	Deoxy Ribonucleic Acid
EC	Emergency Contraception
ESR	Erythrocyte Sedimentation Rate
EIA	Enzyme Immuno Assay
ELISA	Enzyme Linked Immuno Sorbent Assay
Endo	Endogenous
FP	Family Planning
FHI	Family Health International
FTA-Abs	Fluorescent Treponema Antibody Absorption Test
GUD	Genital Ulcer Disease
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HSV	Herpes Simplex Virus
latro	Iatrogenic
IPHS	Indian Public Health Standards
ICTC	Integrated Counselling and Testing Centre
IDUs	Intravenous Drug Users
IM	Intramuscular
IU	International Units
IUD	Intra Uterine Device
IV	Intravenous
KOH	Potassium Hydroxide
LCR	Ligase Chain Reaction
LGV	Lympho Granuloma Venereum

LHV	Lady Health Visitor
MOHFW	Ministry of Health and Family Welfare
MSMs	Men having Sex with Men
MCH	Maternal and Child Health
MHA-TP	Micro Haemagglutination Assay for antibodies to Treponema Pallidum
MTCT	Mother-To-Child Transmission
MVA	Manual Vacuum Aspiration
NACP	National AIDS Control Program
NRHM	National Rural Health Mission
NPCP-III	National AIDS Control Program-Phase III
NIRRH	National Institute for Research in Reproductive Health
NACO	National AIDS Control Organization
NGO	Non Governmental Organization
NGU	Non Gonococcal Urethritis
PHC	Primary Health Centre
PLHAs	Persons Living with HIV/AIDS
PAP Test	Papanicolaou Test
PPTCT	Prevention of Parent-To-Child Transmission of HIV
PSI	Population Services International
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PID	Pelvic Inflammatory Disease
ROM	Rupture of Membrane
RPR	Rapid Plasma Reagin
RTI	Reproductive Tract Infection(s)
RCH	Reproductive and Child Health Program
RCH-II	Reproductive and Child Health Program-Phase II
STI	Sexually Transmitted Infection
STD	Sexually Transmitted Disease
SACS	State AIDS Control Society
TPHA	Treponema Pallidum Haemagglutination Test
TI	Targetted Intervention
TV	Trichomonas Vaginalis
UTI	Urinary Tract Infection
UNFPA	United Nations Population Funds
VCT	Voluntary Counseling and Testing
VDRL	Venereal Disease Research Laboratory
WBC	White Blood Cells
WHO	World Health Organization

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Instructions for Facilitators

1. The target audience for this workshop is Nursing personnel at the CHC/PHCs/Sub-centers.
2. The content of the module is based on the National Guidelines for RTIs/STIs issued by Ministry of Health and Family Welfare and similar publications by World Health Organization (WHO).
3. It is expected that the Facilitators be well acquainted with adult learning principles and learning techniques such as interactive presentation, case study, role-plays and demonstration.
4. It is mandatory for the Facilitators to go through the entire content and methodology of the workshop, including the Power Point slides for each module.
5. It is essential that the Facilitators will arrange for dry run or practice run of entire workshop before facilitating the session with actual participants (trainees).
6. All the Facilitators must go through the entire training material so as to provide appropriate references to the modules discussed before their session/module.

Tips on using the Facilitator's Guide:

The facilitator's guide has the following parts:

- i. Module No.: Which denotes the module number
- ii. Module caption
- iii. Total time: Total time required for the module
- iv. Module objectives: The learning objectives to be achieved at the end of the module
- v. Materials required: List of materials required during that module. Every module requires some essential supplies such as blank flipcharts, marker pens. Other specific requirements for the entire module are listed here. The facilitators must review the list of materials while preparing for the session and make necessary materials available.
- vi. Preparation by facilitators: Provides instructions for making the facilitators ready for the sessions in the specific module.
- vii. Module outline: It shows the number of sessions in a particular module, along with proposed and recommended training technique or methodology.
- viii. Each module is divided into several sessions. It is expected that not more than 2 facilitators conduct any one session (preferably one facilitator, unless the session is too extensive, such as flowcharts or client education)
- ix. All the Power Point slides are inserted into facilitator's instructions so that they can know and follow the sequence of slides in a systematic and step-by-by manner. The facilitator may shorten the content of the power point slides.
- x. Where applicable, the checklists, such as checklists for history taking, clinical examination, are inserted in the facilitator's manual.

**MODULE NO. 1****INTRODUCTORY MODULE****Total Time: 1 hr 30 mins**

Duration	Topic	Page No.
Section 1 30 mins	Getting to know each other	2
Section 2 30 mins	Programme objectives and schedule	4
Section 3 30 mins	Pre-test	10



SESSION 1

GETTING TO KNOW EACH OTHER

(Time: 30 mins)

Objectives

By the end of this session, participants and facilitators will be able to:

- Identify each other in the group.
- Establish rapport amongst themselves.

Materials

- Flipchart I - 1
- Name tags
- Markers

Activity	Topic	Training methodology	Time
1	Group introduction	Introduction in pairs	30 mins

Introduction

This module provides an introduction to the 2 day training programme for Nursing Personnel to understand the magnitude of STI/RTI problem in the community and country and to help doctors and other health care providers in diagnosing common STI/RTI and delivering quality STI/RTI management and prevention services at Sub-centre. It helps acquaint the participants to one another and to the facilitator(s). It also runs through the training objectives and participant's expectations and sets the ground rules and norms for the workshop.

Activity 1

- Introduce yourself and your co-facilitator(s).
- Welcome the participants to the training workshop on understanding the magnitude of STI/RTI problem in the community and country and how they could help doctors and other health care providers in diagnosing common STI/RTI and delivering quality STI/RTI management and prevention services based on the infrastructure and facilities available at subcentres.

- Explain that before starting the programme, a few minutes will be spent on general introductions.
- Pair the participants and facilitators.
- Put up flipchart I -1 and ask each pair to talk to each other for 5 mins and find out about each other (as per points written on the flipchart)

FLIPCHART I-1

Find out the following about your Partner:

- Name
 - Designation
 - Place of work
 - Number of years s/he has been working in PHC/sub-centre
 - A hobby
-
- Now ask each pair to come forward and introduce each other to the entire group.
 - Keep on noting and adding up the number of years of experience of everyone in the room as they are introduced.
 - After the introduction, stress that there is a wealth of experience among the participants present in the room. Mention the total number of years of experience that all the participants together have in the room. Clarify that every individual can share with and learn from others in the group.
 - Then distribute the name tags and ask the participants to write clearly the name they would like to be called during the programme, some people prefer their first name and others their surname. Encourage them to wear the name tags throughout the workshop.



SESSION 2

PROGRAMME OBJECTIVES AND SCHEDULE

(Time: 30 mins)

Objectives

By the end of this session, participants will be able to:

- List out their expectations from the workshop.
- List out the objectives of the training programme.
- Have an overview of the 2 days workshop.

Activity	Topic	Training methodology	Time
1	Listing participant expectations	Brainstorming	10 mins
2	Listing programme objectives	Presentation	10 mins
3	Overview of the programme	Presentation	10 mins

Activity 1

- Put up flipchart I-2, and ask the participants to brainstorm on what expectations they have from this orientation programme.

FLIPCHART I-2

Participants' expectations from the training programme

1.
2.
3.



- Note down their responses on a blank flipchart. Put up the flipchart on a wall and let it remain there throughout the 2 days
- Tell the group that you will refer to their expectations again at the end of the workshop to see to what extent they were met with

Activity 2

- Show flipchart I-3 and explain objectives of the programme.

FLIPCHART I-3

Specific objectives of the training programme

By the end of this programme, ANMs/Other Nursing Personnel will be:

- More knowledgeable and aware about the magnitude of STI/RTI problem in the country;
 - Able to understand the seriousness of complications of common STI/RTI, if left untreated and its long term implications on health including reproductive health;
 - Aware about the approaches to STI/RTI management;
 - Able to define risk assessment and describe the steps for patient referral;
 - Educate and counsel STI/RTI clients about prevention, successful treatment of STI/RTI and partner treatment;
 - Understand their role in promoting community awareness and prevention of STI/RTI.
-
- Stress that in this workshop emphasis will also be given in the improvement of communication and counseling skills that will help the participants in history taking, risk assessment, providing information on causation, transmission and prevention of STI/RTI and referral of the clients to higher facilities.
 - Stress the importance of preventing STI/RTI in special populations such as men, adolescents and MARP.
 - Prepare the participants for provision of condoms as a dual protection method.

Activity 3

- Give participants copies of the Participant's Manual. Ask the participants to look at the agenda in Handout I and briefly run through it so that they know what will be done during each day of the workshop.



Schedule of the 2 day workshop for Nursing Personnel

Day/Timings	Module: Topic and duration	Contents
Day 1 (Morning)		
09 00 hrs	Module 1: Introductory Module (1 hr. 30 min)	<ul style="list-style-type: none"> Getting to know each other Program objectives and schedule Pre-test
10 30 hrs	Module 2: Understanding Common STI/RTI (1 hr 45 min)	<ul style="list-style-type: none"> Basic information on common STI/RTI Signs and symptoms of common STI/RTI Complications of STI/RTI Challenges in prevention and management
12 00 hrs	Module 3: Approaches and Important Considerations for STI/RTI Case Management (1 hr)	<ul style="list-style-type: none"> STI/RTI case management Action points for management of STI/RTI in men and women
13 00 hrs	LUNCH BREAK	
Day 1 (Afternoon)		
14 00 hrs	Module 4: Risk assessment, Prompt Referral and Importance of Partner Management in STI/RTI (2 hrs)	<ul style="list-style-type: none"> History taking and risk assessment in STI/RTI Referral of patients Partner management
16 00 hrs	Module 6: Preventing STI/RTI among Special Population (1 hr 30 min)	<ul style="list-style-type: none"> Men Adolescents High Risk Group Population
Day 2 (Morning)		
9 00 hrs	Module 5: Client Education and Counseling (2 hrs)	<ul style="list-style-type: none"> Communication Client education on STI/RTI Counseling
11 00 hrs	Module 7: Community Education for Prevention of STI/RTI (45 min)	<ul style="list-style-type: none"> Importance of STI/RTI in the community Raising awareness on STI/RTI in community
11 45 hrs	Risk Assessment, Referral Skills (1 hr 15 min)	<ul style="list-style-type: none"> Demonstration
13 00 hrs	LUNCH BREAK	

Day/Timings	Module: Topic and duration	Contents
Day 2 (Afternoon)		
14 00 hrs	Counseling Skills (1 hr)	<ul style="list-style-type: none"> • Demonstration
15 00 hrs	Module 8: Condom use 45 min	<ul style="list-style-type: none"> • Demonstration
15 45 hrs	Module 9: Recording and Reporting	<ul style="list-style-type: none"> • Format filling
17 45 hrs	Post Test (30 min)	

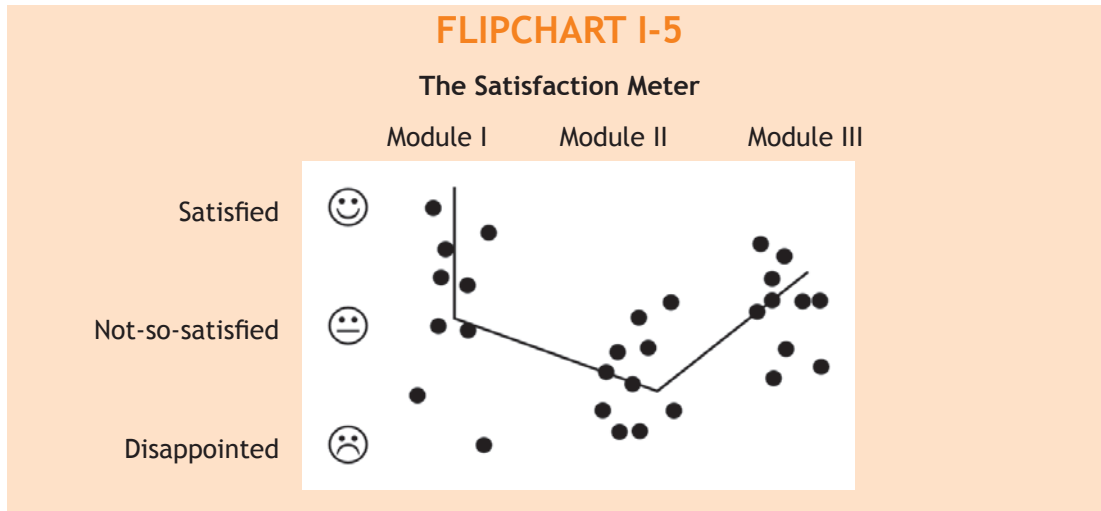
- Explain that the programme is tightly structured, requiring everyone’s presence and active participation.
- Inform the participants that during the workshop everyone will be asked to share their views and perspectives with others. In this way, everyone (including the facilitators) will be an equal participant.
- Tell them that in this workshop there are NO teaching sessions; we all will learn from each other.
- Explain what is a participatory learning process. This process enables the individual to draw on her own experience and learn in an active way. It also enables a more equal relationship between participants and facilitators than is possible in more conventional trainer-learner or teacher-student approaches.
- Emphasize that there are some basic ground rules that would be followed throughout the workshop.
- Put up flipchart I-4. Ask the participants to, formulate ground rules for the workshop and keep writing them on a flipchart, then match with the following:

FLIPCHART I-4

Ground rules for the workshop

- Treating everyone with respect at all times, irrespective of sex or age
 - Ensuring and respecting confidentiality
 - Agreeing to respect and observe time keeping and to begin and end the sessions on time
 - Speaking one by one - Make sure that everyone has the opportunity to be heard
 - Accepting and giving critical feedback taking care not to hurt anyone’s feelings
 - Drawing on the expertise of other facilitators and the participants in difficult situations
- Stress that adherence to these rules will help to ensure an effective and enjoyable learning environment. Paste the chart on a wall so that it can then be referred to throughout the workshop.

- Emphasize that respecting confidentiality is very important, so that facilitators and participants are able to discuss sensitive issues (such as those relating to sexual and reproductive health) without concern about repercussions.
- Put up the *Satisfaction Meter* (flipchart I-5) and explain it



- Tell that throughout the orientation programme, it will be used to assess how participants feel about each module.

The satisfaction meter should be put up in an accessible location in the training room. Explain that the three faces indicate the following in descending order: "satisfied," "not satisfied" and "disappointed." At the end of each module, the participants are asked to mark a spot, according to how they feel on this meter. Draw a line through the middle of the spots to create a simple graph that charts the "ups" and "downs" of the group.

The satisfaction meter can be used as a means of tracking the group's feeling about how the workshop is proceeding and as a starting point for discussion.

- Place the '*Mailbox*' in one corner of the room and explain that it will remain in this location at all times so that participants may write down any questions related to the topics covered each day. They need not write their names.
- Tell the participants that the questions raised will be answered by the facilitators every day.

Tips for facilitator

The participatory approach to be used in the programme could be new to some (or many) of the participants, so it is important to spend some time discussing it with them. The following quotation comes from about 2500 years ago and stresses what is an essential element of learning even today.

What I hear, I forget
 What I see, I remember
 What I do, I understand

Confucius (551-479 B.C)

Stress that we all learn best when we take an active part in finding out things that are new to us!

- A class in which we take part in discussions is more interesting than a class in which we just listen to a lecture.
- A class in which we can see for ourselves what things look like and how they work, is more interesting than a class in which we only talk about things.
- A class in which we not only talk and see, but actually do and make and discover things for ourselves, is exciting! When we learn by finding things out for ourselves, by building on experience we already have, we do not forget. What we learn through active discovery becomes a part of us.

Tips for facilitator

Remember to put up the **Satisfaction Meter** everyday for modules covered on that particular day.

The “**Mailbox**” is a place for the participants to record any questions/matters arising during the course of the workshop so that you can address them later in the workshop. Place the **Mailbox** in an easily accessible place. Check mail every evening and answer the questions next morning.



SESSION 3

PRE-TEST

(Time: 30 mins)

Objectives

By the end of this session, facilitators will be able to:

- Assess the participant's level of current knowledge regarding prevention and management of STI/RTI and other issues related to reproductive health.

Activity	Topic	Training methodology	Time
1	Pre-test	Each participant fills up a questionnaire	30 mins

- The purpose of this test is a pre-training evaluation of the knowledge and attitudes of the participants. Dispel the fear and embarrassment of participants by telling them that it does not matter if they do not know the answers to some questions. Their answers will help the facilitators/trainers to know their existing knowledge regarding prevention and management of STI/RTI and other issues related to reproductive health and will be able to give more emphasis on the topics with gaps in their knowledge and help modifications in attitudes during training sessions.
- Give each participant a pre-test form.
- Explain to the participants that they have to complete the pre-test form in 30 mins. Ask the participants to respond to the questions on their own and not discuss them with their co-participants.
- Tell the participants that now each one of them will be given a questionnaire related to prevention and management of STI/RTI and other issues related to reproductive health. It will be a pre-test that they are required to take.
- Collect the answered pre-test forms from the participants after 30 mins.
- Thank the participants for filling up the pre-test.

Tips for facilitator

- Answer sheet for the pre-test form is given at the end of this session for your reference. One of the facilitators should correct the pre-test forms using this answered sheet and give scores. Facilitators to note, which questions most of the participants, could not answer.

Note: There are two sections (A and B) in the exercise. The exercise carries total 25 marks. Each question in section A and B is of 1 mark. In the end add up the total marks obtained and calculate the score % by dividing marks obtained with maximum marks 25 and multiply by 100.

Example: if a participant scores 15 marks. Her score % is $\frac{15}{25} \times 100 = 60\%$

- The facilitators should analyze the forms during lunch time and evening after training on the same day to identify course areas where the participants have a gap in knowledge or attitude and make note of it to be addressed and emphasized during the conduction of relevant session.



Training workshop for Nursing Personnel on Control and Prevention of STI/RTI level

Pre-test

Name of State _____ Name of District _____

Name of PHC/Sub-center _____ Sr. no _____

Dates of workshop _____ Date of test _____

Instructions:

Answer all questions. Please read each question and the multiple choices carefully and circle correct answers in sections A and B. Follow specific directions for each section.

Section A. Tick Circle T (true) of F (false)

1. Screening of ANC cases can help in detection of infections without symptoms
 True | False
2. It is possible to have STI/RTI without having any signs or symptoms of infection.
 True | False
3. STI are passed from person to person only through sexual contact.
 True | False
4. All STI/RTI are easily curable with antibiotics treatment.
 True | False
5. If left untreated, STI/RTI can cause serious complications.
 True | False
6. Biologically, both men and women have an equal risk for acquiring an STI from a sexual partner.
 True | False



7. STI treatment and prevention can be important tools in limiting the spread of HIV.
 True | False
8. Asymptomatic infections cannot be passed to a Partner during sexual contact.
 True | False
9. Using Copper-T can prevent STI/RTI transmission.
 True | False
10. Condoms are the only barrier method proven highly effective against STI/RTI transmission and pregnancy prevention.
 True | False

Section B. Select only one answer to each question. Place tick before the correct answer.

1. RTI means
- Research and Training Institutes
 - Reproduction Training Institutes
 - Respiratory Tract infections
 - Reproductive Tract infections
2. STI means
- Social Taboos in Infections
 - Sexuality Training Institutes
 - Sexually Transmitted Infections
 - Social Service Training Institutes
3. Following are some of the STI/RTI except
- Polio
 - Chlamydia infection
 - Syphilis
 - Candidiasis



4. **You can prevent STI/RTI by**
 - a. Abstinence
 - b. Being faithful with one Partner
 - c. Use condoms correctly and consistently
 - d. By all above

5. **Unsafe or high-risk activities means**
 - a. Receiving a blood transfusion of infected blood
 - b. Using unsterilized needles and syringes, or cutting instruments, on yourself or someone else that are likely to be contaminated by another person's blood
 - c. Having penetrative vaginal or anal sex where the penis enters the vagina or anus without using a condom
 - d. All of the above

6. **Gonorrhoea is caused by**
 - a. Bacteria
 - b. Protozoan
 - c. Virus
 - d. Fungus

7. **Candidiasis is caused by**
 - a. Bacteria
 - b. Protozoan
 - c. Virus
 - d. Fungus

8. **HIV infection is caused by**
 - a. Bacteria
 - b. Protozoan
 - c. Virus
 - d. Fungus



- 9. In women, the signs and symptoms of STI/RTI are often:**
- More easily recognized than in men.
 - Less likely to be diagnosed than in men
 - Less likely to become serious than they are in men.
 - More likely to affect older women.
- 10. Which of the following contributes to the rapid spread of STI/RTI?**
- Lack of sufficient laboratory facilities for diagnosis.
 - Poor hygiene.
 - Lack of effective drugs.
 - High risk sexual behavior.
- 11. Which of the following questions may help you to assess a person's risk of getting or giving STI/RTI?**
- Does your Partner live away from home?
 - Have you had a new sexual Partner in the past 3 months?
 - Have you ever had a STI?
 - All of the above
- 12. A woman has vaginal discharge and lower abdominal pain. Which of the following is correct?**
- She should be referred immediately to a Medical officer of PHC.
 - She should be told to wait for a week and then seek care from a PHC.
 - She should not be referred unless she is pregnant.
 - She should not be referred unless she is having infertility problem.
- 13. Genital ulcer disease is important because:**
- It is a major cause of infertility.
 - It may facilitate the spread of HIV.
 - It often causes impotence in men.
 - It is usually associated with another RTI.



- 14. A young female sex worker comes to you with vaginal discharge. She says she has had several time various STI/RTI in the past. Which of the following is the most appropriate action to take?**
- a. Educate her about STI/RTI and condom use.
 - b. Tell her to find other work.
 - c. Warn her that she might have STI/RTI.
 - d. Avoid topics that might embarrass her.
- 15. Which of the following are components of STI/RTI management?**
- a. Condom promotion
 - b. Partner notification
 - c. Counseling and education
 - d. All of the above



Pre-test

Answer key

Section A. Tick Circle T (true) or F (false).

1. True
2. True
3. False
4. False
5. True
6. False
7. True
8. False
9. False
10. True

Section B. Select only one answer to each question. Place tick before the correct answer

1. d. Reproductive tract infections
2. c. Sexually transmitted infections
3. a. Polio
4. d. All the above
5. d. All of the above
6. a. Bacteria
7. d. Fungus
8. c. Virus
9. b. Less reliable indicators of disease than in men.
10. d. High risk sexual behavior
11. d. All of the above
12. a. She should be referred immediately to a Medical officer of PHC
13. b. It may facilitate the spread of HIV.
14. a. Educate her about STI/RTI and condom use
15. d. All of the above

**MODULE NO. 2****UNDERSTANDING COMMON STI/RTI****Total Time: 1 hr 45 mins**

Duration	Topic	Page No.
Section 1 10 mins	Module introduction	20
Section 2 10 mins	What are RTI, STI and their routes of transmission	22
Section 3 15 mins	Reasons for occurrence of STI/RTI in men and women	25
Section 4 20 mins	Body sites where STI/RTI could occur in men and women	27
Section 5 10 mins	Common STI/RTI and causative organisms	30
Section 6 10 mins	Signs and symptoms of STI/RTI	32
Section 7 10 mins	Complications of STI/RTI	33
Section 8 10 mins	Impact of STI/RTI and need for its prevention and management	36
Section 9 10 mins	Prevention and control of STI/RTI	38



SESSION 1

INTRODUCTION TO MODULE

(Time: 10 mins)

Objectives

By the end of this session, participants will be able to:

- Get an overview of the module including its objectives.

Activity	Topic	Training methodology	Time
1	Introduction to module	Presentation	10 mins

Introduction

Reproductive tract infections (RTI) including sexually transmitted infections (STI) present a large burden of disease and has a very bad effect on reproductive health of people. They are not only causing huge suffering for both men and women around the world, but their effects are far more dangerous among women than among men. Many times RTI are not diagnosed and not treated and when left untreated, they lead to complications such as infertility; ectopic pregnancy (pregnancy outside uterus) and cervical cancer. Pelvic inflammatory disease arising from STI/RTI poses a major public health problem and adversely affects the reproductive health of poor and untreated women. Due to the emergence of HIV/AIDS problem and identification of STI as a co-factor for its causation, STI/RTI has become one of important public health problem in the world, letting a sense of urgency for planning a programmatic response to address it.

Each new STI/RTI infection can cause serious complications for the infected person, and it increases the risk of HIV transmission for his/her partner(s). Each untreated infection also increases the chances of further transmission in the community. Doctors and health workers working in the Primary Health Care system have an important role to play in correctly managing STI/RTI for those who use their services. Control of STI/RTI, however, requires more than just treatment. People in the community and not just those using the health facility, must be made aware of STI/RTI and the importance of early treatment. Most importantly, in order to control STI/RTI, quality services for their prevention and treatment must be available and that is to be used by persons at the highest risk of infection. This module gives background and magnitude of STI/RTI problem in the country. It aims at generating an understanding of what is special about STI/RTI and provides an overview of important matters concerning STI/RTI and its implications on reproductive health. This module is a foundation for all the subsequent modules wherein issues pertaining to prevention and management of STI/RTI have been dealt in greater depth.



Activity 1

- Start by introducing the module's name and sessions.
- Put up flipchart II-1 and present the module objectives to the participants.
- Explain that the purpose of this session is to provide an overview of the problem of STI/RTI and that more specific information and skill development will be covered in later sessions.
- Remind the participants to put any questions/suggestions in the Mailbox after completion of the module.

FLIPCHART II-1

Module objectives

By the end of this module, participants will be able to:

- Get an overview of the module including its objectives.
- Describe the impact of STI/RTI.
- Discuss the basic epidemiology of STI/RTI from a country perspective.
- Understand the need for prevention and management of STI/RTI.
- Know the challenges in prevention and management of STI/RTI

Tips for facilitator

- Encourage the participants to ask questions and raise their concerns, if any.



SESSION 2

WHAT ARE STI/RTI AND THEIR ROUTES OF TRANSMISSION

(Time: 10 mins)

Objectives

By the end of this session, participants will be able to:

- Understand the terms RTI and STI and routes for transmission.

Activity	Topic	Training methodology	Time
1	What are RTI, STI, HIV/AIDS and their routes for transmission	Presentation	10 mins

Activity 1

- The trainer should review the definitions by presenting them one by one on a flipchart II-2.

FLIPCHART II-2

Definitions

- What are RTI
- What are STI
- What is HIV and AIDS
- What is the difference between STD & STI

Explanation of flipchart II-2

Definitions

A. What are reproductive tract infections (RTI)?

Reproductive tract infection is a broad term that includes sexually transmitted infections as well as other infections of the reproductive tract that are not transmitted through sexual intercourse. In women, this includes infections of the outer and inner genitals (vagina, cervix, uterus, tubes, or ovaries). In men too, RTI involve the outer and inner genitals (penis, testes, or prostate).

B. What are sexually transmitted infections (STI)?

STI are infections caused by microbes such as bacteria, viruses, or protozoa that are passed from one person to another mostly through sexual contact.

C. What is HIV and AIDS?

HIV stands for Human Immunodeficiency Virus, a virus transmitted from an infected person through unprotected sexual intercourse, or by exchange of infected body fluids such as blood, or from an infected mother to her infant. AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is the stage of HIV infection that develops some years after a person is infected with HIV. Since HIV is a STI and is transmitted through the same behavior that transmits other STI, whenever there is risk of STI, there is risk of HIV infection as well.

Note: In India majority of HIV is sexually transmitted (86%), HIV and AIDS are always included when we speak of STI in this training.

D. STD Versus STI

Historically, the terminology used to describe infections and diseases acquired through sexual contact has demonstrated the social stigma attached to these infections. As these terms became laden with moral judgments and as medical and public health professionals began to see the need for a more accurate, technical description, the term STI was approved by WHO and hence became the standardized term.

Routes of transmission of STI/RTI

Some of the RTI are sexually transmitted but many are not.

It may be transmitted by:

1. Through unsafe sex
2. Through unsafe procedures like unsafe abortions, unsafe delivery, etc.
3. Through unsafe blood transfusions.

For example

1. RTI in both men and women include:

- STI

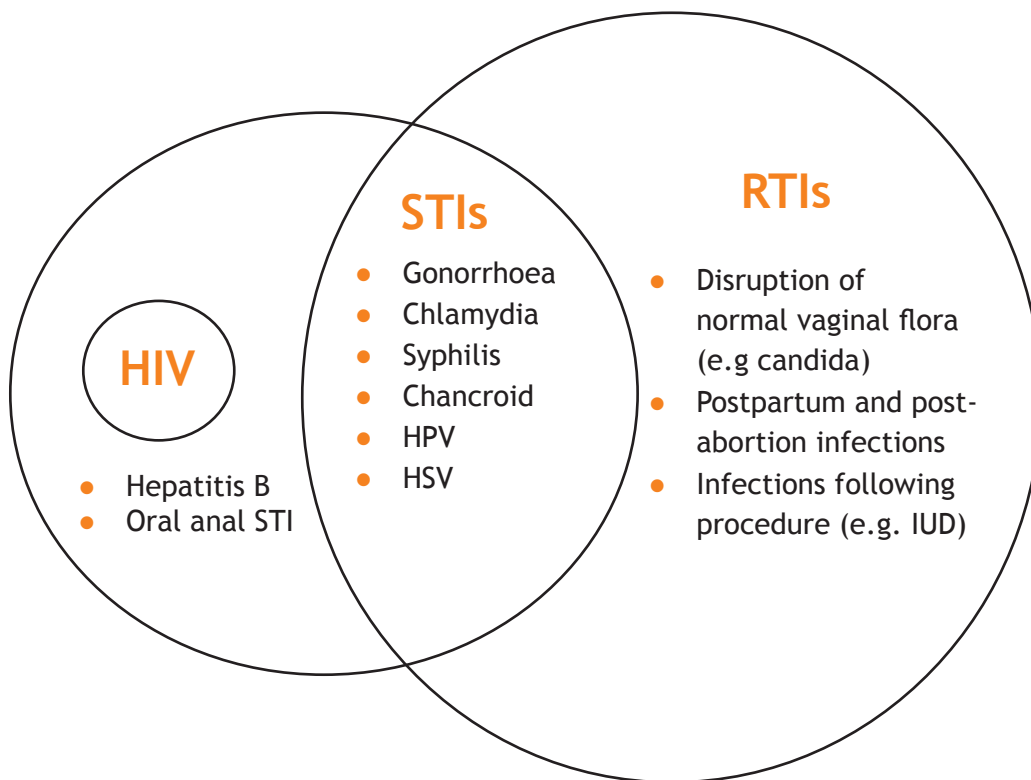
They are transmitted sexually mainly due to unsafe sexual practices.

RTI in women also include:

- Fungal and bacterial infections (candida and bacterial vaginosis)
- Postpartum and post abortion infections
- Infections following procedures (e.g. IUCD insertion)

They are transmitted mainly due to unsafe deliveries, abortions and procedures.

FLIPCHART II-3



Reproductive Tract Infections (RTI); Sexually Transmitted Infections (STI); and HIV infection



SESSION 3

REASONS FOR OCCURRENCE OF STI/RTI IN MEN AND WOMEN

(Time: 15 mins)

Objectives

By the end of this session, participants will be able to:

- Know the factors contributing to the spread of STI/RTI

Activity	Topic	Training methodology	Time
1	What are the factors contributing to STI/RTI	Presentation	10 mins
2	Why women are more vulnerable for STI/RTI	Discussion/Presentation	5 mins

Activity 1

- The trainer should tell the participants major factors contributing to the spread of STI/RTI in men and women by explaining the content flipchart II-4.

FLIPCHART II-4

Factors that increase the risk of RTI

- Poor general health
- Poor genital hygiene
- Poor menstrual hygiene
- Unhygienic practices by service providers during delivery, abortion, and IUCD insertion in women

Factors that increase the risk of STI

- Unprotected sex
- Multiple Partners
- Sex with Partner having sore on the genital region, urethral discharge or infected vaginal discharge
- Previous STI infection(s) in the past year



Activity 2

- The trainer should discuss why women have a greater risk of RTI than men

FLIPCHART II-5

Why women are more vulnerable

Women have a greater risk of RTI than men due to physiological, social, cultural, and economic factors. Women are:

- Biologically more susceptible than men;
- More likely to suffer from complications;
- Limited in their ability to protect themselves from high-risk sex or to negotiate condom use;
- More likely to suffer from asymptomatic infections and remain untreated and
- Less likely to seek treatment, even for symptomatic infections

- The trainer should also discuss about people who may be vulnerable to STI/RTI by showing flipchart II-6.

FLIPCHART II-6

Risk group for STI/RTI

1. Adolescent girls and boys who are sexually active and practicing unsafe sex.
2. Female and male sex workers and their clients.
3. Men and women whose jobs force them to be away from their families or regular Sexual Partners are away for long periods of time.
4. Men having sex with men including transgenders.
5. Street children, prison inmates, etc.



SESSION 4

BODY SITES WHERE STI/RTI COULD OCCUR IN MEN AND WOMEN

(Time: 20 mins)

Objectives

By the end of this session, participants will be able to:

- Know different body sites where STI/RTI could occur in males and females

Activity	Topic	Training methodology	Time
1	What are different body sites where STI/RTI occurs in men	Brainstorming/Presentation/Discussion	10 mins
2	What are different body sites where STI/RTI occurs in women	Brainstorming/Presentation/Discussion	10 mins

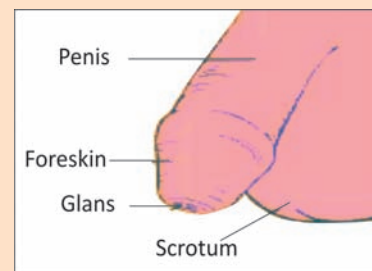
Activity 1

- The trainer should ask participants what are external and internal male genitals. List the responses on a flipchart II-7.

FLIPCHART II-7

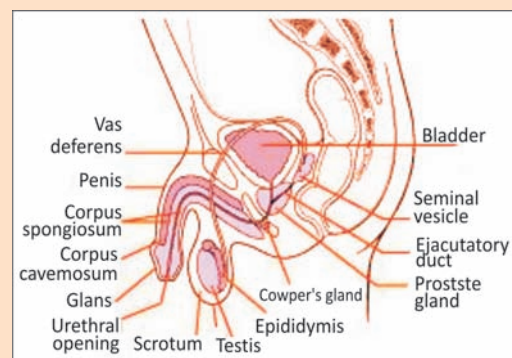
What are external male genitals?

1. Penis
2. Glans penis
3. Scrotum



What are internal male genitals?

1. Testes
2. Epididymis
3. Vas deferens
4. Seminal vesicles
5. Prostate gland



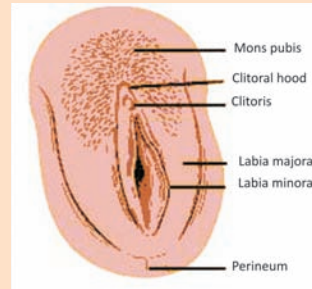
Activity 2

- The trainer should ask participants what are external female genitals.
- List the responses on a flipchart II-8.

FLIPCHART II-8

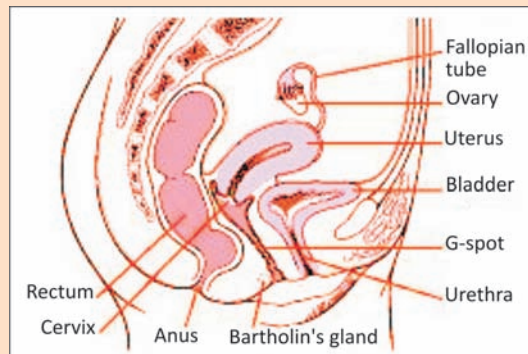
What are external female genitals?

1. Mons pubis
2. Clitoris
3. Labia majora
4. Labia minora



What are internal female genitals?

1. Vagina
2. Bartholin's glands
3. Cervix
4. Uterus
5. Fallopian tubes
6. Ovaries



Using the transparency, discuss with the participants different body sites of occurrence of STI/RTI in males and females.

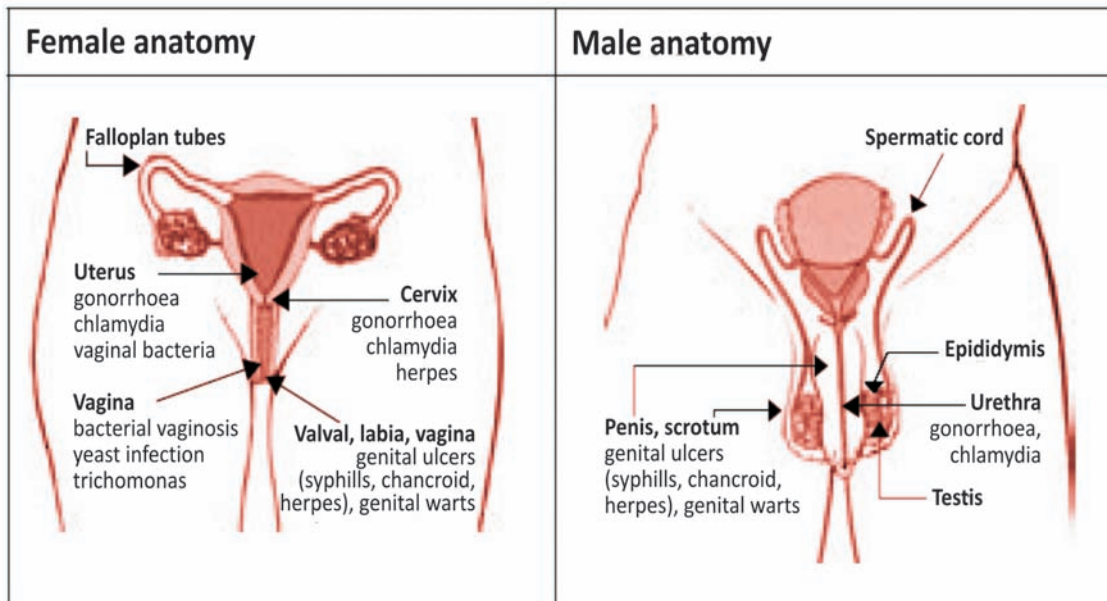
FLIPCHART II-9

Different body sites of occurrence of STI/RTI in males

1. Penis
2. Glans penis
3. Scrotum
4. Urethra
5. Epididymis
6. Testes
7. Other sites- seminal vesicles, vas deferens
8. Prostate gland
9. Oral -pharynx
10. Ano-rectal regions



Sites of STI/RTI in females and males



Source: Adopted from “Integrating STI/RTI care for reproductive health, sexually transmitted and other reproductive tract infections, A guide to essential practice-2005 WHO”

- By using the photographs/slides, the trainer should discuss with participants different body sites of occurrence of STI/RTI in males and females including systemic sites of occurrence such as oral and anal.



SESSION 5

COMMON STI/RTI AND CAUSATIVE ORGANISMS

Time: 10 mins

Objectives

By the end of this session, participants will be able to:

- Know common STI/RTI in men and women
- Know the infectious agent or the type of agent causing the STI/RTI.

Activity	Topic	Training methodology	Time
1	Common STI/RTI	Presentation	5 mins
2	The types of agent causing the STI/RTI	Presentation	5 mins

Activity 1

- The trainer should explain different types of STI/RTI.

FLIPCHART II-10

What are the different types of STI/RTI?

RTI that are most common are:

1. Bacterial Vaginosis
2. Vaginal yeast infection

There are over 20 STI. But 11 most common are:

1. Syphilis
2. Gonorrhoea
3. Chlamydia
4. Trichomoniasis
5. Chancroid
6. Herpes simplex virus (HSV)
7. Genital and cervical warts or human papilloma virus (HPV)
8. Human immunodeficiency virus (HIV)
9. Hepatitis B (HBV)
10. Genital Scabies
11. Pubic lice

- The trainer will explain the different types of STI/RTI using flipchart II-10A.

FLIPCHART II-10A

Diseases or syndromes	Infectious agent/s	Type of infectious agent/s
Syphilis	Treponema pallidum	Bacteria
Herpes	Herpes simplex virus	Virus
Chancroid	Haemophilus ducreyi	Bacteria
Chlamydial infection	Chlamydia trachomatis	Bacteria
Gonorrhoea	Neisseria gonorrhoea	Bacteria
Trichomonas infection	Trichomonas vaginalis	Protozoa
Yeast infection	Candida albicans	Fungus
Bacterial Vaginosis (BV)	Mixed infection by Gardnerella vaginalis, Mycoplasma hominis, vaginal anaerobes	Bacteria
Pelvic inflammatory disease (PID)	Mixed infection by Neisseria gonorrhoea, Chlamydia trachomatis, and/or vaginal anaerobic bacteria	Bacterial/Protozoal infection
Hepatitis B, hepatocellular carcinoma	Hepatitis B virus	Virus
AIDS	Human immunodeficiency virus (HIV)	Virus
Genital and anal warts	Human papilloma virus (HPV)	Virus
Genital Scabies	Sarcoptes scabiei	Metazoa
Pubic lice	Phthirus pubis	Metazoa



SESSION 6

SIGNS AND SYMPTOMS OF STI/RTI

(Time: 10 mins)

Objectives

By the end of this session, participants will be able to:

- Get an overview of various signs and symptoms of STI/RTI.

Activity	Topic	Training methodology	Time
1	Signs and symptoms of STI/RTI	Brainstorming/Presentation/ Discussion	10 mins

Activity 1

- The trainer should ask participants various signs and symptoms of commonly found STI/RTI in men and women. List the responses on a flipchart II-11 for men and women commonly and separately.

FLIPCHART II-11

What are the various symptoms and signs of commonly found STI/RTI?

For both men and women:

1. Genital ulcers (sores)
2. Burning sensation while passing urine
3. Swelling in the groin
4. Itching in the genital region

For women:

1. Unusual vaginal discharge with or without bleeding
2. Pain in lower abdomen, lower backache
3. Pain/bleeding during sexual intercourse

For men:

1. Discharge from the penis
2. Scrotal swelling and/or swollen and painful testicles



SESSION 7

COMPLICATIONS OF STI/RTI

(Time: 10 mins)

Objectives

By the end of this session, participants will be able to:

- Know that STI/RTI if left untreated can cause serious complications in males, females and neonates.

Activity	Topic	Training methodology	Time
1	Complications of STI/RTI	Presentation/Discussion	10 mins

Activity 1

- The trainer should explain the participants the major complications that STI/RTI can cause in males, females and children if left untreated by showing flipchart II-12.

FLIPCHART II-12

The major complications of STI/RTI in men, women and newborn babies

Complications in men

1. Phimosis, paraphimosis and urethral stricture
2. Inflammation of testes
3. Infertility
4. Carcinoma of the penis

Complications in women

1. Pelvic Inflammatory Disease (PID)
2. Chronic pelvic pain
3. Infertility
4. Adverse outcomes of pregnancy-
 - Ectopic pregnancy
 - Early labor and delivery
 - Low birth weight due to premature delivery or intra-uterine growth retardation,
 - Stillbirths
 - Spontaneous abortions
5. Cervical cancer

Complications in newborn babies

1. Perinatal and Neonatal infections
 - i. Congenital syphilis
 - ii. Gonorrhoea - Ophthalmia neonatorum
 - iii. Chlamydia - eye and lung infections
 - iv. HIV
 - v. Herpes simplex viruses 1 & 2 (HSV1 & HSV2)
 - vi. Hepatitis -B virus
2. Prematurity
3. Low Birth weight

Systemic complications

Renal, cardiac, gastrointestinal, neurological, complications of skin and septicemia



By using the transparencies/slides, the trainer should show the participants the major complications associated with STI/RTI in men, women and children if left untreated. Explain to them that if not diagnosed and treated in time or if left untreated, STI can even lead to death.

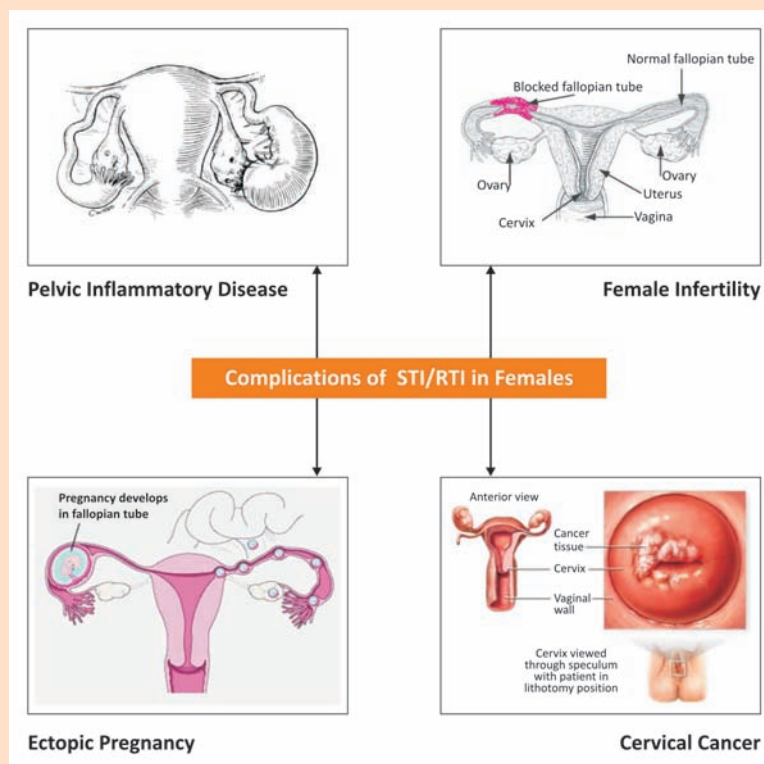
FLIPCHART II-13

Future implications

1. STI are a major public health problem because of
 - The potentially serious complications of untreated STI
 - The relationship between STI and increased HIV transmission.
2. In women of childbearing age, STI are second only to maternal factors as causes of disease and death. By far, the greatest burden of STI is borne by women and adolescents.

FLIPCHART II-14

Complications of RTIs/STIs in Females





SESSION 8

IMPACT OF STI/RTI AND THE NEED FOR ITS PREVENTION AND MANAGEMENT

(Time: 10 mins)

Objectives

By the end of this session participants will be able to:

- Understand the impact of STI/RTI and the need for its prevention and management

Activity	Topic	Training methodology	Time
1	Epidemiology of STI/RTI	Presentation	5 mins
2	STI/RTI links to HIV/AIDS	Presentation	5 mins

Activity 1

The trainer should present national and regional prevalence of curable STI/RTI.

FLIPCHART II-15

Prevalence of STI/RTI in India

Percentage of men and women having symptoms of STI/RTI

- Women: 23% - 43%
- Men: 4% - 9%

STI clinic based data indicates STI/RTI among men

- Syphilis: 13% - 57%
- Chlamydia: 20% - 30%
- Chancroid: 10% - 35%
- Gonorrhoea: 8% - 26%

Hospital based studies reports prevalence among men

- HSV: 3% - 15%
- HPV: 5% - 14%

Tips for facilitator

- It is best to find local statistics of STI/RTI from State Directorate office and from District MOH. Encourage the participants to ask questions and raise their concerns, if any.

Activity 2

- The trainer should present the content of flipchart II-16 and show STI/RTI and its links to HIV/AIDS

FLIPCHART II-16

STI/RTI and its links to HIV/AIDS

The STI/RTI are identified as a co-factor for the causation of HIV infection. So STI treatment and prevention can be an important tool in limiting the spread of HIV infection since:

- A person with an STI has a much higher risk of *acquiring* HIV from an infected partner.
- A person infected with both HIV and another STI has a much higher risk of transmitting HIV to an uninfected partner.

Both ulcerative and non-ulcerative STI increase the risk of HIV *transmission* per exposure, however an ulcerative increases the risk more than a non-ulcerative STI.

- The trainer should present information on the number of adults with HIV/AIDS in region as well as local statistics on disease trends



SESSION 9

PREVENTION AND CONTROL OF STI/RTI

(Time: 10 mins)

Objectives

By the end of this session, participants will be able to:

- Understand the prevention of STI/RTI.

Activity	Topic	Training methodology	Time
1	Various levels of prevention of STI/RTI	Discussion/Presentation	10 mins

Activity 1

The trainer will discuss the various levels of prevention of STI/RTI - primary, secondary and tertiary, with help of flipchart II-17.

FLIPCHART II-17

Prevention and control of STI/RTI

Primary prevention	Secondary prevention	Tertiary prevention
<ul style="list-style-type: none"> • Creating awareness and imparting knowledge about safer sex and STI/RTI • Advising on practicing safe sex • Correct and consistent use of condom • Having single partner, avoiding multiple Partners • Maintaining sexual hygiene • Removing stigma and bias in the community and the health care provider for improving the treatment seeking behavior • Improving access to safe delivery and safe abortion services • Screening of each and every pregnant woman for syphilis 	<ul style="list-style-type: none"> • Early diagnosis and prompt treatment by trained health care worker • Correct and adequate treatment • Treatment of both the partners simultaneously • Strengthening the referral system • Accessible and affordable STI/RTI services in locality 	<ul style="list-style-type: none"> • Prevention of late complications, complications of infertility and children

**MODULE NO. 3****APPROACHES AND IMPORTANT CONSIDERATIONS
FOR STI/RTI CASE MANAGEMENT****Total Time: 1 hour**

Duration	Topic	Page No.
Section 1 10 mins	Module introduction	40
Section 2 20 mins	STI/RTI case management	41
Section 3 30 mins	Important considerations for management of STI/RTI in men and women	44



SESSION 1

INTRODUCTION TO MODULE

(Time: 10 mins)

Objectives

By the end of this session, participants will be able to:

- Get an overview of the module including its objectives.

Materials

- Overhead projector
- Flipchart
- Markers

Activity	Topic	Training methodology	Time
1	Introduction to module	Presentation	10 mins

Activity 1

- The trainer should present the module introduction and its objectives using the prepared flipchart

FLIPCHART III-1

Introduction

This module presents an overview of the management of STI/RTI at Sub-center. This will help the Nursing Personnel to educate and counsel the clients in management of STI/RTI, which she refers to PHCs. It also describes the action points for management of STI/RTI among men and women.

Objectives

1. Get knowledge about the syndromic case management of STI/RTI syndromes.
2. Describe action points for management of STI/RTI among men and women.



SESSION 2

STI/RTI CASE MANAGEMENT

(Time: 20 mins)

Objectives

By the end of this session, participants will be able to:

- Understand case management of STI/RTI.
- Role of Nursing Personnel in STI/RTI case management

Activity	Topic	Training methodology	Time
1	Syndromic case management approach to STI/RTI	Presentation/Discussion/ Case study	10 mins
2	Syndromic Case management and Role of Nursing Personnel	Presentation/Discussion	10 mins



Activity 1

- The trainer should present syndromic case management approaches to STI/RTI syndrome management by using the flipchart/transparency.

FLIPCHART III-2

The syndromic case management approach to STI/RTI

Syndromic management: The patient is diagnosed and treated based on groups of symptoms or syndromes, rather than for specific STI/RTI. All possible STI/RTI that can cause those symptoms are treated at the same time.

Advantages

- Fast—the patient is diagnosed and treated in one visit.
- Highly effective for selected STI/RTI syndromes.
- Relatively inexpensive since it avoids use of laboratory.
- No need for patient to return for lab results.
- Avoids the wrong treatment since all possible STI/RTI causing signs and symptoms are treated at once.
- Can be used by providers at all levels.

Syndromic Case management and Role of Nursing Personnel

Activity 2

The trainer should describe syndromic case management and explain the role of Nursing Personnel) in STI/RTI case management

- The trainer should tell the participants in brief how ideally doctors manage a case of STI/RTI.

FLIPCHART III-3

Whenever any case suggestive of STI/RTI comes to doctor, how does S/he manage a case of STI/RTI?

- By taking a history and doing a physical examination, S/he arrives at a diagnosis of STI/RTI.
 - S/He treats STI/RTI case by providing medicines/drugs and information on how to take them.
 - S/He tries to prevent another STI/RTI by educating the patient about disease and transmission and promotes and provides condoms.
 - S/He ensures the patient cured by offering Partner/s treatment and asks them to follow up.
 - If patient is not responding s/he asks them to follow up and refers to higher center.
- The trainer should tell the participants that as Nursing Personnel how they can help doctors in case management. Ask one of the participant volunteer to record answers on a flipchart.

FLIPCHART III-4

How Nursing Personnel can help doctors in case management?

Possible response:

- Referring patients who are having clinical history suggests symptoms of STI/RTI, or clients who are having risk of STI/RTI but they are not having any symptoms suggestive of STI/RTI or screening asymptomatic clients.
- In client education, counseling, condom promotion, for treatment compliance and follow up.
- Partner management by motivating them for treatment and follow up and in community awareness.



SESSION 3

IMPORTANT CONSIDERATIONS FOR MANAGEMENT OF STI/RTI IN MEN AND WOMEN

(Time: 30 mins)

Objectives

By the end of this session, participants will be able to:

- Describe action points for management of STI/RTI among men and women.

Activity	Topic	Training methodology	Time
1	Important factors to consider for managing men and women with STI/RTI	Brainstorming/Discussion	5 mins
2	Dealing with STI/RTI	Role plays	5 mins
3	Myths & facts	Quiz	10 mins

Activity 1

- Put up a blank flipchart and invite responses from participants as to what they think are the important factors to consider when managing men and women with STI/RTI .
- Note down the responses of the participants.
- Put up flipchart and summarize the factors.

FLIPCHART III-5

Important factors to consider when managing men and women with STI/RTI

- Men and women are unaware of the consequences of STI/RTI problem.
- They are shy and do not come out with their problem especially adolescent and youth.
- It is difficult to elicit the sexual health related information from them.
- They believe in privacy and confidentiality.

Tips for facilitator

The facilitator should stress on the fact that when dealing with Client with STI/RTI, the words and actions of Nursing Personnel should be guided by respect for them, acknowledgement of their need for and right to health information and services, and concern for their well-being.

Facilitator may also emphasize that Nursing Personnel may find themselves in the difficult situation of trying to find a balance between the rights of parents (or guardians) to be told about the health problems of their issues (especially when the Clients are minors, adolescents and youths) and the rights of the adolescent and youth patients to privacy and confidentiality. It is important that Nursing Personnel deal with such situations in a responsible manner, doing everything in their power to safeguard the health and well being of their adolescent and youth patients.

Activity 2

- Explain the participants that they will work in three groups and that each group will perform a role play.
- Divide them into three groups and give one role play scenario to each group and ask them to prepare their role play in 5-7 minutes.
- Tell them that 2-3 persons can enact it while other members of the group can guide them during preparation.
- Have each group present its role play. Then analyze it and draw out the important points of counseling on STI/RTI .
- Finally, wrap up the session, highlighting the key points raised in the discussion, and refer the participants back to the handout.

Role play 1

Deepak, a 16-year old boy is brought to you by his mother. She says that he told her that he had been injured in his groin, playing football with his friends. You notice that the boy is silent and does not interrupt his mother, or add to anything that she says. You tell the mother that you would like to talk to Deepak separately. Taking him to another room, you ask Deepak what the problem is? The boy is silent. After a few minutes, you gently probe once again. He replies in a low voice and asks you to promise not to repeat anything he says to his mother. He tells you that he had once visited the local sex workers. After some days, he is having itching in the groin and discharge from his penis. He is afraid now that something bad may happen to him and his parents will punish him, if they come to know about what he had done. Deepak also tells you that he feels ashamed now to meet his friends also.



Question to pose: How will you deal with Deepak and his mother?

- The trainer should emphasize that Nursing Personnel should be aware of and pay attention to, while managing adolescents with STI/RTI .
- Invite comments and questions, and respond to them, or better still encourage other participants to do so. After a few minutes, lead into the next part of the session.

Role play 2

Laxmi, a 21-year old married female comes to you with her mother-in-law to confirm whether she is pregnant, as she has missed her period for last 2 months. She also complains of itching and genital discharge for the last 2 months. Laxmi reveals that her husband works in the city. Two months ago, he came home to the village for 10 days. Her complaint started soon after his visit.

Question to pose: How would you deal with the situation?

Tips for facilitator

While analyzing the role plays, please keep in mind the following points:

Role play 1

This scenario highlights the importance of establishing a rapport with the patient, and eliciting information on the nature of the problem facing him. It also deals with the difficult issue of finding a balance between the rights of parents to know about the problems of their issues, and the rights of the men and women patient to privacy and confidentiality.

Role play 2

This scenario highlights the challenge of communicating the diagnosis and its implications. Beyond that, it highlights the importance of helping the patient deal with the social implications of the condition, including counseling for involving the spouse for treatment simultaneously.



Activity 3

- Tell the participants that they are now going to participate in a quiz. Explain that you will read aloud a statement and those who "agree" will come and stand on your right and those who "disagree" will stand on your left. Those who "cannot decide" if they fully agree or disagree will stand in the middle. Make sure that everyone has understood what they are supposed to do.
- Begin the quiz by reading out the statement one by one.
- Let the participants take 'Agree', 'Disagree' or 'cannot decide' positions after each statement.
- After the participants have made their decisions, ask one or two participants from each group to explain why they feel that way. Continue in the same manner for each of the statements.
- During discussion, the facilitator should help participants to come to a right conclusion. Once all the statements have been made, ask the participants to return to their seats.
- Summarize by saying that it is normal to have strong feelings and values about these topics. Tell the participants that learning to be aware of their own values while being sensitive and non-judgmental to the men and women needs, will help them to be more open with adolescents.

Quiz

1. STI are caused due to the curse of god.
2. A man suffering from STI can get rid of it by having sex with a virgin.
3. If a person has STI, s/he is 8-10 times more risk of HIV.
4. RTI and STI take their own time to disappear and one cannot do much in this regard.
5. If a woman is suffering from STI, she is of low character and has been unfaithful to her husband.
6. A person suffering from STI should keep it a secret from his/her spouse.
7. If one Partner has a symptom of STI, both the Partners need to take medicines for it.
8. Men should use condoms only with prostitutes.
9. STI can cause infertility in men and women.
10. If you are suffering from any disease of the genital tract, you should never talk about it.



Trainer's notes

Quiz: Answer sheet

1. **DISAGREE.** STI are caused by germs, which are transmitted by unsafe sexual contact and can be prevented by safe sex practices.
2. **DISAGREE.** STI can be treated by medicines, so one should seek medical help as soon as possible. Sex with a virgin is not an alternative treatment for STI and so should not be considered at all.
3. **AGREE.** HIV can enter the body much faster if the person has STI and genital sores, ulcers etc.
4. **DISAGREE.** STI can be treated by medicines. If untreated, it can cause complications later on.
5. **DISAGREE.** Usually, women get the infection from their husbands who have had unprotected sex with infected partners.
6. **DISAGREE.** To treat the disease, it is important to get both the partners treated. If an infected husband takes treatment without letting his wife know of it, he may be re-infected through his wife who acts as a reservoir of infection until she is treated.
7. **AGREE.** Even if other partner does not have a symptom, s/he needs to be treated otherwise s/he could be harbouring germs of STI in their bodies.
8. **DISAGREE.** Men should use condoms to protect themselves and their wives from STI and their complications.
9. **AGREE.** STI are infections in the reproductive system and can disrupt its normal functions e.g. STI can lead to blocked tubes in woman or blocked vas deferentia in men.
10. **DISAGREE.** Diseases of the genital tract are like disease of any other part of the body and one should seek medical advice for them.

**MODULE NO. 4****RISK ASSESSMENT, PROMPT REFERRAL AND PARTNER MANAGEMENT IN STI/RTI****Total Time: 2 hrs**

Duration	Topic	Page No.
Section 1 5 mins	Module introduction	50
Section 2 10 mins	Importance of history taking	51
Section 3 10 mins	Knowledge and skills necessary for history taking	53
Section 4 15 mins	Risk assessment and its use for STI/RTI prevention	55
Section 5 30 mins	Demonstration of history taking and risk assessment using a standardized checklist	58
Section 6 25 mins	Referral of patients	60
Section 7 25 mins	Partner management	65



SESSION 1

INTRODUCTION TO MODULE

(Time: 5 mins)

Objectives

By the end of this session, participants will be able to:

- Get an overview of the module including its objectives.

Activity	Topic	Training methodology	Time
1	Introduction to module	Presentation	5 mins

- The trainer should present the module introduction and objectives using the prepared chart.

FLIPCHART IV-1

Introduction

A client history is taken to get the information needed to make an accurate assessment of the problem so that the providers working at Sub-center level can refer the patients to the higher services such as PHC, ICTC, Rural hospital or District hospital. It is one of the most important and sensitive parts of the patient encounter, since we ask and probe about private sexual behaviors and concerns. Risk assessment involves asking how likely it is that someone has been or will be exposed to a STI/RTI. In this module we will cover the elements of history taking and risk assessment required to counsel patients on STI/RTI prevention, and to refer the patients to the higher services for syndromic management of STI/RTI. Counseling and communication skills will be covered in further module on client education.

Objectives

1. Understand the importance of taking a history for STI/RTI.
2. Identify information necessary for accurate history taking.
3. Define risk assessment and understand its use for STI/RTI prevention and its limitations in STI/RTI management.
4. Demonstrate history taking and risk assessment using a standardized checklist.
5. Understand and describe the steps for patient referral.
6. To understand the purpose of timely Partner management.



SESSION 2

IMPORTANCE OF HISTORY TAKING

(Time: 10 mins)

Activity	Topic	Training methodology	Time
1	Importance of history taking	Presentation/Discussion	10 mins

Activity 1

- The trainer should present the importance of history taking using chart.

FLIPCHART IV-2

Importance of taking a history is:

- To efficiently collect essential information that will help in prevention and prompt referral of cases of STI/RTI for case management to higher services.
 - To establish the patient’s risk of contracting or transmitting a STI/RTI.
 - To determine if the patient has had any Partners who may have been infected.
-
- The trainer should ask participants to turn to their neighbors and discuss for 5 minutes the topic “What is confidentiality and why is confidentiality important in history taking?”
 - After 5 minutes, ask participants to form large group and ask participants:
 - ◆ What is confidentiality?
 - ◆ Why is confidentiality important?
 - ◆ What problems exist in your center regarding issues of confidentiality?
 - ◆ How can you address these problems?
 - The trainer should write answers on a flipchart and summarize by using flipchart content.

FLIPCHART IV-3

Confidentiality means keeping the personal information given by client with the provider only, with an assurance to patient that s/he will not disclose it to any other person without the consent of client .

Why confidentiality is important ?

Clients are often embarrassed and may withhold important information if they think that others will know what they say.

How can you address these problems?

The problem can be solved by:

- Providing privacy during Client provider interaction and by
- Ensuring that other people do not overhear the conversation

Problems existing at subcenter level regarding issues of confidentiality

Responses: Lack of privacy and lack of clear guidelines about maintaining confidentiality.

Shared confidentiality - diversing the information to others in the interest of client. Sharing the results with another provider for providing service Ex; HIV status sharing at delivery for administering the Nevirapine.



SESSION 3

KNOWLEDGE AND SKILLS NECESSARY FOR HISTORY TAKING

(Time: 10 mins)

Objectives

By the end of this session, participants will be able to:

- Identify information and skills necessary for accurate history taking.

Activity	Topic	Training methodology	Time
1	Skills in history taking	Group Discussion	10 mins

Activity 1

- The trainer should ask the participants information (general information, present illness, medical history, and sexual history) and discuss information needed in each area.
- Distribute the competency based training (CBT) skills assessment checklist for history taking for participant's reference and ask them to read it.
- Ask participants if they have any questions or comments on the checklist. Fill in any omitted content and put it up on the wall/display board.

FLIPCHART IV-4

History taking information

General information: age, sex, address, marital status-married or single, number of children, employment and contraceptive method if any, date of last menstrual period and information of partner/s.

Present illness: signs, symptoms, and their duration previous treatment and response to therapy.

Medical history: STI/RTI in the past, other illnesses, and drug allergies.

Sexual history: currently sexually active, age at first intercourse, new Partner, risky sexual behaviors, sexual preference (homosexual, heterosexual or bisexual) and use of condoms with each partner.

Note: Although in giving family planning services providers are familiar with most aspects of history taking, they are often uncomfortable asking the sensitive questions needed to obtain a sexual history.

- The trainer should ask participants what skills are needed to establish a good rapport with patients and take a history.
- The trainer should ask participants what interpersonal communication skills are needed in history taking.
- The trainer should ask participants what common problems are encountered when taking a RTI history. Fill in any content omitted.

FLIPCHART IV-5

Good rapport in history taking

In history taking, the provider needs to establish good rapport with the patient from the start. This means:

- Providing the patient with privacy
- Establishing eye contact
- Being attentive

Good interpersonal skills

An effective provider is able to apply good interpersonal communication skills when taking a history and while providing information and counseling. An effective provider:

- Empathizes with the patient
- Listens actively
- Poses questions clearly
- Has a non-judgmental and compassionate attitude
- Recognizes and correctly interprets nonverbal cues and body language
- Paraphrases, interprets, and summarizes patient's comments and concerns
- Uses language that patient understands

Common problems encountered when taking a history related to STI/RTI:

- Not enough time is available
- Lack of privacy due to lack of space
- Presence of other people
- The provider is uncomfortable talking about sex
- The patient is uncomfortable talking about sex, especially if s/he knows that the provider feels uncomfortable about a difference in social status between them and the provider and when the provider is of opposite gender



SESSION 4

RISK ASSESSMENT AND ITS USE FOR STI/RTI PREVENTION

(Time: 15 mins)

Objectives

By the end of this session, participants will be able to:

- Define risk assessment and understand its use for STI/RTI prevention and its limitations in STI/RTI management

Activity	Topic	Training methodology	Time
1	What is risk assessment	Presentation/Discussion	30 mins

Activity 1

- The trainer should define the term “Risk Assessment.” Give suitable examples.

FLIPCHART IV-6

Risk assessment is a process of confidentially asking a patient particular questions to determine his or her chance of contracting or transmitting a STI/RTI (e.g. many women may be at risk due to the behavior of their husbands or Partners). Health workers everywhere use risk assessment to diagnose many kinds of problems.

For example

Ask the participants what they will do in the following situations -

- A man with a fever tells you he has just returned from a visit to his home where malaria is common.

Response - The provider assumes there is a high risk of malaria and must refer the man to higher facility/peripheral blood smear for MP.

- A 55-years old woman complains of irregular vaginal bleeding.

Response - The provider must know at this age the patient should not be having menstrual period and there is a risk of uterine cancer in women of this age who experience irregular bleeding. She should refer the woman to higher referral facility/where laboratory facilities for Pap smear exist

- A 30-years-old woman comes to you complaining of vaginal discharge. She occasionally picks up casual Partners in a local bar to supplement her small income. Her last sexual contact was with a truck driver one week ago.

Response: The provider assumes STI/RTI risk and refers the woman to higher facility.

FLIPCHART IV-7

Assessing risk and referring at risk Client

- When a woman comes for Cu-T, determine whether the IUCD insertion is appropriate.
- If person is coming for family planning purpose but on inquiry it is learnt that s/he is at risk of contracting STI/RTI then to advise appropriately on dual protection.
- S/he is probably having STI/RTI then to refer her/him for STI/RTI treatment at higher facility for testing or screening for STI/RTI.
- To determine which at risk Clients need Voluntary Counseling and Testing (VCT) or Integrated Counseling and Testing Centre (ICTC) for HIV/AIDS.
- To tailor prevention and risk reduction messages to the needs of the Client.

- The trainer should ask a few participants directly and pointedly:
 - ◆ How many sexual Partners have you had in the last 3 months?
 - ◆ Do you think your husband has other sexual Partners?
 - ◆ Have you ever had a STI/RTI?
- Then ask those participants how they felt being asked these questions: violated, embarrassed, and angry? Note down the answers on flipchart.
- Distribute and describe the case study to participants and ask what factors would account for accurate risk assessment? Note down the answers on flipchart.

Case study

Radha, a 25-years old woman, has been married for three years but has no children, comes to Subcenter for want of child. She tells you that her husband travels for work very frequently and goes out of the local area. He is away from house at least two weeks every month. When you gently ask if she thinks that he may have other Partners, she responds that she is almost positive that he does. One time he came home and gave her some medicine to take, and she thinks it may have been treatment for a disease that you can get sexually. Sometimes she gets lower abdominal pain for no apparent reason. When you ask her about her history of use of family planning, she looks uncomfortable and says that she has never tried it because she has been hoping to get pregnant. She says that despite the traveling, she and her husband have intercourse regularly when he is home and at various times during the month. She has been receiving a lot of pressure to produce a child from her husband's family. She wants to know what she can do. What do you tell her?

- The trainer should present the flipchart content on risk assessment in men and women and answer queries if any of participants.

FLIPCHART IV-8

Situations that might put a woman at greater risk:

- Her husband is a migrant worker.
- Her husband has other partners.
- She is a street child.
- She is a sex worker.
- Her Partner has had STI/RTI.

Risk assessment in men

It is equally important to assess men's risk (or to help them assess their own risk) for the same reasons: STI/RTI prevention, treatment, and Partner management. Some of the situations are:

- He has many or casual partners.
- He works as a truck driver.
- He is a migrant worker.
- He has a STI.
- His partner has a STI.

- The trainer should discuss the limitations of risk assessment and how to improve risk assessment and summarize the discussion.

FLIPCHART IV-9

Limitations of risk assessment:

- It may require asking difficult, sensitive questions.
- Clients may feel embarrassed about answering such questions, especially if the provider is of opposite sex.
- Clients may not understand the questions being asked.
- Information given may be inaccurate, poorly recalled, or untruthful.

Assessing risk may be improved by:

- Ensuring the client that the confidentiality will be maintained.
- Risk assessment is most effective when the questions are developed according to local needs and conditions.
- Tailoring questions to reflect local STI/RTI prevalence.
- Making questions more culturally appropriate.
- Devising ways to help clients assess their own risk (self-assessment).

There is some evidence that self-risk assessment can provide information that is more accurate because it avoids the difficulties of face-to-face questioning on sexual behavior. Self-assessment of risk requires the health care worker to provide the client with sufficient information to allow the client to decide whether s/he is at risk. Often people suspect they are at risk but are reluctant to discuss their situations; and they need encouragement to ask any questions they may have.



SESSION 5

DEMONSTRATION OF HISTORY TAKING AND RISK ASSESSMENT USING A STANDARDIZED CHECKLIST

(Time: 30 mins)

Objectives

By the end of this session, participants will be able to:

- Demonstrate history taking and risk assessment using a standardized checklist

Activity	Topic	Training methodology	Time
1	Accurate history taking risk assessment	Demonstration	30 mins

Activity 1

- The trainer should demonstrate history taking by role play.
- The trainer should discuss the objectives of demonstration and role play.

FLIPCHART IV-10

Objectives of demonstration and role play

1. To demonstrate to participants the interpersonal communication skills needed to take a patient history and assess risk for STI/RTI complaints.
2. To enable participants to practice Interpersonal Communication (IPC) skills and apply them to history taking and risk assessment.

- The trainer should ask another trainer to assist for role play.

Role play

Situation: Meera comes to Sub-center with her third child for an antenatal checkup. She is eight weeks pregnant. She suspects that her husband, Janardhan, has several other sexual Partners besides her.

- The trainer should instruct participants to refer to the checklist for history taking in Participants' Handouts when evaluating the history taking performed in the role play.
- The trainer should demonstrate to participants the interpersonal communication skills needed to take a patient history and assess risk for STI/RTI complaints.
- The trainer should demonstrate to the participants examples of what constitutes “bad” history taking, and what constitutes “good” history taking.
- When performing the “bad” role play, the trainer may ask the questions out of order and not use some of the needed skills. Allow time for participants analysis and feedback.
- Next, demonstrate the “good” role play. The trainer should follow the correct sequence of questioning and use good IPC skills. Ask participants to provide feedback on what was positive or negative, what questions were missing, and what was done skillfully.
- The trainer should distribute the role plays to participants.
- After the trainer demonstration, divide participants into 2 groups and ask for 2 participants in each group to perform a “good” role play using another of the role plays within their own group. The rest of the group should be observers, follow with their checklists, and provide feedback after the demonstration. In each group, one trainer should observe and comment during the role plays.
- If time allows, ask as many participants as possible to practice history taking being either the patient or the provider.

Role plays

Situations:

1. Manorama 30 years old married woman comes to sub-center for copper T insertion. She has white discharge complaint.
2. Shankar 25 years man recently married comes with complaint of burning in passing urine.



SESSION 6

REFERRAL OF PATIENTS

(Time: 25 mins)

Objectives

By the end of this session, participants will be able to:

- Know when, where and how to refer a patient

Activity	Topic	Training methodology	Time
1	Steps of patient referral	Discussion with case studies	25 mins

Activity 1

- The trainer should ask the participants few questions and write the responses on the blank flipchart

FLIPCHART IV-11

When to refer a patient?

Responses:

Where to refer a patient?

Responses:

How to refer a patient?

Responses:

- The trainer should discuss the procedures for patient referral with the participants and write on chart and sum up the activity with help of flipchart

FLIPCHART IV-12

When to refer a patient:

1. If history suggests symptoms of STI/RTI including HIV/AIDS.
2. Patient is already on treatment for a STI/RTI Syndrome and gives symptoms suggestive of another STI/RTI infection.
3. If there is history of STI/RTI in partner.
4. If there is history of risky sexual behavior.
5. All ANC cases irrespective of they having symptoms.
6. History of recent abortion and symptoms like fever or pain abdomen.
7. Post natal women with symptoms of infection.

Where to refer a patient:

- Patient should be referred to the facilities for managing STI/RTI are available i.e. to PHC or Rural hospital, District hospital.
- Voluntary Counseling and testing for HIV is done at ICTC centres.

How to refer a patient:

- Fill the referral form and refer the patient with it.
- Patient record to be maintained properly along with history, symptoms, diagnosis and referral history.
- Patient to be advised properly where and how to go.
- Referral slip to be given with clear directions of where.
- Partner should ideally accompany the patient.
- Patient should be advised for follow up visit as per the directions given by the doctor and ensure that they consult doctor.
- Patient should carry the old records with them.

- The trainer should discuss with the participants the procedures for patient referral by giving examples of few case studies. In the following case studies the facilitator should discuss with the participants what are the possible causes of complaints in each case study and explain to them the probable diagnosis as mentioned in each of the case studies. The facilitator should tell the participants that she should refer the person to PHC for check up, investigation and treatment.
- Facilitator to provide details of important facilities relating to HIV-AIDS (ICTC/PPTCT/ART/LAC/STI/ObGyn/Network/Legal and other support associations)



Framing statement

“In order to provide the best care for you and to understand your risk for certain infections, it is necessary for us to talk about your sexual behavior.”

Screening questions

- Have you recently developed any of these symptoms?

STI (Genital infections) symptoms checklist

For men

1. Discharge or pus (drip) from the penis
2. Urinary burning or frequency
3. Genital sores (ulcers) or rash or itching
4. Scrotal swelling
5. Swelling in the groin
6. Infertility

For women

1. Abnormal vaginal discharge (increased amount, abnormal odor, abnormal color, consistency)
2. Genital sores (ulcers), rash or itching
3. Urinary burning or frequency
4. Pain in lower abdomen
5. Dysmenorrhoea, menorrhagia, irregular menstrual cycles?
6. Infertility

High risk sexual behavior

- For all adolescents: Have you begun having any kind of sex yet?
- If sexually active do you use condom consistently?
- Do you have any reason to think you might have a sexually transmitted disease? If so, what reason?
- Have you had sex with any man, woman, with a gay or a bisexual?
- Have you or your Partner had sex with more than one Partner?
- Has your sex Partner(s) had any genital infections? If so, which ones?
- Do you indulge in high risk sexual activity like anal sex
- Do you practice correct and consistent condom usage while having sex? If yes, whether every time or sometimes?
- Do you indulge in high risk sexual activity like anal sex
- Do you practice correct and consistent condom usage while having sex? If yes, whether every time or sometimes?



STI history

- In the past have you ever had any genital infections, which could have been sexually transmitted? If so, can you describe?

STI treatment history

- Have you been treated in the past for any genital symptoms? By whom? (qualified or unqualified person)
- Did your Partner receive treatment for the same at that time?
- Has your Partner been treated in the past for any genital symptoms? By whom? (qualified or unqualified person)

Injection drug use

- Have you had substance abuse? (If yes, have you ever shared needles or injection equipment?)
- Have you ever had sex with anyone who had ever indulged in any form of substance abuse?

Menstrual and obstetric history in women and contraceptive history in both sexes should be asked

Case Study 1

Unmarried youth, works in a factory, comes with complaints of discharge from his penis. He also complains of burning sensation while passing urine.

Question: Could be because of STI Syndrome like Urethral discharge syndrome.

Answer: Yes

Case Study 2

A 20-year old, unmarried female complains of painful sores/ulcers on labia. She denies past history of same problem. She has a boyfriend and they had a sex 2-3 times in last 2 months.

Question: Could be because of STI syndrome like genital ulcer disease syndrome

Answer: Yes

Case Study 3

A 35-year old woman complains of vaginal discharge and itching for 2 weeks.

Question: Could be because of STI/RTI Syndrome like Vagino - Cervical discharge syndrome.

Answer: Yes



Case Study 4

A 30-year old woman complains of lower abdominal pain for last 6 months and worsening over 2 weeks. She gives history of having vaginal discharge. Her last menstrual period was 2 week ago and she has had 2 sexual Partners in the past 12 months.

Question: *Could be because of STI/RTI Vagino-Cervical discharge syndrome*

- a. *Candidiasis*
- b. *Bacterial vaginosis.*
- c. *Gonorrhoea and/or chlamydial infection*
- d. *Trichomoniasis. She may have developed chronic infection.*

Answer: b, c

Case Study 5

A 25-year old woman complains of swelling in the inguinal region. She gives history of fever and body ache with ulcer on the vulval region.

Question: *Could be because of STI/RTI Syndrome like Inguinal bubo syndrome*

Answer: Yes

Case Study 6

A 22-year old male, unmarried college student complains of swelling and pain in the scrotal region. He gives history of fever and body ache with burning while passing urine. He gives history of visited CSW twice in last one month.

Question: *Could be because of STI/RTI Syndrome like Painful scrotal swelling syndrome*

Answer: Yes

Case Study 7

40 years old female CSW complaining of cough, throat pain and redness and boil on the lower lip. She gives history of body ache.

Question: *Could be because of STI/RTI syndrome like Oral STI syndrome.*

Answer: Yes

Case Study 8

34 years old male complains of boils over the anal region.

Question: *Could be because of STI/RTI syndrome like Anorectal discharge syndrome*

Answer: Yes



SESSION 7

PARTNER MANAGEMENT

(Time: 25 mins)

Objectives

By the end of this session, participants will be able to:

- Understand the purpose of timely partner management

Activity	Topic	Training methodology	Time
1	Purpose and issues in Partner management	Discussion with Case studies	10 mins
2	Approaches	Discussion with role play	15 mins

Activity 1

- The trainer will introduce the subject of partner management, its purpose and main issues by flipcharts.

FLIPCHART IV-13

What is Partner management?

Partner management is an activity in which the Partners of patients diagnosed as having STI/RTI are located, informed of their potential risk of infection, motivate and offer them treatment and counseling services.

Timely Partner management serves following purpose:

- Prevention of re-infection
- Prevention of transmission from infected Partners and
- Help in detection of asymptomatic individuals, who do not seek treatment

FLIPCHART IV-14

Important issues in Partner management

Confidentiality: Partners should be assured of confidentiality. Many times Partners do not seek services, as they perceive confidentiality as a serious problem. Respecting dignity of client and ensuring confidentiality will promote Partner management.

Voluntary reporting: Providers must not impose any pre-conditions giving treatment to the index client. Providers may need to counsel client several times to emphasize the importance of client-initiated referral of the Partners.

Client initiated Partner management: Providers should understand that because of prevailing gender inequities, woman might not be in position always to communicate adequately to her husband/partner regarding need for Partner management. Such client initiated partner management may not work in some relationships and may also put women at the risk of violence. Hence alternative approaches should be considered in such situations.

Availability of services: STI/RTI diagnostic and treatment services should be available to all partners.

- The trainer should discuss with the participants the importance of timely Partner treatment and procedures for partner referral by giving examples of few case studies.

Case Study 1

A 30-year old woman complains of lower abdominal pain for last 6 months and worsening over 2 weeks. She gives history of having vaginal discharge. Her last menstrual period was 2 week ago and she has had 2 sexual Partners in the past 12 months.

Question: *What are the possible causes of her pain and what will you do?*

Answer: Could be because of STI/RTI syndrome like lower abdominal pain syndrome. She may have developed chronic infection. Refer the person to PHC for check up, investigation and treatment. For Partner management, a two-step strategy can be used where Clients are first asked to contact Partners themselves. If no response till one or two weeks, providers can attempt to trace the contact and refer them for investigations and treatment to the PHC.

Case Study 2

A 20-year-old, unmarried female complains of painful sores/ulcers on labia. She denies past history of same problem. She has a boyfriend and they had a sex 2-3 times in last 2 months.

Question: *What are the possible causes of painful sores/ulcers on labia and what will you do?*

Answer: Could be because of STI/RTI syndrome like genital ulcer disease syndrome . Refer the person to PHC for check up, investigation and treatment. For Partner management the above mentioned two step strategy must be adopted by the providers.

Case Study 3

A 35-year-old woman complains of vaginal discharge and itching for 2 weeks.

Question: *What are the possible causes of vaginal discharge and what will you do?*

Answer: Could be because of STI/RTI like vaginocervical discharge syndrome. Refer the person to PHC for check up, investigation and treatment. Her husband should be contacted and to be motivated to PHC for check up, investigation and treatment.

Activity 2

- The trainer should initiate the discussion of various approaches and methods by presenting the prepared flipcharts

FLIPCHART IV-15

Approaches for Partner management

There are two approaches:

1. Referral by index client

In this approach, index client informs the Partner/s of possible infection. This appears to be a feasible approach, because it does not involve extra personnel, is inexpensive and does not require any identification of Partners. This approach may also include use of client-initiated therapy for all contacts.

2. Referral by providers

In this approach service provider contacts client's Partners through issuing appropriate Partner notification card. The information provided by client is used confidentially to trace and contact partners directly. This approach needs extra staff and is expensive.

FLIPCHART IV-16

General principles for Partner management

- The partners of patients having STI/RTI must be referred even if they do not have symptoms suggestive of STI/RTI.
- It is important to explain to the couple that some of these infections are acquired through unhygienic conditions like unclean toilets, fomites, swimming pools etc. However if one of them has acquired the infection, it cannot be treated fully unless the partner is also treated, as there is a definite chance of reinfection through sexual transmission. This ensures compliance from both partners.
- A two-step strategy can be used where clients are first asked to contact partners themselves. If no response till one or two weeks, clinic or health department staff can attempt to trace the contact for treatment.

Note: Efforts needed to trace the partner but whether the partner should be treated, the choice to be rested with the patient.

- The trainer should discuss with the participants the procedures for patient referral by asking the participants to perform role-play.

Role play

Situation: A 25 years patient with vaginal discharge comes at the Sub-center. ANM enquires about other symptoms of STI/RTI and asks about her husband history but patient is reluctant to tell about her husband.

Question to pose: How would you deal with the situation? How will you persuade a reluctant patient?

Tips for facilitator

While analyzing the role play, please keep in mind the following points:

- This scenario highlights the importance of establishing a rapport with the patient, and eliciting information on the nature of the problem facing her.
- It also deals with the difficult issue of eliciting the partner information on the nature of the problem faced by him and finding about their relationship for motivation and referral purpose and the issues and the rights of the men and women regarding privacy and confidentiality.

**MODULE NO. 5****CLIENT EDUCATION AND COUNSELING****Total Time: 2 hrs**

Duration	Topic	Page No.
Section 1 10 mins	Module introduction	70
Section 2 30 mins	Communicating with Clients on STI/RTI	72
Section 3 30 mins	Client education on STI/RTI	76
Section 4 30 mins	Counseling on STI/RTI	83
Section 5 20 mins	ICTCs and their role in STI/RTI prevention and management	87



SESSION 1

INTRODUCTION TO MODULE

(Time: 10 mins)

Objectives

By the end of this session, participants will be able to:

- Get an overview of the module including its objectives.

Activity	Topic	Training methodology	Time
1	Introduction to module	Presentation	10 mins

Activity 1

- The trainer should present the module introduction and its objectives using the prepared flipchart

FLIPCHART V-1

Introduction to module

Health care providers working at the sub-centre for family planning and maternal child health need to talk about issues of sexuality and sexual health in their work every day. The way they talk about these issues with clients determines the quality of the interaction and, to a large degree, the quality of care the clients receive. Good communication of information on prevention, especially on behavior change, linked with effective treatment is key to the control of STI/RTI. Even when treatment is not available at the sub center level, prevention information and condoms can be provided.

This module reviews general counseling skills and focuses on skills that relate specifically to STI/RTI prevention and management within the Sub-center.

Module objectives

By the end of the module, participants will be able to:

1. Discuss the essentials of verbal and non-verbal communication skills.
2. Describe the goals and principles of effective client education on STI/RTI.
5. Identify activities that contribute to reducing risk of STI/RTI.
6. Understand partner negotiation skills.
7. List the steps involved in counseling.
8. Describe the barriers to good counseling.
9. Demonstrate basic counseling skills in simulated role plays.
10. Understand the role of ICTC in STI management.



SESSION 2

COMMUNICATING WITH CLIENTS ON STI/RTI

(Time: 30 mins)

Objectives

By the end of this session, participants will be able to:

- Define key terms related to client education
- Identify personal feelings, attitudes, and values and their impact on effective communication with clients

Activity	Topic	Training methodology	Time
1	Key terms of communication	Presentation	10 mins
2	Getting used to sensitive words	Discussion/game	10 mins
3	Talking about sex	Group work	10 mins

Activity 1

- The trainer should present the key terms related to client education by using the prepared flipchart

FLIPCHART V-2

A number of different concepts and interpersonal skills overlap when providers communicate with clients, especially about private sexual matters.

Understanding important terms in communication-

Interpersonal communication: The face-to-face process of giving and receiving information between two or more people. This involves both verbal and non-verbal communication.

Verbal communication: The way we talk with clients, the words we use, and their meanings.

- Refers to words and their meanings.
- Begins and ends with what we say and how we say it.
- Is largely conscious and controlled by the speaker.

Non-verbal communication: The way we behave with clients, including actions, behaviors, gestures, and facial expressions.

- Refers to actions, gestures, behaviors, and facial expressions that express how we feel in addition to speaking.
- Is often complex and largely unconscious.
- Often reveals the real feelings or messages being conveyed.
- Can involve all of the senses.

Behavior change communication: The process of developing and providing simple messages based on proven information that suggests realistic ways to change risky behavior. This includes exploration of life situation and risk, consideration of options, and skill building, practice, and support to implement and sustain the behavior change.

The trainer should ask participants for examples of each.

Possible responses: providing privacy; establishing eye contact (as appropriate in the culture); how you are listening by leaning toward patient; nodding when s/he says something; not writing or doing other things during consultation; sitting or standing as patient does.

- The trainer should ask participants few examples of how negative emotions such as not paying attention, frowning, impatient tone of voice can be transmitted during counseling.

We all attach strong emotions, values, and attitudes to sex. Sometimes we are judgmental or disrespectful toward clients who do not share our views. This leads to a client feeling attacked or judged, a situation that makes learning difficult, and to poor understanding and compliance with treatment.



Activity 2

The trainer should divide participants into 4 small groups. Ask each group to select a reporter to present the group's findings.

- Give each group a list of words for body parts, sex acts, STI, and other terms referring to sex. The trainer may refer the glossary of STI/RTI related terminology given at the end of module.
- Ask the participants to write all of the terms—in any language that they have heard – for the words on the list. Explain that the goal is to see which group can create the longest list of words in 15 minutes.
- Ask each group to assign a reporter.
- After 15 min., ask the reporters to read the words on their groups list. The group with the longest list is the winner.
- Ask participants to consider:
 1. A young woman complains of “pain down there.” What words would you use from the lists to clarify her history?
 2. A young man says he has sores on” his private parts.” What words would you use to clarify?
- Ask the participants to share their feelings about the exercise and about using these words. If time permits, discuss the following questions:
 - ◆ Which words should we use with clients and why?
 - ◆ Is it difficult to hear or say any of these words? If so, how do they make us feel?
 - ◆ Why do we laugh at them (if applicable)?
 - ◆ Why do people use particular words rather than others?
- The trainer should explain and summarize the topic by using the prepared flipchart.



Activity 3

- The trainer should hand out slips of paper with the name of a different feeling (such as defensiveness, anger, pride, fear, sadness, happiness, pain, impatience, disapproval, confusion) written on each.
- Ask each participant to act out a feeling before the group. Participants may use facial expressions and body language, but no words.

Note: There may be more participants than "feelings," in which case some of the feelings should be acted out twice.

- Ask the group to guess the emotion.
- Ask participants which non-verbal cues or body language can be used to communicate understanding, support, or helpfulness.
- The trainer should ask participants to define the terms on the flipchart/transparency and give examples of each, using the content.
- Add any material not covered in the discussion.

FLIPCHART V-3

Talking about sex

Most of us, including health care providers, respond emotionally to words that relate to the sexual organs and sexual activity.

Such words often make us uncomfortable. This is communicated to clients who then feel even more uncomfortable bringing up their problems. Providers often use medical terms that clients do not understand to cover up their own embarrassment about sex.

Be comfortable with the real words your clients use to communicate about sexual matters and use them yourself when appropriate in order to:

- Put clients at ease.
- Make what you are saying understandable.
- Make compliance with treatment and behavior change more likely.

Note: Organize Role play and Activities as described in Participant Manual.



SESSION 3

CLIENT EDUCATION ON STI/RTI

(Time: 30 mins)

Objectives:

By the end of this session, participants will be able to:

- Describe the goals of effective client education on STI/RTI
- Identify activities that contribute to reducing risk
- Understand the importance and intricacies of negotiation with partner for safer sex

Activity	Topic	Training methodology	Time
1	Introduction	Presentation	5 mins
2	Goals of effective client education	Discussion	5 mins
3	STI/RTI risk reduction	Presentation	10 mins
4	Negotiation with partner for safer sex	Presentation	10 mins

Activity 1

- The trainer should present the goals of client education and counseling on STI/RTI by using the flipchart/transparency.

FLIPCHART V-4

Introduction

A client with a STI/RTI needs

- to understand what infection s/he has and how it is transmitted,
- to be encouraged to follow recommended treatment,
- to discuss risk and behavior change, and
- to refer partners for treatment.

If a client has come to the clinic with STI/RTI symptoms, this is an ideal time to communicate with her/him about these issues.



Client education: Give relevant information on STI/RTI based on public health needs. This includes information on infections, transmission, recommended treatment, prevention, risk reduction, behavior change, and partner referral. This information can be communicated one-to-one, in group settings in the clinic; and via posters, videos, and brochures.

Information about condoms for dual protection against pregnancy and STI/RTI should be given at every visit.

Activity 2

Goals of client education and counseling on STI/RTI

1. Primary prevention or preventing infection in uninfected clients. This is the most effective strategy to reduce the spread of STI/RTI and can be easily integrated into all health care settings.
2. Curing the current infection.
3. Secondary prevention, which:
 - Prevents further transmission of that infection in the community
 - Prevents complications and re- infection in the client

The 6Cs

Providers can use the 6 Cs as a reminder of the key components of STI client education and counseling.

1. **Counseling-** empathize, ensure two-way communication, and discuss other 5 Cs with the Client.
2. **Compliance-** the client should avoid self-medication, take the full course of medication, not share or keep the medication, and follow the provider's instructions.
3. **Condoms-** teach that proper condom use is the only alternative to abstinence. Give condoms to your client, and explain and demonstrate how to use condoms properly.
4. **Contact treatment-** encourage your client to tell all of her/his sexual Partners to seek medical attention.
5. **Come back-** for clinical follow up (specific time)
6. **Cure the patients-** If the client is not having any sign and symptoms of disease on follow up visits; consider that the client is completely cured.



FLIPCHART V-5

What the client needs to know ?

- Prevention of STI/RTI
- Use condoms if not in a monogamous relationship
- Limiting the number of partners (ideally) to one
- Non-penetrative sex
- Negotiating skills

Information about STI/RTI

- How they are passed between people
- Consequences of STI/RTI
- Links between STI/RTI and HIV

STI/RTI symptoms

- What to look for and what symptoms mean

STI/RTI treatment

- How to take medications
- Signs that call for a return visit to the clinic
- Importance of partner referral and treatment



Activity 3

STI/RTI risk reducing activities

- The trainer should present content on risky behaviors.

FLIPCHART V-6

Risky behaviors

We know that certain behaviors increase the risk of STI/RTI transmission. Most of these behaviors involve sexual activity and are called unsafe sex.

- Divide participants into the same 4 small groups.
- Assign each group one of the topics below, and give each group a piece of paper sheet on which to prepare a presentation.
 - ◆ Group 1: Define safer sex.
 - ◆ Group 2: List safer sex practices.
 - ◆ Group 3: List practices that make sex risky.
 - ◆ Group 4: List safer sex messages to give to clients.
- After 10 minutes, ask a representative from each group to make the group's presentation.
- Ask participants for comments and present any material not covered by using prepared flip chart

FLIPCHART V-7

What is safer sex?

Safer sex is sex with a partner who is uninfected or any sexual activity that reduces the risk of passing STI and HIV from one person to another.

Some safer sex practices

- Mutually faithful relationship between two uninfected partners.
- Reducing the number of sex partners.
- Using a barrier such as a condom for all types of intercourse.
- Non-penetrative sexual practices such as kissing, hugging, rubbing, and masturbating.
- Avoiding sex when either partner has signs of a STI.
- Abstinence.

Some practices that make sex risky:

- Unprotected vaginal sex if you don't know whether your partner is infected.
- Sex with a partner who has signs of a STI.
- Sex with a partner who has other Partners.
- Unprotected anal sex.
- Unprotected oral sex.
- Use of alcohol or drugs with sex.
- Sex with an intravenous drug user.
- Multiple partners.
- Casual sex or sex with strangers.
- Frequent change of partners.
- Douching.
- Use of vaginal drying agents.

Safer sex messages:

- Use protection (condom or other barriers) every time you have sex unless you have sex with only one faithful partner who is uninfected.

- Keep away from unsafe practices like “dry sex” that may break the skin—the vagina should be wet inside when you have intercourse.
- Do not have sex in the anus, but if you must, always use a condom with lubrication because the skin there can tear easily and allow HIV to pass.
- Try massage, rubbing, touching, dry kissing, hugging, or masturbation instead of intercourse.
- Have oral sex with a male or female condom if this is acceptable to you.
- Do not have sex when either Partner has sores on the genitals or when there is a discharge from the penis.

Activity 4

Negotiating safer sex with Partner

- The trainer should ask the participants to refer to topic negotiating for safer sex in the handout.
- The trainer should divide the participants into pairs. Give each pair a piece of paper with one of the safer sex messages found below. Ask each pair to spend 5 minutes reading the handout that incorporates the safer sex message.
 1. No intercourse today, I have a STI and must wait until it’s cured.
 2. I don’t want to have sex at all with you because you go with too many women.
 3. I don’t want to get pregnant or get AIDS so no condom means no sex.
 4. No condoms? Let’s just play around. We can make each other come without having intercourse.
 5. I want to try this female condom because I want us both to be safe. We could have HIV and not know about it.
 6. I don’t want to have intercourse until my vagina feels wet because it’s painful for me.
- The trainer should present the topic by using prepared flipchart.

FLIPCHART V-8

Negotiating for safer sex

Negotiating for safer sex is similar to bargaining for other things that we need. Thinking about how to negotiate successfully in other areas will help. A way to begin is for someone to decide what s/he wants, and what s/he is willing to offer in return.

Focus on safety

In negotiating for safer sex, the focus should be on safety, not lack of trust or blame or punishment. It is easier to reach agreement around safety because both people benefit from it.

Use other people as examples

Knowledge that others are practicing safer sex can make it easier to start.

Ask for help if you need it

Inviting another trusted person to help discuss safer sex with a Partner may make it easier.



SESSION 4

COUNSELING ON STI/RTI

(Time: 30 mins)

Objectives

By the end of this session, participants will be able to:

- Understand the concept of counseling and list the steps involved in counseling.
- Describe the barriers to good counseling
- Demonstrate good counseling skills in simulated role-plays

Activity	Topic	Training methodology	Time
1	Guidelines for counseling	Presentation	10 mins
2	Barriers to good counseling	Presentation/Discussion	10 mins
3	Good counseling skills	Demonstration/Role play	10 mins

Activity 1

- The trainer should explain the term counseling by using flipchart.

FLIPCHART V-9

What is counseling?

- It is face-to-face communication between two or more people in which one person helps the other to make a decision and then act upon it.
- It is two way communication and the counselor listens patiently to the clients thoughts/ fears/misconceptions/problems without being judgmental. Takes into account psycho-social, emotional and spiritual needs of the client.
- Is strictly confidential.
- Information given to the client is full and accurate.
- Helps the client to make decisions for himself or herself.

- The trainer should tell the participants that if they offer good counseling, persons having STI/RTI will make healthy choices and will bring their partners for treatment. Persons having STI/RTI will be happy with their care. They will come back when they need help.

- Emphasize that counseling often has 6 elements, or steps. Each letter in the word GATHER stands for one of these elements. Good counseling is more than covering the GATHER elements, however. A good counselor also understands the feelings and needs of persons having STI/RTI. With this understanding, the counselor adapts counseling to suit each person. Good counseling need not take a lot of time. Respect, attention to each person's concerns, and sometimes just a few more minutes make difference.
- Ask the participants if they know what "GATHER" stand for.
- Put up flipchart V-10 and read it out.

FLIPCHART V-10

G	=	Greet the person
A	=	Ask how can I help you?
T	=	Tell them any relevant information
H	=	Help them to make decisions
E	=	Explain any misunderstanding
R	=	Return for follow up or Referral

- Ask volunteers to take turns to read aloud what comes under 'G', 'A', 'T', 'H', 'E' and 'R', from Participants Handout V. Finally, open the floor for discussion.
- Conclude this session by asking participants to read Handout V in their spare time.
- The trainer should present the guidelines for counseling by using prepared flipchart.

Activity 2

Barriers to good counseling

- The trainer should present the prepared role play showing a negative interaction between provider and client.

Role play

A 20 years old girl comes to your Sub-centre with her mother because she feels some white discharge is coming out of her private parts that stain her undergarments. She is also having painful periods.

- Ask participants to list all of the barriers they observed in the role play. Fill in any content not covered.
- Ask participants for ideas on how to deal with the factors of insufficient time and lack of privacy, noting the major effects of these barriers, which may be out of the providers' control.

- Ask participants for examples of attitudes and behaviors that could have a positive effect on the client.

Possible responses: Greeting the client warmly; being attentive; being non-judgmental; sitting or standing as the client does; giving sufficient time to the client.

- The trainer should present the list of barriers to good counseling by using prepared flipchart

FLIPCHART V-11

It is important to be aware of attitudes, behaviors, and other factors that could have a negative effect on the client.

- Lack of privacy.
- Not greeting or not looking at the client.
- Appearing to be distracted (for example, by looking at your watch or reading papers while s/he is talking).
- Using a harsh tone of voice or making angry gestures.
- Sitting while the client stands or sitting far away from the client.
- Allowing interruptions during the consultation.
- Being critical, judgmental, sarcastic, or rude.
- Interrupting the client.
- Making the client wait for a long time.
- Not allowing enough time for the visit.

Activity 3

Demonstration of good counseling skills

- The trainer should distribute the checklist
- Divide participants into the same 4 groups and distribute the role play
- Instruct participants to take turns playing the counselor and the Client, while the other members of the group critique the practice, using the checklist. They have 15 min. for the exercise.
- Reconvene the large group, and ask for a pair of volunteers from two of the groups to do one of the role plays each.
- Ask participants for comments and add any content material not covered by using prepared flipchart.



FLIPCHART V-12

Counseling STI/RTI clients incorporates many skills, including interpersonal communication, client education on prevention (risky behaviors, the 5C's, bargaining for safer sex), assessment of and education about the disease itself (risk assessment, diagnosis, treatment and comfort measures), and partner referral and follow-up.

Note: The facilitator should do role play from the facilitator manual to show demonstration of good counseling skills.



SESSION 5

INTEGRATED COUNSELING AND TESTING CENTERS (ICTCs) AND THEIR ROLE IN STI/RTI PREVENTION AND MANAGEMENT

(Time: 20 mins)

Objectives

By the end of this session, participants will be able to:

- Discuss about Integrated Counseling and Testing Centers (ICTC) and their role in STI prevention and management

Activity	Topic	Training methodology	Time
1	What is ICTC?	Presentation	20 mins

Activity 1

- The trainer should present the content on Integrated Counseling and Testing Centers and their role in STI prevention and management by using flipchart.

FLIPCHART V-13

Integrated Counseling and Testing Centers (ICTC)

- Clients with STI usually practice high-risk sexual behaviour. Therefore, the provider should inform the Client about the links between STI and HIV and should encourage all Clients to undergo an HIV test at ICTC, as the risk of HIV among STI Clients is upto 10 times higher.
- NACO has established ICTC in the Medical colleges, District hospitals in all states and in addition in selected CHCs and PHCs in the HIV high prevalence states.
- As of November 2006, there are 3394 ICTCs and more are being established in the country.
- In NACP 3, it is envisaged to establish ICTCs at all CHCs and additional at selected PHCs (24*7) in all states.
- ICTCs are staffed with a counselor and a laboratory technician.

FLIPCHART V-14

Services at ICTC

- The ICTC have common television and video based health education materials that are screened continuously in the client's waiting area.
- In ICTCs, the STI Client will receive comprehensive and accurate information on HIV/AIDS and HIV counseling to facilitate an informed choice regarding an HIV test.
- ICTCs serve as single window system by pooling all counselors and laboratory technicians working in ICTC, PPTCT, Blood Safety, STI, ART and HIV-TB together to offer round the clock counseling and testing services.
- This common facility will help to remove fear, stigma and discrimination among the STI Clients, PLHAs and the referrals.

As per the National AIDS Prevention and Control Policy, all HIV tests are voluntary, based on the Clients consent, accompanied by counseling and confidentiality of the results.

The Nursing Personnel at sub-centre should refer the client for testing at the nearest ICTC. The client undergoes pretest counseling after which his/her blood is tested and after that post-test counseling is done.

Glossary of STI/RTI Related Terminology		
Sr. No	Terms	Meaning
1.	Sexual aberration	A sexual activity which differs from those generally practised or considered 'right' or 'moral'; also called deviation, paraphilia or perversion
2.	Adultery	Sexual intercourse between a married person and an individual other than his or her legal spouse
3.	AIDS	Acquired immune deficiency syndrome; a fatal viral disease that impairs the body's ability to fight infections and cancers; while the disease may be treated, the underlying immune deficiency cannot up to now be cured by any means.
4.	AIDS test	Usually refers to laboratory tests, ELISA or Western Blot, done to detect the absence or presence of HIV antibodies which indicates whether the person has been exposed to the Human immunodeficiency virus (HIV)
5.	Anal intercourse	Sexual intercourse in which the penis is inserted into the Partner's anus; sometimes termed sodomy or buggery
6.	Anilingus	The act of using the mouth or tongue in erotic stimulation of the anus (the rim)
7.	Aphrodisiac or Zoophilia	Anything, such as drug or perfume, that is believed to stimulate sexual desire
8.	Bestiality	Sexual relations between a human and an animal
9.	Bisexual	a. Having a sexual interest in, or sexual relation with, both sexes ('AC-DC') b. Literally, having sex organs of both sexes, as in hermaphrodites
10.	Celibacy	a. The state of being unmarried, usually implying sexual abstinence b. Abstaining from sexual intercourse
11.	Clap	A layman's expression for gonorrhoea
12.	Coitus/Copulation (To engage in coitus, to bang, to fuck, to lay, to screw, to climb on)	Sexual intercourse between a male and a female, in which the penis is inserted into the vagina
13.	Coitus interruptus (premature withdrawal, pulling out)	The practice of withdrawing the penis from the vagina just before ejaculation;

Glossary of STI/RTI Related Terminology		
Sr. No	Terms	Meaning
14.	Condom (French letter or FL, rubber sheath, Nirodh) In females the condom is placed in the vagina.	A contraceptive commonly used by males and recently introduced for females. For males it consists of a rubber or gut sheath that is drawn over the erect penis before sexual intercourse
15.	Fellatio (penilingus) (a blow job; to blow, to go down on, to eat, to suck)	The act of taking the penis into the mouth and sucking it for sexual pleasure
16.	Fidelity	Being faithful to one's chosen or given sexual Partner(s) and having sexual intercourse only with that/those Partner(s)
17.	Fondling	Touching or stroking lovingly; caressing
18.	Foreskin (Prepuce)	The skin covering the tip of the penis or the clitoris
19.	French kissing (deep kissing or wet kissing)	Use of the tongue in kissing; thrusting of the tongue into the Partner's mouth during a kiss
20.	Gay	Another term for male homosexual
21.	Glans	The head of the clitoris or the penis; comes from the Latin term for a corn
22.	High-risk behaviour	Term used to describe certain activities which increase the risk of transmitting a STI; includes frequent change of sex Partners, anal and vaginal intercourse without using a condom, oral-anal contact, semen or urine in the mouth, sharing intravenous needles or syringes, intimate blood contact and sharing of sex toys contaminated by body fluids; often referred to as 'unsafe' activities
23.	HIV	Human Immunodeficiency virus which renders the human immune (defence) system deficient and unable to resist opportunistic infections and the development of specific cancers
24.	HIV - negative	When HIV antibodies are not detected in the body
25.	HIV- positive	When HIV antibodies are detected in the body
26.	IDU	Injecting drug users
27.	Impotence (Erectile dysfunction)	Inability of a man to have sexual intercourse; usually refers to inadequacy of penile erection
28.	Incest	Sexual intercourse between close relatives, such as father and daughter, mother and son, or brother and sister
29.	Labia majora	The major or outer lips of the vulva
30.	Labia minora	The minor or inner lips of the vulva
31.	Lecherous	Being very lustful

Glossary of STI/RTI Related Terminology		
Sr. No	Terms	Meaning
32.	Lesbian	A female homosexual
33.	Libido	Sexual drive, interest or urge
34.	Masturbation (Hand practice, playing with oneself)	Self stimulation of the genitals through manipulation; autoeroticism; self gratification
35.	Missionary position	Face to face coital position with the male on top of the female
36.	Monogamy	A marital arrangement in which a person has only one spouse
37.	Nymphomania	The constant, extreme and irrepressible desire of a woman for sexual satisfaction
38.	Oral -genital sex	Application of the mouth or tongue of one Partner to the genitals of the other
39.	Oral-sex (head job, come down on, eat each other)	Sexual activity which involves mouth contact with another person's genitals or anus; contact may include kissing, sucking or licking of the sexual organs
40.	Orgasm (The big O, to experience orgasm, to come)	The peak or climax of sexual excitement in sexual activity
41.	Paedophile	An adult who engage in or desires sexual activity with a child
42.	Partner exchange (Swinging, swapping)	The planned exchange of sexual partners between four or more individuals
43.	Pederasty	1. Male sexual relations with boy, often- anal intercourse 2. Sexual relations via the anus
44.	Petting (Making out, necking, dry fuck, dry lay)	Sexual contact that excludes coitus
45.	Polyandry	The form of marriage in which a woman has several husbands
46.	Polygamy	A marital arrangement in which a person has more than one spouse
47.	Polygyny	The form of marriage in which a man has several wives
48.	Pornography	The explicit description or exhibition of sexual activity in literature, photographs, films, etc, intended to stimulate erotic rather than emotional feelings
49.	Promiscuous	Engaging in sexual intercourse with many persons; engaging in casual sexual relations

Glossary of STI/RTI Related Terminology		
Sr. No	Terms	Meaning
50.	Prostitute	A person who engages in sexual relationships for payment (hooker, streetwalker, whore, pros); nowadays referred to as a commercial sex worker to avoid a negative bias
51.	Prostitution	Engaging in sexual activity for money
52.	Sadism	The achievement of sexual gratification by inflicting physical or psychological pain upon the sexual Partner
53.	Sado-masochism	A form of behaviour in which sex and pain become pathologically attached bondage, discipline
54.	Safe- sex	Term used currently to describe sexual activities mostly to reduce the risk of transmission of STD; includes always using a condom during sexual intercourse, mutual masturbation, dry kissing, massage, fantasy, touching; opposed to unsafe sex practices
55.	Vaginal lubrication	A clear fluid (like sweat) that appears on the walls of the vagina within a few seconds after the onset of sexual stimulation
56.	Virgin	A woman or girl who has never had sexual intercourse

**MODULE NO. 6****PREVENTING STI/RTI AMONG SPECIAL POPULATIONS****Total Time: 1 hr 30 min**

Duration	Topic	Page No.
Section 1 10 mins	Module introduction	94
Section 2 30 mins	Male participation in prevention and control of STI/RTI	96
Section 3 30 mins	Preventing STI/RTI in adolescents	100
Section 4 20 mins	Preventing STI/RTI Among High Risk Group Population (HRG)	104



SESSION 1

INTRODUCTION TO MODULE

(Time: 10 mins)

Objectives

By the end of this session, participants will be able to:

- Get an overview of the module including its objectives.

Activity	Topic	Training methodology	Time
1	Introduction to module	Presentation	10 mins

Activity 1

- The trainer should present the module introduction and its objectives using the prepared flipchart.

FLIPCHART VI-1

Introduction

This module presents an overview of preventing STI/RTI among special population. This will help the Nursing Personnel to educate and counsel special population in management of STI/RTI, which she refers to PHCs and involve them in education and awareness activity to achieve control and prevention of STI/RTI.

Objectives

1. Discuss how reaching men can improve the reproductive health of men, women, and their children.
2. Understand strategies for involving men in STI/RTI awareness, prevention, treatment, and partner referral.
3. Discuss the challenges of incorporating STI/RTI services for men.
4. Understand the magnitude of STI/RTI among youth.
5. List barriers that prevent youth from obtaining information and services related to STI/RTI.
6. Know the youth-friendly activities for the communities served by participants' work sites.
7. Understand the term "High risk group population" (HRG).
8. Explain the role of HRG population especially sex workers in the STI/HIV/AIDS epidemic.
9. Describe community strategies and map the community services available in the vicinity of subcentres to improve the health of HRG.



SESSION 2

MALE PARTICIPATION IN PREVENTION AND CONTROL OF STI/RTI

(Time: 30 mins)

Activity	Topic	Training methodology	Time
1	Introduction to module	Presentation	10 mins
2	Strategies for involving men in STI/RTI prevention	Presentation/Case study	10 mins
3	Challenges of incorporating STI/RTI services for men and how to address them	Presentation	10 mins

Activity 1

- The trainer should present the session introduction using the prepared flipchart

FLIPCHART VI -2

Introduction

- Often men are the bridging group who acquire infection from and transmit STI/RTI to high-risk partners such as sex workers and who then carry it home to their regular partner(s). In this way, STI/RTI spread even to women who have only one partner.
- Reaching men with prevention messages and condoms and treating their STI/RTI early and correctly are very effective ways to prevent the spread of STI/RTI in their regular partners.
- A key strategy is getting men with STI/RTI to refer or bring their regular Partners for treatment, thus reaching the many women who may appear to be low risk and have no symptoms.

Activity 2

- The trainer should distribute the case study and ask participants to form 2 groups.

Case Study

Jagdish, 25 years old male working in a Public limited Company having 300 workers located in a small town near Mumbai. He stays in the residential colony of a company, which is adjacent to the factory. He comes to Mumbai very often on Sundays and Holidays for enjoyment and at times he visits CSW. When he comes to the sub-centre what should the ANM/MPW (Male) do in such a situation?

- Ask each group to choose a spokesperson.
- Ask the groups to discuss the following questions.
 - ◆ How could Jagdish have got information on STI?
 - ◆ What methods would be effective to teach him about safer sex?
- Ask the spokesperson from each group to present her/his ideas to the whole group.
- On the separate paper sheet prepared earlier, list the male involvement strategies from the presentations and paste on the wall.

FLIPCHART VI- 3

Strategies for involving men in STI/RTI prevention

There are many ways to involve men in the awareness, prevention, and treatment of STI/RTI. The following are only a few examples:

- Public information campaign on STI/RTI directed to men receiving early treatment and informing their partners of the need for treatment. It helps in destigmatizing the disease and encourages their participation in FP and ANC services
- Condom promotion for men with casual partners in addition to primary partners if not practicing safer sex outside of the primary relationships.
- Public information campaign on syphilis and HIV that addresses how men can protect both their wives and newborns by decreasing the number of casual partners and using condoms.
- Advertising ANC services that promote male partnership in pregnancy and birth.
- Trained peer educators in the workplace.



Activity 3

- The trainer should divide the group into pairs, representing couples.
- Ask one person in each pair to write down and discuss one barrier to reaching men that s/he has encountered or identified, and the other person to identify one success.
- Allow 10 minutes for the couples to identify their barriers and successes.
- Reconvene the group and ask the couples to present the barriers and successes they identified.
- Write these on a flipchart.
- Add any additional barriers from the content section.
- Have the participants list 3-5 ways they might approach each of the barriers.
- Explain that treating men may require different facilities and more male providers.
- Ask participants to discuss their clinic situations: what services are provided; what barriers exist for providing services to men; and what successes they have already achieved in addressing men (e.g., involving men in FP decisions, increasing communication between couples, etc.).

FLIPCHART VI -4

The challenges of reaching men

There are many reasons why it is difficult to reach men:

- Men may not feel comfortable using services mainly used by women.
- Men may feel shame or embarrassment about seeking information or treatment for STI/RTI.
- There is a lack of confidentiality for men if their Partners are with them.
- Treating men may take time and resources away from women.
- Treating men requires new skills from providers.
- Treating men may require different facilities and more male providers.



FLIPCHART VI-5

Addressing challenges ...

Challenges	How to address
Men may not feel comfortable using services mainly used by women.	<ul style="list-style-type: none"> Establish men only clinic or have dedicated hours for men services Ensure privacy and confidentiality
Men may feel shame or embarrassment about seeking information or treatment for STI/RTI.	<ul style="list-style-type: none"> Create general public awareness Provide better experiences to those attending the clinic so they recommend others to seek services Provide adequate information to those attending the clinic which might help in spreading the word in the peers and community
There is a lack of confidentiality for men if their partners are with them.	<ul style="list-style-type: none"> Have proper arrangements for privacy to men and women in the clinic Assure them and maintain confidentiality Try couple counseling rather than individuals
Treating men may take time and resources away from women.	<ul style="list-style-type: none"> Assign adequate time to men as well as women Make available enough resources and manpower for handling the load of STI/RTI clinic/RH clinics
Treating men requires new skills from providers.	<ul style="list-style-type: none"> Train providers to respond to STI/RTI management needs of both men as well as women
Treating men may require different facilities and more male providers	<ul style="list-style-type: none"> Establish men only clinic or have dedicated hours for men services

FLIPCHART VI -6

Summary

1. We need to reach men with prevention messages and condoms.
2. Treating men's STI/RTI early and correctly is an effective way to prevent the spread of STI/RTI to their regular Partners.
3. Getting men to bring their Partners for treatment is one of the most effective ways to reach asymptomatic women.
4. More strategies are needed for involving men in STI/RTI awareness, prevention, treatment, and Partner referral.



SESSION 3

PREVENTING STI/RTI IN ADOLESCENTS

(Time: 30 mins)

Activity	Topic	Training methodology	Time
1	Session introduction	Presentation	5 mins
2	Adolescents and youth at risk	Presentation	10 mins
3	Addressing STI/RTI among adolescents and youth	Presentation	15 mins

Activity 1

- The trainer should present the module introduction and objective using the prepared flipchart.

FLIPCHART VI-7

Introduction

- WHO has defined “Adolescents” as those between the age group of 10 to 19 years and “Youth” between the age group of 15-24.
- Lack of education about sexual health for both boys and girls leaves them ill equipped to make important choices to protect themselves against unwanted sex, pregnancy, and STI/RTI.
- Adolescents are particularly vulnerable to STI/RTI since they are less likely to have access to health services and to recognize symptoms.
- The AIDS epidemic gives a new urgency to STI/RTI prevention and is also an opportunity to protect new generations from the devastating effects of AIDS by making information and services available.

Activity 2

- The trainer should show flipchart on age and sex statistics of STI patients and discuss why adolescent and youth are at risk of STI/RTI based on.

FLIPCHART VI- 8

Adolescent and youth at risk

- Adolescents and youth in the age group 10-24 years contribute to about 30% of our population. According to Census 2001, there are 225 million adolescents comprising nearly one fifth (22%) of India's total population.
- The trend of data from various Indian studies indicates that adolescents are indulging in pre-marital sex more frequently and at an early age.
- More than half of the currently married females are married below the legal age of marriage. Nearly 20% of the 1.5 million girls married under the age of 15 are already mothers.
- Nearly 27% of married females adolescents have reported unmet need for contraception.
- STI, including HIV, are most common among young people aged 15-24 years and more so in young women.
- An estimated 1 in 20 youths contracts STI/RTI each year and one-third of all STI occur among 13-20-year-olds (110 million STI/year).
- Over 35% of all reported HIV infections in India occur among young people in the age group of 15-24 yrs indicating that young people are highly vulnerable. The majority of them are infected through unprotected sex.
- Mortality due to pregnancy and its outcomes in married female adolescents of 15-19 yrs is higher than adult females who are in the reproductive age group. 35% of women hospitalized for septic abortion are under age 20.

These statistics document the extent of unprotected sexual activity among youth and need to protect young women against both STI/RTI and pregnancy. We have to seek the opportunity to educate, prevent, and treat STI/RTI, when young women already come for abortion and care of pregnancy, in PHC setting.

Protection against infection and pregnancy involve the same strategies and services used for adults.

Young men can be involved in both family planning and STI/RTI prevention if their need for information and treatment is addressed.

FLIPCHART VI - 9

Why adolescent and youth are at risk for STI/RTI?

- Youth lack accurate knowledge about the body, sexuality, sexual health and STI.
- Changing partners is more common among youth than among older men or women who may be in stable relationships.

Young women:

- The female genital tract is not mature and is more susceptible to infection.
- Females have submissive attitudes towards men.
- Young women may have their first sexual experience with older men.

Young men:

- Young men often have a need to prove sexual powers.
- Young men may have their first sexual experiences with sex workers.

FLIPCHART VI-10

Barriers to information and services for youth

- Lack of services: little access to family planning or services for treatment or prevention of STI.
- Lack of access to condoms.
- Provider, parent, teacher, and community attitudes about youth and sexuality.
- False belief that young people are not sexually active, and that information will increase sexual activity.
- Lack of messages targeted to youth.
- Lack of providers trained to deal with youth.



FLIPCHART VI-11

MOHFW RCH II ARSH strategy

- Overall objective is to contribute to the RCH II goals of reduction of IMR, MMR and TFR
- Objective are to be met by:
 - meeting unmet contraceptive needs
 - reducing teenage pregnancies
 - reducing number of teenage maternal deaths
 - reducing incidence of STI and
 - reducing proportion of HIV positive in 10-19 years age group

Activity 3

- The trainer should discuss the involvement of adolescents in prevention as a strategy, using information from the flipchart.

FLIPCHART VI-12

The ANMs/MPWs (Male) should give information on STI/RTI prevention to adolescents as follows:

- Delay the onset of sexual activity. Abstain from sexual activity until married.
- Learn how to use condoms.
- Use condoms. These may be discontinued when pregnancy is desired.
- Avoid multiple partners and stick with one partner.
- Avoid high-risk partners.
- Recognize symptoms of STI/RTI. If burning with urination and/or discharge from the penis, or there are genital sores, young men and their partners should not have sex, but both should come to the clinic for treatment.

FLIPCHART VI-13

Key issues to be communicated

- | | |
|-----------------|-----------------------------------|
| A - Abstinence | B - Be faithful to your partner |
| C - Use condoms | D - Early diagnosis and treatment |
| E - Ensure cure | |



SESSION 4

PREVENTING STI/RTI AMONG MOST AT RISK POPULATION (MARP)

(Time: 20 mins)

Activity	Topic	Training methodology	Time
1	Session introduction	Presentation	5 mins
2	HRG and their role in prevention and control of STI/RTI	Presentation/Case study	5 mins
3	STI/RTI services and treatment strategies for HRG's	Presentation	10 mins

Activity 1

- The trainer should present the introduction and its objectives using the prepared flipchart

FLIPCHART VI- 14

Introduction

- Preventing transmission of STI/RTI among people, who have multiple Partners, is the single most effective strategy to reduce the number of new infections within the general population.
- HRG individuals can transmit infections at a higher rate than others in the population.
- Providers need skills to help these women and men who are at high risk, to welcome them non-judgmentally, and to treat them with the same care like their other clients.
- Due to their high potential to transmit infections to others, the high risk group population especially sex worker needs effective treatment whenever and wherever they present for care, as well as knowledge and skills to promote condom use with their regular partners and customers.

Activity 2

The trainer should ask participants to list all the people they can think of for the term “High risk group population”. Write each word on the flipchart. Discuss the judgments and assumptions associated with them.

The trainer should distribute the case study.

Case Study

Neeta, 25 years old girl is working in a bar. She is only 7 Std. passed. She has to work late night because of bar timing. Sometime she goes with some men whom she likes and comes very late at home. Her father was mill worker, he lost his job because of close down of mill. Mother is housewife. She has 3 small school going brothers.

Ask for a volunteer to read the story out loud to the group.

Discuss the following:

- Does Neeta fit to be in your definition of High risk group population? Why or why not?
- What information or services did she need to avoid being infected with STI/RTI/HIV?

Supplement answers by using flipchart content

FLIPCHART VI- 15

Who are the people whom we can say as “High risk group population” (HRG)?

- High risk group population comprises the people who sell sex for money or favors, female sex workers, men having sex with men (MSMs) and transgender, injecting drug users (IDUs) and professional blood donors.
- What all HRG have in common is that their work puts them at high risk for STI/RTI. As health workers, it is important to be able to identify these men and women at risk and give them the care they need in a non-judgmental and compassionate way.

- The trainer should present content information on “High Risk Group Population and STI.” Discuss the issue that raising condom use can avert the Infections.

FLIPCHART VI- 16

HRG and STI/RTI

- Not everyone in the population has the same probability of becoming infected with STI/RTI or transmitting them to others. Female sex workers, MSMs, IDUs have the highest rates of transmission of HIV.
- The reasons for the high rates of infection and transmission for sex workers include their high number of sexual contacts, as well as co-factors such as the presence of other STI, concurrent substance abuse and/or poor health status and lack of access to health services.
- Providing services to sex workers and other HRG individuals such as distributing free condoms, STI treatment and enabling them to adopt safer behavior can have the greatest impact on slowing STI transmission in the larger community.



Activity 3

- The trainer should discuss the following:
 - ◆ Why do sex workers have such high rates of transmission?
Response: Because they have so many sex partners.
 - ◆ Why reaching sex workers is important to the health of the general community?
Response: If STI are reduced in this population then the chances that sex workers will transmit a STI to their Clients, who in turn will transmit a STI to their wives/girlfriends is also reduced. This leads to an overall reduction of STI in the community.
 - ◆ What are the obstacles to reaching this at-risk population?
Response: They are stigmatized, illegal in many places, few services exist, lack of money.

FLIPCHART VI - 17

Barriers on service access to HRG

- Because of the mindset of community, there is a stigma for most at risk population and therefore they are not always welcome by general population.
 - Though women and transgenders who trade sex are often at the highest risk for STI/RTI, they are often the least likely to seek STI/RTI services.
 - The female sex workers also has the same kind of barriers to care for themselves that affect all women
 - HRG often find that services may be highly stigmatized. The providers may judge them harshly as immoral and may treat them badly.
-
- The trainer should ask participants that the groups should discuss how they might address these problems.
 - For example, how would they make services more conducive to HRG? Improve their access? Assure confidentiality? Decrease the stigma of seeking services?
 - After reconvening the larger group, the trainer should ask one participant from each group to present his/her answers to the larger group.
 - The trainer should summarize what has been said at the end of the discussion using any content that has not been presented.
 - The trainer should explain the participants by using prepared flipchart about the treatment strategies to care for sex workers in the clinical setting.



FLIPCHART VI-18

Providing care for HRG

- You can make a big difference in the life of HRG by helping them get the care they need and prevent transmission of STI to the wider population.
- Give the same respectful care to HRG as you give to others.

**MODULE NO. 7****COMMUNITY EDUCATION FOR PREVENTION OF STI/RTI****Total Time: 50 mins**

Duration	Topic	Page No.
Section 1 5 mins	Module introduction	110
Section 2 25 mins	STI/RTI education on prevention and control in the community	111
Section 3 20 mins	Developing strategies for Behavior Change Communication (BCC) in the community	114



SESSION 1

INTRODUCTION TO MODULE

(Time: 5 mins)

Objectives

By the end of this session, participants will be able to:

- Get an overview of the module including its objectives.

Activity	Topic	Training methodology	Time
1	Introduction to module	Presentation	5 mins

Activity 1

- The trainer should present the module introduction and objectives using the prepared flipchart.

FLIPCHART VII-1

Introduction

- Good management of STI/RTI in the sub-center is necessary, but it alone will not control the spread of STI/RTI. An urgent need to increase community awareness of STI/RTI and AIDS exists because of the general lack of knowledge and motivation for behavior change and the stigma associated with STI/RTI, particularly HIV.
- Health workers have an important role to play in disseminating health messages and promoting community involvement in the fight against STI/RTI and HIV.
- Prevention in the community works and ultimately can reduce the incidence of STI/RTI and AIDS that require treatment from the center.

Module objectives

1. Explain the importance of STI/RTI prevention and control in the community.
2. Emphasize on the need of community education on prevention and control of STI/RTI.
3. List ways through which community education on STI/RTI can be done.
4. Enumerating strategies for BCC in the community.



SESSION 2

STI/RTI EDUCATION ON PREVENTION AND CONTROL IN THE COMMUNITY

(Time: 25 mins)

Objectives

By the end of this session, participants will be able to:

1. Explain the importance of STI/RTI prevention and control in the community
2. Emphasize on the need of community education on prevention and control of STI/RTI.
3. List ways through which community education on STI/RTI can be done.

Activity	Topic	Training methodology	Time
1	Importance of STI/RTI prevention in the community	Presentation	5 mins
2	Need of community education on prevention and control of STI/RTI	Discussion	10 mins
3	Ways through which community education on STI/RTI can be done	Discussion	10 mins

Activity 1

The trainer should explain the importance of STI/RTI with the help of flipchart VII-1.

Activity 2

The trainer should emphasize the need for community prevention and explain the various ways through which community prevention can be done.

FLIPCHART VII-2

Need for community education on prevention and control of STI/RTI

1. To increase awareness of the symptoms and consequences of STI/RTI:

Awareness of the signs of STI/RTI, knowledge about STI/RTI transmission and the serious consequences of STI/RTI, and perception of risk is low in many communities, especially among certain populations. Increasing knowledge and awareness is the first step toward changing behavior.

2. To counter myths and misconceptions:

Myths and misconceptions about AIDS and STI/RTI abound, often causing stigmatization of people known to be infected. Negative community attitudes based on misunderstandings prevent people from openly seeking information and health care and using condoms to protect themselves.

3. To encourage risk-reducing behaviors:

People need to know which behaviors are safe and how to reduce unsafe behavior. Awareness of the consequences of unsafe behavior can lead to motivation for change.

Activity 3

The trainer should enumerate various ways through which community prevention can be done with the help of prepared flipchart.

FLIPCHART VII-3

Various ways through which community education on STI/RTI can be done:

1. To increase use of available health services:

Advertising clinic hours with clear messages about services offered and populations served can increase the use of available services. The quality of an individual's experience can be greatly improved by creating a welcoming, supportive, educational atmosphere.

2. To start a process of social change:

Many women are at risk for STI/RTI or HIV/AIDS because of social norms, such as taboos on sexuality, male behavior, double standards, and economic dependency. Social and cultural norms can change, and this change may be essential for STI/RTI prevention.

3. Gain public support for STI/RTI services:

In order to familiarize people with clinic services, links between the community and the health center should be created through outreach activities. If community members see that prevention efforts are backed up by quality health services, they will be more willing to support such services

4. To increase community leaders' support for STI/RTI services:

Active engagement of the community in STI/RTI prevention that yields positive results can make it easier for leaders to support STI/RTI control efforts publicly, continuing a positive cycle of prevention activities.



SESSION 3

DEVELOPING STRATEGIES FOR BCC IN THE COMMUNITY

(Time: 20 mins)

Objectives

By the end of this session, participants will be able to:

- Enumerate strategies for BCC in the community.

Activity	Topic	Training methodology	Time
1	Developing strategies for BCC	Presentation	15 mins
2	Summary	Presentation	5 mins

Activity 1

- The trainer should present the information by using prepared flipchart content, asking for participants discussion on the feasibility of developing strategies for BCC in the community.

FLIPCHART VII-4

Developing strategies for BCC in the community

1. Define target groups:

Think about targeting groups at highest risk or in greatest need. Who needs information most urgently? Who can be reached using available resources you have? What links can be made with other organizations already targeting groups in need? Research and common sense show that different messages are required to reach different groups. Sex workers, youth, men, rural and urban women, community leaders, and religious leaders—all need messages and information tailored to their different situations.

2. Understand community beliefs and practices:

To understand what messages will reach people, one needs to understand why they behave the way they do.

3. Set communication objectives and activities:

What do people already know about STI/RTI? What do they need to know? What are their attitudes and prejudices about STI/RTI? Who are their leaders or who has influence over them? What cultural and language barriers exist?

4. Develop strategies to reach target groups:

Can you use peer educators to reach marginal groups? Can you attract people by offering clinical services?

5. Evaluate the strategies impact:

How well did the strategies work? Can you monitor condom use in your clinic? Can you track numbers of condoms dispensed in a given period of time?

- The trainer should ask participants to rejoin their same 4 groups.
- Give each group a sheet of newsprint with two of the subjects listed below on it. Ask Participants to give two examples of educational messages for each of their two subjects and record their messages on the sheet of newsprint.



Activity 2

- The trainer should present the module summary and distribute the handouts.

FLIPCHART VII-5

Summary

- Health care providers need to prevent as well as treat STI/RTI.
- Viral STI/RTI, including HIV, cannot be cured—prevention is our only hope.
- Providers are needed in community education and prevention efforts.
- Reproductive health services are not accessible to all and, in the best of circumstances, cannot reach everyone at risk; hence working to prevent infection in the first place is of utmost importance.

**MODULE NO. 8****CONDOMS AND ITS PROPER USAGE TECHNIQUE****Total Time: 45 mins**

Duration	Topic	Page No.
Section 1 5 mins	Module introduction	118
Section 2 10 mins	Condoms for STI/RTI prevention	120
Section 3 5 mins	How to use condom	122
Section 4 10 mins	Condom for dual protection	124
Section 5 15 mins	Other methods of protection for STI/RTI	126

CONDOMS AND ITS PROPER USAGE TECHNIQUE**Module learning objectives**

Participants will be able to counsel clients on the importance of preventing pregnancy and STI/RTI, and demonstrate to clients the correct use of male and female condoms, as well as other available barrier methods.

By the end of the unit, participants will be able to:

1. Explain how male and female condoms work and their effectiveness for STI prevention and contraception (dual protection).
2. Demonstrate how to give instructions for the use of male and female condoms.
3. Explain dual protection and dual method use.
4. Discuss the possibilities for protection when a man refuses to use condoms.

Materials to be used

- Overhead projector
- Flipchart
- Markers



SESSION 1

INTRODUCTION TO MODULE

(Time: 5 mins)

Objectives

By the end of this session, participants will be able to:

- Get an overview of the module including its objectives.

Activity	Topic	Training methodology	Time
1	Introduction to module	Presentation	5 mins

Activity 1

- The trainer should present the module introduction and objectives using the prepared flipchart.

FLIPCHART VIII-1

Introduction

With the urgency of the AIDS epidemic, reproductive health providers need to focus on the prevention of pregnancy and sexually transmitted disease. As in FP program, service providers are more actively promoting condoms and teaching condom use and negotiation. In country, community strategies like social marketing increased condom use tremendously. However, FP providers need to think of ways to reach men as well as women with condom messages. The male condom used consistently and correctly is still the most effective method for preventing STI/RTI. The female condom also may be effective, although currently its cost remains too high for widespread use. Other barrier methods that could be used for disease protection such as the diaphragm and the cervical cap offer less protection than the male condom. Spermicides may increase the risk of transmission.

Getting Clients to think in terms of protection against disease and pregnancy is an example of the natural linking of STI/RTI control and family planning goals. This link has the potential to be an important first step in integration. Promotion of condom use with emergency contraceptive pills (ECP) as a backup may work well for young women or women in new relationships.

Objectives

1. Explain how male and female condoms work and their effectiveness for STI/RTI prevention and contraception (dual protection).
2. Demonstrate how to give instructions for the use of male and female condoms.
3. Explain dual protection and dual method use.
4. Discuss the possibilities for protection when a man refuses to use condoms.



SESSION 2

CONDOMS FOR STI/RTI PREVENTION

(Time: 10 mins)

Objectives

By the end of this session, participants will be able to:

- Explain how male and female condoms work and their effectiveness for STI/RTI prevention and contraception (dual protection)

Activity	Topic	Training methodology	Time
1	Condom-male & female	Presentation/discussion	10 mins

Activity 1

- The trainer should divide participants into 4 new small groups.
- Using the material in Participants Handout and participants own knowledge, ask the groups to spend 10 minutes discussing information on their topic and writing points on a flipchart for presentation.
 - ◆ Group 1: The male condom: what is it, mechanism of action
 - ◆ Group 2: The male condom: effectiveness
 - ◆ Group 3: The female condom: what is it, mechanism of action
 - ◆ Group 4: The female condom: effectiveness
- Ask a representative of each group to present her/his topic to the large group (5 min. for each group).
- Correct any errors and add any omitted material from the content of flipchart.
- Ask participants whether male and female condoms are available where they work.
- The trainer should summarize key points by using prepared flipchart.

FLIPCHART VIII-2

The male condom

- The male condom is a barrier method that prevents entry of sperm into the vagina. It is made of very thin latex rubber. Disease-causing organisms, including HIV, do not pass through intact latex or plastic condoms. Condoms come in a variety of shapes, sizes, and colors; some are lubricated.
- When used consistently and correctly with every act of intercourse, condoms can greatly reduce the risk of HIV infection.
- Although condoms protect against many STI/RTI; genital herpes, genital warts, and pubic lice can be transmitted if someone comes into contact with infected skin surfaces not covered by the condom.

The female condom

- The female condom is a polyurethane plastic pouch that covers the cervix, the vagina, and part of the external genitals. The woman inserts it into the vagina, and it can also be inserted by putting it on the man's penis.
- The female condom is available in country, but it is much more expensive than the male condom. Washing and reusing it may bring the price down. The female condom is a barrier to HIV and STI/RTI.



SESSION 3

HOW TO USE CONDOMS

(Time: 5 mins)

Objectives

By the end of this session, participants will be able to:

- Demonstrate how to give instructions for the use of male and female condoms

Activity	Topic	Training methodology	Time
1	How to use condom	Demonstration	5 mins

Activity 1

- The trainer should present content by using prepared flipchart

FLIPCHART VIII-3

Promoting condoms in PHC for protection against STI/RTI

Although many family planning providers have condoms to dispense or sell, promotion of condoms is often low in PHC. If a client’s primary goal is pregnancy prevention she may request a more reliable method of contraception than the condom, and providers are not accustomed to recommending two methods.

- The trainer should emphasize that provider “should.” Promote condom along with any other method.
- The trainer should distribute the **CBT skills assessment checklist for male condoms**.
- Demonstrate male condom use on a model following the checklist.
- Have one participants give a return demonstration while the others observe and make any necessary corrections.
- Divide participants into pairs. Using the **Instructions for use: male and female condoms** (Participants Handout), one participant should counsel the other, including a demonstration of proper condom use, and then they should trade roles. Participants should use the **CBT skills checklist for male condoms** to evaluate each other’s performance.
- Show video on the female condom.

- Repeat trainer demonstration and participants return demonstration for the female condom.
- Have participants practice in the same pair using the **CBT checklist for the female condom**.
- When the exercise is finished, ask a volunteer to demonstrate male condom use, including counseling, and another volunteer to demonstrate female condom use, including counseling.
- Members of the group can ask questions of the demonstrators, who should respond appropriately.
- The trainer should summarize content and exercise by flipchart

FLIPCHART VIII-4

Providers should:

- Take the time to promote and dispense condoms to every client.
- Demonstrate condom use to male and female clients every time condoms are dispensed.
- Make sure both male and female clients can demonstrate proper use.
- Explain that the male condom can be a female-initiated method.
- Make sure that women are given the skills to negotiate for and initiate condom use.

Note: Incorrect use of condoms is a major reason for condom failure.



SESSION 4

CONDOM FOR DUAL PROTECTION

(Time: 10 mins)

Objectives

By the end of this session, participants will be able to:

- Explain dual protection and dual method use

Activity	Topic	Training methodology	Time
1	Dual protection	Presentation/Discussion	10 mins

FLIPCHART VIII-5

Condom use for dual protection

Condoms are the only method that protects against both pregnancy and STI, which makes aggressive condom promotion a very important strategy for protecting at-risk individuals and groups. Providers must develop skills to counter the many real and perceived patient complaints and myths about condom use to make it a viable method choice.

Dual method use

Women who face the possibility of unwanted pregnancy and STI need adequate protection against both. Strategies to encourage the simultaneous use of two methods need to be thought out with care. There is some evidence that women who are already using highly effective methods to prevent pregnancy are less likely to use a second method, even if there is STI risk. Many women remain unaware of their STI risk.

- Divide participants 3 groups and assign each group to one of the topics below to discuss for 5 min. Record their lists on a flipchart.
 - ◆ Group 1: List as many reasons as possible for a woman/couple to consider dual method use.
 - ◆ Group 2: List as many benefits as you can of dual method use
 - ◆ Group 3: List as many challenges as possible to dual method use
- In the larger group, ask each group to present its list for up to 2 min.
- Ask participants for feedback and additions, and add any omitted material.



FLIPCHART VIII-6

When to consider dual method use

- When there is high risk of both unwanted pregnancy and STI/RTI.
- When a couple cannot or will not use male or female condoms correctly all the time.

Benefits of dual method use

- Possible increase in negotiation and communication skills for couples.
- Increased awareness of broader reproductive health needs of couple.
- Increased protection for women and men.

Challenges to dual method use

- Strategies and messages need to be developed.
- Increased training of providers is needed.
- It means increased cost to patients.



SESSION 5

OTHER METHODS OF PROTECTION FOR STI/RTI

(Time: 15 mins)

Objectives

By the end of this session, participants will be able to:

- Discuss the possibilities for protection when a man refuses to use condoms

Activity	Topic	Training methodology	Time
1	Other methods of protection	Presentation/discussion	10 mins
2	Summary	Presentation	5 mins

Activity 1

- The trainer should pass around samples of all barrier methods for participants to examine during presentation.
- The trainer should present content of flipchart and answer any questions.

FLIPCHART VIII-7

Other methods- woman-controlled or initiated methods of prevention of STI/RTI and HIV/AIDS

The **female condom** is a clear polyurethane (a soft plastic) pouch that is made to line the vagina and protect it from semen. Studies have shown it is effective in preventing trichomoniasis. Studies of its protective effect against other STI/RTI and HIV are underway.

A **diaphragm** is a latex cup used with spermicide that fits over the mouth of the uterus and is put in before sex. It can be used with or without spermicide. It is thought to be somewhat effective against gonorrhoea and chlamydia.

The **cervical cap** is a latex cup which is smaller than a diaphragm and fits snugly over the cervix. It can be used with or without spermicide. It is thought to be somewhat effective against gonorrhoea and chlamydia, but no protection against HIV has been proven.

Spermicides contain a chemical, usually Nonoxynol 9, which kills sperm and some organisms that cause STI/RTI. It comes in the form of **cream, jelly, foam, film, suppositories, or foaming tablets** that are put in the vagina before sex. Spermicides may be somewhat effective against STI, but they have not been proven to offer protection against HIV. In fact, if used daily or more frequently, they may increase HIV transmission because they irritate the vaginal lining, which makes it easier for HIV, and possibly STI/RTI, to enter the body.

Spermicidal film and the vaginal sponge have not been shown to offer any protection against STI/RTI or HIV at the present doses of the active ingredient, Nonoxyl 9.

Research is underway to develop microbicides that can protect against STI, including HIV. These will be applied in the vagina as a foam, film, cream, suppository, or gel, and will:

- Kill microbes that cause STI and HIV;
 - Create a barrier to block infection; and/or
 - Prevent the organism from replication after infection has occurred.
-
- The trainer should ask participants to form the same 3 groups.
 - Give each group a piece of paper sheet with one of the following strategies printed on it:
 1. A woman relies on male condoms for STI/RTI protection. She is successful in negotiating condom use about 75% of the time. Explain why this provides only minimal protection.
 2. A woman carries the female condom in case her Partner refuses to use the male condom. However, she knows the female condom requires his cooperation.
 3. A woman inserts her diaphragm before going out, and tries to get her Partner to use the male condom, also.

- The trainer should ask participants to discuss their strategy for 5 min. and report back to the large group on the following:
 - ◆ How effective do you think this strategy is in preventing pregnancy?
 - ◆ How effective do you think this strategy is in preventing STI or HIV?
 - ◆ How likely is a woman to use this strategy and be successful?
 - ◆ What are the advantages of the strategy?
 - ◆ What are the disadvantages of the strategy?
- The trainer should reconvene the large group and ask which of the strategies offers the woman the most protection and which might work best in participant's communities.
- The trainer should summarize activity by flipchart.

FLIPCHART VIII-8

What can a woman do?

Some women are not able to persuade their Partners to use condoms. How can you help such women?

1. Encourage a woman to use all means to persuade her partner to use condoms 100% of the time with any outside partners. Providers should reinforce the message that condom use with outside partners puts a married woman at lower risk.
2. If a woman thinks her partner is HIV+, encourage HIV testing (VCT) for him and her.
3. For a young woman or a woman in a new relationship, start with condoms or add them to another method.
4. For a woman who is at risk of STI/RTI who cannot convince her partner to use condoms, woman-initiated or controlled methods might be somewhat effective against STI, but have not proven to offer protection against HIV.



Activity 2

- The trainer should present the module summary and distribute the handouts.

FLIPCHART VIII-9

Summary

1. Male condoms used consistently and correctly are still the most effective way to prevent STI.
2. Correct and consistent condom use *with every act of intercourse* determines the effectiveness of condoms in prevention of pregnancy and HIV/STI.
3. The female condom may be effective, but presently its cost remains too high for general use.
4. Promote condom use with men when you see them for a STI or when they accompany their partners for family planning visits.
5. When men refuse to use condoms, women should have access to other barriers for protection.

**MODULE NO. 9****RECORDING AND REPORTING****Total Time: 3 hrs 5 mins**

Duration	Topic	Page No.
Section 1 5 mins	Module introduction	132
Section 2 1 hour	Recording and Reporting Formats of Designated STI/RTI Clinic	133
Section 3 2 hrs	Recording and Reporting Format of Sub-district Health Facilities (PHC/CHC/Block PHC/Sub-divisional Hospital/Urban Health Centre)	143



SESSION 1

INTRODUCTION TO MODULE

(Time: 5 mins)

Objectives

By the end of the session, the participants will be able to:

- Understand the importance and process of STI/RTI clinic data management
- Understand the role of nursing staff in recording and reporting.

Activity	Topic	Training Methodology	Time
1	Introduction to module	Presentation and Discussion	5 mins

Activity 1

- Trainer should present the module introduction and make participant understand about the importance of STI/RTI clinic data management at designated clinic and at sub-district health facilities (PHC/CHC/Block PHC/Sub-divisional Hospital/Urban Health centre etc).
- The trainer should explain to the nursing staff about their role in maintaining daily STI/RTI records in the clinics, correct filling and filing of record, maintenance of drug register and timely compilation and submission of monthly STI/RTI report from the designated STI/RTI clinic to the SACS.

SESSION 2

RECORDING AND REPORTING FORMATS AT DESIGNATED STI/RTI CLINIC

(Time: 1 hr)

Objectives

By the end of the session, participant will be able to:

- Understand the process of filling the STI/RTI records and STI/RTI Monthly Report to be filled at Designated STI/RTI clinic.

Activity	Topic	Training Methodology	Time
1	Filling of Recording forms of Designated clinic Filling of STI/RTI Monthly formats of Designated clinic	Presentation/Discussion/ Manual filling of the STI/RTI recording formats and STI/RTI Monthly Report.	1 hour

- The trainer should explain to the participants about all the STI/RTI records which need to be maintained at the designated clinic .The trainer should also ask the participants to fill each of the formats.
- The trainer should explain about filling of Monthly STI/RTI reporting format for the designated STI clinic. The Trainer should also ask the participant to fill monthly report manually.

Note: The trainer should explain ONLY Designated STI/RTI clinic recording and reporting format while training the trainees of Designated STI/RTI clinic.



Recording and Reporting Formats for Designated STI/RTI Clinic

FLIPCHART IX-1

Records and Reports of Designated STI/RTI Clinic.

- 1 Patient Wise Card
- 2 STI/RTI Register
- 3 Counsellors Diary
- 4 Indent Form
- 5 Stock Register
- 6 Referral Form
- 7 STI/RTI Monthly Reporting Format

- The trainer should explain about all the record and reports that are to be maintained at Designated STI/RTI clinic these includes Patient wise card, STI Register, Counsellors Diary, Indent Form, Stock Register, Referral Form and STI/RTI Monthly Reporting Format.
- The trainer should explain to the participants how to fill these formats.

FLIPCHART IX-2: Patient Wise Card

1. STI/RTI Patient Wise Record			
NATIONAL AIDS CONTROL ORGANIZATION STI / RTI PATIENT WISE RECORD			
Provider Name Clinic Name Clinic Unique ID Number	Patient ID Number: Patient OP Number		
Date	Patient Detail Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Age <input type="checkbox"/> New Client <input type="checkbox"/> Yes <input type="checkbox"/> No Type of visit <input type="checkbox"/> New STI/RTI <input type="checkbox"/> Repeat STI/RTI Patient flow <input type="checkbox"/> Referred <input type="checkbox"/> Direct walk in	STI / RTI Risk Assessment <input type="checkbox"/> Medical History taken <input type="checkbox"/> Sexual History taken <input type="checkbox"/> Physical examination conducted <input type="checkbox"/> Speculum and/or Proctoscopic exam conducted <input type="checkbox"/> Significant points in bullets Examination findings:	STI / RTI syndrome diagnosis <input type="checkbox"/> Vaginal Cervical Discharge <input type="checkbox"/> Genital pediculosis <input type="checkbox"/> Genital warts <input type="checkbox"/> Lower Abdominal Pain <input type="checkbox"/> Asymptomatic (serological syphilis) <input type="checkbox"/> Presumptive treatment <input type="checkbox"/> Others (specify) -
		Lab Test Performed RPR <input type="checkbox"/> Reactive <input type="checkbox"/> Titre Gram Stain <input type="checkbox"/> ICDC <input type="checkbox"/> WBC <input type="checkbox"/> None <input type="checkbox"/> Nugent's score+Ve KOH <input type="checkbox"/> Whiff test +ve <input type="checkbox"/> Pseudohyphae/Spores <input type="checkbox"/> None Wet Mount <input type="checkbox"/> Motile Trichomonads <input type="checkbox"/> Clue Cells <input type="checkbox"/> None HIV <input type="checkbox"/> Reactive <input type="checkbox"/> Non reactive	
	Details of STI/RTI treatment given Drugs used (if KITS are not available) <input type="checkbox"/> Acyclovir 400 mg <input type="checkbox"/> Amoxicillin 500 mg <input type="checkbox"/> Azithromycin 1 gm <input type="checkbox"/> Benz Penicillin 2.4MU <input type="checkbox"/> Benzyl benzoate 25% <input type="checkbox"/> Cefixime 400 mg <input type="checkbox"/> Ceftriaxone 250 mg & 1 gm <input type="checkbox"/> Ciprofloxacin 500 mg <input type="checkbox"/> Clotrimazole 500 mg <input type="checkbox"/> Doxycycline 100mg <input type="checkbox"/> Erythromycin 500 mg <input type="checkbox"/> Fluconazole 150mg <input type="checkbox"/> Metronidazole 400 mg <input type="checkbox"/> Secnidazole 500 mg	Other services provided Patient education <input type="checkbox"/> Partner treatment <input type="checkbox"/> Condom Usage <input type="checkbox"/> Other risk reduction Partner treatment <input type="checkbox"/> Prescription written <input type="checkbox"/> Medication given Condoms <input type="checkbox"/> Given free <input type="checkbox"/> Sold / Social Marketed <input type="checkbox"/> Prescribed <input type="checkbox"/> Demonstrated	Referrals <input type="checkbox"/> ICTC <input type="checkbox"/> PPTCT <input type="checkbox"/> Designated Microscopy centre <input type="checkbox"/> Care and Support ART centre <input type="checkbox"/> PLHA network <input type="checkbox"/> Others (specify) <input type="checkbox"/> IEC material given <input type="checkbox"/> Append results if any other tests performed
	Kits (if available) <input type="checkbox"/> Kit 1 (Grey) <input type="checkbox"/> Kit 2 (Green) <input type="checkbox"/> Kit 3 (White) <input type="checkbox"/> Kit 4 (Blue) <input type="checkbox"/> Kit 5 (Red) <input type="checkbox"/> Kit 6 (Yellow) <input type="checkbox"/> Kit 7 (Black) General Medicines <input type="checkbox"/> Adrenaline <input type="checkbox"/> Antihistamines <input type="checkbox"/> Hydrocortisone <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Metaclopramide <input type="checkbox"/> Ranitidine	Drugs used (if KITS are not available) <input type="checkbox"/> Permethrin 5% and 1% <input type="checkbox"/> Podophyllin 20% <input type="checkbox"/> Trichloroacetic acid 30% Others	

- The guidelines for filling of patient wise card can be obtained from Operational Guidelines for Programme Managers and Service Providers for Strengthening STI/RTI services May 2011 from page 78-83. The guidelines should be read out.



FLIPCHART IX-3: STI/RTI Register

2. STI / RTI Register																					
Master Register for Doctors at STI and Gyne & Obs Clinic																					
Name of the Hospital																					
Clinic Unique ID number																					
STI/RTI Syndromic Coding: 1=UD 2=GUD-Herpetic 3=GUD-Non Hermetic 4=Vaginal-cervical discharge 5=Inguinal Bubo 6=Gental Scabies 7=Ano-rectal Discharge 8=Gental Molluscum 9=Scrotal Swelling 10=Gental pediculosis 11= Gental Warts 12 =Lower Abdominal Pain 13 Asymptomatic 14=Presumptive 15=Other (specify)																					
Sr. No.	Date	Patient OPD Number	Patient ID Number	Name	Age	Sex	Referred (R) walk in (W) of Referred then specify	STI/RTI Syndrome diagnosis	Treatment Provide		Counseling Done 1=Yes 2=No	Condoms Number of pieces provided	Partner Management		Referred to 1-ICTC, 2-TB, 3-ART, 4-RPR/VDRL 8-Others	Lab investigations			Wet mount		
									Kit (if available) Specify kit number	Drugs Prescribed			Partner Notification 1=Yes, 2 No	Partner managed 1=Yes,2 No		RPR test	HIV test	KOH			
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
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15																					
16																					
17																					
18																					
19																					
20																					
21																					
22																					
23																					



FLIPCHART IX-4: Counselors Diary

3. Counselors Patient Dairy												
S. No.	Date	STI-PID No.	New / Repeat	Age	Sex	Occupation	Education	Patient Complaints	Important points in sexual & Personal history	Interventions by Counselors	Other Remarks	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												



FLIPCHART IX-5: Indent Form

4. Indent Form							
Name of the Hospital :							
Clinic Unique ID number:							
Sl No.	Name of the Drug	Balance on the day of indent	Amount to be indented (Date)	Amount received (Date)	Remark		
1	Kit 1						
2	Kit 2						
3	Kit 3						
4	Kit 4						
5	Kit 5						
6	Kit 6						
7	Kit 7						
8	RPR Test kits						

- Note:**
1. The clinic must have supply of drug for at least three months.
 2. There should be a critical level of stock for each STI/RTI drugs & kits.
Whenever supply reaches less than one quarter of supply the drug should be indented.
 3. The Clinic should follow the policy of FEFO (First Expiry First Out).

**Signature
Counsellor**

**Signature
STI Clinic Incharge**

**Signature
Issuing authority at SACS**



FLIPCHART IX-6: Stock Register

5. Stock Register _____ STATE AIDS CONTROL SOCIETY Format for Stock Register for STI Clinic Name of Test/Drugs/Consumable _____							
Date	Opening Stock	Number received this month	Number of tests performed	Wastage if any	Closing Stock	Number requested	Date of placing request



FLIPCHART IX-7: STI/RTI Referral Form

STI/RTI Referral Form

(To be filled and handed to the client by STI/RTI Counselor/Nurse)

Referral to

ICTC/Chest & TB/Laboratory_____

The patient with the following details is being referred to your center.

Name:_____ Age_____ Sex:_____

STI/RTI-PID No:_____

Kindly do the needful

Referring Provider

Name:_____ Designation:_____

Contact Phone:_____ Date of referral:_____

(To be filled and retained at referral site so as to be collected by
STI/RTI counselor/Nurse weekly)

The above patient referred has been provided ICTC/TB/RPR/VDRL/_____ services and the patient has been tested/diagnosed/treated for_____

The test/results of RPR/VDRL/is/are_____

Signature of the Medical Officer/Counselor/Lab In-charge

- The trainer should explain how to fill format from Flipchart IX-2-7; all these formats are self explanatory.



FLIPCHART IX-8: STI/RTI Monthly Report

Monthly STI/RTI																
Unique ID. No. of STI/RTI Clinic /Gynae OPD /TI NGO																
MONTHLY REPORT FOR MAT FOR STI/RTI CLINICS																
Name of STI/RTI Clinic/ Hospital to which the Gynecology OPD is Attached/ TI NGO																
Sub Type		Category		Location												
Address :																
District :				Block :			City :									
Reporting Period :				Month(MM) :		Year(YYYY) :										
Name of Officer In - charge :																
Phone no. of Officer In - charge :																
Section 1 : No. of Patients Availed STI/RTI services in this month																
Type of Patients	Age Group & Sex												Total			
	<20			20-24			25-44			>44			Male	Female	TS/TG	
	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG				
Clinic visit with STI/RTI complaint and were diagnosed with an STI/RTI																
Clinic visit with STI/RTI complaint but were NOT diagnosed with an STI/RTI. • Clinic visit for Syphilis Screening (Excluding ANC) • For TI-NGOs-RMC, PT, Syphilis Screening (whichever applicable)																
Follow up visit for the index STI/RTI complaint																
Total No of visits																
Section 2 : STI/RTI syndromic diagnosis (Should be filled by all STI/RTI service providers for clinic visit for STI/RTI complaint only)																
Age Group & Sex																
Diagnosis				Male	Female	TS/TG	Total									
1. Vaginal/ Cervical Discharge(VCD)																
2. Genital Ulcer (GUD) - non herpetic																
3. Genital ulcer(GUD) – herpetic																
4. Lower abdominal pain (LAP)																
5. Urethral discharge (UD)																
6. Ano-rectal discharge (ARD)																
7. Inguinal Bubo (IB)																
8. Painful scrotal swelling (SS)																
9. Genital warts																
10. Other STIs																
11. Serologically + ve for syphilis																
Total No of episodes																
No of people living with HIV/AIDS (PLHAs) who attended with STI/RTI complain during the month																
Section 3. Details of other services provided to patients attending STI/RTI clinics in this month To be filled in by all STI/RTI Service Providers																
Service				Male	Female	TS/TG	Total									
1. Number of patients counseled																
2. Number of condoms provided																
3. Number of RPR/VDRL tests conducted																
4. Number of patients found reactive																
5. Number of partner notification undertaken																
6. Number of partners managed																
7. Number of patients referred to ICTC																
8. Number of patients found HIV-infected (of above)																
9. Number of patients referred to other services																
Section 4 : STI/RTI service for HRGs in the month (To be filled in by TI NGO)																
				Male	Female	TS/TG	Total									
Number of new individuals visited the clinic																
Number of Presumptive Treatments (PT) provided for gonococcus and Chlamydia																
Number of regular STI check-ups (RMC) conducted (check-up including internal examination of HRGs once in a quarter)																



Section 5 : ANC syphilis screening in this month	
Should be filled by all service providers with ANC service provision	Total
Number of ANC first visits in the month (Registration)	
Number of rapid plasma reagin RPR/VDRL tests performed	
Number of RPR/VDRL tests reactive (Qualitative)	
Number of RPR/VDRL tests reactive above >=1:8 (Quantitative)	
Number of pregnant women treated for syphilis	

Section 6 : Laboratory diagnosis of STI/RTI				
Laboratory diagnosis/Tests	Male	Female	TS/TG	Total
1. Total RPR/VDRL tests performed				
RPR tests reactive >= 1:8				
2. Total Gram stain performed				
Gonococcus + (gram negative intracellular diplococci +)				
Non-Gonococcus urethritis (NGU)-Pus cells +ve				
Non-Gonococcus cervicitis (NGC)-Pus cells +ve				
None				
Nugents score +ve				
3. Wet mount test performed				
Motile Trichomonads +ve				
Whiff test +ve				
Clues cells +				
None				
4. KOH test performed				
Candidiasis				
None				
5. Availability of consumables (Yes=1, No=2)				
Do you have STI pre-packed kits?				
Functional Computer				
AMC of Computer				

Section 7 : Drugs & Consumables								
Drugs & Consumables	Opening stock	Number received this month	Consumed	Damage/Wastage	Closing stock	Stock Sufficient for approx months	Earliest Expiry Date (Month/Year)	Quantity
RPR tests								
Pre-packed STI Kit 1								
Pre-packed STI Kit 2								
Pre-packed STI Kit 3								
Pre-packed STI Kit 4								
Pre-packed STI Kit 5								
Pre-packed STI Kit 6								
Pre-packed STI Kit 7								
Condom Pieces								
Reagent for gram stain								
Reagents for wet mount and KOH test								
Others								

Section 8 : Details of Staff at the STI/RTI clinics					
Human resource details at STI/RTI and /or Gynaecology clinics (Should be filled by all STI/RTI clinics)					
Staff	Number Sanctioned	Number in place	Number of Person Trained during month		
			Induction	Refresher	Others
Medical Officer					
Staff Nurse					
Laboratory Technicians					
Counsellor					

- The guidelines for filling of STI/RTI Monthly Report can be obtained from Operational Guidelines for Programme Managers and Service Providers for Strengthening STI/RTI Services, May 2011 from page 99-108. The guidelines should be read out.
- The trainer should ensure that each of the participant has filled the monthly STI/RTI format manually and should ensure each of the participant have understood filling of format correctly.



SESSION 3

RECORDING AND REPORTING FORMATS AT SUB-DISTRICT HEALTH FACILITIES (PHC/CHC/Block PHC, Sub-divisional hospital, urban Health centre etc)

(Time: 2 hrs)

Objectives

By the end of the session, participant will be able to:

- Understand the prototype and process of filling the STI/RTI records and STI/RTI Monthly Report to be filled at Sub-district Health Facilities (PHC/CHC/Block PHC, Sub-divisional hospital, urban Health centre etc)

Activity	Topic	Training Methodology	Time
1	Filling of Recording forms of Sub-district Health facilities Filling of STI/RTI Monthly NRHM formats of sub district health facilities	Presentation/Discussion/ Manual filling of the STI/RTI recording formats and Monthly STI/RTI NRHM Report.	2 hrs

- The trainer should explain to the participants about all the STI/RTI records which need to be maintained at the Sub-district health facilities (PHC/CHC/Block PHC, Sub-divisional hospital, urban Health centre etc).
- It should be emphasised that no new recording formats are required to be created. The Nursing Staff will maintain the records in existing registers of the facility by adding columns/pages. The prototype of the STI/RTI record keeping is explained in the next session. The trainer should also ask the participants to fill each of the formats.
- The trainer should explain about filling of Monthly STI/RTI reporting format from NRHM facilities. The Trainer should also ask the participant to fill monthly report manually.

NOTE: The trainer should explain ONLY Sub-district the health facility (PHC/CHC/Block PHC, Sub-divisional Hospital, Urban Health etc) recording and monthly reporting format to the trainee of sub-district health facility.

Recording and Reporting Formats for Sub-district Health Facilities (PHC/CHC/Block PHC/Sub-divisional hospital, Urban Health Centre etc):

FLIPCHART IX-9

Records to be maintained at NRHM facility (PHC/CHC/Block PHC, Sub-divisional Hospital, Urban Health etc).

- 1 **OPD register**
- 2 **Referral Form**
- 3 **Drug Register**
- 4 **Laboratory Register**
- 5 **Monthly STI/RTI NRHM Report**

- The trainer should explain about all the record and reports that are to be maintained at Sub-district health facility (PHC/CHC/Block PHC, Sub-divisional Hospital, Urban Health etc), these includes OPD Register, Referral Form, Drug Register, Laboratory Register and Monthly STI/RTI NRHM Reporting format.
- The trainer should explain to the participants how to fill these formats.

Flipchart IX-10

Patient OPD Register

Patient Register for STI/RTI Services					
S.No.	Date	Name	Age	Sex	Diagnosis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

- The OPD register and other existing record maintained in PHC/CHC/Block PHC etc should be utilised for maintaining records pertaining to STI/RTI. The physician should indicate the syndromic diagnosis in the OPD register.



Flipchart IX-11

Drug Stock Register

Drug Stock record format				
Drugs	Opening stock (1st of every month)	Number received this month	Consumed	Closing stock (last day of every month)
Prepacked STI Kit 1				
Prepacked STI Kit 2				
Prepacked STI Kit 3				
Prepacked STI Kit 4				
Prepacked STI Kit 5				
Prepacked STI Kit 6				
Prepacked STI Kit 7				

Flipchart IX-12

Laboratory Register

Syphilis screening of pregnant women or STI/RTI patients							
S.No.	Date	Name	Age	Sex	Patient details (STI patient or ANC Mother)	Syphilis test: RPR/VDRL	Test results for syphilis
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

- The existing drug maintenance register and laboratory register used in the PHC/ CHC/Block PHC etc should be used for recording purpose. Only relevant column/ page should be added to the pharmacy and laboratory records so as to collect data pertaining to drug stock and laboratory testing.



Flipchart IX-13: STI/RTI MONTHLY REPORTING FORMAT FROM NRHM FACILITIES IN DISTRICT

Unique ID. No. of District			
STI/RTI MONTHLY REPORTING FORMAT FROM NRHM FACILITIES IN DISTRICT			
Name of District /CHC/PHC/Others			
Number of NRHM facilities to report in the district			
Number of Units reported in this month			
Reporting Period :	Month (MM) :	Year (YYYY) :	
Name of Officer In - charge :			
Phone no. of Officer In – Charge :			

Section 1 : No. of Patients Aailed STI/RTI services in this month			
	Total		
	Male	Female	Total
No. of patients diagnosed and treated for various STI/RTI			

Section 2 : Syndromic diagnosis and investigation details (Should be filled by Officer in-charge)			
Diagnosis	Male	Female	Total
1.Vaginal/Cervical Discharge			
2.Genital Ulcer (GUD)-non Herpetic			
3.Genital Ulcer (GUD) – Herpetic			
4.Lower Abdominal Pain(LAP)			
5.Urethral Discharge (UD)			
6.Ano-rectal discharge (ARD)			
7.Inguinal Bubo (IB)			
8.Painful Scrotal Swelling (SS)			
9.Genital warts			
10.Other STIs			
11. Serologically +ve for syphilis			
Investigations			
12. Number of STI/RTI patients tested for syphilis (RPR/VDRL)			
13. Of Above, Number of STI/RTI patients found reactive for syphilis			
14. Number of STI/RTI patients referred for HIV testing			
15. Of above, Number of STI/RTI patients found HIV reactive			
16. Number of STI/RTI patient tested for wet mount			

Section 3. Details of syphilis screening of Pregnant women			
Service	Male	Female	Total
1. Number of Pregnant women screened for syphilis (VDRL/RPR test)			
2. Of above, Number of Pregnant women found reactive			

Section 4 : Status of Drugs & test kits	
Drugs & test kits	No. of kits Available
Prepacked STI Kit 1	
Prepacked STI Kit 2	
Prepacked STI Kit 3	
Prepacked STI Kit 4	
Prepacked STI Kit 5	
Prepacked STI Kit 6	
Prepacked STI Kit 8	
RPR/VDRL Tests Kit	



- The process of STI/RTI monthly report collection and further transmission should be discussed:
 - The monthly reports should be generated at PHC by ANM/Staff nurse/Medical officer with the help of computer operator/lower division clerk and transmitted to CHC and compiled at the district level by the district RCH Officer with the help of data entry operator.
 - District RCH Officer will consolidate the data in the monthly HMIS/NACO SIMS reporting format and forward the same to SACS and SPMU by 5th of every month.
- The guidelines of filling of STI/RTI monthly reporting format from NRHM facilities can be obtained from Operational Guidelines for Programme Managers and Service Providers for Strengthening STI/RTI services May 2011 from page 112-115. The guidelines should be read out.
- The trainer should ensure that each of the participant has filled the monthly STI/RTI format manually and should ensure each of the participant have understood filling of format correctly.

ANNEXURE-I

REFERENCES AND SOURCE

We gratefully acknowledge the use of material that has been adapted from the following sources:

Source	Publication	Year
AVSC International	Sexually Transmitted and Other Reproductive Tract Infections	2000
Pathfinder International	Comprehensive Reproductive Health and Family Planning Training Curriculum (Module 12)	2000
World Health Organisation	Guidelines for the Management of Sexually Transmitted Infections	2003
World Health Organisation	Sexually Transmitted and Other Reproductive Tract Infections - A Guide to essential Practice	2005
World Health Organisation	Draft Global Strategy for the Prevention and Control of Sexually Transmitted infections	2005
Engender Health	Sexually Transmitted Infections - Online minicourse	2006
Government of India	National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections	2006



ANNEXURE-II

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ANNEXURE-III

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