

Refresher Training Programme for Counsellors in STI/RTI Services

Trainer's Guide

2012



National AIDS Control Organisation

India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India

www.nacoonline.org

Acknowledgments

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Materials from which we have adapted material:

National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India (2011). Refresher Training Programme for ICTC Counsellors (2nd Ed.). New Delhi, India: Author.

National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India (2009). Training manual for counsellors at STI/RTI clinics. New Delhi, India: Author.

National Rural Health Mission & National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India (2011). Training of medical officers to deliver STI/RTI services. New Delhi, India: Author.

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Introductory Notes

This training package has been developed after extensive analysis of the roll-out of the Training manual for counsellors at STI/RTI clinics – an induction package for 12 days. This package was launched in December 2009 across the country through 17 training institutes. From our desk review of training reports received and from observations of actual training programmes, we have decided to focus on Skill Building in relation to counselling at the STI/RTI Service. The Terms of Reference of the Counsellor are explicitly used as an organizing principle in this training package.

The package was field tested at Mumbai in July 2012 with 28 counsellors from Maharashtra. Feedback included a pre- and post-training questionnaire, a session-wise feedback form, and a focus group discussion conducted by an outside consultant. A few changes were incorporated as per the observations of the trainees and trainers who took the session.

Though originally planned for a three-day time slot, approval for this activity has been granted only for two and a half days. Thus the reader will notice that there are some optional exercises suggested in case you have more time. These are the activities that we cut down fit into the time frame. We urge you to read the method instructions carefully.

To manage within the time frame, here are some suggestions:

- ✓ Consider whether you really need to have a formal inauguration.
- ✓ Ensure trainees reach the training venue the evening before
- ✓ Plan for long sessions on Day 1 and Day 2.
- ✓ The table scheduling at a glance shows you the order of sessions. Please stick to this order as one session builds on the next.

Trainers will notice the use of modular reading for some sessions. We deemed this critical because we found that trainees often do not refer to their handouts after training. As this package is linked closely with the Terms of Reference of the counsellor at the STI/RTI service, this is a handy book to have on the job. Trainers who are new to training counsellors at STI/RTI services would find it handy to read the Trainee's Handout cover to cover. Our observation is that while initially hesitant to read material in English, the trainees during field-testing developed ease at reading the material. Their texts contained their pen marks with explanations in their local tongue.

We wish you luck with training.

Scheduling at a Glance

Day	Session (Please Stick to this Session Flow. Consider alternate trainers in case you are not able to get your desired trainer for a particular time slot.)	Facilitator	Duration	
			Two- and a half-day Schedule	Three-day Schedule
1	Welcome and Introduction	Saksham	15 min	30 min
1	Pre-Training Assessment	Saksham	45 min	45 min
1	Quick Overview of NACP IV	SACS	To be added later	
1	Basic Fact Sheet on Counselling	Counselling Master Trainer	1 hour	1 hour 30 min
1	Body Mapping	Counselling Master Trainer	1 hour	2 hours
1	Practice of Basic Counselling Skills	Counselling Master Trainer	1 hour 20 min	2 hours
1	Basic Fact Sheet on STI/RTI	SACS/ STI Resource Faculty	30 min	45 min
2	Syndromic Management of STI/ RTI	SACS/ STI Resource Faculty	2 hours	2 hours
2	Counselling at the STI/RTI Service	Counselling Master Trainer	2 hours	3 hours
2	Counselling about Condom use (Handout: Counselling at the STI/RTI Service)	SACS/ STI Resource Faculty	15 min	30 min
2	Partner management (Handout: Counselling at the STI/RTI Service)	SACS/ STI Resource Faculty	30 min	45 min
3	Linkages at the STI/RTI Service	SACS/ STI Resource Faculty	30 min	1 hour
3	Reporting at the STI/RTI Service	SACS	1 hour	2 hours
3	Data Analysis	SACS	1 hour	1 hour
3	Post-training assessment	Saksham	45 minutes	45 minutes
	Film (in the evening)	Saksham	45 minutes	45 minutes

WELCOME AND INTRODUCTIONS

Session Overview

- Welcome by Training Team (5 minutes)
- Optional: Introductory Game (15 minutes)
- Brainstorm on Trainee's Expectations (10 minutes)

Session Objectives

At the end of this session, participants will be able to

- Name other participants
- State some outcomes that they expect to receive from this workshop

Time Allowed

15 minutes

Note: The time for this activity is BRIEF. The training team should facilitate this section quickly.

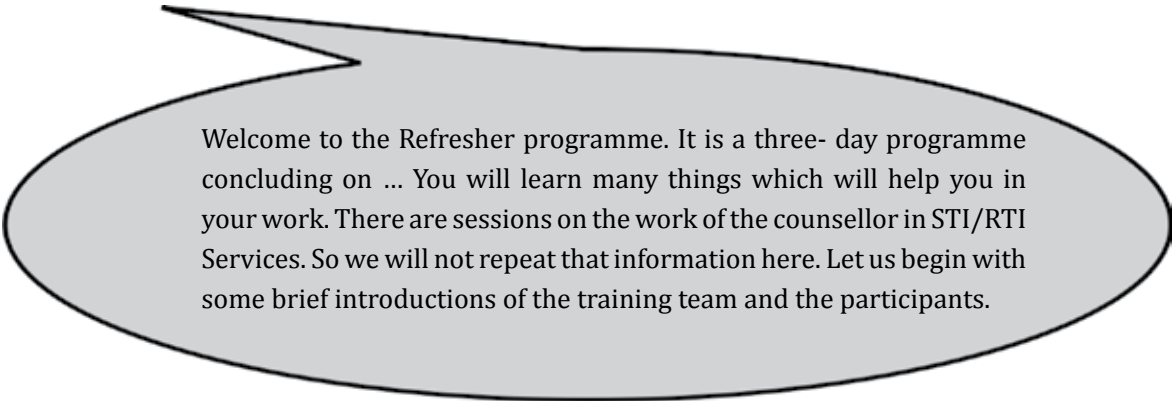
Materials Required

- Chart paper
- Markers

Method

Welcome by Training Team (5 minutes)

- 1) The key trainer will briefly welcome all the trainees to the training programme.



Welcome to the Refresher programme. It is a three- day programme concluding on ... You will learn many things which will help you in your work. There are sessions on the work of the counsellor in STI/RTI Services. So we will not repeat that information here. Let us begin with some brief introductions of the training team and the participants.

- 2) Here the team may opt to light the traditional lamp of knowledge to set the mood for a learning atmosphere.

Note: This is not the time for a long discussion on NACP IV and the role of the counsellors. There are separate sessions for this. It is suggested that any ceremony by SACS should take place at the END of the three-day programme to avoid wasting time.

Optional: Introductory Game (15 minutes)

- 3) There are three options presented below:
- a. **Name Train:** A quick and fun-filled way to break the ice and to help participants learn each other's names is to get them to repeat serially the names of all the participants who are seated ahead of them. For example, "First is Surendra, then Anandakrishnan, next Dhara, Zankhana, Mary John and Vali. I am Kiran."
 - b. **Descriptive Names:** Ask trainees to find out the name of the person on their left. Then they must find a word that begins with the same letter as the other participant's name. For example, "This is Sweet Sundari; this is Dear Dhara; this is Cute Kiran."
 - c. **Historical Trainees:** Ask trainees to think of a historical figure whom they might like to be reborn as. For example, "I would like to be reborn as Anil Ambani because he is very rich. I would like to be reborn as Nelson Mandela because he brought freedom to South Africa. I would like to be reborn as Jawaharlal Nehru because like him, I love roses."

Brainstorm on Trainee's Expectations (10 minutes)

- 4) The trainer should quickly ask trainees to mention what they would like to get from their three days of training. These expectations should be noted on chart paper which will be displayed permanently through the training.
- 5) In case trainees mention topics that will not be covered during the training programme, the trainer should clearly mention that this expectation may not be met during the programme. But in case the trainer knows of other resources that may help that trainee, this should briefly be mentioned – so that the trainee is not disappointed.
- 6) This is also a good time for the trainer to review some basic ground rules to ensure that all trainees are able to maximize their learning during the workshop.

Some basic ground rules:

- 1) *Use of cell phones is distracting. So let us put them on Silent mode.*
- 2) *We can finish on time if we start on time.*
- 3) *When one speaks, others listen.*

PRE-TRAINING ASSESSMENT

Session Overview

- Filling of Pre-Training Assessment Forms (45 minutes)

Session Objectives

At the end of this session, trainers will be able to

- State knowledge gaps of trainees

Time Allowed

45 minutes

Materials Required

Sufficient copies of the Pre-Training Assessment Form

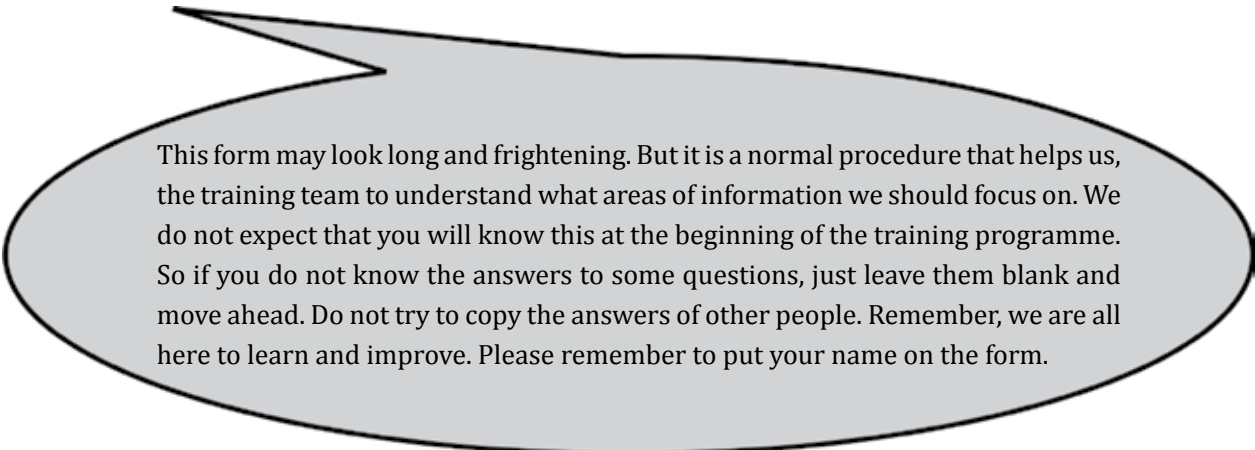
Method

Preparation before the session

1. You, as the trainer, will photocopy the Pre-Training Assessment.

Instructions by Trainer (5 minutes)

2. Distribute the forms to the trainees.
3. Remind them to mention their names in the name slot clearly.
4. Reassure them that the topics in the questionnaire are not to test their current knowledge, but to gauge their current knowledge gaps before training and to assess where they have improved after training.



This form may look long and frightening. But it is a normal procedure that helps us, the training team to understand what areas of information we should focus on. We do not expect that you will know this at the beginning of the training programme. So if you do not know the answers to some questions, just leave them blank and move ahead. Do not try to copy the answers of other people. Remember, we are all here to learn and improve. Please remember to put your name on the form.

Filling of the Forms (40 minutes)

5. Give the trainees time to fill the forms. Translate the difficult questions without giving away the answers.
6. Gather the forms once they are complete. Make sure that trainees have put their names on the forms.

STI REFRESHER TRAINING

Assessment before Training / Assessment After Training

(Please circle the correct option above)

Name of Counsellor: _____

Today's Date: _____

Date of Joining STI Clinic: _____

Date of Induction Training: _____

Institution which conducted Induction Training: _____

Educational Qualifications of Counsellor: _____

Age of Counsellor: _____

Contact Number of Counsellor: _____

1. Write which of the following are signs and which are symptoms.

- a) Patient says, "My mouth burns when I have to eat food." SIGN / SYMPTOM
- b) Doctor examines patient's mouth and finds blisters or sores inside the mouth.
SIGN / SYMPTOM
- c) Lower abdominal pain SIGN / SYMPTOM
- d) On physical examination, sores, ulcers, blisters, small hard lumps or rashes are seen around
and in the sexual organs SIGN / SYMPTOM

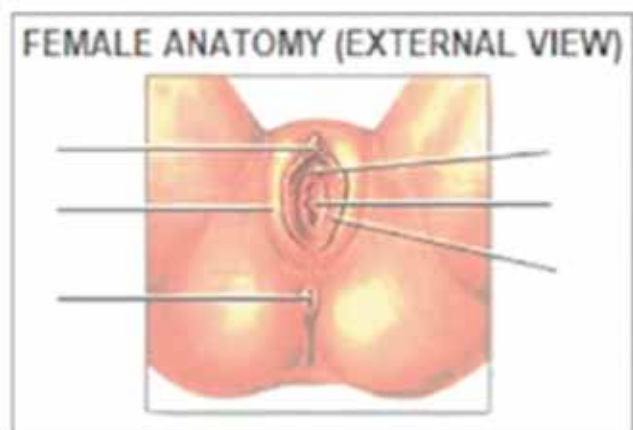
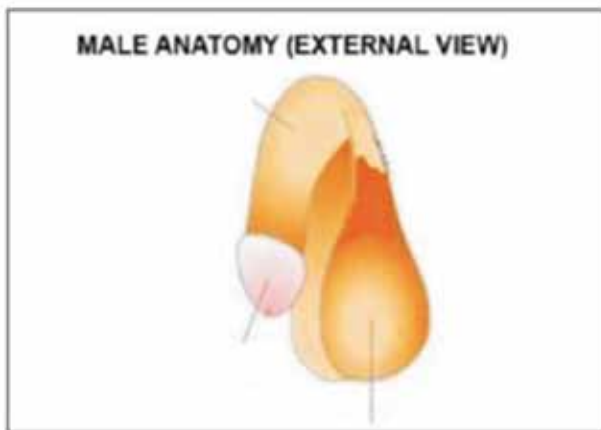
2. Say True or False

- a) STI is passed from person to person mainly through sexual contact TRUE / FALSE
- b) It is possible to have a STI/RTI without having any signs or symptoms of infection
TRUE / FALSE
- c) An injection of penicillin cures all STI TRUE / FALSE
- d) If left untreated, STI/RTI can cause serious complications TRUE / FALSE
- e) Asymptomatic infections CANNOT be passed to a partner during sexual contact
TRUE / FALSE
- f) Partners need not be referred for STI/RTI diagnosis and treatment unless they have signs and
symptoms of infection TRUE / FALSE
- g) Genital ulcers or discharges are the most common symptoms of STI in men and women
TRUE / FALSE
- h) Patients can have more than one STI at a time TRUE / FALSE
- i) VDRL blood test detects all STI TRUE / FALSE
- j) STI are prevented by washing genitals with one's own urine or soap and water or by passing
urine soon after sex TRUE / FALSE

- k) Sex with a menstruating women causes STI TRUE / FALSE
- l) STI is caused by using common toilets TRUE / FALSE
- m) It is okay for a counsellor to miss one of the stages of counselling in Brief Counselling. TRUE / FALSE

3. Put the correct terms on the diagram. (There are some extra terms)

Vagina Glans Penis Penis Clitori Labia Majora
 Anus Urethral Opening Testes Prostate Labia Minora



4. Circle the TWO highest risk behaviours for the transmission of STI such as HIV?

- a) Sharing needles to inject drugs
- b) Kissing
- c) A woman getting semen into her mouth
- d) Mutual masturbation (male to male)
- e) Mopping up blood spill
- f) A man receiving oral sex from a woman
- g) Anal sex with ejaculation

5. Read the following dialogue between a client and a counsellor and answer the questions.

Counsellor: What made you come to our hospital today?

Deepak: I have a burning sensation when I do Number 1 (urinate). I have heard about this AIDS and that it spreads from people to people and there is no treatment. It is a deadly disease. I don't have AIDS... Do I, sir? I haven't slept last night.

Counsellor: Your words and your tone show that you are very worried. Please take it easy. You have come to the right place. You can do the test here to know whether you have HIV or other Sexually Transmitted Infections in your body. Okay?... (Deepak nods). These diseases can be prevented with using condom. Could you use condom in all your sexual relations?

Deepak: Some times. I don't like to use it...I feel nothing when I use it. I feel happy without it.

Counsellor: So far you have shared that you have had sex with females only. You have not always used a condom. Once you have also had anal sex. Am I correct so far?

a) Write one open-ended question mentioned by the counsellor

b) Write one closed question mentioned by the counsellor

c) Write one sentence of the counsellor showing Skill of Reflection

d) Write the dialogue of the counsellor showing Skill of Paraphrasing

6. What are the ways to show you are listening to a client?

- a) Making eye contact
- b) Having a blank facial expression or staring
- c) Maintain an open posture
- d) Using leading questions
- e) Summarising (paraphrasing) information the client has told you and repeating back to check that you have understood

7. Name ANY FIVE complications that might develop in a person who does not treat their STI

1)

2)

3)

4)

5)

8. Name the medicine used in syndromic management which can cause nausea, vomiting, flushing, sinking feeling – if taken with alcohol.

Medicine

9. Which drug kit comes under DOTS-STI?

Kit No.

10. Name ANY TWO tests that counsellors should motivate STI patients for.

- 1)
- 2)

11. Name ANY ONE STI which cannot be completely CURED.

- 1)

12. Which STI needs to be treated with an injection?

- 1)

13. Circle the syndrome which is seen ONLY in males.

- a) Genital Ulcer Disease-Herpetic
- b) Urethral Discharge syndrome
- c) Vaginal Discharge Syndrome
- d) Lower Abdominal Pain

14. Circle the drug for which the client has to make repeat visits to the clinic on the 7th day, the 14th day and the 21st day?

- a) Azithromycin
- b) Cefixime
- c) Doxycycline
- d) Benzathine

15. Write two SPECIFIC risk reduction suggestions for a man who has anal sex with other men

- 1)
- 2)

16. Write two SPECIFIC risk reduction suggestions for a man who has anal sex with women

- 1)
- 2)

17. Given below is the case paper of a client at the STI service.

- 1) Please fill in the Patient-wise Record for this client
- 2) As a counsellor, please mark on the Patient-wise Record **the important counselling actions** you need to do with the patient

GANGADAS HOSPITAL

Sarita (Patient ID: 1278/April 10, 2012) – F 23-years

Complaint: Pain in lower abdomen, especially during sex with husband. Also mentions some white discharge & backache in past. Refused internal examination.

Rx: Cefixime (single dose) 14-day course of Metronidazole & Doxycycline.

STI/RTI Patient Wise Record

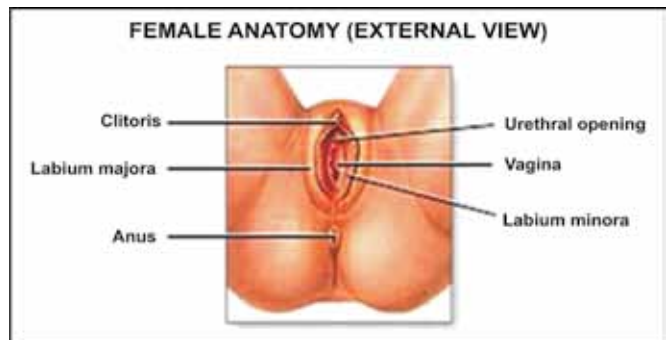
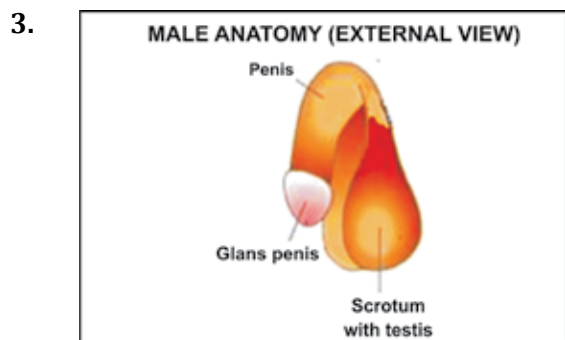
**NATIONAL AIDS CONTROL ORGANIZATION
STI / RTI PATIENT WISE RECORD**

Provider Name Clinic Name Clinic Unique ID Number:	Patient ID Number: Patient OP Number				
Date		STI/RTI Risk Assessment		STI/RTI syndromes diagnosed	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	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	VD <input type="checkbox"/> GUD - Herpetic <input type="checkbox"/> GUD - Non herpetic <input type="checkbox"/> Scrotal swelling <input type="checkbox"/> Inguinal Bubo <input type="checkbox"/> Genital scabies <input type="checkbox"/> Anorectal discharge <input type="checkbox"/> Genital molluscum	RPR <input type="checkbox"/> Reactive <input type="checkbox"/> Titre	Gram Stain <input type="checkbox"/> Confirmed with TPHA <input type="checkbox"/> ICDC <input type="checkbox"/> WBC <input type="checkbox"/> None <input type="checkbox"/> Nugent's score +ve <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
Age 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 <input type="checkbox"/> Asymptomatic <input type="checkbox"/> General	Examination findings:	STI/RTI syndromes diagnosed	HIV <input type="checkbox"/> Reactive <input type="checkbox"/> Non reactive If reactive, write clinical stage	KOH	Other services provided
Patient Detail	Details of STI/RTI treatment given	Patient education	Referrals	Patient education	Referrals
Kits (if available) Kit 1 (Grey) Kit 2 (Green) Kit 3 (White) Kit 4 (Blue) Kit 5 (Red) Kit 6 (Yellow) Kit 7 (Black)	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 100 mg <input type="checkbox"/> Erythromycin 500 mg <input type="checkbox"/> Fluconazole 150 mg <input type="checkbox"/> Metronidazole 400 mg <input type="checkbox"/> Secnidazole 500 mg	Partner treatment <input type="checkbox"/> Condom Usage <input type="checkbox"/> Other risk reduction	<input type="checkbox"/> ICTC <input type="checkbox"/> PPTCT <input type="checkbox"/> Designated Microscopy centre <input type="checkbox"/> Care and Support ARV centre <input type="checkbox"/> PLHA network <input type="checkbox"/> Others (specify)	Partner treatment <input type="checkbox"/> Prescription written <input type="checkbox"/> Medication given	<input type="checkbox"/> IEC material given <input type="checkbox"/> Append results if any other tests performed
General Medicines Adrenaline Antihistamines Hydrocortisone Ibuprofen Metoprolamide Ranitidine	Condoms <input type="checkbox"/> Given free <input type="checkbox"/> Sold / Social Marketted <input type="checkbox"/> Prescribed <input type="checkbox"/> Demonstrated	Partner treatment <input type="checkbox"/> Prescription written <input type="checkbox"/> Medication given	IEC material given Append results if any other tests performed	Condoms <input type="checkbox"/> Given free <input type="checkbox"/> Sold / Social Marketted <input type="checkbox"/> Prescribed <input type="checkbox"/> Demonstrated	IEC material given Append results if any other tests performed

ANSWER KEY



- 1A. Symptom
- 1B. Sign
- 1C. Symptom
- 1D. Sign
- 2A. True
- 2B. True
- 2C. False
- 2D. True
- 2E. False
- 2F. False
- 2G. True
- 2H. True
- 2I. False
- 2J. False
- 2K. False
- 2L. False
- 2M. False



4. a, g

5A. What made you come to our hospital today?

5B. Could you use condom in all your sexual relations? OR Am I correct so far?

5C. Your words and your tone show that you are very worried.

5D. So far you have shared that you have had sex with females only. You have not always used a condom. Once you have also had anal sex.

6 A C E

7. Mark 1 point for each of the following complications. Please do not mark as correct non-specific or vague answers (Maximum 5 points)

HIV transmission from mother to child

HIV transmission from one person to another

Ectopic pregnancy

Abortion (Miscarriage)

Stillbirth

Early labour/ delivery

Blindness of newborn

Death of newborn

Low-birth weight

Congenital malformations in newborn

(Complications in newborn is too non-specific and should be marked wrong)

Infertility

Pelvic Inflammatory Disease (PID)

Cervical cancer

Painful scrotal swelling

Epididymo-orchitis

Urethral stricture/ narrowing

Rectal stricture/ narrowing

Rectal discharge

Discharging sinuses

Pus

Genital swelling

Damage to the heart in late stage syphilis

Damage to the brain in late stage syphilis (leading to death);

Repeated herpes attacks

8. Metronidazole, Secnidazole

9. Kit 1 (Naming the drugs is marked as incorrect)

10. HIV, VDRL or RPR (A trainee who names VDRL and RPR will only be awarded 1 point)

11. Hepatitis B, HIV, Herpes (Please mark Hepatitis B as correct. There are other types which are not sexually transmitted)

12. Syphilis

13. B Urethral Discharge Syndrome

14. C Doxycycline

15. Mention verbatim (Not to be graded by Saksham)

16. Mention verbatim (Not to be graded by Saksham)

17. Not to be graded by Saksham

OVERVIEW OF NACP IV

(in relation to the National STI Programme)

Session Overview

- Lecture using slides (20 minutes)

Session Objectives

At the end of this session, trainees will be able to

- List the main goals of NACP IV
- State how the STI Programme fits within this programme

Time Allowed

20 minutes

Materials Required

- Slides (to be provided later)

Method

Lecture using Slides (5 minutes)

- 1) You, as the trainer, will explain the key services of the National STI/RTI Programme using the slides.

Note: This lecture is best handled by someone from SACS. The person should be very brief and to-the-point. The focus should remain on the role of the STI programme.

BASIC FACT SHEET ON COUNSELLING

Session Overview

- Modular reading with demonstrations by trainer (55 minutes)
- Summing up (5 minutes)
- ***Alternate Method:*** Lecture using slides (90 minutes)

Session Objectives

At the end of this session, trainees will be able to

- Explain how counselling is different from good communication skills.
- List the four stages of the counselling process.
- Describe some basic counselling skills.

Time Allowed

1 hour

Materials Required

- Handout titled Basic Fact Sheet on Counselling
- For Alternate Method: Slides titled Basic Fact Sheet on Counselling

Note: This session is best handled by a counselling master trainer.

Method

Modular reading with demonstrations by trainer (55 minutes)

- 1) You, as the trainer, will ask counsellors to open their handouts titled Basic Fact sheet on Counselling.
- 2) Invite a volunteer with a loud and clear voice to read out a section.
- 3) Stop the reading and explain that section. Remind trainees to make notes on their handouts.
- 4) Invite another volunteer to read the next section and follow the same pattern till all sections are read.
- 5) Answer any queries or doubts.
- 6) There are extra notes in boxes for your assistance. Use them at your discretion.

Note: Some participants who are not comfortable in reading in English. Respect them if they refuse to read.

Basic Fact Sheet on Counselling

What is counselling? The word “counselling” is used in many places. Two simple examples:

- At the beginning of every school year, there are newspaper advertisements about academic or vocational counselling. This means advice on how to get admission into a certain university or college.
- Some people speak of legal counselling. This means information on the legal options available to a person in a difficult situation.

Certainly, counselling as a profession is part of our lives today. You will notice that both examples above deal with helping people to improve their life situation. There is someone who needs some help and someone who can offer it.

What is counselling in the STI/RTI Service? The next few pages will clear up some of these issues, and, hopefully, help you, the counsellor, to understand how you can interact with patients in the STI/RTI Service in a better way.

Key point to emphasize: Counselling has many meanings. We should be clear what WE have to do in counselling in the STI/RTI services. We may also ask why counselling as a profession has become so important. One reason could be that in the past, family provided a strong support structure. But today, it is not able to play the same role effectively. Also, the challenges of modern life and a changing society make it more difficult for people to cope and for families to support them. For instance, more people are living apart from family for work or education. Even when living with their family, the younger generation may face pressures which the older generation never knew.

What is counselling?

Counselling has been defined by Burnard (1999) as “the means by which one person helps another to clarify his or her life situation and to decide further lines of actions.”

In the STI/RTI Service, the patient sitting in front of the counsellor has come there (or has been sent by the doctor) because they are suffering from some STI or RTI, because they are suffering from some STI or RTI, because their symptoms may be really troublesome or painful. The counsellor’s role here is to make sure the patient:

- ✓ Understands the reasons for these symptoms (including past sexual behaviours),
- ✓ Understands that only a complete course of treatment will help the situation,
- ✓ Decides how to avoid future infection,
- ✓ Decides what to do to protect other people from their symptoms/ illness (e.g., referring the sexual partner for treatment).

The counsellor, therefore, assists the person/ client/ patient to improve their life in some way. This is the aim of counselling. Counselling is not “just talk” between counsellor and patient. At the end of the counselling conversation, the patient must have a better idea of what to do to improve their life or their health.

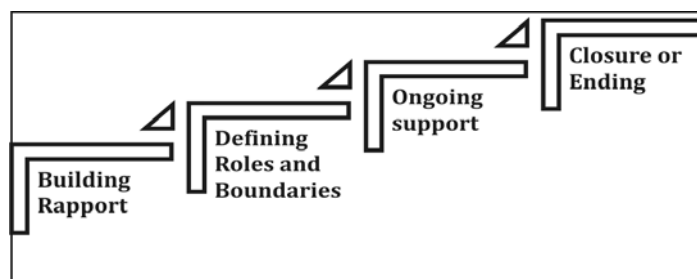
What happens in counselling?

This is a very difficult question to answer because there is both a science and an art to counselling. These next few pages will describe much of the science of counselling. For example, if counselling were a bicycle or a car, we can tell you about the different parts of the car and how they operate together. But only when the person with the learner’s permit sits in the driver’s seat will they understand what driving is about. Also, it takes months of practice to become a good driver. It is the same with counselling. The more you practice the skills and concepts – the science of counselling – the sooner you will reach the stage where you are practicing counselling as an art, where counselling becomes a very graceful interaction between 2 people.

Key point to emphasize: Counselling is easier to experience than explain. To become a good counsellor, the counsellor must practise till it becomes natural. The good news is you can become a good counsellor if you practise really hard. Reading in books is the science of counselling. Practice (and especially good practice) is the art.

The easy way to answer the question in the title is to tell you the stages of counselling. In every counselling session there are some common stages. See the diagram below. We will also tell you some of the things a counsellor does during these stages:

- ✓ Building Rapport
- ✓ Defining Roles and Boundaries
- ✓ Ongoing support
- ✓ Closure or Ending



Key point to emphasize: Every counselling relationship has four stages: Building Rapport, Defining Roles and Boundaries, Ongoing support and Closure or Ending. But these stages overlap slightly. You cannot say that the first 10 minutes are spent in Building Rapport, the next 5 minutes in Defining Roles and Boundaries, etc.

Building rapport and gaining trust

Building rapport means making sure that you and the patient are on the same wavelength, that you are talking about similar things. If the patient is worried about missing work, then building rapport means making sure you understand the patient's current thoughts, **and** that he/ she recognizes that you are able to understand his/ her pre-occupations, other concerns, etc.

Building rapport should take place at the beginning of the relationship. It is important for the patient to trust the counsellor; otherwise they will not share their deepest fears and feelings of shame and doubt.

The counsellor can build trust and rapport by

- ✓ Asking the person's name and addressing them by name
- ✓ Using respectful language such as "Aap" in Hindi
- ✓ Looking them in the face rather than at the papers
- ✓ Explaining about confidentiality and procedures to maintain confidentiality (such as who has access to medical papers and test reports, explaining that what is said in the counselling room will remain within the treatment team)
- ✓ Setting aside other distractions such as cell phone calls, etc.
- ✓ "Mirroring" – that is subtly copying the body posture of the patient (This does work!)
- ✓ Allowing patients to tell their life events/ stories in their own words.
- ✓ Allowing people to speak rather than cutting them off

Key point to emphasize: Rapport is like the foundation of a building. If the foundation is strong, the upper floors will be strong. We build rapport in all our relationships – with friends, with our boss, with colleagues. But in counselling this is critical. Even in outreach work, counsellors must build rapport.

Demonstrate: Skill of mirroring. See photographs given for your reference.



Note: You are at the quarter mark in the unit. If you have taken more than 15 minutes to reach here, you should pick up speed.

Definition of confidentiality

Confidentiality is the right of a person coming to counselling to share their personal and private details in the expectation that they will not be revealed to other people. The only times when confidentiality may be set aside is if there is a danger to the person's life or to someone else's life.

Key point to emphasize: One way to build rapport is to ensure confidentiality. Review definition. Ask why confidentiality is important for people who have an STI. Discuss the issues of shame and guilt briefly. Explain the situations in which confidentiality is set aside. For instance, the Supreme Court of India recognizes that the spouse of an HIV-infected person is at risk of such infection, and under such circumstances, it limits the right of the HIV-infected person to confidentiality. Even so, we give the person time to disclose themselves. We do not automatically and insensitively break confidentiality.

Defining roles and boundaries

Counsellors complain that some patients want to show their symptom by uncovering their body. What is happening here? Very simply, most patients are lost in more ways than one. They may be worried about whether they have reached the right room or the right person in the hospital. They are not sure what is going to happen. All they know is that the doctor sent them to you with the case paper. They may imagine that you are another doctor.

Defining roles and boundaries is the stage of counselling which helps the patient to understand why they have been sent to you. You can clarify that counselling is more than just about giving out the STI/RTI drug kits. During this stage of counselling, you can explain what will happen during the rest of the session. You can also explain how your role is different from that of the doctor.

Key point to emphasize: Ask whether clients/ patients know what to expect when they first come to a counsellor. Link the answers to how the counsellor should explain the role of the counsellor and the boundaries of her/ his role.

The counsellor can say something like this:

- ♦ I know that your ante-natal check-up has been long and confusing. You have met many people since you first came to the hospital. And now you have been sent to me. Let me explain why you have been sent to me.

- I know you are eager to get your medicine and leave. But I am the counsellor here. I need to get some more information from you that might be related to your case so I can help you. While the doctor gives you a physical check-up, I am responsible for making sure you understand about the treatment and about what to do next to protect your health and the health of your sexual partner. I also want to make sure you do not get infected again.

Notice how the two speech bubbles are slightly different. Here you also see that the counsellor is trying to make the patient comfortable, trying to establish rapport while explaining her/ his own role. These dialogues cannot be automatic or learned by heart. They must match the needs of the patient. Remember! You have to get on the same wave length. If you say something that is straight out of a book, you will not be able to get onto the same wavelength as the person you are counselling.

During this stage you must establish the patient's needs and goals, decide which are immediate and which are long-term needs, and inform him/ her how your services may meet the immediate needs. During this stage you will also be doing a history-taking and risk assessment. We will cover these topics in later units.

Of course, you can only define the boundaries of your role to patients, if you know your role. So review your terms of reference thoroughly!

Key point to emphasize: These dialogues express how a counsellor may explain roles and boundaries. We can find out what patients need through history-taking and assessment. There is a separate session on this.

Ask participants what to do if a patient wants something that is beyond the counsellor's role, e.g., they want to know how to manage erectile dysfunction. The answer is to refer the patient to a suitable service. For this they need a list of common services needed. This is covered in another session.

Ongoing support

You, the counsellor must help the patient to understand what is happening as well as support their healthy behaviours. For instance, you may state how difficult it must have been for the patient to come to the hospital and talk to a complete stranger about embarrassing symptoms. Another situation is supporting the patient to get their partner checked and treated if required. This is a difficult situation where the patient needs support. It is not the counsellor's job to make decisions of what the patient should do. Instead, you should present behaviour choices and explain how they will affect the person's life situation for better or worse.

A counsellor who is supportive will not show a blaming attitude towards the patient. They will be firm yet kind. They will acknowledge to the patient that some things the doctor asked/ recommended are difficult to manage – even if necessary. They will ask the patients how they will manage and then offer some strategies for achieving this. It is always helpful to have more than one strategy to offer as it gives the client the choice.

Key point to emphasize: Emphasize that counsellors should be supportive of clients. This may be difficult when clients make decisions which counsellors do not agree. This is the principle of being nonjudgmental. Counsellors cannot make decisions for their patients/ clients.

Closure or ending

Closure means ending the counselling relationship. At this time, the counsellor makes sure the person knows what they have to do to improve, knows how to do it, and has the resources/ support to carry out these actions. It is also expected that your client feels better or more hopeful than when they first came to you. Closure is not a permanent ending. While you may have helped the person to resolve their immediate situation by meeting their immediate needs, in counselling it is important to “leave the door open.” This means that you, the counsellor, must tell the patient that you are available if they still have difficulty and need your help for other needs. In the session on Linkages at the STI/RTI Service, we will discuss some common long-term needs and how to help the patient with such needs.

In counselling, “keeping the door open” means telling the patient that they can come back even after you have finished your session. This will help the patient to develop confidence in you as a caring person. If patients have not been completely honest, this may help them to open up with you.

Key point to emphasize: Even if a patient’s immediate problem was managed, they may have issues later. It is important to emphasize that they can always return. This is important for persons who belong to key populations. So we must make sure that patients know that they can still return. The Ending may be a temporary one. Closure refers to solving the first counselling situation or issue.

We end this section with a small reminder that the stages of counselling are not always completed in 1 single session. STI counsellors tend to see patients once only, unless you have a FSW who comes in for her regular medical check-up. Such kind of counselling is called Brief counselling where you fit everything into one or two sessions. In other types of counselling, each stage may take more than one session. But the art of counselling is such that if you practise, you become better at moving from one stage to the next. Brief counselling does not mean you can miss one step or another.

Key point to emphasize: Explain briefly the concept of brief counselling –counselling which is short-term, for a single, easily-solved issue such as a curable STI. Caution that being brief means covering all the key issues relevant to that situation in a short time. Nothing is missed.

What do counsellors do?

Counselling skills are like the nuts and bolts within the car. They are what make the counselling session progress. Counselling skills are the techniques that counsellors actually practise and use to help their clients move towards the goal of improved functioning or feeling better. Like any skill or technique, the more you use them, the easier they will become for you to practise. We will first describe some counselling skills. Then we will give you a small exercise to practise.

Key point to emphasize: Emphasize the need to practise counselling skills thoroughly and frequently. Reading about the counselling skills is not the same as practicing them well. Even if you open the bonnet of a car and know the parts underneath, it is not sufficient to help you to drive the car on the road.

Active Listening

It is not just enough for the counsellor to listen to the client. The counsellor must show through their words and expressions that they are giving close attention to the client. This is important for the client to build trust in the counsellor. The term SOLER is a simple way to remember the counsellor's behaviours and actions that contribute to active listening.

- S** Sit facing the client
- O** Keep an Open posture (e.g., do not cross your arms across your chest)
- L** Lean slightly towards the client
- E** Make respectful Eye contact
- R** Relax (e.g., switching off your cell phone, not worrying about the forms during the counselling)

Demonstrate: this physically with 2 volunteers.

Key point to emphasize: Ask what will happen if we do not display these behaviours in the counselling room. The answer is patients may not open up because they feel we are not listening to them.

Note: You are at the half-way mark in the unit. If you have taken more than 30 minutes to reach here, you should pick up speed.

Reflection of feeling

You read earlier that it is important to get onto the wavelength of the client. Reflection of feeling is a technique that tries to reach the emotions of the client. In any conversation between two people, there are both words that you hear, and feelings that are beneath the words. A good counsellor will recognise both the words and the feelings. The counselling skill here is reflection of feeling. The counsellor reflects (like a mirror) the emotions the client seems to be feeling. See the example below:

Demonstrate: The explanation for this point will come from the following dialogue. Explain the patient is thinking something. The question reflects this. Ask 2 trainees to demonstrate.

- Client (thinks) : What if I get AIDS?
- Client (asks) : I was with a sex worker. I know I have to use a condom.
So I always carry one with me. But the condom burst!
What should I do?
- Counsellor : Hmm... The condom you used with the sex worker burst.
It seems to me like you may be worried.

In the example here, the client did not say anything about being worried. But the counsellor has picked up the tone of worry and anxiety. Also notice that the counsellor mentions it as a tentative suggestion, not a firm conclusion: "It seems like..." The counsellor may recognize both positive feelings like pleasure and happiness as well as negative ones like anger, sadness and worry. Through reflection of feeling you can show the client that you are listening carefully and caringly. It is very important for the counsellor to go beyond the words to the feeling level. This is what makes counselling different from just good communication.

Key point to emphasize: Make sure trainees understand the explanation. Ask them to underline the phrase, "It seems like..." which is a trigger sentence signifying the counselling skill, reflection of feeling. Ask them how they would express "It seems like..." in their own language.

Exercise: Ask them to turn to the table (see next page) in their handouts and fill this up. Similarly, discuss the other two phrases. Before the session, make sure you know how to explain this in your local language.



Exercise

Here are some trigger sentences you can use to convey reflection of feeling. Write the sentence in your local language:

✓ It seems like... It sounds like...	
✓ Your words (voice/ tone) show that you may be feeling...	
✓ From what you have shared, I think you may be feeling...	

Exercise: Discuss the table for the next exercise. Help the trainees to identify the possible feeling and to frame appropriate statements reflecting the underlying emotion. See the table given for your reference below.



Exercise



Write out a response in your local language:

CLIENT STATEMENT	CLIENT EMOTION	COUNSELLOR'S STATEMENT SHOWING REFLECTION OF FEELING
✓ My child participated in the school sports. It was a very tough competition. But guess what? He brought back the first prize!	Satisfaction, Happiness, Pleasure	Your voice tells me you may be very pleased at your son's victory.
✓ My father was suddenly admitted to the hospital last night because of chest pains. The whole family was there all night long. The angiography showed serious problems. We are still waiting for the doctor's decision.	Worry	From what you have shared, I think your whole family may be very worried and scared.

Questioning

Questioning is a basic counselling skill. Through sensitive questioning, you can help a client explore and understand what is happening in their lives. You will see how the basic skill of Questioning is used in the later sections on History-taking and Risk Assessment.

There are two types of Questions:

- ✓ Open-ended Questions
- ✓ Closed Questions

In counselling you use both questions but you must know when to use them.

Closed Questions

- ✓ Are you married?
- ✓ Have you ever paid someone for sex?
- ✓ Do you have children?

These are all closed questions. What is common in all three? All of them have a Yes/No answer. Closed questions do not produce many details.

Key point to emphasize: Make sure they understand the explanation. Ask them to frame a closed question in their own language.

Open-ended Questions

- ✓ How big is your family?
- ✓ Who are the people in your family?
- ✓ When were your children born?
- ✓ What is your job like?
- ✓ Where have you visited sex workers?
- ✓ When have you used condoms and when have you not used condoms?

These are examples of Open-ended questions. Here the client can give as much detail as she/ he feels comfortable. The counsellor can get more details of a person's life and he/ she can use these details to ask even more questions.

Key point to emphasize: Make sure they understand the explanation. Ask them to frame an open ended question in their own language.

Introduce the next counselling dialogue which will show how to use both open-ended questions and closed question.

Ask 2 trainees to demonstrate by taking the parts of counsellor and client.



- Counsellor : Are you married? **(Closed question)**
- Client : Yes
- Counsellor : How long have you been married? **(Open-ended question)**
- Client : 6 years. We married when I was 18 years old.
- Counsellor : Hmm... You married very early at the age of 18. Were you able to complete your study? **(Closed question)**
- Client : No. My mother-in-law was against.
- Counsellor : So do you work? **(Closed question)**
- Client : No.
- Counsellor : What about your husband? **(Open-ended question)**
- Client : Transport contractor
- Counsellor : Do you have children? **(Closed question)**
- Client : Yes.
- Counsellor : How old are they? What do they do? **(Open-ended questions)**
- Client : The older one is 8 years old and goes to school. The small one is 3. She stays at home with me. I take care of both of them and manage my in-laws. My father-in-law has a sickness... Lots of cough. TB. I have to keep them away from him.
- Counsellor : So your family has 5 people including 2 children and your in-laws. You do not have a job but you have lot of home responsibilities. It sounds also like you are worried about your kids getting TB. **(Paraphrasing and Reflection of Feeling)**

Modular reading with demonstrations (Continued)

- 7) Ask the counsellors to fill the table in their handouts. Instruct them to re-read the dialogue, select each question and place it into the table appropriately. Give them 5 minutes for this task.
- 8) Then discuss the results. Explain that the client's words should provide them a clue.



Exercise

In the dialogue above, read the different questions asked by the counsellor and place them into the columns for Open-Ended and Closed Questions.

Open-ended questions	Closed questions

Answer Key is given in the brackets in the dialogue above.

- 9) Make sure that counsellors understand the difference between these two types of questions. Remind them that in counselling we use both types of questions though open-ended questions produce more results.
- 10) Continue with modular reading.

Key point to emphasize: There are some questions that are bad. Ask participants to read the list and then tell you why they are bad.

Note: If you are falling short of time, you may skip the Section titled Questions to Avoid and the related exercise. Go straight to Repeating, Paraphrasing and Summarising

Questions to avoid

The leading question is one type of question which you should avoid. When the person asks a leading question, it is worded in such a way as to communicate the answer desired by the person asking the question or it reveals their own bias. Here are examples of such poor communication from different fields.

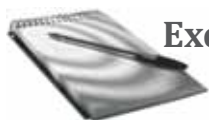
- ✓ “You’re not sexually active, are you?”
- ✓ “You’re not an MSM, are you?”
- ✓ “You’re not suffering from any ill-effects from the medicine, are you?”
- ✓ “What do you think about the terrible effect of climate change?”
- ✓ “When you faced the tsunami, were you very scared?”
- ✓ “When you found out your husband (or wife) has an STI, were you very angry?”
- ✓ “When you found out you have to take STI treatment, did you feel guilty?”
- ✓ “How fast was the bus going when it smashed into the bicycle?”
- ✓ What did your wife do when you broke up the marriage?

Key point to emphasize: Read and explain the next paragraph yourself. Explain each point carefully so people understand why these questions are not effective in counselling. Inform counsellors that when they watch a news interview they may notice leading questions. This is one way to judge how neutral a television channel is on a particular topic.

When you read these questions, you realize that the person who has to answer them is getting small clues about how to answer. For example, the journalist asking the question about the tsunami expects that everyone will be scared. However, some people who face such events are numb in the first few minutes. The questions on being an MSM or being sexually active reflect that the questioner is more comfortable with someone who is not sexually active or not an MSM. The question on the bus accident and on the breaking up of the marriage immediately conveys that one person is at fault. Such questions do not allow the person who has to answer to do so freely. Children, for example, are very vulnerable to such questions, and there is special training on how to question them in case of child abuse.

These questions violate one of the counselling principles of being non-judgmental. The good news is that you can get the information required from each of these questions without asking a leading question. We start you off here with one example and give you space to generate the others.

Key point to emphasize: Discuss how to change some of the leading questions so that they sound less judgmental. Translate into the local language of the trainees before the session and make notes on your copy of the Trainer’s Guide.



Exercise



Leading Question	What is wrong with the leading question	Better way to ask the question
× “You’re not sexually active, are you?”	There seems to be a bias in the question against sexual activity.	✓ Do you ever have sex?
× “You’re not an MSM, are you?”	There seems to be a bias in the question against MSMs.	✓ Have you ever had sex with another man?
× “You’re not suffering from any side-effects of the medicine, are you?”	The person asking the question does not expect to hear any side-effects.	✓ Have you experienced any problems with the medicine?
× “What do you think about the terrible policies of the new government?”	The person asking the question has made up their mind that the policies of the new government are terrible.	✓ What do you think about the policies of the new government?
× “When you faced the tsunami, were you very scared?”	The person asking the question is expecting the other person to say they were scared when facing the tsunami.	✓ How did you feel when facing the tsunami?
× “When you found out your husband (or wife) has an STI, were you very angry?”	The person asking the question is expecting the other person to say they were angry when they found out about the STI in their husband (or wife).	✓ How did you feel when you found out your husband (or wife) has an STI?
× “When you found out you have to take STI treatment, did you feel guilty?”	The person asking the question is expecting the other person to say they felt guilty when they found out they needed STI treatment.	✓ How did you feel when you found you needed STI treatment?
× “How fast was the bus going when it smashed into the bicycle?”	The question implies that the bus caused the accident.	✓ How fast was the bus going when the accident took place?
× What did your wife do when you broke up the marriage?	The question implies that the husband broke the marriage.	✓ What did your wife do when the marriage broke up?

Key point to emphasize: Ask trainees what is the difference between repeating and summarising. Then explain the difference briefly before continuing with the text.

Repeating, Paraphrasing and Summarising

Repeating, paraphrasing and summarising are all counselling skills where the counsellor acts like a recorder playing back the words of the client. But in each case the reason is slightly different.

So look at the previous dialogue. See how the counsellor says, "You married very early at the age of 18." This is a case of repeating. The counsellor is confirming a fact given by the client and is getting ready to ask the next question. Counsellors sometimes repeat facts because:

- ✓ They want to check they have got the right facts.
- ✓ The client may be very nervous and agitated. The counsellor repeats to calm them down. (Repeat in a calm, reassuring voice)

Repeating is like reflection of feelings. But the counsellor is reflecting words/ facts in more or less the same words used by the client.

Paraphrasing is a kind of repetition. But the counsellor repeats in different words the facts of the client. See how she paraphrased the dialogue: "So your family has 5 people including 2 children and your in-laws. You do not have a job but you have lot of home responsibilities."

Paraphrasing is a way of giving back the key points so that clients can feel that they have been listened to and understood. You can use paraphrasing at regular intervals in the session.

In summarising, the counsellor is doing a big paraphrasing at the end of the interview. This is when you are ready to end the session, you repeat key points of the full session, and also repeat the key actions the person has to make. Your session would have gone through some twists and turns and now you want to make sure that key points and actions stick in the head of the client before they leave you.

Key point to emphasize: Ask a volunteer to summarize what has been learned so far in the session. Gently correct the volunteer if necessary. One common mistake trainees make is to give detailed summaries. Explain that summarizing means looking at the main points only.

Ask another trainee to read. There is no need to read the Box: Questions for the Counsellor.

How is counselling different from communication?

Some people criticize that counselling is just good communication skills. Yes! A good counsellor has to be a good communicator. But good communication alone will not help a person who needs services to get those services, or someone who must change their behaviour and actions to do so. A good counsellor is someone who uses the good communication that is possible through basic counselling skills to help people to improve their life. She/ He has a good sense of the direction the patient should take, and will carefully and sensitively guide her or him towards that path. Also we had made the point earlier that counselling reaches the emotional level of the client.

Key point to emphasize: Ask trainees if counselling and communication are one and the same. Explain that good communication is a part of counselling. But not all communication is counselling. The counsellor is motivated to help people whereas some good communicators are interested in furthering their own purpose.

Summing up (5 minutes)

- 11) Conclude the session with the following points.

Key point to emphasize: Explain the section: What is beyond basic counselling skills? Namely that they will use the different types of questioning skills when they do risk assessment and history-taking, they will need to summarize at the end of each session, and they should use active listening skills whenever they counsel. Explain briefly the different kind of therapies such as CBT, group therapy, etc, but explain that these are not part of the course. The key point is that even in these advanced methods, the basic counselling skills still apply. To repeat the car analogy used earlier, even a luxury car will still have the same basic mechanism as a cheap car. Some counsellors may request information for advanced training and advanced books. If you have such information, please provide it.

What is beyond basic counselling skills?

In later sessions, you will continue to use the basic counselling skills. But you will see how to use them in the context of STI and HIV counselling. You will continue to use questioning in risk assessment and history-taking. You will use summarizing at the end of every session. You will use active listening skills throughout the session.

If you want to continue your development as a counsellor, there are many advance training courses which teach counselling skills related to “therapies.” You may have heard of cognitive behaviour therapy, family therapy and group therapy. We do not cover these in our three days. But you are always welcome to learn these on your own. These are advance skills. Even in these advance skills, you will continue to use the basics.

Note: It is preferred to use the modular reading method to ensure that trainees actually delve into the handout materials and understand the basic counselling skills. Making notes will help them to process this information deeper.

Alternate Method

Lecture using Slides (60 minutes)

- 1) You, as the trainer, will explain the Basic Fact sheet on Counselling using the slides. There are notes for your use in the Notes View of MS Powerpoint.
- 2) Pause the slides at the appropriate moments as mentioned on the slides for the exercises. Ask trainees to mark key points on their handouts as you proceed through the session.

BODY MAPPING

Session Overview

- Body mapping (5 minutes)
- Discussion (55 minutes)

Session Objectives

At the end of this session, trainees will be able to

- Label correctly an anatomy drawing of the male and female genital organs
- Describe the structure and functioning of the male and female genital organs
- State which parts of the male or female body could be affected by STI/RTI
- Correct common misconceptions related to the male and female genital organs as well as to transmission of STI
- List common terms for male and female organs that may be used in counselling

Time Allowed

1 hour

Materials Required

- Twelve white chart papers
- Cello-tape
- Marker pens (at least three colours)
- Few A-4 size colour chart papers

This session has been modified from NACO's Refresher Module for ICTC Counsellors (NACO, 2011)

Method

Preparation before the session

- 3) You, as the trainer, will ensure that the chart papers are ready for the body mapping. Attach the six white chart papers with the cello tape like a mat.
- 4) Ensure that the sitting arrangement for the participants and the trainer is made on the floor. The chart-paper mat is placed on the floor in the centre such that participants and the trainer may sit around it.



सचिन महाडीक
रुग्ण शिक्षण केंद्र: के.ई.एम.रुग्णालय.

Body Mapping (5 minutes)

- 5) Invite the participants to sit on the floor around the chart paper mat.
- 6) Ask one of the participants to volunteer for body-mapping. The volunteer lies down on the chart-paper mat. Ask other participants to draw the outline of the volunteer, using black colour marker pens. The volunteer may get up once the outline is done.

Note: It is observed from photographs in many Saksham training programmes that other trainees stand around the person whose outline is traced. This is uncomfortable for the latter. Ensure that all trainees sit on the floor during the actual drawing of the body outline.

Discussion (55 minutes)

Note: The ensuing discussion may cover many aspects. But for the purposes of training counsellors in STI/RTI services, the discussion must be brought back to STI and how they may be transmitted.

- 7) Now that the 'Body Map' (Outline of the body) is ready, ask the participants their choice as to which body (i.e. male or female) they would like to learn first. Proceed with the choice of the trainees. Here we discuss the male body first.
- 8) Ask participants to name the parts of the male reproductive system. Ask them to point to the location of the parts on the 'Body Map.' Add anything missing to the list.
- 9) To simplify the drawing of the genital organs, take a piece of A4 size paper and draw two holes, six inches apart. The upper hole is the urethral opening and the lower hole is the anal opening. Name these openings, then extend the urethral opening upwards as the urethral canal and draw the penis covering the urethra. Ask the participants the local names for penis and other genital organs. (It is possible to draw directly on the 'Body Map' Chart but as the chart is to be used again during the session, too many drawings on the Body-Map can confuse the participants.) Next, draw the scrotum on both the sides of the penis. Draw the testes inside the scrotum. Show the tubes on top of the testes called the vas deferens.
- 10) Mark the body parts correctly on the 'Body Map.' First, describe the external genitalia and then the internal. Describe the structure, number and function. Cover each of the following organs:
 - a) Penis
 - b) Scrotum
 - c) Anus
 - d) Vas deferens
 - e) Testes
 - f) Seminal vesicles
 - g) Prostate gland
 - h) Urethra
- 11) Discuss size and shape of the penis with the participants. Let them ask any queries or doubts about the same. Discuss the size of the testes and their role in the production of the sperms and male hormone.
- 12) Discuss the anal opening - the second external opening which leads from digestive tract. This opening can be a sexual organ for those who prefer anal sex. This includes homosexual relations as well as heterosexual relations. Show this separately on a piece of A4 size paper and then place this drawing on the 'Body Map' at the appropriate site of the external genitalia. Discuss why the anal passage makes a good area for STI organisms to flourish – including HIV.

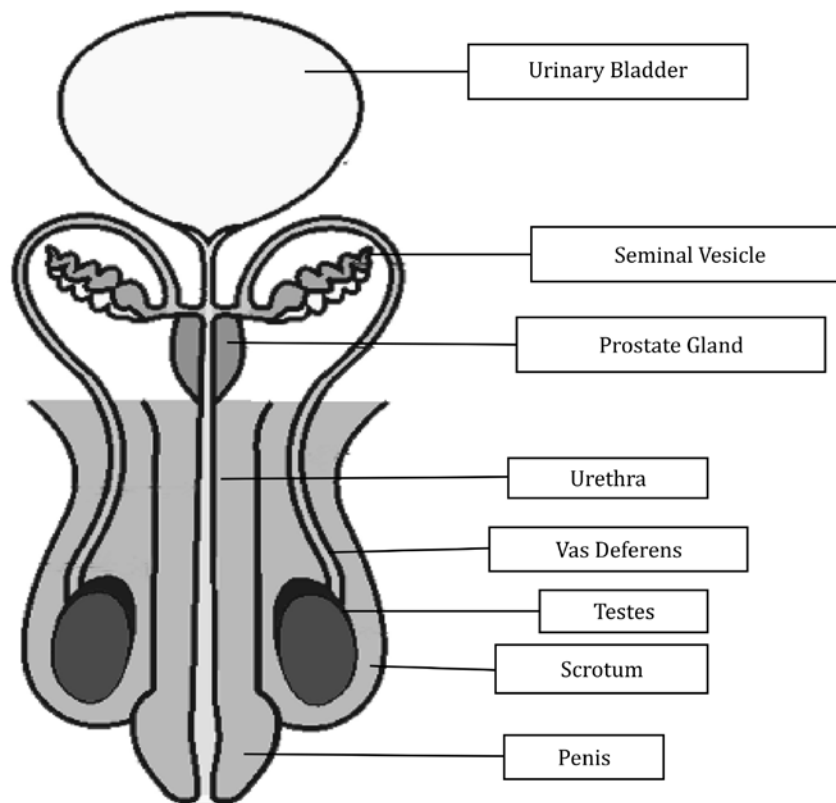


Image Courtesy of Sachin Mahadik, KEM Hospital, Mumbai

- 13) Ask the participants to explain how the penis may become infected by STIs. Explain, for instance, how some STI organisms (such as the syphilis spirochete) are able to make a home for themselves where other organisms may not flourish easily, and explain how circumcision helps to reduce transmission of HIV in males. Explain that RTI in men generally begin in the lower reproductive tract (the urethra). If untreated, the infection may climb through the vas deferens (sperm tube) to the upper reproductive tract (which includes the testes). RTI could also lead to prostatitis (inflammation of the prostate).
- 14) Discuss in depth about the size and shape of sperm while it is in the testes. Explain how immature sperms get carried to the seminal vesicles via the vas deferens. Explain that some people mistakenly believe that masturbation can cause weakness by reducing sperm. Correct this misinformation by explaining that from puberty onwards, the male continues to produce sperm every day. Explain that males who constantly worry about sperm loss may be suffering from dhat syndrome, and they may require a psychiatric referral.
- 15) Explain the process of "Night falls". Explain that these are a normal occurrence.
- 16) Allow participants to raise the questions that they themselves had as a young boy or a girl or those asked by their clients. List these questions and discuss the misconceptions and the facts. For instance:
 - a) Why do some boys have late appearance of beard?
 - b) What is masturbation? Is it bad?
 - c) Will circumcision cause the penis size to increase?
 - d) What is homosexuality? Why are homosexuals at greater risk?
 - e) Who are eunuchs?

- f) Why do some patients come with worries about 'dhat'?
- (Answers provided in handouts)
- 17) Recap the discussion and move to the female reproductive organs and functions. If the male genital organs are not drawn directly on the 'Body Map', the same chart can be used for learning about female genital organs.
- 18) Ask the participants to name the parts of the female reproductive system. Ask them to point to the location of these parts on the 'Body Map.' Add to the list if anything is missing.
- 19) To simplify the drawing of the genital organs, you could first draw two small openings - six inches apart - upper one is the urethral opening and lower one is anal opening. (Same as in male genital organs drawn earlier). The anal opening has a very tight muscle ring which closes the anus tightly - unlike in the vaginal opening. Draw this on the A4 size paper.
- 20) Draw a 2 inch-long elongated vaginal opening - one inch below the urethral opening. Explain that urinary and vaginal openings are very delicate areas and to protect them there are thin skin folds called labia minora. Draw the labia minora around both the openings and around these, draw thick skin folds called labia majora. This drawing gives the entire picture of external genitalia in women. Place this A4 size paper with the drawing on the 'Body Map.' (The internal organs will be drawn on another A4 size paper)
- 21) Mark the body parts correctly on the 'Body Map.' First, describe the external genitalia and then the internal. Describe the structure, number and function. Cover each of the following organs:
- a) Labia Majora
 - b) Labia Minora
 - c) Clitoris
 - d) Vaginal opening
 - e) Urethral opening
 - f) Anus
 - g) Vagina
 - h) Cervix
 - i) Uterus
 - j) Fallopian tubes
 - k) Ovaries
- 22) Discuss the clitoris - the sexually sensitive organ of women, situated underneath the labia minora, above the urinary opening.
- 23) Discuss about the hymen with the participants. Find out what they know about it and draw the position of the hymen on the paper. Discuss thinness of the hymen and notions about virginity in relation to hymen in society. Stress that presence or absence of hymen does not indicate virginity. Explain that some people mistakenly believe that having sex with a virgin girl can cure an STI.
- 24) Show how the vaginal opening leads to the vaginal canal and at the top end of the canal, to the cervix (which is the lower end of the uterus). Demonstrate on the A4 paper how the walls of the vaginal canal have folds and how these collapse. Explain that these vaginal folds increase the surface area and increases the chances of infections including STI/HIV if the male partner is infected. Explain how an STI

may not be limited to the external genitalia but may affect the upper parts of the reproductive system as well thus creating complications such as ectopic (tubular) pregnancies. Explain that infections of the cervix are more severe than those of the vagina because they more commonly result in upper reproductive tract infection with its serious consequences. Unfortunately they are also more difficult to detect, as they are frequently asymptomatic.

- 25) Draw the uterus at the end of the vagina above the cervix. Place this A4 drawing in relation to the previous paper of external genitals on the Body Map.

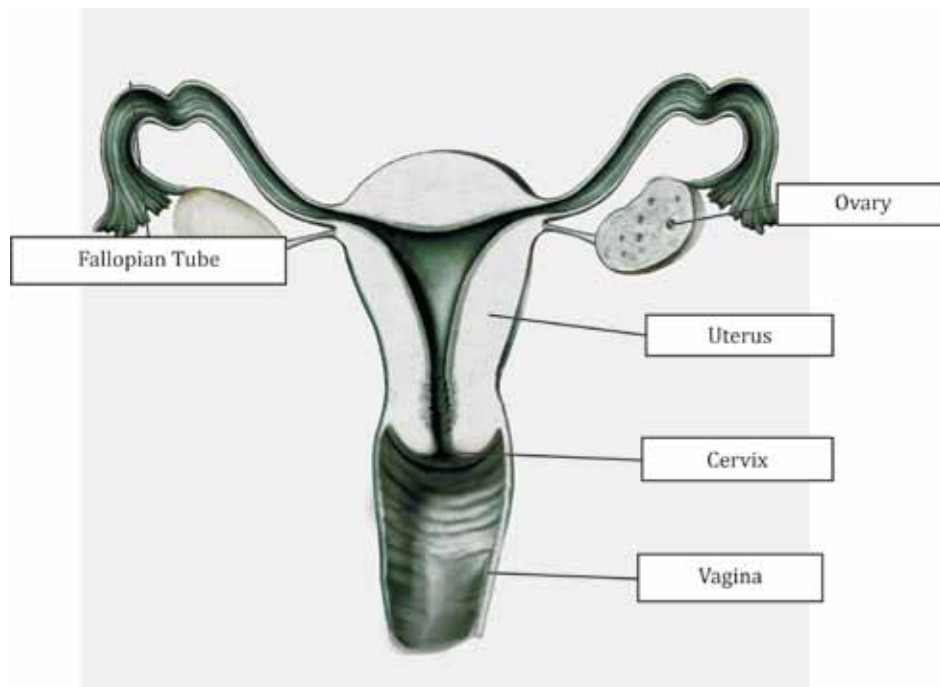


Image Courtesy of Sachin Mahadik, KEM Hospital, Mumbai

- 26) Ask participants to explain whether women are at greater risk of STIs or men. Ask them to explain their reasons. Clarify any mistaken reasoning.
- 27) Ask participants to explain whether older women who are sexually active are at greater risk of STIs or younger women who engage in sex. Ask them to explain their reasons. Explain that in younger women the reproductive system is not completely developed and that some infections are more likely to affect them. However, social practices may also place women at risk. For instance, older sex workers may not have many clients and may be more willing to practise riskier sexual acts such as anal sex. Thus biology and social behavior should be considered when counselling clients.
- 28) Next, discuss menstruation. Ask the participants about the kind of words used in their local language for menstruation. Ask one of the participants to list these words. Debunk the common belief - that is evident from these words - that menstruation is 'impure, dirty and untouchable. Explain that it is nature's preparation in women for reproduction. Explain that some people mistakenly believe that having sex with a woman while she is menstruating can cause an STI.
- 29) Ask trainees about mucus or "white discharge." Explain this is a normal occurrence about the time a woman ovulates (that is ovum is released from the ovary 14 days prior to menstruation). Ask participants what is the difference between mucus related to the time of ovulation and other discharge which is related to STI. After trainees have listed their responses, explain that discharge which is related to STI/ RTI may be yellow or green, may have an odour, may be in more copious amounts, and would not be restricted to a particular time in the menstrual cycle.

- 30) Initiate a discussion with the participants about the kinds of words they may use for body parts while counselling men and women. Discuss how they react when clients use colloquial or vernacular terms. Ask them what local terms they may use for body parts that are acceptable and do not offend clients.
- 31) Ask participants whether all routes of sexual transmission of STIs have been discussed. The answer, of course, is that oral sex has not been discussed. Ask the trainees whether they should encourage clients in the direction of oral sex. Some counsellors may report that oral sex is risky. Clarify these misconceptions regarding oral sex. Explain that this is considered to be less risky than vaginal sex and anal sex, and that it is suggested as a replacement for the same. But also explain about oral STI.
- 32) Review with trainees the questions they should ask to determine whether a client has any sign or symptom of an STI or an RTI.
- 33) Review suggestions for genital hygiene that they should mention during counselling.
- 34) Conclude the discussion with the question: How does presence of an STI make a person more likely to get HIV infection? Explain that HIV requires a passage into the body and that some STIs create ulcers (breaks in the genital surface) that make it easy for HIV to enter.

History of Body Mapping

The scientific knowledge about reproductive organs and processes was made simpler by some women's groups working in villages in Tamil Nadu in 1972. Maternal mortality in that area was very high and most of the deliveries were conducted at homes by local dais. The women's groups identified women in the villages who regularly conducted deliveries and were respected by the village communities. They took up training of local dais as Trained Birth Attendants - much before the government took this up as a part of the Maternal Child Health services.

Discussions with dais about their problems at work revealed that they were worried about death of a pregnant woman during delivery, as then they would lose their credibility. These dais had practical knowledge of conducting deliveries but they lacked essential knowledge of reproductive organs, the birthing process and measures for asepsis during delivery. None of the dais were educated.

Some women's groups decided to draw the structure of the internal organs on the human body itself to simplify the learning. Though this method became popular, it was not very acceptable and practical in larger groups. Hence the concept of body maps or body-size maps came into reality as they give easy understanding about the actual sizes and positions of the genital and reproductive organs within the human body.

The methodology they adopted was using their traditional Rangoli to impart knowledge because many of them had never held a chalk in their hands but all of them used Rangoli every day. The learning became simple by drawing an outline of the body with the help of Rangoli on the floor and then filling the external and related internal genital organs within it. At every level, dais and women health workers actively participated in this process of learning.

Why Body mapping method for counsellors

Many counsellors have not studied science after school. They may feel threatened by the complexity of the subject. In our society, it is not easy to discuss about body processes and there are taboos on discussing sex and sexuality issues. Trainees may or may not ask any questions or queries on their own, even though they are in the field of counselling for many years. They may not be comfortable discussing these issues in a group. It is essential to make them comfortable and elicit their complete participation while discussing the reproductive process.

Body mapping helps them shed their inhibitions and makes learning more active. This is because participants get involved and the process of learning is from 'Known to Unknown' that is from external parts which are seen, to internal parts within the body.

Body mapping also allows the use and sharing of colloquial words for various genital organs, discussing the misconceptions and clearing their doubts. Using this knowledge while working with clients, reassuring them, and explaining to them the natural body processes will help demystify scientific and medical jargon associated with reproduction.

Whether this session would clear all the doubts in their own minds and prepare them to answer the questions asked by clients will depend on the trainees' participation.

PRACTICE OF BASIC COUNSELLING SKILLS

Session Overview

- Preparation of 5 minute Role Plays (15 minutes)
- Role Plays and Debriefing (1 hour 6 minutes)
- Optional: Exercise: Counsellor in the Hot Seat (39 minutes)

Session Objectives

At the end of this session, trainees will be able to

- Demonstrate some basic counselling skills

Time Allowed

1 hour 20 minutes

Materials Required

- Role-play Situations
- Copies of the Checklist (3 per participant)
- Slides: Practice on Basic Counselling Skills
- Two big bars of chocolate (Prize for winners in the exercises)
- Timer
- 2 chairs (placed facing each other)

Method

Preparation before the session

- 1) You, as the trainer, will cut out the Role-play situations.
- 2) You will make sufficient copies of the Checklist (3 per participant)

Preparation of Role Plays (15 minutes)

- 3) Divide counsellors using a small energizer – Ask them to stand in a line according to the birthdays.



Jan 14



Feb 2



Feb 4



Feb 24

Mar 6



Aug18

- 4) Divide them into three groups of equal sizes and give each group a role play situation.
- 5) Explain that each group has 15 minutes to prepare a role play situation. The role-play should be 5 minutes long. Two people have to come up and act. But the group has to help them to find suitable ways to include ALL the basic counselling skills discussed. The more skills they demonstrate, the better the role play. Instruct all the group members to ensure that the mock counsellor demonstrates a credible summarization at the end of each "counselling session."
- 6) Ask the other groups to keep a tally of the counselling skills demonstrated with the help of a checklist. For each role play, the groups should appoint 2 different observers. Observers must track the skills demonstrated with the help of a check-list. Explain that points will be awarded for both properly demonstrating the skill and for correctly recognizing the skills demonstrated.

Role Plays and debriefing (1 hour 6 minutes)

- 7) Invite each group to present their 5-minute role-play. Use a timer to maintain the time limits. Explain that this is crucial because in real life practice counsellors are often under pressure of time, and 5 minutes may be a very realistic estimation of the time that they actually spend with clients! Note: This is not an official recommendation to limit counselling to 5 minutes. Instead it is a reminder to make the best use of the available time.

Variation: During field-testing, we permitted each mock counsellor to have a shadow counsellor who prompted the counsellor to cover a particular skill through the use of small slips of paper. This reduced the nervousness of trainees.

- 8) Observe the role plays and make quick notes for the debriefing on your own checklist. Be very clear in what you recognize as a counselling skill. The point is that not every sentence in a counselling dialogue is a counselling skill. A sentence can only be a counselling skill if it is deliberately asked to advance the counselling conversation and elicit relevant information or support the client. Be prepared to make your case convincingly.

Note: This session is incomplete without debriefing.

- 9) Debrief for no more than 15 minutes after each role-play. Use a timer to maintain the time limits. Ask the observers from the other groups to mention examples of the basic counselling skills. Discuss whether the examples cited are appropriate. (See explanation in Point 7.) Resolve all debates by saying that for this exercise your decision is final. For each skill demonstrated, award the performing team 1 point. For each skill correctly recognized, award the observer's team 1 point.

Alternative: You could invite a counselling specialist to help judge the game. This person may be paid honorarium as per existing norms.

Optional: Counsellor in the Hot Seat (39 minutes)

10) Explain that in the next exercise, many trainees will have a chance to demonstrate their skills very quickly. In the exercise set-up, one of the co-trainers will act as the client. Any trainee who has not participated in the previous role play can volunteer to act as the counsellor. You, the trainer, will flash a slide on the projector. The counsellor in the hot seat cannot get up till they have demonstrated that technique – to the satisfaction of observers from other teams (or the counselling specialist). Once they have demonstrated the technique, they must get up and name a trainee from another group (who has not participated in the previous role play) to take their place in the hot seat.

Note: It is observed that trainees try to stretch each statement into a counselling skill. Accept as correct only those statements which absolutely hit the mark.

11) Resolve all debates by saying that for this exercise your decision is final. For each skill demonstrated, award the performing team 1 point. For each skill correctly recognized, award the observer's team 1 point.

12) When the new trainee takes the hot seat and you, the trainer, will change the slide to the next technique.

13) Keep the momentum going till about 12 trainees have demonstrated the counselling skill.

Note: This is a challenging situation. So support the trainees and encourage an atmosphere of fun. Select a situation from any of the three situations already role-played so that trainees do not feel worried about having to find a solution.

Note: This is a fun way to end the day.

Note: Whichever methodology you adopt, review the instructions thoroughly. And make sure maximum trainees get a chance to participate before the group.

PRACTICE OF BASIC COUNSELLING SKILLS

Role Play Situations

The profile slips must be cut up by the trainer before the session.

Situation 1

A middle-aged woman comes to the centre complaining of discharge. The counsellor must probe for whether it is normal mucus discharge associated with the time of ovulation, or whether it may be related to an STI/RTI.

Make sure that your role play demonstrates the appropriate use of different counselling skills in relation to simple role play situations involving : SOLER, Reflection of feeling, Questioning, Repeating, Paraphrasing and Summarising

Situation 2

A young boy aged 15 years is worried that he has an illness because every morning for one week he has been waking up with his bed wet. The counsellor reassures him that this is a normal phenomenon.

Make sure that your role play demonstrates the appropriate use of different counselling skills in relation to simple role play situations involving : SOLER, Reflection of feeling, Questioning, Repeating, Paraphrasing and Summarising

Situation 3

A young woman aged 21 years is at the centre for treatment of vaginal discharge syndrome. She is unmarried and when the counsellor asks for history, she reveals no prior sexual activity. When the counsellor probes further, she reveals that she does not change her sanitary pads as frequently as she should (uses for 12 hours at a time). The counsellor advises her on genital and menstrual hygiene.

Make sure that your role play demonstrates the appropriate use of different counselling skills in relation to simple role play situations involving : SOLER, Reflection of feeling, Questioning, Repeating, Paraphrasing and Summarising

Checklist: Practice of Basic Counselling Skills

SKILL	EXAMPLE	FEEDBACK
S		
O		
L		
E		
R		
Reflection of feeling		
Open-ended Questions		
Closed Questions		
Repeating		
Paraphrasing		
Summarising		

BASIC FACT SHEET ON STI/RTI

Session Overview

Begin presentation with WHO Fact Sheet Powerpoint (5 minutes)

Lecture using slides (25 minutes)

Optional: Modular Reading of Handouts (45 minutes)

Session Objectives

- At the end of this session, trainees will be able to
- Define STI and RTI.
- Name some basic STI and RTI.
- List the modes of transmission of STI and RTI.
- Describe conditions that put people at greater risk of STI and RTI.
- Correct common misconceptions related to transmission of STI

Time Allowed

30 minutes

Materials Required

- Handout titled Basic Fact Sheet on STI/RTI
- Slides: WHO Fact Sheet (optional)
- Slides: Basic Fact Sheet on STI/RTI (optional)

Method

Web Slide Show (5 minutes)

- 1) Begin the session by screening the web slide show at the WHO link below:

http://www.who.int/features/factfiles/sexually_transmitted_diseases/facts/en/index.html

- 2) For your convenience we have copied the information module into a power-point presentation called WHO Fact File. But it is preferred to screen it from the original website.
- 3) Do not spend time explaining the points here. You will get a chance to do so during the modular reading.

Lecture Using Slides (25 minutes)

4) Continue the session using the Powerpoint slides and the notes given for your convenience in the Notes view.

Note: Syndromic management is covered in detail in another session.

Optional: Modular Reading (45 minutes)

- 1) You, as the trainer, will ask counsellors to open their handouts titled Basic Fact Sheet on STI/RTI.
- 2) Invite a volunteer with a loud and clear voice to read out a section.
- 3) Stop the reading and explain that section. Remind trainees to make notes on their handouts.
- 4) Invite another volunteer to read the next section and follow the same pattern till all sections are read.
- 5) Answer any queries or doubts.
- 6) There are extra notes in boxes for your assistance. Use them at your discretion.

Note: Some participants who are not comfortable in reading in English. Respect them if they refuse to read.

Basic Fact Sheet on STI/RTI

Counsellors in STI/RTI services interact with people who have STI and RTI. Before learning what you should do with them, you should be able to answer these basic questions:

- What are STI and RTI?
- How do they spread?
- What puts people at risk of STI and RTI?

What are STI & RTI?

STI is a short form for Sexually Transmitted Infection. RTI is a short form for Reproductive Tract Infection.

Sexually transmitted infections (STI) are infections that are spread primarily through person-to-person sexual contact. STI reflects modes of transmission of infection (i.e., how the infection is spread). Several, in particular HIV and syphilis, can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer.

So, STI are mainly spread through sexual contact. That is why they are called sexually transmitted infections. But as we see from the definition above, the same organisms which cause STI could also be spread through other routes: from mother to child during pregnancy or during childbirth, and through blood products and tissue transfer.

Key point to emphasize: Explain that in this session we will be dealing with the most basic information on STI and RTI. There are other sessions on how to manage them. First explain the concept of an STI – namely that it is spread through sexual contact. There are other routes as well. But the bulk of transmission in the population is through the sexual route. Remind them that HIV/ AIDS is also an STI. So during counselling, we must ask about sexual behaviour. We must give prevention information related to sexual behaviour. We also have to check whether there is any risk of passing this infection to other people through the sexual route and through the other routes. Note: Tissue transfer is done during processes like reconstructive surgery for people with burns, Surgery involving organ transplantation is another example.

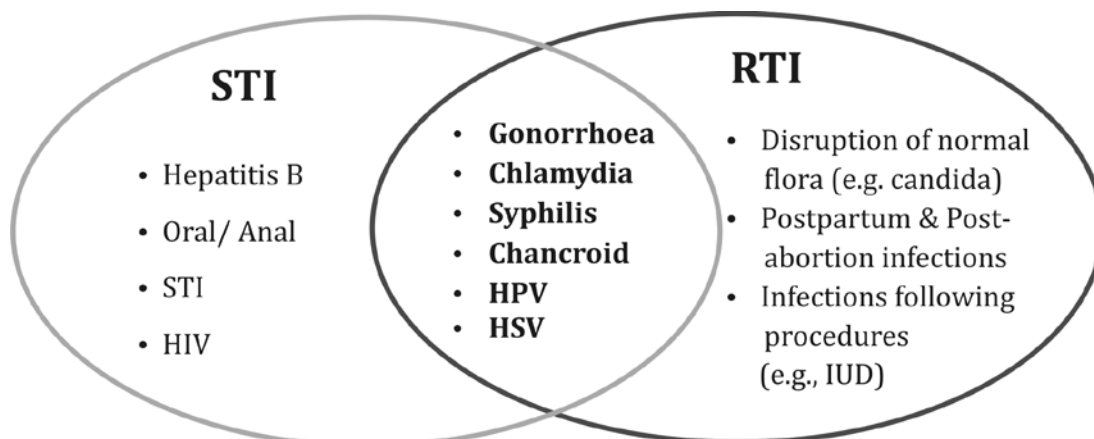
Reproductive tract infections (RTI) are infections which are present in the reproductive tract of males or females. RTI represents site of infection – that is the reproductive tract.

Some RTI are caused in the same way as STI. But RTI could also be caused by overgrowth of normal organisms in the reproductive system (e.g., bacterial vaginosis) or they could be infections caused by improper medical procedures such as catheterization, termination of pregnancy or IUD insertion.

Not all reproductive tract infections are sexually transmitted and not all sexually transmitted infections are located in the reproductive tract.

Key point to emphasize: Explain that RTI affect the reproductive tract: penis, testes, scrotum, prostate, vagina, cervix, uterus, fallopian tubes and ovaries. Ask them to look at the diagram in their handouts on the next page. These are also the sites where STI may be present. So people end up coming to the same treatment centre. But RTI may be caused by other reasons: e.g., if medical procedures are not performed properly, normal organisms present in the reproductive system just begin to grow faster. For instance, during the monsoon season when clothes do not dry properly, it is common for candida to develop.

Explain that RTI and STI are not the same. There are some STI that are not RTI and some RTI that are not STI. The next diagram explains this fact.



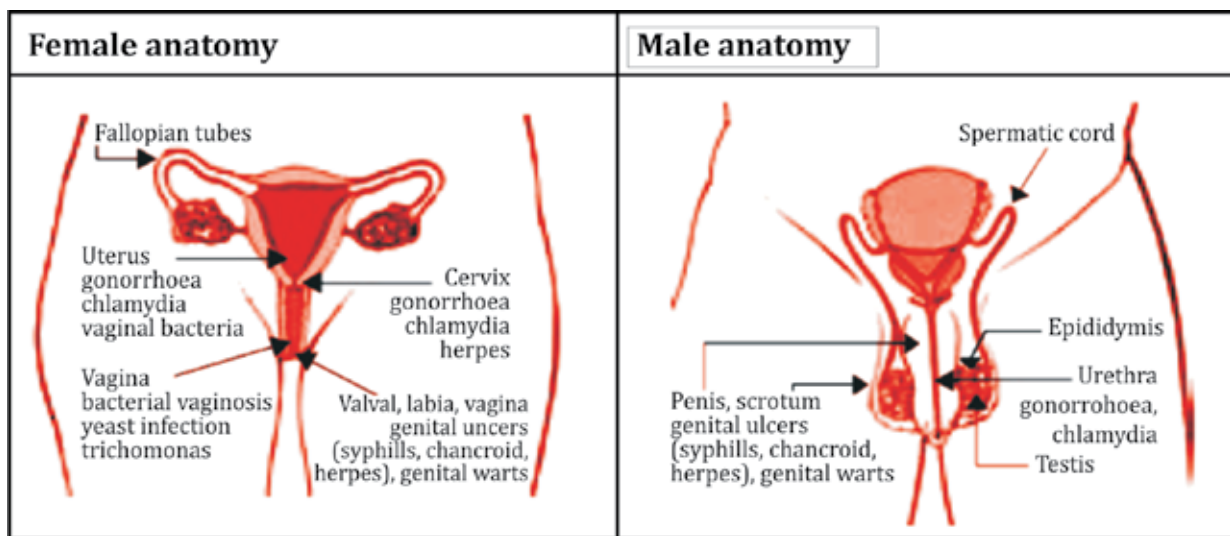
In men, RTI affect

- Penis
- Testes
- Scrotum
- Prostate

In women, RTI affect

- Vagina
- Cervix
- Uterus
- Fallopian tubes
- Ovaries

Sexually transmitted infections tend to affect the same parts of the body.



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

Key point to emphasize: Pause to let them examine the diagram which shows the sites of infection. Remind them that they have already learned about the sexual and reproductive organs in the session on body mapping. Explain that untreated STI and RTI may not stick to one organ but may affect other parts of the system as well.

Introduce the next section by asking: Why we should worry about STI? Make sure the 4 reasons below are mentioned.

Note: You are at the half-way mark in the unit. If you have taken more than 25 minutes to reach here, you should pick up speed.

Why should we worry about STI?

- ✓ STI often (but not always) cause discomfort and pain to people who have them.
- ✓ STI spread quite easily to other people.
- ✓ STI can cause serious health problems such as infertility, stillbirth, ectopic pregnancy and blindness in newborns.
- ✓ Shame and guilt over behaviours that cause STI make people delay treatment or visit quack doctors for help.

So it is important for you, the counsellor, to help every person coming to your clinic to get the treatment they require and to emphasize to them the importance of complete treatment.

Key point to emphasize: Ask if there are any questions.

What are some common STI?

There are more than 30 different types of STI. They are caused by bacteria, viruses and parasites. Some common STI are gonorrhoea, chlamydial infection, syphilis, trichomoniasis, chancroid, genital herpes, genital warts and hepatitis B infection. Human immunodeficiency virus (HIV) infection which leads to AIDS is also an STI. It is possible to have more than one STI at the same time.

However, we will see later that we do not need to learn all these different names because the National AIDS Control Programme uses the Syndromic Management approach.

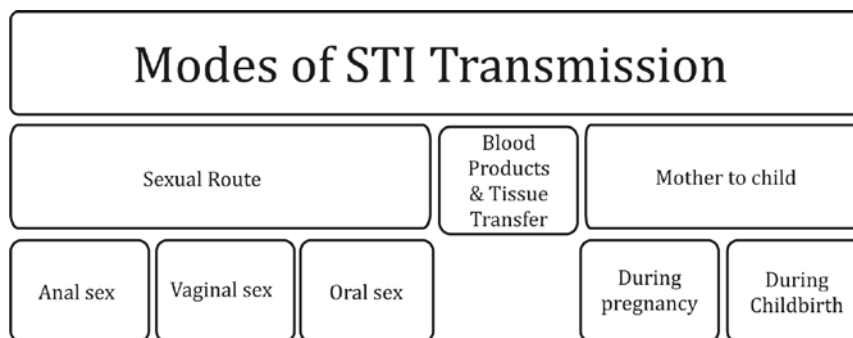
Key point to emphasize: Ask if there are any questions. Even though the text may say counsellors need not remember names of diseases, many of them may already be familiar with them from written prescriptions of the doctor. Explain that syndromic management which will be discussed in a separate session does not require the clinician to know the name of the infection before treating. It is a public health approach. Note: Questions about Syndromic Management may be noted down on a chart paper for answering in the later session.

To introduce the next section, ask the question: How do STI spread? Give feedback on the right answers. The answers are on the diagram in the handouts.

How do STI spread?

Modes of STI Transmission

- ✓ Sexual Route
 - Anal sex
 - Vaginal sex
 - Oral sex
- Blood Products & Tissue Transfer
- ✓ Mother to child
 - During pregnancy
 - During Childbirth



As we saw in the definition of STI, though they mainly spread through sexual contact, there are other ways of transmission. Since a pregnant woman could spread STI to her unborn child, it becomes important to screen her and treat her. That is why, counsellors at STI/RTI Services should spend some of their working time with women in ante-natal care (ANC). When you look at the diagram, you also recognize that the sexual route could be through vaginal sex, oral sex or anal sex. Before you counsel someone, you must be sure you know what each of these terms mean. Also make sure that during counselling you address any misconceptions such as, “Patients cannot have more than one STI at a time,” or “Sex with a menstruating woman causes STI.”

Key point to emphasize: The key point here is that STI can affect unborn children if their mothers have such infections. So this is one of the main reasons why the counsellor in STI/RTI services should spend part of the time in the Skin and VD Department, and the other part in the Gynaecology and Maternity Department. Screening of pregnant women is one of the simplest ways of preventing STI. The other point is that when counselling STI patients, it is important to know how to ask about oral, anal and vaginal activity. Spend a little time here to make sure counsellors know the appropriate local terms they can use. There is another session on this. But it is noted that counsellors are often weak in this area.

To introduce the next section, ask the trainees who is more at risk: Adolescents versus Adults? Who is more at risk: Men versus Women? Ask them to give reasons for their answers. Then continue with modular reading.

Who is at risk of STI?

Anyone who has unprotected sexual contact with a person infected with an STI is at risk of STI. They may also get STI such as syphilis if they receive a blood transfusion from that person. For this reason all units of blood in the blood bank are screened for major STI such as syphilis, hepatitis and HIV.

But some people are more prone to STI such as:

- ✓ People who have many sexual partners
- ✓ People who frequently change their sexual partners
- ✓ People who have many acts of sex without protection of condoms

Key point to emphasize: Ask if there are any doubts on this point. Then ask what is the relation between the text and the work of STI counsellors. The answer is that they must spend some time with people who are at risk of STI through frequent change of partners, or through unsafe sex. This is the reason why they have to have a good relationship with the TI projects and clients who come from these projects. Ask if it would be easy for such patients to visit the hospital for STI services. The answer is No. STI are accompanied by shame and guilt. So it is important to take the extra step towards them. This is why counsellors are asked to do outreach – so that they can build a closer relationship with the members of these Most-At-Risk Populations.

Women are more prone to get STI.

The reasons are:

- ✓ **Biological vulnerability:** During sex, their sexual organs offer a greater surface area for transfer of STI organisms
- ✓ **Social vulnerability:** Women are socially less able to refuse unwanted sexual contact.
- ✓ Another important difference between men and women is
- ✓ **Appearance of STI in women:** STI in women may not be visible because there may not be any obvious signs and symptoms. In other words, women may be asymptomatic. So they are less likely than men to receive treatment.

Adolescents are more prone to get STI.

The reasons are:

- ✓ **Biological vulnerability:** The genital organs in adolescent girls are not mature or fully developed, and this makes them more susceptible to gonorrhoea, chlamydia and HIV.
- ✓ **Social vulnerability:** Adolescents may have little control over choosing their partners, number of partners, and context of sexual activity. They face barriers to accessing condoms which could help to protect them from unsafe sexual activity.
- ✓ Moreover, once they are infected they face:
- ✓ **Systemic barriers:** They may not be able to access health services and treat their STI/RTI.

Key point to emphasize: Explain that biology is only one risk factor for spread of infection. Other factors are social vulnerability and barriers in accessing services. Ask what is the relation between the facts just read and the work of STI counsellors. In the case of women, they may have to probe deeper and spend more time explaining the need for treatment and screening, especially in the absence of symptoms. In the case of adolescents, one key prevention message is to tell them to delay sexual initiation till their bodies mature. Also, some counsellors are social workers. They should support the idea of ensuring that youth do not marry till after they cross the legal age of marriage. Further, youth often have many needs which require special attention. In recognition of this fact, the government has set up ARSH services. STI counsellors should be familiar with what is available in their district.

Type of sexual contact

Some forms of sex like anal sex make the transfer of STI organisms easy.



But all forms of sexual contact can transmit infection.

(The colour looks different on the slide – In the text matter, the textual matter does not show well on the red colour)

Key point to emphasize: Ask if there are doubts on the section.

This concludes the session.

SYNDROMIC MANAGEMENT OF STI/RTI

Session Overview

- Lecture using slides (5 minutes)
- Sorting Exercise (12 minutes)
- Modular Reading assisted with slides (45 minutes)
- Processing Exercise (28 minutes)
- Debriefing and Quiz (30 minutes)

Session Objectives

At the end of this session, trainees will be able to

- Differentiate between signs and symptoms.
- Explain the concept of syndromic case management
- Apply the information sheets for management of common syndromic conditions in India.
- List patient education relevant to each of the syndromic conditions.
- Explain why HIV is an STI requiring special services.

Time Allowed

2 hours

Materials Required

- Handout titled Syndromic Management of STI/RTI
- Slides
- Flipchart
- Markers

Note: This session is best handled by an STI master trainer or STI resource faculty who has undergone training by NACO/SACS.

Method

Lecture using Slides (5 minutes)

- 1) You, as the trainer, will begin the session by explaining the difference between a sign and a symptom using the slides.

Slide 1

Syndromic Management of STI

Title slide

Slide 2

Session Objectives

At the end of this session, trainees will be able to

- ✓ Differentiate between signs and symptoms.
- ✓ Explain the concept of syndromic case management
- ✓ Apply the information sheets for management of common syndromic conditions in India.
- ✓ List patient education relevant to each of the syndromic conditions.
- ✓ Explain why HIV is an STI requiring special services.

Key point to emphasize: Read out objectives. In the previous unit, you learned some basic facts about STI. This unit will build on that foundation to give you more information about specific infections that are common to India. You will also learn how they are managed using syndromic case management. More important to your role as a counsellor, you will learn what kind of patient education you should give for each of these conditions. The unit contains 12 very important information sheets. While it is difficult to learn all this by heart, we encourage you to keep reading these sheets so you become very familiar with them.

The key idea of this unit is not that counsellors should become doctors but that they should know how to support doctors through suitable patient education and counselling. Ask counsellors to underline this line in the handout.

Slide 3

ANIMATED SLIDE

A mouse click will highlight the answer to the question posed by the trainer.

A second mouse click will highlight a final fact.

What are signs and symptoms?

Doctor, what should I do? When I go to the toilet and pass a stool, **I see blood in the stool. (Symptom)**

Hmm... Let me take a look. Please turn around... Oh! **I can see you have an ulcer on your anus.**

(Sign)

People with no symptoms = Asymptomatic

Even they must be treated!

Key point to emphasize: At the heart of this unit is the difference between sign and symptom. They are not the same. Symptoms are the complaints reported by the patient to the doctor. Signs are what the doctor sees when he/she examines the patient physically. In this dialogue which is the sign and which is the symptom? Pause for answers. Click to reveal the answer.

SYMPTOM: Doctor, what should I do? When I go to the toilet and pass a stool, I see blood in the stool.

SIGN: Hmm... Let me take a look. Please turn around... Oh! I can see you have an ulcer on your anus.

Click to reveal the next fact: People who show no symptoms but still have an infection are called asymptomatic. Even when asymptomatic, their health may become worse and they can transmit the infection to other people such as their sexual partner or, in case of a woman, an unborn child. They require to be diagnosed and treated. In its early stages, HIV infection is often asymptomatic. In women, many of the organs affected by an STI are inside. So infected women may be asymptomatic. Ask trainees to underline the explanation of asymptomatic in their handouts.

Slide 4**Common STI/RTI symptoms & signs in males**

- ✓ Urethral discharge/Burning or pain during urination/ frequent urination
- ✓ Genital itching
- ✓ Swelling in groin/scrotal swelling
- ✓ Blisters or ulcers on the genitals, anus, mouth, lips
- ✓ Itching / tingling in genital area
- ✓ Ano-rectal discharge
- ✓ Warts on genitals, anus / surrounding area

Key point to emphasize: Explain any terms trainees do not understand.

Slide 5

Common STI/RTI symptoms & signs in females

- ✓ Unusual vaginal discharge
- ✓ Genital itching
- ✓ Abnormal and/or heavy vaginal bleeding
- ✓ Pain during sexual intercourse
- ✓ Lower abdominal pain (pain below the belly button, pelvic pain)
- ✓ Blisters/ulcers on the genitals, anus or surrounding area, mouth, lips

Key point to emphasize: Explain any terms trainees do not understand.

Sorting Exercise (12 minutes)

- 2) Ask counsellors to turn to the Sorting Exercise in their handouts and ask them to sort out the various terms given into two categories: Signs or Symptoms

Syndromic management of STI relies heavily on the doctor recognizing the signs and eliciting the symptoms from patients. So let us do an exercise. Look at the exercise in your handout. Sort the statements into the columns for Sign and Symptom. You have 5 minutes for the job

- 3) Debrief using the slides

Slide 6 to 18 are related to the exercise

Slide 6 is the Instruction Slide

Slides 7 to 18 are the debriefing slides which contain the answers. They are animated slides. A mouse click will highlight the answer.

Answer Key to the Exercise

(Clue is underlined)

- × Woman says, "I have a discharge from my vagina." - SYMPTOM
- × Discharge is seen from the anus. - SIGN
- × On physical examination, sores, ulcers, blisters, small hard lumps or rashes are seen in and around the sexual organs. - SIGN
- × Man says, "Oh! I have a discharge from my penis." - SYMPTOM
- × Teenager says, "My mouth burns when I have to eat food." - SYMPTOM
- × Doctor examines teenager's mouth and finds blisters or sores inside the mouth. - SIGN
- × Sore throat sensation - SYMPTOM
- × Pain in vagina while having sex - SYMPTOM
- × Burning sensation in vagina - SYMPTOM
- × Lower abdominal pain - SYMPTOM
- × Frequent urination - SYMPTOM
- × Patient complains of swelling of scrotum/ groin area - SYMPTOM

Modular Reading assisted with Slides (45 minutes)

- 4) Continue the lecture using the slides (Slides (19-44)). Ask counsellors to continue reading the section on Syndromic Management in their handouts. Discuss each syndrome listed on the slides while pointing to the handouts when necessary.

Note: This is a key session which is packed with information. Make sure that trainees understand the different syndromes.

Slide 19**What is syndromic management?**

- ✓ Public health approach to treatment approach supported by WHO
- ✓ Health care provider
 - o identifies syndrome affecting patient using
 - ◆ symptoms reported by patient and
 - ◆ signs observed during physical & internal examination
 - o gives treatments for all infections that could possibly cause that syndrome

Key point to emphasize: Syndromic case management of STI is a public health approach to treatment that has been supported by the World Health Organisation. In this approach, the health care provider uses the symptoms reported by the patient as well as the signs he/ she observes during the physical and internal examination to identify the syndrome affecting the patient, and gives treatments for all infections that could possibly cause that particular syndrome (if not the most common ones).

Slide 20

ANIMATED SLIDE

A mouse click will underline the last point.

Advantages of syndromic management

- ✓ Health care provider trained to treat patient during first visit
- ✓ Patient does not need to wait for laboratory test results
- ✓ Discomfort from symptoms may be reduced more quickly
- ✓ Reduce time that sexual partner is exposed to possible infection
- ✓ Reduce possibility that patient may decide not to come back
- ✓ This is different from traditional treatment.

Key point to emphasize: The health care provider is trained so that during the first visit itself, he/ she can help the patient to access treatment. The patient does not need for laboratory test results. The advantages are: often the discomfort from the symptoms may be reduced more quickly, we can reduce the time that the sexual partner is exposed to possible infection, and we reduce the possibility that the patient may decide not to come back. This is different from traditional treatment. Ask trainees to underline the last statement in their handouts.

Slide 21

Common RTI / STI syndromes

- ✓ Genital Ulcer Disease syndrome – Non Herpetic
- ✓ Genital Ulcer Disease syndrome – Herpetic
- ✓ Vaginal /Cervical Discharge Syndrome
- ✓ Urethral Discharge Syndrome
- ✓ Inguinal Bubo Syndrome
- ✓ Painful Scrotal Swelling Syndrome
- ✓ Ano-rectal Discharge syndrome
- ✓ Oral – Anal STI syndrome
- ✓ Genital Skin Conditions (Other STI/RTI) –
 - ◆ Genital Scabies
 - ◆ Genital Warts
 - ◆ Pubic louse infestation
 - ◆ Molluscum Contagiosum

Key point to emphasize: Earlier we gave the names of some STI such as Hepatitis B and syphilis. A health care provider who uses the syndromic case management approach will use terms such as vaginal discharge syndrome or lower abdominal pain syndrome. Next we examine some common syndromes. Read out the list of common STI/ RTI in India.

Slide 22

Treatment

- ✓ To be taken from a trained doctor
- ✓ To be taken for the duration prescribed
- ✓ To be taken in the dosage prescribed
- ✓ To be given to the sexual partner
- ✓ To use condoms during treatment

Key point to emphasize: As we examine the syndromes and read about syndromic management through colour-coded kits, we should keep the following points about treatment in mind. The first statement makes it very clear that counsellors are learning syndromic management but they are not trained to prescribe medicine. Ask the trainees to underline this in their handouts.

Slide 23

Urethral Discharge

- × Pain or burning while passing urine
- × Increased frequency of urination
- × May be cream or yellow-coloured discharge coming from urethra
- × Discharge may be thick or thin (like mucus)

Treatment: Kit 1 (Tab. Azithromycin (1 gm) OD Stat +Tab. Cefixime (400mg) OD Stat)

Key point to emphasize: Review the signs and symptoms of urethral discharge. Treatment is Kit 1 (grey). Explain urethral discharge is seen only in males. Ask trainees to open to their handout and underline the symptoms and complications. Cause could be Gonorrhoea, Chlamydia and/or Trichomonas. If not treated early, complications such as epididymo-orchitis and urethral narrowing may occur. He may also become sterile. Ask trainees to underline the explanation of DOTS-STI on their handout. Explain this point.

Slide 24

Painful Scrotal Swelling

- ✓ Swelling and pain in the scrotal region
- ✓ Pain or burning while passing urine
- ✓ Systemic symptoms like malaise, fever
- ✓ History of urethral discharge

Treatment: Kit 1 (Tab. Azithromycin (1 gm) OD Stat +Tab. Cefixime (400mg) OD Stat)

Key point to emphasize: Review the signs and symptoms of painful scrotal swelling. Treatment is Kit 1 (grey). Explain painful scrotal swelling is seen only in males.

Ask trainees to open to their handout and underline the symptoms and complications. Cause could be Gonorrhoea and/or Chlamydia. If left untreated or inadequately treated, the painful scrotal swelling can cause urethral stricture (narrowing) and infertility.

Slide 25

Inguinal Bubo

- ✓ Swelling in inguinal region which may be painful
- ✓ Preceding history of genital ulcer or discharge
- ✓ Systemic symptoms like malaise, fever etc

Treatment: Kit 7 (Tab. Azithromycin (1 gm) OD Stat + Tab. Doxycycline (100 mg) BID for 21 days)

Key point to emphasize: Review the signs and symptoms of Inguinal Bubo. Treatment is Kit 7 (Black).

Ask trainees to open to their handout and underline the symptoms and complications. It is also called Lympho Granuloma Venereum. If left untreated or inadequately treated, Inguinal Bubo can cause swelling in the inguinal region, leading to multiple painful ulcers, discharging sinuses, genital swelling, rectal discharge, bleeding, and rectal strictures. It could also produce swelling and distortion of external genitalia.

The treatment schedule of the syndrome should be explained to the client (since it has the longest treatment out of all the syndromic management kits- 21 days). It is important to take the medicines regularly and complete the treatment even if the symptoms go away.

Slide 26**Genital Ulcer – Non Herpetic**

- ✓ Genital ulcer, single or multiple, painful or painless
- ✓ Burning sensation in the genital area
- ✓ Enlarged lymph nodes

Treatment: Kit 3 (Tablet Azythromycin (1 gm) single dose + Inj. Benzathine Penicillin 2.4 MU) For people who are allergic, Kit 4 is used.

Key point to emphasize: Review the signs and symptoms of Genital Ulcer – Non Herpetic. Treatment is Kit 3 (White). For people who are allergic, Kit 4 (Blue) is used.

Ask trainees to open to their handout and underline the symptoms and complications. Cause could be syphilis, chancroid, donovanosis or granuloma inguinale. If left untreated, syphilis could damage the cardio-vascular and central nervous system, eventually causing death. If left untreated, chancroid could cause swollen lymph nodes (glands) in the groin that can rupture and drain pus. Most importantly, like in case of all STI/RTI, an individual with genital ulcer disease syndrome has five to ten times more risk of getting HIV infection.

Slide 27**Genital Ulcer – Herpetic**

- ✓ Eruption of vesicle, painful, multiple Genital ulcer
- ✓ Burning sensation in the genital area
- ✓ Recurrence

Treatment: Kit 5 (Tab. Acyclovir (400 mg) TDS for 7 days)

Key point to emphasize: Review the signs and symptoms of Genital Ulcer –Herpetic. Treatment is Kit 5 (Red).

Ask trainees to open to their handout and underline the symptoms and complications. Cause is herpes. Herpes can be transmitted from the mouth to the genitals or from the genitals to the mouth during oral sex. In such cases even oral sex poses high risk. Herpes can also be passed to others even after the sores have healed or when they are not present. The genital ulcer disease syndrome (herpetic) can be treated. Herpes sores heal on their own after 7-10 days. But the virus stays in the body after the sores are healed. Medicines can shorten the time of healing. The client should return to the clinic after 7 days. Some people experience repeated attacks of herpes sores.

Slide 28***Vaginal Discharge Syndrome***

- ✓ Vaginal discharge (cheesy, white)
- ✓ Nature and type of discharge (quantity, colour and odour)
- ✓ Itching around genitalia

Treatment: Kit 2 (Tab. Secnidazole (2 gm) OD Stat + Tab. Fluconazole (150 mg) OD Stat.)

Key point to emphasize: Review the signs and symptoms of Vaginal discharge syndrome. Explain Vaginal discharge syndrome is seen only in females. This syndrome can be cured with single-dose treatment. It is important that every client, who comes in with a vaginal discharge complaint, should undergo internal examination using a speculum. Treatment is Kit 2 (Green).

Ask trainees to open to their handout and underline the symptoms and complications. Sometime vaginal discharge is caused by change in the normal environment in the vagina. Sometime the causes for vaginal discharge are yeast infections, which can occur with excessive antibiotic use, diabetes or not maintaining proper hygiene of genitals, including menstrual hygiene. In pregnant women, the Vaginitis infection can cause early labour and delivery.

Slide 29***Cervical Discharge Syndrome (Cervicitis)***

- ✓ Yellowish discharge with bad odour
- ✓ Nature and type of discharge (quantity, colour and odour)
- ✓ Burning while passing urine, increased frequency

Treatment: Kit 1 (Tab. Azithromycin (1 gm) OD Stat + Tab. Cefixime (400mg) OD Stat)

Key point to emphasize: Review the signs and symptoms of Cervical Discharge Syndrome. Explain Cervical Discharge Syndrome (Cervicitis) is seen only in females. This syndrome can be cured with single-dose treatment. It is important that every client, who comes in should undergo internal examination using a speculum. Treatment is Kit 1 (Grey).

Ask trainees to open to their handout and underline the symptoms and complications. Complications are the infection can spread to the uterus (womb) and fallopian tubes, causing pelvic inflammatory disease (PID), which can make it difficult for the client to become pregnant. It can increase the risk of ectopic pregnancy (pregnancy outside the uterus). In pregnant women, the infection can cause early labour and delivery and can be passed to the baby.

Slide 30

Lower Abdominal Pain (LAP)

- ✓ Lower Abdominal Pain
- ✓ Fever
- ✓ Vaginal Discharge
- ✓ Menstrual irregularities like heavy, irregular vaginal bleeding
- ✓ Dysmenorrhoea, dyspareunia, dysuria, tenesmus
- ✓ Lower backache
- ✓ Cervical motion tenderness

Treatment: Kit 6 (Tab. Cefixime 400 mg OD stat +Tab. Metronidazole 400 mg BD X 14 days +Tab. Doxycycline 100 mg BD X 14 days)

Key point to emphasize: Review the signs and symptoms of Lower Abdominal Pain. Explain Lower Abdominal Pain is seen only in females Cause could be PID (Pelvic Inflammatory Disease). It can be treated. Treatment is Kit 6 (Yellow). It is important to take the medicine the right way and complete treatment even if the symptoms go away. The client should return to the clinic if she has problems with the medicine or if the symptoms do not subside within 72 hours.

Ask trainees to open to their handout and underline the symptoms and complications. PID can make it difficult for the client to become pregnant. It can make her infertile, or can increase her risk of ectopic pregnancy (pregnancy outside the uterus). PID can cause chronic lower abdominal pain and painful intercourse.

Slide 31**Ano-Rectal STI syndromes**

Key point to emphasize: Review the signs. The individual may have symptoms of ulcers/sores /blisters/discharge/growth at oral and/or anal regions. These may be caused due to Gonorrhoea, Chlamydia, Syphilis, and Genital herpes. Most oral and anal STI can be cured with single-dose treatment. The client should be motivated to take the medicine under supervision at the clinic itself. This is DOTS-STI.

Ask trainees to open to their handout and underline the symptoms and complications. In men, ano-rectal discharge can cause pain, tenesmus and rectal stricture, leading to difficulty in passing stools. In men and women, anal ulcers can cause swelling of the regional lymph nodes, leading to multiple painful ulcers and discharging sinuses. In pregnant women, infections transmitted to the baby, cause serious consequences such as abortion, still birth and conjunctivitis in newborn.

Slide 32**Warts**

- ✓ Can be, single or multiple, soft painless growths which looks like a cauliflower
- ✓ They may appear around anus and oral cavity in both men and women
- ✓ In women, they may occur at vulva. In men, they may occur on penis

Treatment: Local application of 20% Podophyllin should be repeated weekly till the lesions are cleared. Sometimes the warts are treated by cauterly.

Key point to emphasize: Review the signs and symptoms of Warts. Warts are seen in both men and women. Treatment is local application of 20% Podophyllin should be repeated weekly till the lesions are cleared. Sometimes the warts are treated by cauterly.

Ask trainees to open to their handout and underline the symptoms and complications. Certain varieties of warts may cause cervical cancer in women. Genital warts in a pregnant woman can be transmitted to a baby during delivery. Podophyllin is not safe to use during pregnancy so the doctor should know the pregnancy status of women patients and female partners of male patients. Ask trainees to underline this in their handouts.

Slide 33**Genital Louse Infestation**

- ✓ Itching, leading and scratching which may be limited to genital area or all over the body
- ✓ Nits can be seen over the shaft of pubic hair

Treatment: Application of Permethrin 1% around the genital area and washed off after 10 minutes. In few cases, re-treatment is required after 7 days

Key point to emphasize: Review the signs and symptoms of Genital Louse Infestation. Treatment is application of Permethrin 1% around the genital area and washed off after 10 minutes. In few cases, re-treatment is required after 7 days.

Ask trainees to open to their handouts and underline the symptoms and complications. Complications are eczematization and secondary infection leading to pus formation.

Slide 34**Molluscum Contagiosum**

- ✓ These are multiple, soft, painless smooth, pearl-like swellings
- ✓ They may appear anywhere on the body. When acquired due to unsafe sexual practices, they occur on genital area

Treatment: Each mollusci is opened with a needle (extirpation) and the inner side is touched with 30% TCA. Sometimes the Molluscum are treated by cautery.

Key point to emphasize: Review the signs and symptoms of Molluscum Contagiosum. Treatment: Each mollusci is opened with a needle (extirpation) and the inner side is touched with 30% TCA. Sometimes the Molluscum are treated by cautery.

Ask trainees to open to their handout and underline the symptoms and complications. Complications are they may get infected causing pain and pus formation.

Slide 35**Genital Scabies**

- ✓ Itching of genitals, especially at night
- ✓ Other members of the family may also have similar symptoms
- ✓ They may appear on any of the body folds. If acquired due to unsafe sexual practices, they occur on genital area

Treatment: Overnight application of Benzyl benzoate lotion or Permethrin cream all over the body and bathing next morning is required.

Key point to emphasize: Review the signs and symptoms of Genital Scabies. Treatment: Overnight application of Benzyl benzoate lotion or Permethrin cream all over the body and bathing next morning is required. All family members should be treated.
Ask trainees to open to their handouts and underline the symptoms and complications. Complications are eczematization, kidney damage and contact dermatitis.

Slide 36

Most STI RTI are Asymptomatic

Key point to emphasize: Most cases of STI do not have symptoms. This means people will not come for treatment. Therefore, it is important to educate patients to get their partners treated as well.

Slide 37

STI/RTI in women

- ✓ More than 50% of STI in women are without symptoms!
- ✓ Women are more easily infected than men
- ✓ More complications in women-infertility, cancer
- ✓ Untreated STI/RTI in women can affect her child - still born, abortions, eye infections at birth

Key point to emphasize: Explain.

Slide 38

Complications of STI / RTI

- ✓ HIV transmission
- ✓ Mother-to-child transmission
- ✓ Abortions
- ✓ Infertility
- ✓ Congenital Malformations
- ✓ Pelvic Inflammatory Disease

- ✓ Cervical cancer
- ✓ Painful scrotal swelling
- ✓ Ectopic pregnancy

Key point to emphasize: Review the complications of STI/ RTI.

Slide 39

STI-HIV Inter-Relationship

- ✓ Both are sexually transmitted
- ✓ Populations with high STI rates show a very high rate of sexually transmitted HIV
- ✓ STI causes changes in mucosa which facilitates HIV acquisition and transmission
- ✓ Presence of an STI can increase risk of acquisition and transmission of HIV 5 to 10 times!
- ✓ Correct treatment of STI can reduce of HIV infection

Key point to emphasize: Explain relationship between STI and HIV. Explain that presence of STI, especially ulcerative diseases, permits the easy entry of HIV.

Slide 40

HIV/AIDS

- ✓ Human Immuno-deficiency virus
- ✓ Causes AIDS – Acquired Immune Deficiency Syndrome
- ✓ Spreads through:
 - ♦ Sexual contact between
 - ♦ a male and a female
 - ♦ between two males
 - ♦ between two females (when they share sex toys)
 - ♦ o Blood transfusion of infected blood / blood products
 - ♦ o From an infected mother to her child
 - ♦ during pregnancy , during child-birth, through breast-feeding

Key point to emphasize: Explain.

Slide 41**Why treat AIDS differently?**

- ✓ Recently discovered STI
- ✓ Associated with traditionally marginalised groups
- ✓ No treatment in early days
- ✓ Today there is treatment, not cure – Antiretroviral treatment (ART)

Key point to emphasize: The reason for this is that HIV was a new infection that was discovered in 1983 (AIDS was first recognised in 1981). But in those early days, HIV/AIDS was mostly observed in gay men – namely men who have sex with men. This made it difficult for doctors and other health professionals who were not used to accepting alternative sexual lifestyles to work on this illness. Also, in those days there was no treatment for HIV infection, let alone a cure. So to respond to this new public health challenge, separate treatment centres were established with health personnel who were given specialised training to cope with the likely possibility of death.

Today, the situation is different. We do not have a cure as yet. But we have lifelong treatments available at the ART centres that keep the breakdown of the defence system in check. We know how to prevent infection from a mother to her baby. We recognise that our health systems are still not ready to offer services to groups such as men who have sex with men or female sex workers. So we continue to have separate projects to reach out to such groups through special projects called targeted interventions. But the National AIDS Control Organisation is working to bring AIDS into the mainstream of health services. So you will hear of developments such as integration of AIDS into the National Rural Health Mission.

Slide 42**What should a counsellor in the STI/RTI service do in relation to HIV/AIDS?**

Terms of Reference of the Counsellor in the STI/RTI service in relation to HIV/AIDS

- ✓ Explain and encourage HIV testing, establish referral services to other centres and network for expanded STI and HIV Care & Support - General Laboratory, ICTC, PPTCT, ART, CCC, and TB-HIV, etc

Key point to emphasize: Given the close relationship between HIV and other STI, one key role of counsellors in the STI/RTI service is to explain and encourage HIV testing, establish referral services to other centres and network for expanded STI and HIV Care & Support - General Laboratory, ICTC, PPTCT, ART, CCC, and TB-HIV, etc.

Slide 43

Are STI curable?

All STI are curable EXCEPT

- ✓ HIV
- ✓ Herpes
- ✓ Hepatitis B

Key point to emphasize: Most STI are curable. The exceptions are HIV, Hepatitis B and Herpes. We can treat Herpes and HIV and reduce the damage and restore health. Explain the difference between treatment and cure.

Slide 44

Prevention of STI

Practice safer sex:

- ✓ Use condom
- ✓ Non Penetrative Sex
- ✓ Mutual masturbation
- ✓ Kiss, cuddle, massage, embrace

Key point to emphasize: Counsellors should also emphasize prevention. This is important to prevent future reinfection, and infection in partners.

Processing exercise (28 minutes)

Note: From observations of STI induction training, it is observed that frequently trainers skip the processing exercises in the sessions filled with medical terms. This is a poor practice because it does not help trainees to absorb the information well.

5) As an energizer, ask the counsellors to stand in order of when they have joined the SACS as a counsellor. Some might have earlier worked as an ICTC counsellor. Please see diagram:



- 6) Ask 4 senior-most counsellors to come forward and let each of them choose an equal number of people to join their team.
- 7) Inform them that each group will have 20 minutes to review a certain section of the handouts and to answer the following questions (Slide 45):
 - a. What do you notice is common in these syndromes?
 - b. What do you notice is different in these syndromes?
 - c. What are the implications for patient education and counselling?
- 8) Ask 3 groups to read the handout pages related to Urethral Discharge Syndrome, Painful Scrotal Swelling Syndrome, Inguinal Bubo Syndrome, Genital Ulcer Syndrome (Non-herpetic) and Genital Ulcer Syndrome (Herpetic).
- 9) Ask the other 3 groups to read the handout pages related to Vaginal Discharge Syndrome, Cervical Discharge Syndrome, Lower Abdominal Pain and Oral/Anal STI.

Group Discussion and quiz (30 minutes)

- 10) After 20 minutes, stop the group reading and record the answers on a flipchart. Trainees should be able to recognize that:
 - a) Many of the complications from untreated STI are similar.
 - b) They cause damage to body organs.
 - c) Sexual partners also get affected.
 - d) There are many contra-indications during pregnancy. Full and complete treatment is required.
 - e) The symptoms of different syndromes are quite distinct – especially in males and females.
- 11) Conclude the session with a group discussion on the following questions (Animated Slides 46-49):
 - a) How easy is it for a person with an STI to come for treatment?
Answer: It is not easy. There are many barriers.
 - b) When are they likely to come?
Answer: When their symptoms become unbearable.
 - c) Who might not be likely to come?
Answer: People who are asymptomatic. Women because they do not want to speak to a male provider.
 - d) What makes it easier for a person with STI to seek treatment?
Answer: Caring, non-judgmental health care providers
- 12) Review and briefly summarize session with the quiz on the Animated Slides 50 – 61
 - a) Imran Khan comes to your STI/RTI Service. After seeing the doctor, he comes to you with his Patient-wise card which reads under diagnosis “LAP.” What’s wrong with this scenario?
Answer: Imran is a man. LAP is a woman’s complaint.
 - b) What is DOTS-STI? Which drugs/ drug kits come under the category of DOTS-STI?
Answer: DOTS-STI stands for Directly Observed Treatment – STI. It includes Kit 1 which contains drugs like sd-Azithromycin and sd-Cefixime (stat) which are taken in the presence of the health worker.

- c) Name a syndrome which is seen only in males

Answer: Urethral Discharge syndrome, Painful scrotal swelling syndrome

- d) Which disease when passed on from a mother to her baby during delivery can affect the baby's eyes and even lead to loss of eyesight?

Answer: Gonorrhoea and Chlamydia

- e) Name a drug which should not be taken during pregnancy.

Answer: Doxycycline (Kit No.6 and 7) and Podophylin should not be applied

- f) Name one condition that can be linked with cervical cancer in women

Answer: Certain types of warts

- g) One syndromic drug when taken with alcohol can cause nausea, vomiting, flushing and sinking feeling. The counsellor will advise the client not to take any alcohol until 24 hours have passed after the last dose is taken. Which drug is this?

Answer: Secnidazole and Metronidazole. So counsellors should clearly advise patients who take this medicine to avoid taking it along with alcohol.

- h) Which syndromic condition may recur during stressful periods?

Answer: Genetic ulcer disease syndrome (Herpetic). So counsellors advise such clients to find ways to reduce stress.

- i) For which drug does the client have to make repeat visits to the clinic on the 7th day, the 14th day and the 21st day?

Answer: Doxycycline (100 mg) BID for 21 days which is used for treating Inguinal Bubo Syndrome. This is part of patient education when dealing with this Drug Kit (Kit 7)

- j) Which syndromic condition is sometimes treated with an injection of penicillin?

Answer: Genetic ulcer disease syndrome (non-herpetic) which can be cured with an injection of Benzathine penicillin in each buttock.

- k) When counselling pregnant women, information about STI is very important. What are some of the consequences of the mother's untreated STI to a new-born baby?

Answer: Still-birth, eye infection

- l) If a client with herpes argues with a counsellor that herpes sores heal on their own after 10-14 days and therefore there is no need to get treated, how should the counsellor respond convincing the person to take treatment till the end?

Answer: The counsellor can explain to this client that the medicines for herpes shorten the time of healing. Further, if the client's herpes cures faster, it may be possible to resume sexual relations that much faster.

Name of Kit	Colour	Contents	Administration	Advice
Kit 1	Grey	One Tab Azithromycin 1g +One Tab Cefixime 400 mg	To be taken as directly observed treatment at DSRC (DOT)	Both drugs are to be consumed in the presence of either counselor or doctor . Please ensure that last meal was taken more than one hour ago. DSRC to have drinking water and disposable glass to drink water.
Kit 2	Green	Two Tab Secnidazole 1 g each, + one Cap Fluconazole 150 mg	To be taken at home	Both drugs to be consumed after meals. Please ensure avoidance of alcohol consumption upto 48 hours of treatment. Avoid prescribing drugs if there is history of consuming alcohol in the last two days.
Kit 3	White	One Tab Azithromycin 1 g, and one vial of Injection Penicillin 2.4 MU One number 21 gauge disposable needle and one number 10 ml distilled water ampoule	To be administered in DSRC	Tab Azithromycin to be ad- ministered under direct supervision of DSRC staff preferably taken on empty stomach. Injection Penicil- lin to be administered by the doctor after test dose and af- ter ensuring all precautions in place for management of possible anaphylaxis. Injec- tion Benzathine Penicillin to be administered after eat- ing, not on empty stomach. Patient should be preferably hospitalized and if not, at least made to stay at DSRC for one hour.
Kit 4	Blue	One Tab Axithromycin 1 g +30 Tab Doxyycline 100 mg	To be taken at home	Tab Azithromycin to be taken on empty stomach. Tab Doxycycline to be taken two time a day after meals

Name of Kit	Colour	Contents	Administration	Advice
Kit 5	Red	21 Tab Acyclovir 400 mg	To be taken at home	Tab Acyclovir to be taken three times a day after meals for 7 days
Kit 6	Yellow	One Tab Cefixime 400 mg, 28 Tab Metronidazole 400 mg, + 28 Tab Doxycycline 100 mg	To be taken at home	Tab Cefixime to be administered under direct supervision of DSRC staff. Both Metronidazole and Doxycycline to be taken two time a day after meals for fourteen days. Patient should be counselled on possible side effects due to alcohol ingestion and to be advised to avoid alcohol consumption during the treatment period and upto two days after the last dose.
Kit 7	Black	One Tab Azithromycin 1 G, + 42 Tab Doxycycline 100 mg	To be taken at home	Tab Azithromycin to be taken on empty stomach. Tab Doxycycline to be taken two time a day after meals

COUNSELLING AT THE STI/RTI SERVICE

Session Overview

- Lecture using Slides (7 minutes)
- Review using Quiz (5 minutes)
- Lecture using Slides (40 minutes)
- Activity: The Right and Wrong Way (20 minutes)
- Lecture using Slides (15 minutes)
- Role Plays (33 minutes)

Session Objectives

At the end of this session, trainees will be able to

- List the terms of reference of the counsellor in the STI/RTI service.
- Apply basic counselling skills to the process of history-taking.
- Perform a risk assessment of people presenting at the STI/RTI service.
- Develop a risk-reduction plan suitable to the risk assessment of the patient
- Demonstrate how to deliver suitable patient education.

Time Allowed

2 hours

Materials Required

- Handout titled Counselling at the STI/RTI Service
- Slides: Counselling at the STI/RTI Service
- Flipchart
- Markers
- Copies of the Checklist
- Copies of the Role Play Situations

Note: This session is best handled by a counselling master trainer.

Method**Preparation before the session**

- 1) You, as the trainer, will cut out the Role-play situations.
- 2) You will make sufficient copies of the Checklist (3 per participant)

Lecture using Slides (7 minutes)

- 3) You, as the trainer, will cover the key points of the session using the slides and the notes given in the Note view for your convenience.

Slide 1

Counselling at the STI/RTI Service

Title slide

Slide 2**Session Objectives**

At the end of this session, trainees will be able to

- ✓ List the terms of reference of counsellor in the STI/RTI service.
- ✓ Apply basic counselling skills to the process of history-taking.
- ✓ Perform a risk assessment of people presenting at the STI/RTI service.
- ✓ Develop a risk reduction plan suitable to the risk assessment of the patient
- ✓ Demonstrate how to deliver suitable patient education.

Key point to emphasize: Read out objectives.

Slides 3-5**Terms of Reference**

- ✓ Information-Provision
 - ◆ Provide information about STI, HIV/ AIDS, Opportunistic infections, healthy lifestyles and explore any myths and misconceptions and clarify the same
- ✓ Risk Assessment & Risk Reduction
 - ◆ Assist clients to correctly assess their risk for STI and HIV, motivate & help them to make plans for reducing their risk, and help/enable/empower the client through the process of adaptation of healthy behaviours & coping with the same

- ✓ Treatment-Related Services
 - ◆ Act as an interface between client & provider; organize the treatment schedule, follow up, compliance to treatment, condom usage, partner management, and syphilis screening & other lab tests for STI/RTI
- ✓ Services to HRG Members
 - ◆ Ensure that every HRG receives the essential STI/RTI service package including early diagnosis and treatment of current STI episode, quarterly regular check-up, presumptive treatment of sex workers and biannual syphilis screening by closely working with respective TI NGO and through outreach.
- ✓ HIV and Other Referrals
 - ◆ Explain and encourage HIV testing, establish referral services to other centres and network for expanded STI and HIV Care & Support - General Laboratory, ICTC, PPTCT, ART, CCC, and TB-HIV, etc.
- ✓ Patient-wise Documentation
 - ◆ Ensure documentation of history taking, counselling and risk reduction plans and filling up & maintaining patient-wise cards and clinic register.
- ✓ Monthly Documentation
 - ◆ Collect, compile reports on computer from both Gynae and STI OPDs and prepare & submit timely monthly CMIS formats in consultation with Medical Officer-in-charge
- ✓ Monitoring Supplies
 - ◆ Closely monitor the drug kit and condom consumption, and place appropriate indent in consultation with Medical Officer-in-charge and other designated staff, if available
- ✓ Supervisory Visits
 - ◆ Facilitate visits of the clinic by supervisory teams

Key point to emphasize: Counsellors at the STI/RTI service have many roles and responsibilities. The counsellor will perform these responsibilities in the Out-patient departments of Gynaecology and Sexually Transmitted Infections.

Ask counsellors to open their handouts. Explain the Terms of Reference.

The first 5 activities are things you do every day in your STI/RTI service and they involve patients: Information-provision, Risk assessment and reduction, Treatment-related services, Services to HRGs, and HIV and other referrals. The next 2 activities involve documentation: daily patient-wise documentation and monthly documentation. Finally, you have responsibilities towards maintaining and monitoring the supply of drug kits. You also have to be prepared to have your work examined by supervisory teams from SACS or NACO.

As you can see, more of your responsibilities lie in the area of working one-on-one with patients. So you should make sure that you give enough time to each and every person who walks through the door of the STI/RTI service seeking services and treatment.

Review using Quiz (5 minutes)

4) Review the Terms of Reference using the quiz on Animated slides 6-9

- a. Shalini Tai is a 38-year-old sex worker. She has come from the TI and is visiting the STI/RTI service as part of her quarterly regular check-up. Which Term of Reference is covered?

Answer: Ensure that every HRG individual receives essential STI/RTI service package including early diagnosis and treatment of current STI episodes, quarterly regular check-up, presumptive treatment of sex workers and biannual syphilis screening by closely working with respective TI NGO.

- b. The counsellor asks Asif – a patient at the STI/RTI service: “Have you ever had anal sex? Have you ever had oral sex?” Which Term of Reference is covered?

Answer: Assist clients to correctly assess their risk for STI and HIV and motivate and help them to make plans for reducing their risk and help/ enable/ empower the client through the process of adaptation of healthy behaviours and coping with the same.

- c. Aarti is a counsellor in a district hospital. She fills her Patient-wise card every day and gets the in-charge to sign on them every week. Which Term of Reference is covered?

Answer: Ensure documentation of history-taking, counselling and risk-reduction plans and filling up and maintaining patient-wise cards and clinic register.

- d. Sunil is a counsellor in a medical college. Every Tuesday and Thursday he goes to the ANC Clinic in the morning and interacts with pregnant women. Which Term of Reference is covered?

Answer: Act as an interface between the client and the provider, organize the treatment schedule, follow up, compliance to treatment, condom usage, partner management, and syphilis screening and other lab tests for STI/RTI.

Lecture using Slides (40 minutes)

5) Resume the lecture using the slides (Slides 10 to 26)

Slide 10**Terms of Reference: Information-Provision**

Provide information about STI, HIV/ AIDS, Opportunistic infections, healthy lifestyles and explore any myths and misconception and clarify the same

Key point to emphasize: Explain that we will discuss this TOR in detail.

Slide 11**Information provision**

- ✓ What information to provide
 - ◆ Facts about STI/RTI and HIV
 - ◆ Correcting Misinformation

- ✓ You have come to our STI/RTI Service with the complaint of burning sensation during urination. This could be because of an STI/RTI. So I need to give you some important information which might be related.
- ✓ What do you think has caused your condition, and what do you think you need to do to get well?
- ✓ Before you leave, I want to make sure that you understand very clearly what has caused your condition, and what will improve it.

Key point to emphasize: Explain the key bullets as well as the boxes pulled up by the mouse click.

Slide 12

Information provision: How to do Information Provision

Simple language	<ul style="list-style-type: none"> • Use simple language • Avoid using medical terms • Avoid using slang language
Funnelling	<ul style="list-style-type: none"> • Begin with general ideas • Then move to specific issues
Chunking	<ul style="list-style-type: none"> • Discuss one key idea completely before moving on to the next.
Repeating & Summarising	<ul style="list-style-type: none"> • Use the counselling skills of Summarising YOUR OWN explanation to ensure the patient has understood. • Such repetition may take time but it is a good investment.
Checking	<ul style="list-style-type: none"> • Check how much the patient understands at the beginning • Check how much the patient understood of your own counselling and information. • Do not assume you were the best communicator in the world.

Key point to emphasize: Explain each point and each sub-bullet in detail with examples.

Slide 13

Terms of Reference: Risk Assessment & Risk Reduction

Assist clients to correctly assess their risk for STI and HIV, motivate & help them to make plans for reducing their risk and help/enable/empower the client through the process of adaptation of healthy behaviours & coping with the same

Key point to emphasize: Explain that we will discuss this TOR in detail.

Slide 14**Risk Assessment: History Taking**

- ✓ History taking done as part of Risk assessment
- ✓ History taking - general medical process where doctor/ counsellor tries to find out the problem that made person come for treatment.
- ✓ Probe about symptom that is bothering patient:
 - ♦ why client has come to STI/RTI Service
 - ♦ since when they have been bothered by symptom
 - ♦ what measures they have taken for relief & sexual partner's health

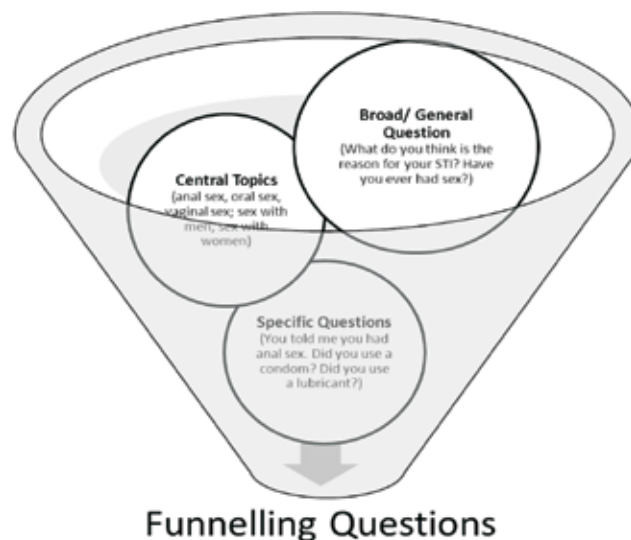
Broad question: What made you come to us today?

More specific question: How long have you had this symptom/ problem?

Key point to emphasize: Explain each point and each sub-bullet in detail with examples. We have given you some discussion questions to launch history-taking. Review the 2 questions and ask the counsellors which is an open-ended question and which is closed. Explain they are both open-ended questions.

Slide 15**Risk Assessment**

- ✓ Involves open-ended and closed questions
- ✓ Use the funnelling technique:
 - ♦ Open dialogue with broad, general question
 - ♦ Next move to some central topics relevant to that client.
 - ♦ Finally for each central topic, ask smaller but more specific questions.



Key point to emphasize: Explain the concept of a funnel. In funneling, each question becomes more narrow, just as the funnel becomes more narrow. Explain each point and each sub-bullet in detail with examples. Ask trainees to open their handouts to the example given before their diagram. Help them to understand the relationship of the specific questions to the broad question. Help them to see how exploring one broad area after another is an example of another skill – chunking.

Slide 16

Risk Assessment

- ✓ Cover the following:
 - ♦ **How** did he/ she have sex? / What kind of sexual behaviours he/ she had?
 - ♦ **When** did these behaviours occur?
 - ♦ **Where** did these behaviours take place?
 - ♦ **With whom** did these behaviours take place?
 - ♦ **How often** does he/ she have sex?
 - ♦ Whether he/ she uses any **protective measures** during ALL sexual acts?

Key point to emphasize: Explain each point and each sub-bullet in detail with examples. Ask the trainees to underline these questions in their handouts.

Slide 17

Risk Assessment

Introduce Topic: The symptoms you mention are often related to sexual behaviour. So I will now ask you some questions about this. I request you to be truthful so I can help you. What you say to me is only known to me and the doctor.

Broad question (Closed question): Have you ever had anal sex?

More specific question (Open-ended question): Please tell me when and with whom?

Key point to emphasize: A mouse click will explain the details of the dialogue boxes on risk assessment.

Slide 18**Risk Assessment**

- ✓ Make sure you ask about:
 - ♦ **Oral sex**
 - ♦ **Vaginal sex**
 - ♦ **Anal sex**
- ✓ Make sure you ask every client about every behaviour

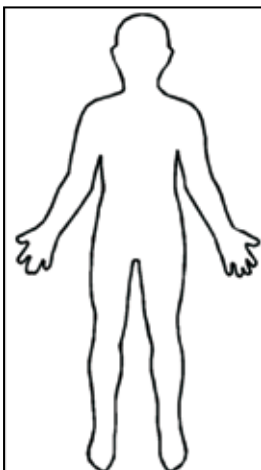
Key point to emphasize: Emphasize this point. Ask the trainees to underline this in their handouts.

Slide 19**Risk Assessment**

Show by your language & behaviour that you respect the client even if their behaviour does not match your personal standards - counselling principle of being non-judgmental.

Key point to emphasize: A good counsellor will ask the clients these difficult questions and record their answers without judging their character or morals. This is a key quality of counselling. Show by your language and your behaviour that you respect the client even if their behaviour does not match your personal standards or expectations. This is the counselling principle of being non-judgmental.

Click the mouse to underline the principle.

Slide 20**Risk Assessment**

Key point to emphasize: Some patients may have difficulty understanding even the most simple question. You can help them to understand what you mean by using a simple outline of the human body and pointing to it when you ask your questions. Point to the mouth when you ask about oral sex. Point to the anal area when you ask about anal sex. When choosing an outline, make sure that it has no details that will embarrass the patient and cause him or her to avoid eye-contact during counselling. Here we show you 2 examples.

Slide 21

Risk Reduction

Use information learned about patient's life from history taking & risk assessment to give specific suggestions & guidance on how to improve it:

- ✓ How to get well (Encourage to take full & complete treatment)
- ✓ How to reduce getting infected again (Risk Reduction)
- ✓ How to avoid infecting other people with STI/ RTI (Risk Reduction)
 - Sexual partner (s)
 - Unborn children – in case of pregnant women

Key point to emphasize: Explain the points. Click the mouse to highlight the points to emphasize.

Slide 22

Risk Reduction

- ✓ Address each & every risk behaviour mentioned by patient & give a specific suggestion for how to make it safer
- ✓ Discuss more risky behaviours first - simple way to help patients reduce risk is to help them move down this upside-down triangle towards less risky behaviours

(Colour is different from what is on your slide)



Key point to emphasize: Explain the points giving examples.

Slide 23**Risk Reduction**

- ✓ For sexual behaviours where there is penetration of one's person's sexual organs into another person, strongly recommend use of condoms – Do condom demonstration
- ✓ Recommend non-penetrative sexual options: mutual masturbation, breast sex, thigh sex, armpit sex. When there is no exchange of bodily fluids, infections cannot be transmitted sexually.

Key point to emphasize: Explain the points giving examples.

Slide 24**Risk Reduction**

- ✓ Suggest to reduce the number of sexual partners
- ✓ Correct misinformation:
 - ♦ "I have sex with clean women (or men)."
 - ♦ "I have sex only with minor girls."
 - ♦ "I check my partner's body for infection."
 - ♦ "I do not ejaculate (discharge semen) inside my partner."
 - ♦ "I always wash myself carefully after having sex."
 - ♦ "I use two condoms during sex."
 - ♦ "I put something in my vagina to prevent infection."

Key point to emphasize: Explain the points giving examples. Cover the misconceptions thoroughly.

Slide 25**Risk Reduction**

- ✓ Use simple & clear language.
- ✓ Link suggestions to what patient reported:
 - ♦ "You told me that you have anal sex. One way to reduce your risk here is to use a condom with a water-based lubricant."
- ✓ Repeat & summarize so patient has chance to absorb information.
- ✓ Ask questions to check whether they have understood.

Key point to emphasize: Explain the points giving examples. Remind them that they have seen the skill of repeating and summarising in the earlier session.

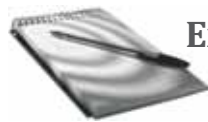
Slide 26

What happens in counselling: Stages in Counselling

Key point to emphasize: Explain to trainees that History-Taking and Risk Assessment are processes that take place in the earlier stages of counselling – namely when they are defining roles and boundaries. Risk Reduction is offered during the latter stages of on-going support and closure.

Activity: The Right and the Wrong Way (20 minutes)

- 6) Ask trainees to turn to the activity sheet in their handouts (Copied on next page for your convenience).
- 7) Instruct trainees to see the three profiles given and to select APPROPRIATE and SPECIFIC risk reduction suggestions. Give them 5 minutes to do so



Exercise

The Right and Wrong Way

Here are some risk behaviours. Explain which risk reduction dialogues are more suitable. You can choose more than one option. Explain also why you did not choose certain suggestions. Try to think of suggestions which have been missed.

Person 1 is a truck driver:
I like to have anal sex with my truck cleaner. I sometimes have sex with prostitutes. Here too I prefer anal sex.

Person 2 is a FSW:
I always use condoms with clients when they have vaginal sex. Sometimes when the client pays extra I have anal sex.

Person 3 is a college student:
I only have sex with my girl friend. She was my first lover. I was her first lover.

a) Don't drink alcohol.

b) Don't visit sex workers.

c) Stop having anal sex.

d) Reduce partners.

e) Use a condom in every sexual act.

f) Masturbate.

g) Try mutual masturbation.

h) Don't have sex.

i) Try to replace anal sex with vaginal sex.

j) Have safer sex.

k) Try to replace vaginal sex with oral sex.

- 8) For the next 15 minutes, using the Slides 27 – 29, discuss the risk reduction options for each profile. Cover the following points:
- “Stop having anal sex” or “Don’t have sex,” are poor messages because they prohibit a behaviour but do not provide an alternate action.
 - “Have safer sex” is a vague message which assumes that patients understand safer sex.
 - Messages related to replacing a risky behaviour with a non-risky behaviour are better options.
 - Discuss other options not mentioned for lack of space such as use of KY jelly for anal sex.

Note: From an assessment of counsellors in STI/RTI services, it has been noted that counsellors are often non-specific or vague in their risk assessment. This activity is an attempt to correct this situation.

Lecture using slides (15 minutes)

- 9) Continue with the lecture using the slides (Slides 30 to 38).

Slide 30

Terms of Reference: Treatment-Related Services

Act as an interface between client & provider, organize the treatment schedule, follow up, compliance to treatment, condom usage and partner management, syphilis screening & other lab tests for STI/RTI

- ✓ Patient Education
- ✓ Organise the treatment schedule
- ✓ Follow up
- ✓ Compliance to treatment

Key point to emphasize: Explain this term of reference. Explain there are 4 key activities: Patient Education, Organise the treatment schedule, Follow up and Compliance to treatment

Slide 31

Treatment-Related Services: Patient Education

Explain to patient specific things about condition:

- ✓ What caused it?
- ✓ What to do to treat it?
- ✓ What behaviours/ things to avoid?
- ✓ How to prevent improper/ incomplete treatment?
- ✓ What activities will interfere with proper treatment?

- ✓ How to avoid a relapse?
- ✓ What additional tests are required?

Key point to emphasize: Explain the points briefly

Slide 32

Treatment-Related Services: Organise the treatment schedule

Educate the patient on treatment prescribed:

- ✓ Dosage
- ✓ Number of pills per day
- ✓ Number of days of treatment
- ✓ Conditions under which to take the medicine (before/ after meals, foods to avoid, etc.)

Key point to emphasize: Explain the points briefly

Slide 33

Treatment-Related Services: Follow Up

- ✓ Ask patient to come back after 3 / 7 /14 days to inform about outcome of treatment – whether symptoms were relieved, difficulties in taking treatment, etc.
- ✓ During follow-up, repeat messages about safer sex practices in all future sexual acts

Key point to emphasize: Explain the points briefly

Slide 34

Treatment-Related Services: Compliance to treatment

Explain:

- ✓ Important to complete treatment even if symptoms disappear. If symptoms stop, this does not mean, the STI has been cured.
- ✓ Some STI are treatable with a single dose / an injection; Some require longer patient effort
- ✓ In case of some medicines, there is a bad reaction if taken with other substances. Prepare the patient so that they do not lose faith in the medicine. Counselling skill called anticipatory guidance.

Key point to emphasize: Explain the points briefly

Slide 35

Treatment-Related Services: Compliance to treatment

Anticipatory Guidance – Counselling skill where you prepare patient for some situation that they might expect/ when they face a new situation for which they are not prepared

- ✓ Preparing young parents for next developmental stage of baby
- ✓ Prepare students for public examinations
- ✓ Prepare candidates for job interviews

Counsellor tells them what to anticipate (expect)

Such a warning reduces the stress of the “unknown” and be prepared to manage the stress of the “known.”

Anticipatory guidance in STI counselling:

- ✓ How long medicine will take to act
- ✓ Side-effects caused by medicine (when taken alone/ in combination)
- ✓ Sometimes symptoms clear up before infection is cured

Key point to emphasize: Explain the points briefly

Slide 36

Treatment-related services: Syphilis screening & other lab tests

- ✓ Encourage all patients to undergo syphilis and HIV testing.
- ✓ HIV tests available at ICTC or general lab of hospital.

Key point to emphasize: Encourage all patients coming to the STI/RTI service to undergo syphilis and HIV testing. HIV tests may be available at the ICTC or at the general laboratory of the hospital. Most cases of syphilis and HIV infection are asymptomatic. Screening of these conditions will help to diagnose these conditions early, and the patient who is detected as having this condition can get the necessary treatment. The medical provider may recommend other laboratory tests to help with diagnosing the condition. You, the counsellor, must encourage the patient to undergo these tests and explain the reason for the same.

Slide 37**Dealing with Guilt and Shame**

- ✓ Common reaction in STI patients
- ✓ Use counselling skill of normalisation –
 - ♦ Counsellor reassures client that their reaction is normal and expected
 - ♦ Recognising that other people share an emotional state/ physical condition serves the function of helping patient to relax

Key point to emphasize: As STI are associated with sexual behaviour, one common emotional reaction in patients attending the STI/RTI service is a sense of guilt and shame. This is where the counsellor must play a supportive role. You can use the counselling skill of normalisation. In normalisation, the counsellor reassures the client that their reaction is normal and expected. Recognising that other people share an emotional state or a physical condition serves the function of helping the patient to relax.

Slide 38**Dealing with Guilt and Shame**

Client: Madam, how can I talk about such delicate matters with a female. Isn't there a man I can share my problems with?

Counsellor: Hmm... Why do you want a male? Are you worried about what I say, or about shocking me?

Client: Madam, how can I tell you about the wrong things I have done? I feel so bad.

Counsellor: It appears you might be feeling guilty. **Most people with your symptoms express the same thing.** This is quite common (normal). Please do not worry.

Key point to emphasize: Begin first with recognising the emotional state of the client. Then, if the emotion expressed is common, explain carefully that many people in a similar situation feel the same way. Explain the various situations in which normalisation may be used. Ask participants to read the box in their handouts.

Role Plays (33 minutes)

10. Divide the trainees into groups of 6 and give each set of trainees a Case Scenario for the role play. Allocate them 5 minutes to decide who will role play the situation. Each role play will only take 5 minutes. It is recommended to include the case Scenarios of Hetal and Jayamala. Draw attention to the fact that the Case Scenarios have a diagnosis in bracket. Obviously the client will not report this. It is only for your understanding. Also, the slips contain some behaviour facts which the counsellor has to draw out through good history-taking.
11. Gather the groups together and ask the “patient” from the first group to come forward. Invite a “counsellor” from another group to come forward and begin the role play. They may be assisted by another member of their group who will play the role of shadow counsellor. The shadow counsellor will observe the action and remind the counsellor by way of small notes on things which are missing.
12. Stop the role play at the end of 5 minutes and debrief the participants. Ask trainees of other groups for the counselling skills and processes that they observed. Highlight the good aspects as well as the missing pieces. Emphasize skills such as summarizing, chunking and funnelling that you taught during the session.
13. Repeat for other groups.

Note: It is important to end the session with at least a couple of role plays that illustrate all the skills taught in the session. So please plan your time well.

COUNSELLING AT THE STI/RTI SERVICE

Role Play Scenarios

The Role Play Scenarios must be cut up by the trainer before the session.

Abhinav is a truck-driver's assistant aged 19. He has noticed a painful swelling on his groin ('nadi mein sujan'). As his truck is at the truck terminal, he has a few days till his truck takes to the road. So he visits the STI clinic attached to the trucker TI. When asked he reports that he has anal sex with his truck driver where he is the receptive partner.



(Inguinal bubo)

✂ -----

Bimala is a 48-year-old woman who has come to the STI clinic through a TI. She has not been regular with her regular medical checkup but has come this time because she has pain while passing stools. When asked she also reports that there is a discharge from the anus (Kuch paani nikalta hai).

(Anal STI)

✂ -----

Dawlat Khatoon is a 28-year-old woman who is married and has 2 children. She recently stopped the oral pill because she felt she was putting on weight. She has been referred for treatment because she has pain in her stomach – especially when she has relations with her husband. She also complains of back-ache during her periods and discharge (safed paani).

(Lower abdominal pain)

✂ -----

Emran is a college student aged 22 years. He is a walk-in case. His visit today is because he has some boils ('funsi') on his lips that are bothering him. They are filled with liquid. This is the second time he has this condition. His girl-friend has also developed these boils. But she has not come for treatment.

(Genital ulcer disease – Herpetic)

Hetal is a 21-year-old woman who is sent to the STI clinic because her ANC screening has shown the presence of STI. She is in her fourth month of pregnancy and has been married for 5 months. She has not had any sexual partner besides her husband.

(Asymptomatic positive screening result)

✂ -----

Jayamala has come to the STI clinic because she has white discharge. She is 20 years old who is soon to get married. She is worried that she may be infected with some illness because she has had sex with her fiancé. She has noticed her white discharge changes colour and consistency.

(Venereophobia)

✂ -----

Kanan is a vegetable vendor in the city. His family lives in the village. He has come to the STI clinic because he has a small pus-like discharge from his penis. He mentions that there is a burning sensation when he urinates.

(Urethral discharge syndrome)

✂ -----

Michael is an IDU who routinely donates his blood to buy his drugs. He is 22 years old but looks as if he is 35 years old. He is sent from the Blood Bank to the STI clinic because his blood screening tested VDRL-positive.

Checklist: Practice of Counselling at the STI/RTI Service

SKILL	EXAMPLE	FEEDBACK
S		
O		
L		
E		
R		
Reflection of feeling		
Open-ended Questions		
Closed Questions		
Repeating		
Paraphrasing		
Summarising		
Chunking		
Funnelling		

COUNSELLING ABOUT CONDOM USE

Session Overview

- Condom demonstration (15 minutes)
- Optional: Lecture using slides (15 minutes)

Session Objectives

At the end of this session, trainees will be able to

- Demonstrate how to use a condom.

Time Allowed

15 minutes

Materials Required

- ✓ Condoms (Sufficient pieces so each trainee has one)
- ✓ Penis Model
- ✓ Slides: Counselling about Condom Use
- ✓

Note: This session is best handled by a Counselling Master Trainer

Method

Lecture using Slides (15 minutes)

- 1) You, as the trainer, will invite a trainee to demonstrate condom usage on penis model.
- 2) When they have demonstrated, ask another trainee to suggest how to improve the condom demonstration. Encourage them to actually do the demonstration.

Optional Lecture using Slides (15 minutes)

- 1) You, as the trainer, will cover the key points of the session using the slides and the notes given in the Note view for your convenience.

Slide 1**Counselling about Condom Use**

Title slide

Slide 2**Session Objectives**

At the end of this session, trainees will be able to

- ✓ Demonstrate how to use a condom

Key point to emphasize: Read out objectives.

Slide 3**Uses of condom**

- ✓ To prevent unwanted pregnancy
- ✓ To protect oneself and one's partner against STI
- ✓ To prevent the transmission of HIV
- ✓ To enhance the pleasure associated with sex

Key point to emphasize: Explain the points

Slide 4**Why people do not use condoms?**

- ✓ Condoms sometimes not easily available / accessible
- ✓ Person buying / asking for condoms looked upon with suspicion & stigma that she/he could be engaging in high-risk behaviour
- ✓ Lack of knowledge on correct use of condoms & myths and misconceptions related to condoms

Key point to emphasize: Explain the points

Slide 5**Myths about condoms**

- ✓ Using condoms during sex is irritating
- ✓ Condom will tear during intercourse
- ✓ Condom is sticky and oily
- ✓ Condom reduces sexual pleasure
- ✓ Women do not like it
- ✓ Loss of erection
- ✓ Not 'manly'
- ✓ Condoms are reusable

Key point to emphasize: Discuss the points. Ask the trainees to come up with arguments that counter these myths.

Slides 6 & 7**Counsellor's role in condom promotion**

- ✓ Make sure condoms are available & accessible in STI/RTI service
- ✓ Explain need for use of condoms as a part of treatment of STI
- ✓ Keep a penis model in the clinic & ask the client to demonstrate how to use a condom correctly. (Most people are ignorant about correct use)
- ✓ Keep the condoms in a visible transparent box
- ✓ Explain need for correct and consistent use of condoms for prevention of STI & HIV and unwanted pregnancy
- ✓ Distribute free condoms, 20 pieces to each patient
- ✓ Ensure those who are involved in sex work have an adequate stock of free condoms to protect themselves
- ✓ Display & distribute information on STI, HIV/AIDS and on condom use
- ✓ Ensure that your STI/RTI service has a minimal 3 months supply of condoms (calculate based on the number of patients visiting the clinic)

Key point to emphasize: Explain the points

Slides 8 & 9**Frequently Asked Questions**

- ✓ **What can damage condoms?**
Oil-based lubricants, Vaseline
- ✓ **What are the different brands of condoms available in India?**
Nirodh (free), Deluxe Nirodh, Kamasutra, Fiesta, Kohinoor, and many others
- ✓ **How much do they cost?**
Rs.2-Rs.15 normally. Imported condoms: usually cost more than Rs.10
- ✓ **Are condoms marketed socially?**
Yes, there are social marketing organizations (SMO) that sell condoms at a price lower than market rate
- ✓ **Are free condoms of poor quality?**
No every batch of condoms are tested the same way whether supplied freely or marketed
- ✓ **Can an HIV infected person have sex using a condom?**
Yes
- ✓ **Are there condoms for women?**
Yes! Called Femidom, it is costly and is marketed in India

Key point to emphasize: Explain the points

Slide 11**Condom Re-Demonstration**

- ✓ No matter how well done, explaining and demonstrating are not sufficient to ensure correct condom use
- ✓ This is because using a condom is a skill, and a skill can be mastered only through practice
- ✓ Therefore, it is not enough to tell someone how to use a condom
- ✓ It is not enough to demonstrate how to use a condom
- ✓ It is necessary that the person practices doing what you have done. This process is called return or re-demonstration

PARTNER MANAGEMENT

Session Overview

- Lecture using slides (15 minutes)
- Role Play (15 minutes)

Session Objectives

At the end of this session, trainees will be able to

- Explain the importance of partner management
- Describe two approaches to partner management.

Time Allowed

45 minutes

Materials Required

- Handout titled Counselling at the STI/RTI Service (The session is a part of this unit)
- Slides: Partner Management

Key point to emphasize: Read out objectives.

Slide 3

Why do we need Partner Management

Partner Management is needed to prevent:

- ✓ STI re-infection
- ✓ Further spread of STI
- ✓ Possible long term effects of untreated STI for the partner

Key point to emphasize: Explain the points.

Slide 4**Why do we need Partner Management**

Partners of infected patients may not seek STI services because:

- ✓ They may not have symptoms
- ✓ They may not be aware of confidentiality assurances at the STI/RTI Service
- ✓ General embarrassment

Key point to emphasize: Explain the points.

So the counsellor must undertake this sensitive activity.

For all STI it is necessary to do partner management with sexual partners. Emphasize that all sexual partners should get checked for STI and should be treated if needed. While it may not be possible to track all partners, the primary partner or regular partner should be checked.

Slide 5**Approaches to Partner Management:****Referral by index client**

Index client might :

- ✓ Directly explain to the partner/s about STI & need for getting treated
- ✓ Motivate & accompany partner/s to the treatment centre / health care provider
- ✓ Ask partner/s to attend the clinic without specifying the reasons
- ✓ Provide referral card to partner/s & ask him/her to attend the clinic.

Referral by providers

Key point to emphasize: Explain the points.

Ask trainees to open their handouts and underline these points.

Referral by index client: In this approach, the index client informs his/her partner(s) of possible STI/RTI infection. This approach does not involve extra personnel, is inexpensive and does not require any identification of partners. However, the index client requires much support from the staff of the STI/RTI service. A partner notification card with relevant diagnostic code should be given to each index client, where partner management is indicated. This approach may also include use of client-initiated therapy for all contacts.

The index client might approach partner treatment in the following ways:

- By directly explain the partner/s about STI and the need for getting treated
- By motivating and accompanying the partner/s to the treatment centre/health care provider
- By asking the partner/s to attend the clinic without specifying the reasons
- By providing referral card to the partner/s and asking him/her to attend the clinic.

Referral by providers: Here the STI service provider contacts the partner(s) of the index client through a partner notification card or through telephone calls. The information from the client is used confidentially to trace and contact partners directly. This approach needs extra staff and is expensive. Telephone calls are less expensive and do not require extra staff. Here, the person requiring psychological support and understanding is the sexual partner who is contacted.

Slide 6

Issues to be considered

- ✓ Telling a partner is often difficult as it can lead to conflicts and distrust in a relationship.
- ✓ Clients need to feel convinced that:
 - ♦ The benefits are greater than the possible problems
 - ♦ Partner notification and treatment is needed even if the partner does not show any symptoms
 - ♦ The partner will be provided with confidential STI treatment services

Key point to emphasize: Explain the points.

Slide 7**How to make client referral mechanism feasible**

- ✓ Make the patient take his/ her own STI/RTI treatment
- ✓ Help him/her understand how to avoid re-infection
- ✓ Help him/her understand importance of possible transmission that might have occurred and further transmission
- ✓ Help him/ her on how and what to communicate with partner(s)

Key point to emphasize: To make referrals by the index client feasible the clinic must take the following steps:

Make the patient take his/ her own STI/RTI treatment

This is important to treat the infection in the presenting patient.

Help him/her understand how to avoid re-infection

Explain that it is possible to get infected again if STI is not treated in the sexual partner (s). Remember the patient is in a psychologically ready state to receive this message because they are keen to improve their health condition.

Help him/her understand importance of possible transmission that might have occurred and further transmission

Explain that it is necessary to avoid re-infection during the treatment period (e.g., through temporary sexual abstinence or through using a condom) as well as to avoid re-infection in the long-term future (that is by treating sexual partners, and by using condoms in all sexual encounters). Sometimes patients say that they will simply change their sexual partner. In such a case, do not make a huge issue. Explain that they should still use condoms in all sexual encounters. But try to get details of the sexual partner so that a provider referral can be done.

Helping him/ her on how and what to communicate with partner(s)

It is difficult for any patient to tell a sexual partner that he/she has an STI. Possible reasons are stigma, embarrassment and guilt. You, the counsellor must be encouraging and supportive. Help the patient to build courage for this task. Practise statements he/ she could use with the partner. Explain that the relationship may suffer damage but this damage need not be permanent. Explain that the act of getting the partner to treatment is an act of caring. One way to work through this difficult situation is to help them to tell their partner that both the infection and the relationship are important and should be addressed but that addressing the infection is more critical to health. Help the patient to explore ways they can repair the relationship if they are interested in such suggestions.

Role Play (15 minutes)

- 2) Invite 2 volunteers to role play a situation of a counsellor preparing a patient with Genital Ulcers-Non-herpetic to bring their partner for treatment. (See Slide 8)
- 3) Ask the group to make sure that the actors cover all the arguments in favour of referral by index client..

LINKAGES AT THE STI/RTI SERVICE

Session Overview

- Lecture using slides (30 minutes)

Session Objectives

At the end of this session, trainees will be able to

- List the key linkages the counsellor at the STI/RTI service should establish.
- Describe strategies for creating those linkages.

Time Allowed

30 minutes

Materials Required

- Handout titled Linkages at the STI/RTI Service
- Slides: Linkages at the STI/RTI Service

Method

Lecture using Slides (30 minutes)

- 1) You, as the trainer, will cover the key points of the session using the slides and the notes given in the Note view for your convenience.

Slide 1

Linkages at the STI/RTI service

Title slide

Slide 2

Session Objectives

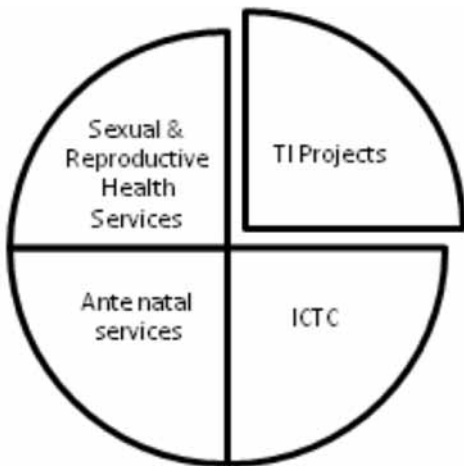
At the end of this session, trainees will be able to

- List the key linkages the counsellor at the STI/RTI service should establish.
- Describe strategies for creating those linkages.

Key point to emphasize: Read out objectives.

Slide 3

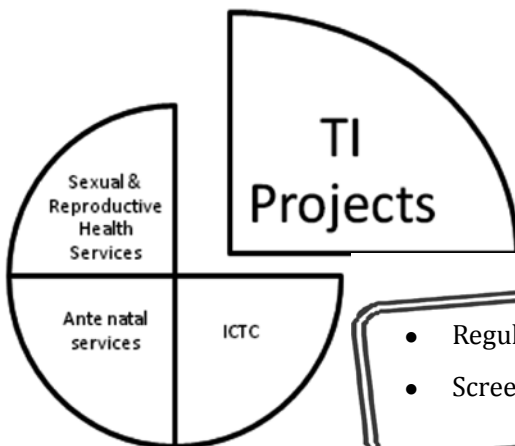
Referral Services for STI patients



Key point to emphasize: Read out objectives.

Slide 4

Referral Services for STI patients



- Regular medical check-up every 3 months
- Screening for syphilis every 6 months

Key point to emphasize: Animated Slide: Successive mouse clicks pull up, first, the different TI groups served. Then they pull up the services.

Let us look at the TI Projects first. TI stands for Targeted Intervention projects. There are different types of TI projects run under the National AIDS Control Programme: Female Sex Workers (Click mouse); Men who have Sex with Men (Click mouse); Injecting Drug Users (Click mouse); Truck Drivers (Click mouse); Migrants.

HIV/AIDS is associated with stigma and discrimination because it was seen in people whose behaviour is often condemned by general society, namely men who have sex with men, female sex workers and intravenous drug users. Members of these groups experience a lot of discrimination when they try to seek health services in a government hospital and this makes them less likely to visit services. However, their behaviours place them at risk of both HIV/AIDS and STI/RTI. TI projects are specialized community-based organisations which try to reach out to these individuals and ensure that they receive health services. A counsellor at the STI/RTI service needs to link up with these organisations because the communities they serve are likely to need STI/RTI services. That is the reason why the STI/RTI service offers special services such as a Regular Medical Checkup and a 6-monthly syphilis screening.

Slide 5**What to do in relation to TI projects**

- ✓ Brainstorm the question
- ✓ 5 minutes for the job

Key point to emphasize: Brainstorm what counsellors at the STI/RTI service can do in relation to TI projects to increase uptake.

Slide 6**What to do in relation to TI projects**

- ✓ Maintain list of all TI projects in your district with address & telephone numbers of key staff
- ✓ Make sure that TI projects know where the STI/RTI service is located, timings & services available
- ✓ Keep in frequent contact with TI projects.
- ✓ Do weekly outreach to TI projects
- ✓ Be present & polite when TI project staff and/or TI members visit your centre
- ✓ Remind them that special services are available to them, explain need for these services

Key point to emphasize: Explain the points

Slide 7 & 8**What to do during outreach to TI projects**

- ✓ Make a plan so that you visit 1 TI a week
- ✓ Each week, visit a new TI till you cover all TI projects in your district. Then start repeat cycle
- ✓ Share your plan with your medical in-charge
- ✓ Visit TI in the afternoon preferably
- ✓ Telephone ahead to TI project so that they are aware of visit
- ✓ Carry some form of identification
- ✓ Carry IEC materials from SACS (stamped with address of the STI/RTI service)
- ✓ Make sure you understand TI project services
- ✓ On subsequent visits, arrange to visit hot spots in community ALONG WITH TI workers.
- ✓ When interacting with community members, introduce yourself politely, explain your services

I am Chandan. I work at the District Hospital in Room 8 on the First Floor. In case you are experiencing any problem such as a pain or burning sensation during urination, or lower abdominal pain (women only), then it could be an infection. At the STI/RTI service we could do a check-up and give you treatment.

- ✓ Important to focus on rapport & building trust, Emphasize confidentiality
- ✓ Be prepared to answer questions on personal issues; Do not ask individual questions in the community but be prepared to answer people's questions
- ✓ Educate yourself about issues of people using TI projects

Key point to emphasize: Explain the points

Slide 9

Referral Services for STI patients: ICTC

If risk assessment shows sexual risk behaviours then

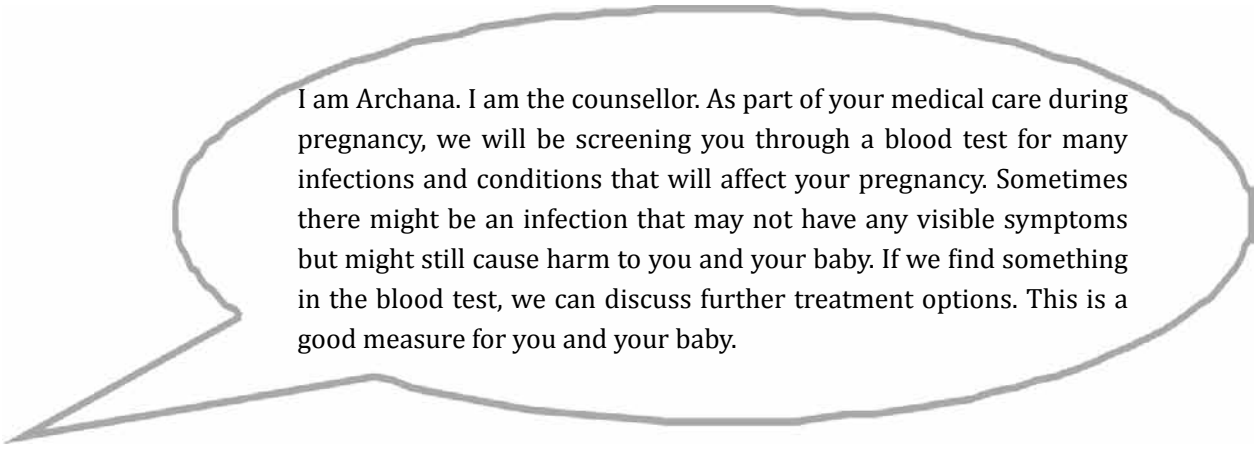
- ✓ respectfully explain need for HIV testing
- ✓ explain how & where to access HIV test (convenience according to them, not necessarily closest located ICTC to your STI/RTI Service)
- ✓ give them hope by explaining about treatment services at ART centre, explain getting HIV test is first step
- ✓ make a referral, be supportive
- ✓ "keep the door open" in case patient wants to wait a while to think this over
- ✓ check with ICTC counsellor if patient reached

Key point to emphasize: Explain the points

Slide 10 & 11

Referral Services for STI patients: Ante-natal Services

- ✓ Make sure you cover this department
- ✓ Make sure women undergo full package of antenatal care which includes syphilis screening
- ✓ Co-ordinate with ICTC counsellor who provides PPTCT services



I am Archana. I am the counsellor. As part of your medical care during pregnancy, we will be screening you through a blood test for many infections and conditions that will affect your pregnancy. Sometimes there might be an infection that may not have any visible symptoms but might still cause harm to you and your baby. If we find something in the blood test, we can discuss further treatment options. This is a good measure for you and your baby.

Key point to emphasize: Explain the points

Slide 12

Referral Services for STI patients: Sexual and Reproductive Health Services

- ✓ Adolescent Reproductive & Sexual Health
- ✓ Medical Termination of Pregnancy
- ✓ Post Pregnancy Needs
- ✓ Infertility Treatment
- ✓ Erectile Dysfunction

Prepare local directory of services available in your district/ city

Make sure you have proper address & telephone numbers

Give simple & clear instructions how to reach these services

Key point to emphasize: Explain the relevance of these needs for patients at the STI/RTI Service. Consult the trainee's handouts.

Slide 12

Why should counsellors bother about these needs?

- ✓ Treating STI is immediate need; But other issues are long-term & must be addressed
- ✓ Ethical responsibility of counsellors to give correct & timely information that can reduce client's suffering & restore their health.
- ✓ Helping patient with needs beyond STI/RTI will build confidence of patient in counsellor.
- ✓ Counsellors must learn to be non-judgmental about their clients.

Key point to emphasize: Explain the points

REPORTING AT THE STI/RTI SERVICE

Session Overview

- Activity: Filling up dummy data (15 minutes)
- Modular Reading of Handouts (45 minutes)

Session Objectives

At the end of this session, trainees will be able to

- List the reporting formats of the STI/RTI Service.
- Fill these reporting formats accurately.

Time Allowed

2 hours

Materials Required

- Handout titled Reporting at the STI/RTI Service
- Additional copies of the Patient-wise Card, the Master Register and the Counsellor's Patient Diary
- Copies of the Trigger Cases

Note: This session is best handled by a SACS official.

Method

Preparation before the session

- 1) You, as the trainer, will photocopy the Dummy Data Case Scenarios as well as Patient-wise Card, the Master Register and the Counsellor's Patient Diary for the exercise.

Filling up dummy data (15 minutes)

- 2) You, as the trainer, will divide the counsellors into groups of 4 people.
- 3) To EACH group, hand THREE Patient-wise cards, ONE Counsellor's Patient Diary and ONE STI Master Register. Also give EACH group ONE set of all THREE Case Scenarios.
- 4) Instruct the trainees to read the case scenarios and to fill first the Patient-wise Cards and the Counsellor's Patient Diary. Later they must fill the STI Master Register.

- 5) Give them 20 minutes for the task. After 20 minutes gather the groups together and inform them that you will be discussing the topic of Reporting at the STI/RTI Service by walking them through the forms, and that you will debrief the case scenarios as you cover each form.

Modular Reading assisted with Slides (45 minutes)

- 6) Ask the trainees to open their handouts titled Reporting at the STI/RTI Service.
- 7) Invite a volunteer with a loud and clear voice to read out a section.
- 8) Stop the reading and explain that section. Remind trainees to make notes on their handouts.
- 9) Invite another volunteer to read the next section and follow the same pattern till all sections are read.
- 10) At the relevant points fill in the details related to the case scenarios discussed.
- 11) Answer any queries or doubts.

Note: Some participants who are not comfortable in reading in English. Respect them if they refuse to read.

Note: Please consult NACO publication Training of medical officers to deliver STI/RTI services for additional information

Filling Up Dummy Data

Case Scenarios

Sufficient copies of the Case Scenarios must be photocopied by the trainer before the session.

LOKMANYA TILAK GENERAL HOSPITAL

OPD NO. 17/5/2012/34662 Family Planning Clinic

Pt. Dawlat Khatoon - F. 28-yrs -Married - 2 chn. Referred from Family Planning Clinic
 - Stopped oral pill recently because of weight gain - Pt. complains of pain in stomach -
 especially during relations with husband. Also back-ache during her periods and discharge
 ("safed paani"). C/O LAP

Rx: Cefixime (single dose) 14-day course of Metronidazole & Doxycycline

Refer to counsellor

Signed: Dr. H. Jerajani

HOLY FAMILY CHARITABLE HOSPITAL

Skin OPD Patient No: 2012/Jun/3467 Date: 15th June 2012

Emran - Male, college student Age 22 Complains boils ('funsi') on lips - 2nd episode
 - sexually active, girlfriend also has same condition

Dx: Herpes

Rx: Acyclovir (400 mg) - Orally TID for 7 days

Counsellor to motivate for partner management

Signed: Dr. E de Souza

SANGLI CIVIL HOSPITAL

OPD#: 2012/ 13,467 Date: 20/6/ 2012

Referred from ANC

Hetal - Primipara - second trimester - 21 yrs. ANC +ve;

HIV-ve; reports no sexual risk history.

Needs to do syphilis test

Slide 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 records and reports that are to be maintained at Designated STI/RTI clinic, these include 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.

Slide 2

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	STI / RTI Risk Assessment	STI / RTI syndrome diagnosis	Lab Test Performed
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Age 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	<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	<input type="checkbox"/> UD <input type="checkbox"/> GUD - Herpetic <input type="checkbox"/> GUD - Non Herpetic <input type="checkbox"/> Scrotal swelling <input type="checkbox"/> Inguinal Bubo <input type="checkbox"/> Genital scabies <input type="checkbox"/> Anorectal discharge <input type="checkbox"/> Genital molluscum Examination findings:	<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)- 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	Patient education	Other services provided
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"/> 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 <input type="checkbox"/> Permethrin 5% and 1% <input type="checkbox"/> Podophyllin 20% <input type="checkbox"/> Trichloroacetic acid 30% Others	<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 <input type="checkbox"/> 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

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

Slide 3

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 Herpetic 4=Vaginal-cervical discharge 5=Inguinal Bubo 6=Genital Scabies 7=Ano-rectal Discharge 8=Genital Molluscum 9=Scrotal Swelling 10=Genital pediculosis 11= Genital 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 KIT (if available) Specify kit number	Drugs Prescribed	Counselling Done-Yes 2-No.	Condoms Number of pieces provided	Partner Management Partner Notification 1-Yes, 2 No	Partner managed 1-Yes, 2 No	Referred to 1-ICTC, 2-TB, 3-ART, 4-EPW, VDRL, 8-Others	Lab investigations Outcome of referral RPR test HIV test KOH Wet mount
1																
2																
3																
4																
5																
6																
7																
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11																
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23																

Slide 4

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											

Slide 5

4. Indent Form					
Name of the Hospital :					
Clinic Unique ID number:					
SI 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

Slide 6

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

Slide 7

STI/RTI Referral Form
(To be filled and handed to the client by STI/RTI Counsellor/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/ _____
 service 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 the formats from the Operational Guidelines from page 84 to 88. These formats are self-explanatory.

Slide 8

Monthly STI/RTI															
Unique ID. No. of STI/RTI Clinic /Gynae OPD /TI NGO															
MONTHLY REPORT FORMAT 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 Aailed 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)															
Diagnosis	Age Group & Sex												Total		
	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG	Male	Female	TS/TG			
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)															

Slide 9

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					

DATA ANALYSIS

Facility level dashboard indicators

Name of DSRC				
Quarter: April to June				
		April	May	June
Average footfall per each working day		0		
% of male symptomatic attending DSRC		0%		
VCD:LAP		0/0		
GUD:UD (Males)		0/0		
% of STI attendees screened for Syphilis		0%		
% of STI attendees missing Syphilis screening		0%		
% of Sero-reactivity of Syphilis among STI attendees		0%		
% of attendees ANC undergoing Syphilis screening (ANC)		0%		
% of attendees ANC Missing Syphilis screening (ANC)		0%		
% Seroreactivity of Syphilis among ANC attendees		0%		
% of ANC syphilis seroreactive individuals treated		0%		
% of STI attendees referred for HIV testing		0%		
% Seroreactivity of HIV among referred STI attendees		0%		
% of STI attendees undergoing Presumptive Treatment (PT)		0%		
% of STI attendees undergoing regular medical checkup (RMC)		0%		
Stock sufficient for how many months and earliest expiry date of drug kits and test kits	RPR tests			
	Pre-packed STI Kit 1			
	Pre-packed STI Kit 2			
	Pre-packed STI Kit 3			
	Pre-packed STI Kit 4			

Name of DSRC				
Quarter: April to June				
		April	May	June
Stock sufficient for how many months and earliest expiry date of drug kits and test kits	Pre-packed STI Kit 5			
	Pre-packed STI Kit 6			
	Pre-packed STI Kit 7			
	Condom Pieces			

Key DSRC monthly statistics as per NACO CMIS					
S. No	Indicator	April	May	June	July
1	Total no of STI/RTI episodes managed				
2	Total no of first clinic visits for STI/RTI				
3	Total no of syndromes diagnosed				
4	Number counselled				
5	Percentage counselled				
6	No of partners notified				
7	No tested for syphilis				
8	No found positive of above				
9	No treated of above				
10	No of ICTC referral				
11	No found positive				
12	No pre-ART registered				
13	Total number of ANC visits				
14	Total no of ANC syphilis screening				
15	No found positive of above				
16	No treated of above				

POST-TRAINING ASSESSMENT

Session Overview

- Filling of Post-Training Assessment Forms (45 minutes)

Session Objectives

At the end of this session, trainees will be able to

- State knowledge gaps of trainees

Time Allowed

45 minutes

Materials Required

- Sufficient copies of the Post-Training Assessment Form (Please see the Session on Pre-Training Assessment).

Method

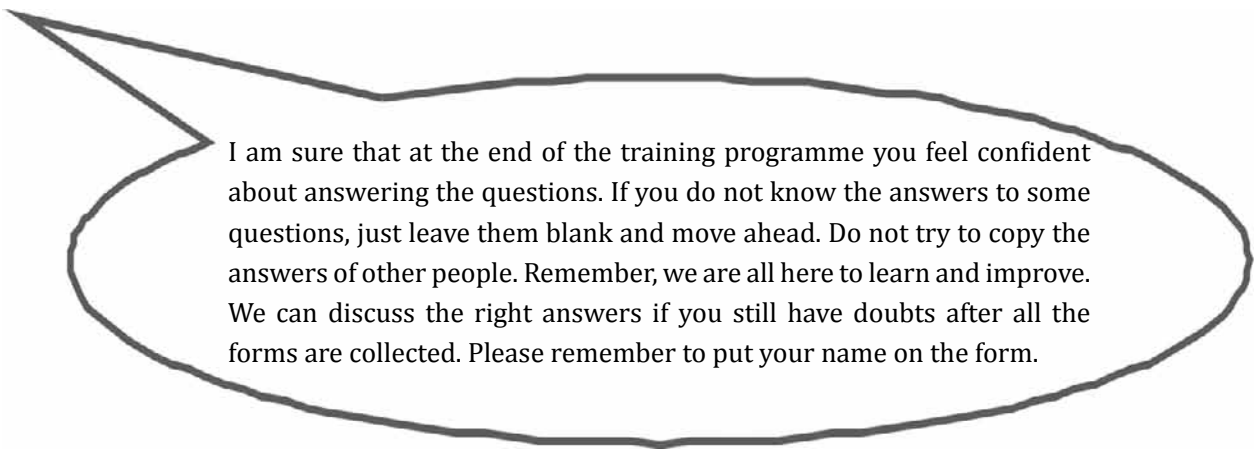
Preparation before the session

12) You, as the trainer, will photocopy the Post-Training Assessment (same as Pre-Training Assessment).

Instructions by Trainer (5 minutes)

13) Distribute the forms to the trainees.

14) Remind them to mention their names in the name slot clearly.



I am sure that at the end of the training programme you feel confident about answering the questions. If you do not know the answers to some questions, just leave them blank and move ahead. Do not try to copy the answers of other people. Remember, we are all here to learn and improve. We can discuss the right answers if you still have doubts after all the forms are collected. Please remember to put your name on the form.

Filling of the Forms (+40 minutes)

- 15) Give the trainees time to fill the forms. Translate the difficult questions without giving away the answers.
- 16) Gather the forms once they are complete. Make sure that trainees have put their names on the forms.
- 17) Ask if there are any doubts and clarify.

OTHER ASSESSMENT FORMATS

Training Evaluation

Please circle the most appropriate response.

1. The training programme provided me with knowledge to conduct counselling with clients:

Very much	Somewhat	Don't Know	Somewhat	Very much
disagree	disagree		agree	agree

2. The training programme provided me with skills to conduct counselling with clients:

Very much	Somewhat	Don't Know	Somewhat	Very much
disagree	disagree		agree	agree

3. The teaching methods used were helpful in developing practical skills.

Very much	Somewhat	Don't Know	Somewhat	Very much
disagree	disagree		agree	agree

4. Most of the trainers demonstrated that they knew the material.

Very much	Somewhat	Don't Know	Somewhat	Very much
disagree	disagree		agree	agree

5. Most of the trainers had good presentation skills.

Very much	Somewhat	Don't Know	Somewhat	Very much
disagree	disagree		agree	agree

6. Most of the trainers demonstrated that they had practical experience in counselling

Very much	Somewhat	Don't Know	Somewhat	Very much
disagree	disagree		agree	agree

7. On a scale of 0-10, to what extent has your knowledge of the following areas changed as a result of the training programme. (Please indicate your response by putting a circle around one of the numbers)

- Counselling

0	1	2	3	4	5	6	7	8	9	10
/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/
Not at all					A little					A lot

- Syndromic Management

0	1	2	3	4	5	6	7	8	9	10
/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/
Not at all				A little			A lot			

- Records and documentation

0	1	2	3	4	5	6	7	8	9	10
/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/
Not at all				A little			A lot			

- Targetted Interventions

0	1	2	3	4	5	6	7	8	9	10
/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/	/-----/
Not at all				A little			A lot			

8. What did you find were the three most useful part of the training programme?

9. What did you find were the three least useful parts of the training programme?

10. List thee changes you could implement in your work as a result of completing this training

Trainer Evaluation

Name of Session: _____

Please circle the most appropriate response

1. The trainer of this session had good presentation skills

Very much disagree	Somewhat disagree	Don't Know	Somewhat agree	Very much agree
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2. The trainer of this session demonstrated that they knew the material

Very much disagree	Somewhat disagree	Don't Know	Somewhat agree	Very much agree
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3. The trainer of this session was able to answer questions from the trainees

Very much disagree	Somewhat disagree	Don't Know	Somewhat agree	Very much agree
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4. The trainer of this session demonstrated that they had practical experience in the topic

Very much disagree	Somewhat disagree	Don't Know	Somewhat agree	Very much agree
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5. Any other comments

